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Facilitator Guide

One Health Risk Communication Training for
Chieftom-Level One Health Structures

2023



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Introduction

Zoonotic diseases are diseases that are initially spread between animals and people and may have potential to then spread from person to person. Most known human infectious diseases and about three out of every four new diseases originate from animals. Recent and devastating outbreaks across the globe have had an animal origin, though it's not always clear from what animal the spillover occurred. An outbreak situation doesn't just threaten those in the epicenter — it has the potential to take life, devastate economies, weaken health systems, stall future development, and possibly threaten global security and stability. The West Africa Ebola Virus Disease outbreak is one example – it was not at all expected and the scale of the outbreak also was not expected, given previous experiences in the Democratic Republic of Congo (DRC) and elsewhere. It contributed to over 11,000 deaths, ravaged already compromised health systems, and fueled existing distrust between communities and health care systems. The global COVID-19 pandemic is yet another example with even further reaching impacts that signals the increasing interdependence of our world.

Despite the widespread devastation these diseases have caused, endemic zoonoses such as brucellosis, rabies and Rift Valley Fever that do not attract the same level of media attention nevertheless pose a significant threat to both human and animal health and to the livelihoods of those that depend on animals for food or income. Priority Zoonotic Diseases (PZDs) are those zoonoses identified as being of greatest concern to a country or region because the country or region has experienced prior outbreaks or has endemic zoonoses or because the disease meets several risk factors that may facilitate its spread from animals to humans. Population growth and movement, larger, crowded cities, changes in land use, increased global travel, and climate change are among the factors that have increased the potential for the rapid emergence, re-emergence, and spread of zoonotic diseases. The global impacts of emerging and endemic zoonoses cannot be underestimated, and the need for multi-sectoral and multidisciplinary collaboration and coordination to prevent, detect, and effectively respond to these threats cannot be overemphasized.

The *One Health* concept recognizes that the health of people is intertwined and interdependent with the health of animals and the environment. The *One Health* approach facilitates multisector and transdisciplinary collaboration to achieve optimal health outcomes for people, animals, plants, and the shared environment. This approach is a core driver of the [Global Health Security Agenda \(GHS\)](#) – an alliance of more than 60 governments and international partners to make the world safer from infectious diseases by increasing capacity to implement the [World Health Organization's \(WHO's\) International Health Regulations \(IHR\)](#), which require countries to detect, assess, notify, and report events and to respond promptly and effectively to public health risks and public health emergencies of international concern. The IHR recognizes risk communication as one of many essential capacities that countries need to effectively prevent, detect, and respond to infectious disease threats.

This training package and associated materials is designed to support One Health chiefdom structures to gain understanding of the One Health concept.

ABOUT THIS TRAINING PACKAGE

PURPOSE AND OBJECTIVES

This *Facilitator Guide* and all accompanying materials are designed to guide a:

- 3-day One Health training of chiefdom-level One Health actors.

The purpose of the 3-day training is to strengthen the capacity of One Health structures at chiefdom level in the application of One Health and risk communication best practices, and to effectively collaborate to raise awareness of risks and prevention of priority zoonotic diseases (PZDs) to contribute to:

- improving the public's uptake of protective health behaviors for PZDs including reporting instances of high risk or disease outbreak and contributing to early detection of potential emergencies
- increasing efficiency and minimizing contradictory or false information during response to a public health emergency and in overall awareness of PZD prevention; and
- providing timely and accurate health advice that addresses the public's concerns during public health emergencies.

Specifically, objectives of the 3-day training are to:

- Objective 1: Gain understanding of the One Health concept, as well as the core One Health institutions.
- Objective 2: Review Sierra Leone's priority zoonotic diseases and their relationship to public health emergency preparedness and response.
- Objective 3: Review available risk communication tools and protocols in country to promote awareness, engage communities, and support a public health emergency response.
- Objective 4: Learn and practice skills to apply the principles of effective risk communication in communicating with the public.
- Objective 5: Improve confidence and ability to effectively respond to the public's needs and concerns regarding PZDs and public health emergencies to minimize conflicting information, rumors, and misinformation.
- Objective 6: Gain experience in conducting the community-led action (CLA) method.

INTENDED AUDIENCE

This training package is designed for delivery by facilitators from national and district One Health actors who wish to strengthen the capacity of chiefdom-level One Health structures and actors.

The intended audience for the 3-day training is people working at chiefdom level within the health, animal, or environment sector, as well key chiefdom-level authorities and influencers.

MATERIALS NEEDED FOR FACILITATION

This training is designed to be participatory and interactive. It emphasizes adult learning methods that require participation through small and large group discussion, brainstorming and reflection, role-play, and practice. The approach follows the guiding principles of 1) building on participant experiences, 2) step-by-step skill building, and 3) reinforcement of skills by practice.

This training package consists of this Facilitation Guide and the following supplemental materials:

- Appendix materials: print **one copy per participant**
- Chiefdom manual: print **two copies per chiefdom**
- Photo attachment: print **one copy per training group (do not staple)**
- CLA consolidated field manual: print **two copies** (print one copy per training group AND one copy per facilitator)

The training package is designed to be “field friendly”. No slides are required. Instead, to prepare for an engaging training, provide:

- Paper
- Pens
- Marker
- Flip charts
- Tape
- Sticky notes (at least three colors)
- Name tags

FACILITATION REMINDERS

SOME REMINDERS FOR THE TRAINING

Remember, facilitation is a skill. This training is intended to be engaging and interactive and should not be a series of lectures. Review these facilitation reminders before conducting your session:

- Speak clearly and emotively (use gestures!).
- Share the wealth – engage with everyone.
 - Look at various participants, not just those in front.
 - Encourage participation by calling on shy participants or those who aren’t paying attention.
- Be prepared and knowledgeable about the content and the structure of the sessions
 - If you are familiar with the training content, you can put all of your effort to making sure your audience is participating and understanding.

- In addition to the content, the more familiar you are with the flow of the exercises and the guide, the more attention you have for your audience. Take time to familiarize yourself with the material before facilitating.
- Be prepared and knowledgeable about the audience.
 - The success of your training depends on your ability to share what you know in a way that your audience understands it.
 - It is important to adapt language and break down concepts to improve understanding. Don't assume your audience knows all of the One Health acronyms (e.g., PZD).
 - It is likewise important to know if certain content is too much of a review and you can move more quickly to keep participants engaged.
- Engage and make learning fun!
 - Don't lecture! Or at least, don't lecture for very long.
 - If you can get participants to participate with questions, discussions, activities, images and jokes they are more likely to remember what they are learning.
 - Rather than answering a question that comes up, pose that question back to the group, and allow for participants to provide responses.
 - During question-and-answer sessions and discussions, take answers from multiple people. Though the Facilitator Guide has suggested answers, work to get the answers and relevant examples from the participants.
 - If you have found that certain content is too much of a review, you can ask the participants to explain topics that you had planned on explaining.
 - Relate training to everyday life to make it more tangible for participants.
 - If you use stories, examples, and common explanations to connect the concepts you are teaching to the participants' everyday life and work, participants are more likely to see training as useful, and remember what you are teaching.
 - Many examples are provided in the sessions in the Facilitator Guide, but you may want to supplement with others that work better for your trainees.
- Control of the group and maintain a supportive environment
 - Ensure no one dominates the discussion, and that everyone is encouraged to participate and treated with respect.
- Be enthusiastic!
 - If you are not excited to share what you are teaching, you cannot expect anyone else to be interested in learning it from you.
- Be honest – if you don't know the answer, it's okay. Tell participants that you will look up their question and get back to them before the end of the training.

SESSION 1.1: WELCOME AND INTRODUCTIONS

Time: 30 minutes

Materials:

- Timer or watch

PLENARY WELCOME

- **Welcome** everyone.
- **Give** self-introduction of facilitators.
- **Explain** that we will have an activity to introduce everyone.

ACTIVITY: INTRODUCTIONS

- **Choose** an icebreaker to get participants acquainted with one another. Here are two ideas, or feel free to use your own:
- **Ask** participants to come to the center of the training place and stand in a circle.
- **Option 1: One** by one, ask participants to introduce themselves (name), their role, where they live and work, and one thing they love. After the first person has stated one thing that they love, ask the participants, if anyone hates that item. Have that person that hates that item line up behind the person that stated they love it. Continue this process until there are four groups of love/hate (four people that have introduced themselves and something they love, four people that have stated that they hate the item).
- **Next**, restart the process by going back to the first person that said that they hate something and have them introduce themselves (name), their role, where they live and work, and one thing they love. Continue this process until you finish with everyone. The final participants will not have anyone that “hates” their loved item.
- **Option 2: Give** participants five minutes to line up in a straight line in order of birthday – from January to December. Once they are in a straight line, starting at the beginning of the line (January), pair people in groups of 2.
 - **Explain:**
 - You will have 5 minutes to briefly talk to your partner.
 - Note, you will introduce your partner to the rest of the group, so take note of their: their name, role, location where they live and work, and favorite food.
 - **Time** the group interacting with each other for 5 minutes.
 - **Bring** the group back together and go around the room asking each person to introduce their partner to the group.
 - **Time** the group to introduce each other for 15 minutes until the 30 minutes has finished. Do not go over time.

SESSION 1.2: WORKSHOP PURPOSE, OBJECTIVES, GROUND RULES, AND PRE-TEST

Time: 30 minutes

Materials:

- **From Appendix materials:**
 - *3-day Training Agenda*
 - *Pre-test*
- Blank flip chart, tape, and markers
- Timer or watch

Preparation:

- Prepare flip charts with the 6 training objectives.

PLENARY DISCUSSION

- **Ask:** Who can explain why everyone is meeting for three days?
- **Take responses** for a couple of minutes and **refer** to the workshop's objectives on the prepared flip chart:
 - Objective 1: Gain understanding of the One Health concept, as well as the core institutions
 - Objective 2: Review Sierra Leone's priority zoonotic diseases and their relationship to public health emergency preparedness and response.
 - Objective 3: Review available risk communication tools and protocols in country to promote awareness, engage communities, and support a public health emergency response.
 - Objective 4: Learn and practice skills to apply the principles of effective risk communication in communicating with the public.
 - Objective 5: Improve confidence and ability to effectively respond to the public's needs and concerns regarding PZDs and public health emergencies to minimize conflicting information, rumors, and misinformation.
 - Objective 6: Gain experience in conducting the community-led action method (CLA)
- **Explain:**
 - This training is designed to be interactive. Everyone will be participating, and we expect to all learn from each other.
 - Let's define ground rules for our time together to have a fun and productive learning environment.
- **Ask** for ideas of ground rules from the group for a couple of minutes, **writing** each one on a flip chart and post.

- **Add** anything missing from your perspective and **get agreement** from participants
 - *Examples:* respectful communication; silent phones; timeliness; participating in the discussion; computers closed.
- **Ask** if there are any questions and **clarify** as needed.
- **Ask:** Now that you have a little more understanding of the purpose of this workshop, does anyone have any additional expectations for our time together that you would like to add?
- **Take responses** for a couple of minutes and **write** each one on a blank flip chart. Use this as a chance to see if there is anything else that participants hope to cover in the training.
- **Thank** the group and **explain** that you will do your best to meet their expectations in line with the training.
- **Hold up** the 3-day training agenda and **explain:**
 - Everyone should have received a training agenda.
 - This provides a clear overview of the days together. You can see we have a lot to cover and to respect everyone's time we will not review this together.
- **Ask** the group if there are any questions and **clarify** as needed.
- **Explain** that next we are going to do a pre-test activity:
 - Do not worry about knowing all or any of the answers.
 - The purpose of the test is to enable you to reflect on your zoonotic disease and risk communication experiences, knowledge, skills, and needs and identify personal goals for your learning in the workshop.
 - It allows us to see where we should focus our time together and track any change in knowledge or learning as a result of the training.
 - We are all here to learn, and you will have the opportunity to take the same test at the end of the training.
- **Give instructions** for the pre-test:
 - When you get your test, please do not write your name.
 - Instead, please give yourself a code number (like your birthday or graduation year).
 - Remember this number, because you will use it for your post-test.
 - Now, walk participants through the 12 pre-test questions (reading the questions directly from the pre-test questions at the end of this Facilitator Guide).
- **Ask** if there are any questions and **clarify** as needed.

SESSION 2.1: SETTING THE FOUNDATIONS: ZOO NOTIC DISEASE AND THE ONE HEALTH APPROACH

Time: 30 minutes

Materials:

- Flip chart, markers, and masking tape
- Timer or watch

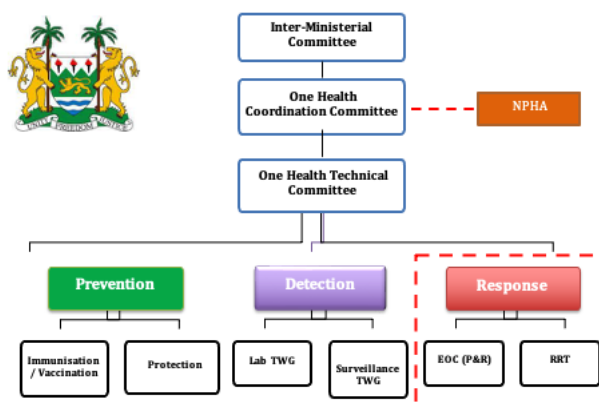
PLENARY DISCUSSION

- **Welcome** participants to the first session of the workshop.
- **Ask:** Who can explain what they understand by the term zoonotic disease?
- **Take** a few responses.
- **Thank** them for their response and **write on the flip chart and explain:**
 - Zoonotic diseases = diseases that can be spread between animals and humans.
 - Zoonotic diseases cause loss to individuals and communities.
- **Ask:** What are some examples of how zoonotic diseases can cause problems for people and communities?
- **Take** several responses, **thank** them for their response and **summarize** with the following points:
 - Zoonotic diseases can cause illness or death of animals that can in turn have a negative impact on the livelihood of people that rely on them for income or food.
 - Brucellosis and anthrax can cause many animal owners to have to slaughter their animals. They are unavailable for sale or even for eating.
 - Zoonotic diseases also can cause illness or even death in people.
 - The Ebola epidemic in Sierra Leone caused a tremendous loss of life – not only from those sick with the disease, but also because it reduced access to other essential services, undermined confidence in the health services, and caused economic problems for the countries.
- **Ask:** So now that we understand zoonotic disease and its importance, can anyone tell me what they think One Health means?
- **Take** several responses, **thank** them for their response and **summarize** with the following points:
 - Explain that the old definition was: One Health is the collaborative efforts of multiple disciplines working locally, nationally, and globally to attain optimal health for people, animals, plants and our environment.
 - The new definition has been expanded to:

- One Health is an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals and ecosystems. It recognizes the health of humans, domestic and wild animals, plants, and the wider environment (including ecosystems) are closely linked and inter-dependent.
- The approach mobilizes multiple sectors, disciplines and communities at varying levels of society to work together to foster well-being and tackle threats to health and ecosystems, while addressing the collective need for clean water, energy and air, safe and nutritious food, taking action on climate change, and contributing to sustainable development.

- **Refer** to the national One Health structure in the Chiefdom Manual. **Explain** the One Health structure in detail.

- **Ask** participants if they have any questions about the structure and answer questions accordingly.



- **Explain** the One Health vision and mission:

- **Vision:** A healthy Sierra Leone with people and animals co-existing in a safe environment, achieved through effective One Health Collaboration
- **Mission:** To create a resilient One Health system with efficient multi-sectoral coordination to prevent, detect and respond to emerging and re-emerging health threats to humans, animals and the environment

- **Explain** the roles of the One Health platform:

- To create a conducive platform for the effective engagement of the parties in the promotion of health
- To guide the establishment of an institutional framework, working collaboratively, to support a One Health Approach
- To create and maintain public health awareness of the One Health concept
- To promote national capacity and expertise in One Health and ensure a multi-disciplinary approach to solving public health threats

- **Explain** the three One Health committees:

- One Health Interministerial Committee (IMC): Policy formulation, coordination and oversight of all One Health programs and activities
- One Health Coordination Committee (OHCC): Leadership on policy and guidance on One Health related activities

- One Health Technical Committee (OHTC): Leadership and supervision of the technical working groups
- **Ask:** What are the 11 different technical working groups under the One Health Technical Committee?
- **Take** several responses, **thank** them for their engagement, and **walk** through the different technical working groups:
 - Integration surveillance
 - Laboratory
 - Points of entry
 - Emergency preparation and response
 - Anti-microbial resistance
 - Food and food safety
 - Biosafety and biosecurity
 - Risk communication
 - Immunization/vaccination
 - Occupational health and safety
 - Zoonotic disease



- **Refer** to the One Health strategic achievements and challenges in the Chiefdom Manual. **Explain** the graphic in detail.
 - **Ask** participants if they have any questions about the achievements and challenges.
- **Refer** to the One Health umbrella in the Chiefdom Manual. **Explain** the graphic in detail.
 - **Ask** participants if they have any questions about the achievements and challenges.
- **Thank participants** for their participation and conclude the session.



SESSION 2.2: CORE ONE HEALTH INSTITUTION: AGRICULTURE

Time: 30 minutes

Materials:

- Flip chart, markers, and masking tape
- Timer or watch

Preparation:

Prepare 8 separate flip chart papers for: Disease Transmission, Antibiotic Use, Food Safety, Environmental Impact, Livelihoods and Economics, Research and Surveillance, Policy and Regulation, Education and Outreach

PLENARY DISCUSSION

- **Explain** that in this session, we are going to focus on one of the three core institutions of the One Health platform: agriculture. Describe the Ministry of Agriculture's main objective within the One Health platform:
 - Seek to promote sustainable and responsible agricultural practices that benefit all components of the ecosystem. By providing a holistic and collaborative approach to address health challenges in agriculture, aiming to achieve better outcomes for all three components: human health, animal health, and the environment.
- **Ask:** how do you think that agriculture relates to human health, animal health, and environmental health? How can it affect each?
- **Take several answers**, allowing for any discussion and **summarize** the following:
 - **Human Health:** One Health recognizes that the health of people working in agriculture and consumers of agricultural products can be influenced by various factors. For example, pesticides or antibiotics in agriculture can impact human health through exposure or the development of antibiotic resistance. Ensuring safe food production and reducing the risk of zoonotic diseases (diseases that can transfer from animals to humans) are essential considerations.
 - **Animal Health:** Livestock farming and other agricultural practices can significantly affect the health and well-being of animals. Ensuring proper animal welfare and preventing the spread of diseases among animals are crucial components of One Health. Disease outbreaks in animals can sometimes jump to humans, leading to public health concerns.
 - **Environmental Health:** Agriculture has a substantial impact on the environment. Practices such as deforestation, intensive farming, and the use of chemical inputs can lead to environmental degradation, including soil erosion, water pollution, and habitat destruction. These environmental changes can, in turn, affect both human and animal health.

- **Explain** that agriculture intersects in many ways with the One Health platform. Describe each of the following:
 - **Collaboration:** One Health promotes collaboration among various sectors and stakeholders, including agriculture, public health, veterinary medicine, environmental science, and policy makers. It encourages the sharing of information, expertise, and resources to address health challenges collectively.
 - **Prevention and Preparedness:** One Health focuses on preventive measures and preparedness to mitigate health risks. This includes early detection and response to emerging diseases, improving biosecurity measures on farms, and promoting sustainable agricultural practices that reduce environmental impact.
 - **Policy and Regulation:** Governments and international organizations play a critical role in implementing policies and regulations that support One Health approaches. These policies may include guidelines for responsible antibiotic use in agriculture, regulations to protect ecosystems, and food safety standards.
 - **Education and Awareness:** Raising awareness among farmers, healthcare professionals, and the general public about the One Health concept is essential. Education and communication efforts can help promote understanding and encourage the adoption of practices that prioritize the health of people, animals, and the environment.

ACTIVITY: AGRICULTURE'S INTERSECTIONS WITH OTHER TOPICS

- **Refer** to the flip chart with pre-written question around intersections between One Health and agriculture. In groups, have participants brainstorm how agriculture and One Health affect each of the bolded topics below. Allow groups to brainstorm for 8 minutes and report out for 2 minutes. Depending on the number of groups, every group may get 1 or two intersections to discuss. Use the notes below to add any points that participants miss:
 - **Disease Transmission:** Livestock can serve as reservoirs for various diseases, including zoonotic diseases that can be transmitted from animals to humans. These diseases can have a significant impact on public health. Examples include avian influenza, bovine tuberculosis, and brucellosis. The One Health approach emphasizes the need for effective surveillance, early detection, and control of such diseases at the human-animal interface.
 - **Antibiotic Use:** Livestock farming often involves the use of antibiotics for disease prevention and growth promotion. Excessive and inappropriate use of antibiotics in the livestock sector can contribute to the development of antibiotic-resistant bacteria, which poses a threat to human health. The One Health approach calls for responsible antibiotic use in livestock to minimize the risk of antibiotic resistance.

- **Food Safety:** The livestock sector is a significant source of animal-derived food products, such as meat, milk, and eggs. Ensuring the safety of these products is critical for human health. The One Health approach emphasizes the need for food safety measures, including hygiene practices, quality control, and monitoring of foodborne pathogens.
- **Environmental Impact:** Livestock farming can have adverse environmental impacts, such as deforestation, water pollution, and greenhouse gas emissions. These environmental changes can affect both animal and human health. The One Health approach advocates for sustainable livestock production practices that minimize environmental harm and promote ecosystem health.
- **Livelihoods and Economics:** Livestock farming is a source of livelihood for millions of people worldwide and contributes significantly to the economy. The One Health approach recognizes the importance of supporting sustainable livestock systems that not only protect the health of animals and humans but also provide economic opportunities for communities.
- **Research and Surveillance:** One Health encourages collaborative research and surveillance efforts that involve veterinarians, public health experts, and environmental scientists. This multidisciplinary approach helps monitor and respond to health threats in the livestock sector more effectively.
- **Policy and Regulation:** Governments and international organizations are encouraged to develop and implement policies and regulations that align with the One Health approach. These may include guidelines for animal welfare, antimicrobial stewardship, and environmental sustainability in the livestock sector.
- **Education and Outreach:** Raising awareness among livestock producers, veterinarians, and consumers about the interconnectedness of human, animal, and environmental health is vital. Educational efforts can promote responsible practices in the livestock sector and encourage the adoption of One Health principles.
- **Conclude** by thanking participants for their contributions and participation and reiterate that the agriculture sector plays a central role in the One Health approach because of its impact on human health, animal health, and the environment. Effective collaboration and the adoption of responsible practices in livestock farming are essential to mitigate health risks and promote sustainable agriculture that benefits both people and the planet.

SESSION 2.3: CORE ONE HEALTH INSTITUTION: HEALTH

Time: 30 minutes

Materials:

- Flip chart, markers, and masking tape
- Timer or watch

PLENARY DISCUSSION

- **Explain** that in this session, we are going to focus on one of the three core institutions of the One Health platform: the Ministry of Health. Describe the MOH's main objective:
 - The Ministry of Health is the government agency responsible for overseeing healthcare and public health matters in Sierra Leone. Its primary mission is to improve the health and well-being of the population by providing accessible and quality healthcare services and implementing public health programs.
- **Tell** participants that human health is often at the center—and takes priority—over the other sectors of One Health, including animal health and environmental health. **Ask** what participants think about this – should human health be prioritized?
- **Take a few answers** and **summarize** the following, if they are not brought up by participants:
 - Human health is often prioritized within One Health because it's where we "fit" in, and the consequences can be severe (e.g., infectious disease outbreaks, cancer from pollutants, starvation from environmental degradation).
 - Though human health may be the most important to us humans, the idea of One Health is that human, animal, and environmental health are all interconnected.
 - If animals and the environment are healthy and protected – humans can also be healthy and are more protected from zoonotic disease.
 - If animals and the environment are unhealthy or in danger, this will likely affect human health, too.
 - Despite our desire to center human health within One Health, to help protect human health, we must also protect animal and environmental health through full participation, collaboration, and investment of the animal and environmental health sectors.
- **Explain** that the MOH is typically headed by a Minister of Health, who is a government official responsible for the overall management and policymaking within the ministry. The CMO and Permanent Secretary also play important roles.
- **Explain** some of the MOH's most common and frequently referenced departments:

- **Directorate of Health Security and Emergencies:** Responsible for public health programs, disease surveillance, and preventive measures.
- **Directorate of Nursing and Midwifery Services:** Oversees clinical services, including hospitals, clinics, and nursing care.
- **Directorate of Planning and Policy:** Formulates healthcare policies and strategies.
- **Health Promotion Programme:** Manages health education and promotion campaigns.
- **Pharmacy Board:** Regulates pharmaceuticals and ensures their safety and availability.
- **Finance and Administration:** Handles budgeting, financial management, and administrative tasks.
- **Explain** that the MOH operates at both the national and district levels, while Sierra Leone is divided into regions, districts, and chiefdoms. There are district health management teams that are responsible for implementing policies and programs at the district and local level.
 - **Ask** participants how they have coordinated and collaborated with the district health management team in the past? What have been some successes? What have been some challenges? **Take** 10 minutes worth of responses. **Write** any notes on a flip chart.
- **Thank participants** for their engagement and conclude the session.

SESSION 2.4: CORE ONE HEALTH INSTITUTION: ENVIRONMENT

Time: 30 minutes

Materials:

- Flip chart, markers
- Timer or watch

PLENARY DISCUSSION

- **Explain** that in this session, we are going to focus on one of the three core institutions of the One Health platform: the environment. Describe the Environmental Protection Agency's main objectives:
 - Advise the Minister on environmental issues
 - Provide measures for the control of pollution
 - Issue environmental permits and pollution abatement notices; prescribe standards and guidelines relating to ambient air, water and soil quality, etc.
 - Ensure compliance with environmental impact assessment procedures
 - Monitor the state of the environment in Sierra Leone
 - Promote effective planning in the management of the environment
- **Ask:** how does the environment relates to human health and animal health? How can it affect each?
- **Take a few answers** and **summarize** the following:
 - **Human health:** The environment can play a big role in human health. As the natural world is being more and more developed, there are more cases of zoonotic spillover events (i.e., disease spillover from an animal to human). The environment being degraded and contaminated by pollutants such as microplastics and other toxic pollutants from mining and other industrial processes can also have negative effects on human health. Ultimately, the degradation of the environment will also affect human's ability to grow nutritious food and breath healthy air.
 - **Animal health:** The destruction and degradation of the environment can have major effects on animal health. For example, as natural land is developed, it leaves less natural world for animals to live in. This fragmentation leads to species extinction, and biodiversity decline (i.e., a decline in the number of species on the planet). This is particularly apparent due to the environmental changes related to climate change – worse droughts, increased extreme rain events and flash flooding, disrupted rainy seasons, etc.
- **Explain** that the Environmental Protection Agency was established in 2008 with the objective to provide for the effective protection of the environment and for other related matters. The departments within the EPA include:

- **Public Relations and Intersectoral Collaboration (PRIC):** The PRIC is charged with the responsibility of “initiating and pursuing formal and non-formal educational programmes for the creation of public awareness of the economic and social life of Sierra Leone”.
 - The department seeks to attain its goals through community mobilization, partnerships, radio/Tv talk shows, etc.
 - Another important role of PRIC is that it acts as a conduit between the general public and the Agency. As such, it receives environmentally related complaints/concerns from the public and channel those complaints/concerns to the leadership of the Agency.
- **Field Operations and Extension (FOE):** The FOE is charged with the responsibility of coordinating all field operations of the Agency. The department conducts regular monitoring of proponents and ensures compliance with environmental laws. It also conducts annual audit on companies to determine their level of compliance with their terms and conditions as stated in their licenses.
- **Climate Change Secretariat:** The Climate Change Secretariat coordinates all climate change related issues in the country. It oversees the implementation of climate change related projects and commitments under several Multilateral Environmental Agreements to which Sierra Leone is a party. It advises the Agency on decisions taken by the Conference of Parties (COP) at its annual summit. Furthermore, the Secretariat promotes climate change resilience and low –emission development for Sierra Leone and also provides guidance and direction for the formulation of a national climate change policy and strategies in line with the National Agenda.
- **Policy, Planning, and Research (PPR):** The PPR department is made up of three components: the Policy, Planning, and Research, the Geographical Information Systems (GIS), and the Chemicals Control and Management (CCM). Among other things, the PPR advises the Agency on the state of the environment of Sierra Leone and formulation of policies, regulations and guidelines to ensure the protection of the environment. The department also plays a key role in mainstreaming environmental management into national development policies, programmes and projects.
- **Natural Resources Management (NRM):** The NRM department is responsible for the implementation of sound environmental policies and management systems to minimize the environmental impacts resulting from the exploitation of natural resources. In collaboration with other agencies and departments, it deals in sustainable utilization of major natural resources, such as land, water, air, minerals, forests, fisheries, and wild flora and fauna.
- **Thank** the participants for their attention and end the session.

SESSION 2.5: ONE HEALTH COORDINATION AND COLLABORATION

Time: 1 hour 15 minutes

Materials:

- Appendix materials
- Flip chart, markers, and masking tape
- Timer or watch
- Sticky notes (3 colors)

PLENARY DISCUSSION

- **Introduce the session** with the following points:
 - This session will look at collaboration mechanism of chiefdom-level One Health risk communication and community engagement (RCCE) actors
 - The objective of the sessions is to enhance participants' understanding of communication and collaboration among OH RCCE (One Health Risk Communication and Community Engagement) actors at the chiefdom level. This is intended to improve chiefdom preparedness and response capabilities in the event of an outbreak.
 - The following areas will be looked into during this session:
 - Background of One Health RCCE
 - Functions of One Health RCCE team
 - Identification of One Health RCCE actors at chiefdom level and district and their relationship
 - Soliciting solutions for improving coordination among OH RCCE actors
- **Explain:** Let us start with the background of One Health RCCE:
 - The One Health RCCE technical working group (TWG) ensures consistent, accurate, and clear message dissemination for increasing knowledge and influencing attitudes, preventive behaviours, before, during, and after human, animal, zoonotic, and environmental emergencies/outbreaks across national, district and chiefdom levels.
 - The One Health RCCE TWG was established in 2018–2019, headed by the risk communication leads from MoHS, MAFS, and EPA and supported by representatives from Republic of Sierra Leone Armed Forces, 117 call center, traditional healers association, and other implementing partners. In 2021, the One Health RCCE TWG included the communication lead from ONS.

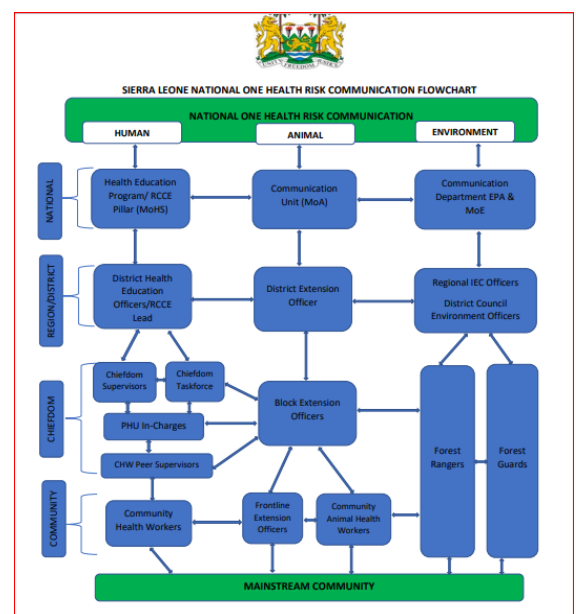
PLENARY DISCUSSION

- **Ask:** what are some of the functions of the One Health RCCE team?
- **Take a few answers,** allow for discussion, and **summarize** the five functions:

- 1. Establish core coordination teams within MoHS, MAF, EPA, MoE and ONS anchoring on the One Health approach, as the leading sources of information in Sierra Leone especially during emergencies and events of public health importance
- 2. Provide clear and actionable communication on steps people can take to stay safe and healthy before, during, and after health emergencies
- 3. Review and revise existing communication plans and messages and develop new plans and messages to include messages and activities sensitive to gender and susceptible groups, and employ communication channels that extend to community and household levels
- 4. Communicate risks and event information and counter misinformation. Engage and coordinate with key internal and external partners, providing leadership and guidance with risk communication and social and behavior change communication objectives, messages, and activities, to ensure consistency in communication before, during, and after health emergencies
- 5. Increase public confidence and community ownership and resilience by strengthening the ability of communities to respond to public health threats Establish and strengthen two-way feedback mechanisms between and among community, district, and national levels

ACTIVITY: FUNCTIONS OF TECHNICAL WORKING GROUP

- **Give** each person one sticky note.
- **Ask groups:** who are chiefdom One Health RCCE actors?
 - Have each person write two One Health RCCE actors on the sticky note
 - One by one, have participants bring the sticky notes up and place them on a blank flip chart.
- **Show** the One Health RCCE Flowchart from the appendix in the Facilitator Guide. **Also, refer** to the One Health RCCE Flowchart in the Chiefdom Manual.
 - **Ask groups** to come up and identify actors (on sticky notes) on One Health RCCE Flowchart.
- **Explain the aspects** of the One Health RCCE Flowchart. Be sure to mention:
 - The Flowchart identifies the primary One Health RCCE actors from national to chiefdom level, as well as how the One Health actors relate to one another



- At national level, we have members from the MAFS communication team; from Ministry of Health we have members from the Health Education program; and from the environment sector we have members from EPA and Ministry of Environment
- At district level, we have DEOs from MAFS, DSMCs from DHMTs, and some districts have EPA regional officers (Bo, Kenema, Kono and Bombali)
- At district level, we also have Councils Environmental Officers (EOS)
- Please note that though this is the current membership of national, regional, and district One Health teams, membership can always expand
- **Ask groups:** where do you see yourself fit at chiefdom level? **Take several** answers and write them on a blank flip chart. **Probe if there** is anyone that doesn't see themselves within the One Health structure.
- **Explain** that we want to understand the current situation of your chiefdom. Ask the following questions, allowing room for multiple responses and conversation. Write down responses on a flip chart:
 - How do you coordinate at chiefdom level?
 - Do you have a guiding document? If not, how do you know what you should do and plan?
 - How do you relate with district level?
- **Thank everyone** for their contributions.
- **Explain** that in our groups, we want to brainstorm how we can revitalize the chiefdom taskforce. Note, keep it mind activities that don't require resources from national or district level.
 - **Give** each group 10 minutes to complete the following table on their flip chart paper.

<i>No</i>	<i>Action</i>	<i>Purpose of the action</i>	<i>Actors to involve</i>	<i>Frequency</i>	<i>Responsible person</i>

- **Ask each group** to present their action plan spending no more than 2 minutes per group (10 minutes total).
- **To conclude**, briefly summarize the discussion and action points, and thank everyone for their participation.

SESSION 3.1: PRIORITY ZONOTIC DISEASES – INTRODUCTION

Time: 45 minutes

Materials:

- Chiefdom manual
- Flip chart, markers, and masking tape
- Timer or watch

PLENARY DISCUSSION

- **Explain** the following:
 - In this session we are going to dive into the world of zoonotic diseases to identify gaps in our own zoonotic disease knowledge.
 - We are going to follow with a particular focus on PZDs in our country and review global level and country level communication tools and structures available to support our One Health communication efforts for both preparedness and response.
 - We are going to start with an activity to get us moving and find our in-house PZD experts!

ACTIVITY: ZONOTIC DISEASE POPCORN QUIZ

- **Ask** everyone to please stand up and move to the back of the room so they can form a circle around you so that you are in the middle
 - (If the room isn't large enough everyone can stand behind their chair.)
- **Explain the following:**
 - I am going to read out a True or False statement or a question.
 - If you think the answer is true or you know the correct answer you are going to jump up (pop like a piece of popcorn) or clap with arms overhead (demonstrate).
 - If you think the answer is false, you are going to stand still.
- **Give an example and demonstrate** the actions:
 - Football is a popular sport in this country, (jump up or clap- it is true).
 - The sun is cold (stand still- the sun is warm).
- **Explain:** Many of you may have the right motion, popping at once (like popcorn kernels) or standing still (kernels still waiting to pop). I will call on one of you to give your answer. After you give your answer, we will review the correct answers.
- **Ask** if there are any questions and **clarify** as needed.
- **Begin** the activity with the questions below.
 - If your “kernel” gives the right answer, you can clap for them.

- Try to call on as many different kernels as possible.

QUESTIONS

1. True or False: *All of the following are ways that zoonotic diseases spread from animals to humans:*

- Bite or scratch by an animal with the disease.
- Eating the meat or consuming raw dairy products like milk, yogurt, or cheese from an infected animal.
- Touching an animal with a disease, or the body fluids of that animal such as urine, blood, waste, saliva, or snot.
- Touching, eating, or drinking food or water contaminated with these body fluids.
- Assisting an animal with a birth or abortion.
- Breathing in germs from an animal with the disease when working with their hides.
 - Answer: True. The way the disease is spread depends on the specific zoonotic disease.
 - Anthrax for example can enter the body in three different ways, each causing different symptoms and degrees of severity in illness, while rabies in contrast is spread from the bite of an infected animal.

2. True or False: *We can always see the signs that an animal is sick.*

- Answer: False. We often cannot tell that an animal is sick or know the causes of death if we find them dead.
- For example, with rabies, it may take months from the time the animal is infected before an infected animal begins to show any signs or symptoms. If we find an animal dead in the forest, we may not see signs to indicate that it died of disease.

3. True or False: *Once a person shows the signs and symptoms of rabies, they can recover if they receive treatment.*

- Answer: False. Once a person begins to show the signs and symptoms of rabies, it is too late for treatment, and the person will die. This is why it is important to take all animal bites very seriously.
- Immediately wash the bite for 15 minutes with soap and water and go immediately to the health clinic.

4. True or False: *The signs and symptoms of Ebola, Lassa, and other hemorrhagic fevers are very similar to common diseases like malaria and typhoid.*

- Answer: True. This is why it is so important to go to the health facility with any fever for testing and correct treatment.

- Early signs of Ebola include fever; severe headache, muscle pain, weakness and feeling tired, and sore throat before they progress to diarrhea, vomiting, rash, stomach pain, and bleeding from the eyes, ears, or mouth.
- 5. True or False: *An animal that has died of anthrax must be burned or buried in a special way.***
- Answer: True. If the animal is left in the field, it can easily spread the disease to healthy animals. Animals with anthrax should not be slaughtered for food.
- 6. True or False: *The best thing you can do with a sick animal is to sell it or eat it.***
- Answer: False. Even though this often makes economic sense, eating, selling, or transporting a sick animal can spread disease to other animals and people.
 - It is important to safely separate the sick animal from others and inform a vet or wildlife officer or community animal health worker for advice.
- 7. True or False: *If we chase all of the bats from our area, we will have less risk of catching a zoonotic disease like Ebola.***
- Answer: False. While this may seem logical, trying to kill or drive away bats from an area can stress the bats and make it more likely that they spread disease.
- 8. True or False: *When there is an outbreak of Bird Flu, all the people who are around the birds or areas where the birds stay are at risk of the Bird Flu.***
- Answer: True. Those most at risk include those that:
 - Keep live chickens, ducks, geese, and other birds in the backyards or houses.
 - Buy or sell live chickens, ducks, and geese or other birds at the markets.
 - Transport or sell live or dead chickens, ducks, and geese or other birds.
 - Slaughter, defeather, and prepare chickens, ducks, and geese or other birds to sell or for food.
 - Eat raw or undercooked chickens, ducks, and geese or other birds.
 - Clean the areas where birds are kept, including their waste, snot, saliva, feathers, and water contaminated with their waste, snot, saliva, and feathers.
- 9. True or False: *Only rural areas are at risk of zoonotic disease outbreaks.***
- Answer: False. Disease can spread rapidly in crowded urban areas and areas that see a lot of travelers.
 - Our world is increasingly interconnected. Zoonotic diseases can easily spread across geographic boundaries. Consider the example of COVID-19 which spread to almost the entire world in a matter of months.
- 10. True or False: *Zoonotic diseases cause disease and death mainly in animals.***

- Answer: False. Some zoonotic diseases cause widespread death in animal populations but do not easily spread person to person, like brucellosis. Others, like Ebola for example, spread very rapidly person to person.
- In addition to causing sickness and death due to the disease itself, a zoonotic disease can cause suffering from its strain on the health system as well as disrupting travel and business that has a negative impact on the livelihoods of families and the economy of the country as a whole.

11. True or False: *There are no vaccines for zoonotic diseases or treatments for zoonotic diseases*

- Answer: False. There are limited vaccines for some zoonotic diseases available for animals depending on the country you live in. There are vaccines available in some countries for Rabies and vaccines available for anthrax.
- There are some vaccines available for a few zoonotic diseases for people depending on the country and the situation (prevention/outbreak). Rabies and Ebola are some examples.
- Because vaccines are limited, however, it emphasizes the importance of preventive behaviors and early detection and response.

12. True or False: *This country has prioritized a set of zoonotic diseases.*

- Answer: True. Sierra Leone has prioritized Ebola, Lassa fever, rabies, avian influenza, anthrax, and salmonellosis.

13. True or False. *This country has no communication materials to support One Health Communication at a community level.*

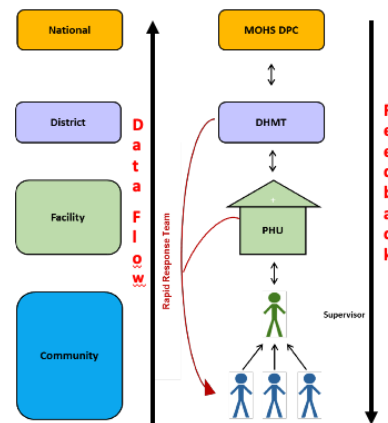
- Answer: False. Find some available resources in the **Chiefdom Manual**.
- **Give** the group a round of applause and **bring them back to their seats** for a summary discussion.

PLENARY DISCUSSION

- **Summarize** the activity with the following points:
 - Great job everyone. I hope each of us has learned at least one new fact about zoonotic disease and identified at least one area where we have a gap in our knowledge. You will have the opportunity to add to your knowledge in our next session.
- **Explain** that we are going to start by talking about surveillance.
- **Ask:** What is surveillance? And what is community-based surveillance?
- **Take several responses** and write key pieces of the definitions on a flip chart. **Explain the definitions** below, if they have left out any key pieces:
 - **Surveillance** means being on the lookout for something.
 - **Disease surveillance** means being on the lookout for one or more particular diseases and events.

- **Community-based surveillance** is an active process of detecting, reporting, responding to and monitoring health events in the community, instead of just at facility level.
- **Ask:** What is a cluster? A cluster of deaths?
- **Take several responses** and write key pieces of the definitions on a flip chart. **Explain the definition** below, if they missed anything:
 - A **cluster of deaths** is any two or more deaths presenting with similar signs and symptoms occurring in the same village within two consecutive weeks
- **Ask:** Where do we find cases? Or gather additional information in the event of an investigation?
- **Take several responses** and write key ideas on a flip chart. **Confirm** those below, if they have left out any key pieces:
 - Mosques or churches
 - Homes
 - Markets
 - Community wells, rivers, water pumps
 - Tea or beer drinking stalls
- **Refer** to the community-based surveillance reporting and feedback structure and **explain** the process in detail.
- **Explain** that now we are going to put some of these definitions into practice. Summarize:
 - We reviewed some in-country resources that can help with One Health communication.
 - We reviewed them quite quickly, so we are going to take a few minutes to go over them, so you have the opportunity to ask questions.
 - To do this we are going to review your Chiefdom Manual.
- **Ask** the group to quickly review the Chiefdom Manual together.
- **Time** the group for 5 minutes and **bring** everyone back together
- **Ask:**
 - Do you have any questions about the resources in the Chiefdom Manual?
- **Clarify** as needed.
- **Explain** to the group that they will be using this Chiefdom Manual and some of the resources later in the module.

CBS Reporting & Feedback Structure



SESSION 3.2: PRIORITY ZONOTIC DISEASES: YOUR TURN!

Time: 2 hours

Materials:

- Chiefdom Manual
- Flip charts, markers, and masking tape
- Timer or watch

Prepare early:

- Flip chart with 7 questions (for reference)

Reminder:

- This session is broken into two pieces. Make a note where you stop so that you can pick up in the second half of this session.

ACTIVITY: PUTTING RCCE INTO PRACTICE

- **Welcome** the group back and **explain** we are going to pick up where we left off with a group work activity.
- **Introduce** the small group activity with the following:
 - Now that we are energized about zoonotic diseases, let's take a deeper look at some of the challenges you may encounter when communicating about zoonotic diseases with the public.
 - We are going to do this in small groups.
 - Assign each group a PZD of focus for this activity. There may be more diseases than there are groups. That's ok.
 - In the Chiefdom Manual, you can find the PZD *WHO Factsheets*, as well as the relevant *PZD Messages* from Sierra Leone's One Health PZD Message Guide. You will use this information to reference in completing the activity.
 - You will use the materials to answer 7 questions on flip chart paper that I will post at the front of the room. 6 questions are relevant to times of non-emergency and 1 question is relevant to an outbreak.
 - The 7 questions are (can also be found in the **Chiefdom Manual**):
 1. *What are 2 key behaviors people need to practice in order to protect themselves from this disease? (there may be more than two you think are important but just prioritize two)*
 2. *What particular groups or audiences would you direct your communication on the behaviors to and why?*
 3. *What (if any) information does your audience need in order to practice the 2 key behaviors?*

- Think about what questions people may have about how to practice a behavior, what they need to practice it, their daily circumstances, etc.
- 4. *What is one key challenge people may face receiving this information or in practicing the behaviors?*
- 5. *Are there any potential ways that communication could help address this challenge?*
- 6. *What is one area where you think coordination between national, district, and chiefdom structures is needed to communicate to your audience more effectively?*
- 7. *Now imagine an emergency outbreak scenario where there is a confirmed cluster of 5-10 cases of your PZD in an urban neighborhood. Public health authorities notify local health workers to keep an eye out for potential additional cases. Soon there are dozens of suspected cases, localized to the same town or neighborhood area. What do you think would be the biggest barriers to the response? Would you change your non-emergency strategy to be better prepared to respond to what you think could be challenges in an outbreak scenario?*
 - You will have 45 minutes to work in your groups. Then each group will have 8 minutes to report out and another 5 minutes of feedback and discussion with the group (15 minutes total per group).
- **Ask** if there are any questions and **clarify** as needed.
- **Allow** groups to work for 45 minutes. Note, give groups a 10-minute warning (i.e., when they have 10 minutes left before presenting to the larger group).
- **Walk around** to each group to answer questions or help them if they seem stuck while they are working.
- **Bring** the groups back together after 45 minutes.
- **Ask** for a volunteer to present for their group.
- **Time** the group for 8 minutes and then **open the discussion** for feedback for 5 more minutes (15 minutes per group).
- **Thank** all of the groups after everyone is finished.
- **Briefly summarize** any key themes from the discussion.
 - Hopefully this exercise helped to excite your interest in the different PZDs in this country and begin to reflect on the communication needs of the public to learn more about them.
 - While we do not have the time to review each disease in depth together, the resources in your **Chiefdom Manual** provide a helpful foundation and contacts for additional learning.

SESSION 4.1: REVIEW OF DAY 1 AND INTRODUCTION TO DAY 2

Time: 15 minutes

Materials:

- Paper ball
- Timer or watch

PLENARY DISCUSSION

- **Welcome** the group to Day 2 of the workshop.
- **Explain** that we will have a quick activity to review yesterday.
- **Hold up** a ball made from a piece of paper and **toss** it back and forth between your hands.
- **Tell** the group the ball is a hot piece of cassava.
- **Explain** the following:
 - I will toss it to someone at random.
 - If you catch it, you will say one key take away from the day before and quickly toss it to another person.
 - You can share anything new that you learned, a takeaway from a discussion or exercise, or topics that were covered.
 - The point of the game is to move very quickly - and see how many people are able to speak before 8 minutes is up.
- **Ask** if there are any questions and **clarify** as needed.

ACTIVITY: HOT CASAVA REVIEW

- **Set a timer** for 8 minutes and **throw** the ball with everyone participating in the review.
- **Bring** everyone back to their seats for discussion when the timer goes off.
- **Thank** them for the contributions and briefly **summarize** the following points:
 - We talked about zoonotic disease and how it is a bacteria, virus or other disease that jumps from animals to humans.
 - We discussed the importance of zoonotic diseases and talked about how One Health is a multi-sector collaborative approach that recognizes that the health of animals, the health of people, and the health of our environment are all connected.
 - We discussed the Health, Agriculture, and Environment pillars within One Health and talked about how they work together
 - We reviewed PZD and One Health communication structures and tools at a global and national level.

- We identified our PZD knowledge and knowledge gaps.
- **Introduce** the focus of today's sessions:
 - Today we are going to discuss risk communication and community engagement.
 - We will also talk about rumor management, and the various rumor management systems we have in Sierra Leone
- **Ask** if any questions and **clarify** as needed.
- **Continue** session 3.2 (Priority Zoonotic Diseases: Your Turn!) and pick up where you left off.

SESSION 4.2: INTRODUCTION TO RCCE AND SBC

Time: 1 hour 15 minutes

Materials:

- Flip chart, markers, and masking tape
- Timer or watch

PLENARY DISCUSSION

- **Explain** that today we are going to talk about risk communication and community engagement (RCCE), as well as social and behavior change (SBC). Let's start by defining each of these.
- **Ask** participants how they understand risk, communication, RCCE and SBC. **Take several responses** and write key pieces on a flip chart. **Explain the definitions** below, if they have left out any key pieces:
 - **Risk:** A risk in public health is something that is likely to be harmful to human health or cause disease in humans, such as a virus carried by a rat.
 - **Communication:** The transmission or exchanging of information or news. There is usually a sender and a receiver.
 - **RCCE:** RCCE is the process of communicating effectively to individuals and communities about potential risks, hazards, or emergencies. RCCE focuses on informing and engaging the public on how to reduce their risk and better protect themselves.
 - **SBC:** Social and behavior change (SBC) uses strategies to influence and change individual and community behaviors, beliefs, and attitudes. SBC uses strategies and approaches from marketing, social and community mobilization, mass media, entertainment, advocacy, interpersonal communication, social media and other communication approaches to support positive social and individual change.
- **Ask** participants when they think RCCE and SBC strategies are important to use with community members. **Take several responses** and write key pieces on a flip chart. **Explain the situations** below, if they have left out any key pieces:
 - **Public health crises:** Situations like infectious disease outbreaks, large-scale medical mistakes (e.g., vaccine administered incorrectly), widespread pollution or contamination events, and more all require careful and considerate RCCE.
 - **Natural disasters:** Situations like a cyclone, large earthquake, drought, flooding, or other natural disaster can necessitate immediate and clear RCCE.
 - **Environmental conservation:** Ongoing environmental degradation can have disastrous effects on human and animal health. Purposeful RCCE and SBC can help lessen the destructive actions such as slash and burn farming,

unsustainable logging, drilling and mining in Sierra Leone’s waterways, overconsumption and incorrect wastage of plastic products, etc.

- **Social change and advocacy:** RCCE and SBC play a big role in improving harmful social norms that affect the health of an individual and community. An example of such social norms includes hunting and eating bushmeat, which can be made safer through precautionary methods.
- **Note:** In any of these situations, RCCE can improve the situation and increase trust among community members or it can weaken community-level trust and worsen the situation if RCCE principles are not followed.
- Explain that risk communication and community engagement are lumped together into RCCE, but are two distinct skills and practices. Define both for participants:
 - **Risk communication:** Risk communication is the real-time exchange of information, advice and opinions between experts or officials and people who face a threat to their survival, health, or economic or social wellbeing. Risk communication includes:
 - Sharing clear and accurate information
 - Providing timely warnings and guidance
 - Engaging and using stakeholders to get the message out further
 - **Community engagement:** Community engagement is the process of developing relationships and structures that engage communities as equal partners in the creation of emergency response solutions that are acceptable and workable for those they impact. The goal of community engagement is to empower communities to confidently share the leadership, planning and implementation of initiatives throughout the health emergency response cycle. Community engagement includes:

ACTIVITY: BENEFITS OF RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

- **Explain group activity (10 min):** Let us talk about the benefits of using risk communication and community engagement. In small groups, you will each take one piece of flip chart paper and describe either: 1) the benefits and results of strong risk communication; or 2) the benefits of and results of strong community engagement. Each group should discuss either risk communication or community engagement to discuss. Let groups discuss for 10 minutes. If groups run out of things to talk about, ask for groups to also provide examples of times they’ve seen this in action.
- **Ask for groups** to present the benefits of risk communication or community engagement. Allow each group 2 minutes to present, encouraging groups to build off of one another (10 min total). After each group has presented, thank all participants for their good work, and confirm that the following has been mentioned:
 - **Risk communication:**
 - **Enhances awareness:** Risk communication can raise and enhance a community’s awareness of an issue. For example, risk communication around Lassa fever can raise awareness of the importance (and step-

by-step details) of storing food properly, which may otherwise not have been a priority for people.

- **Promotes understanding:** Risk communication can increase how well a community understands an issue. For example, risk communication around Lassa fever can increase how people understand their own interactions with rats – and the severe consequences those interactions can have.
 - **Encourages preparedness:** Risk communication can help promote preparedness for an event. For example, in the case of a Lassa fever outbreak, risk communication can help community members be on the lookout for Lassa fever symptoms, as well as prepared to respond if they or a family member develops symptoms.
 - **Reduces fear and uncertainty:** By communicating quickly and openly, risk communication can prevent fear and uncertainty from taking hold. When there is little to no information, rumors become prevalent.
- **Community engagement:**
 - **Increases trust and cooperation:** By engaging with the community, you build trust and cooperation, as they feel like they are a respected part of the emergency response. Many times, rumors and distrust occurs when there is lack of information or understanding: by engaging community and involving them in the solution, that mystery disappears and there will be increased trust and decreased rumors.
 - **Helps inform decisions:** Involving the community helps ensure that decisions are informed by the people that are most affected by the health emergency: the community members. Being a part of the decision making process also increases trust in the system and response.
 - **Creates more tailored solutions:** Involving the community ensures that any solutions or interventions are more tailored, and ultimately, more likely to be successful.
 - **Empowers communities:** Engaging the community throughout the entire process builds up community capacity in preparedness and response and empowers them for future public health events and disasters.

PLENARY DISCUSSION

- **Explain** the following:
 - RCCE occurs in three phases: pre-emergency, emergency, and post-emergency. In the pre-emergency phase, RCCE will help build up awareness and the ability for communities to respond during an emergency. As an event arises, RCCE is important in the emergency phase to help mitigate the negative effects of the disaster, outbreak, etc. A strong RCCE response will

lessen the overall effect of the emergency and also help to reduce the amount of time it takes for it to conclude. The post-emergency phase is to continue providing RCCE to ensure ongoing behaviors to reduce the risk of reverting back to an emergency, while also using the time to review the successes and lessons learned from the emergency phase.

- **Explain** the following:
 - There are a number of tactics we could look at that have relevance to One Health structures, but to make the most of our time together, we are going to focus our efforts on strategies for effective risk communication.
- **Ask:** What is the role of messaging in risk communication and community engagement?
- **Take a few responses and confirm:**
 - Effective messages are the cornerstone for addressing any public health emergency.
 - When messages are coordinated, consistent, and accurate, they enable multiple stakeholders to speak and engage the public and communities with one clear voice across multiple channels of communication.
 - While messages may seem simple and straightforward, the process of ensuring their effectiveness in influencing the adoption of health protective behaviors, is complex.
 - Technical information alone, even if in simple, understandable language, is unlikely to prompt significant behavior change.
 - In addition to providing essential health information that is actionable, it is important that messages and the interventions through which they are delivered are designed to:
 - Show respect for the community values.
 - Communicate care and concern.
 - Take into account the local context, culture, and potential stigma associated with the emergency.
 - Be used as part of a responsive, two-way exchange with those at risk.
 - Well thought out and simple, clear messages can help people to adopt behaviors that reduce their risk of contracting a disease and stop the spread of transmission.
 - Messages that are complex, confusing or unclear can, on the other hand, significantly obstruct efforts to contain the spread of a disease by amplifying fear and mistrust and contribute to the spread of misinformation and rumors.
- **Ask:** What challenges or difficulties have you faced in implementing RCCE or SBC? And are there any strategies you have used to help mitigate these challenges?

- **Take several responses**, allow for discussion, and write key ideas on a flip chart. **Add** challenges and strategies from below, if participants do not mention them:
 - **Misinformation:** Ongoing rumors, myths, and misinformation can be a big challenge when you have an RCCE campaign. Prevalent myths can make people question your risk communication, not adopt your suggested prevention behaviors, and may make some people not trust your message or motivation.
 - **Strategies to overcome:**
 - **Conducting rumor tracking** and early response efforts are important to help overcome the challenge of rumors. If a rumor is ignored, it may grow and grow and negatively affect your RCCE. Instead, you need to find a way to fact-check and response to the ongoing rumors.
 - **Building trust and relationships before** an emergency is crucial so that when there is an emergency, and rumors do arise, community members will trust that you are providing them with the truth.
 - **Resistance to change:** Change is hard – particularly if behaviors are engrained into the social norms and social fabrics of a society. We must remember as we conduct RCCE that many of these “risky” behaviors have suited community members fine for years and years, if not generations and generations.
 - **Strategies to overcome:**
 - **Meet community members where they’re at:** It is important to develop tailored messages and activities. We should not be ignoring the current status or situation of a community, but using that information to determine how to meet community members in the middle. For example, to prevent spillover, many social scientists have suggested that instead of banning the consumption of bushmeat, we should meet community members where they’re at and instead promote prevention behaviors (e.g., taking care when preparing and cooking bushmeat, using gloves, cooking any bushmeat so that the meat is thoroughly cooked) that can lower the risk when eating bushmeat.
 - **Using trusted messengers:** If a behavior change message comes from a trusted community members (e.g., a pastor or Imam), it is more likely that community members will accept the message and “buy in” to the behavior change.
 - **Resource limitations:** Large RCCE efforts can be costly, and district and chiefdom level One Health structures often have limited resources.
 - **Strategy to overcome:** Resource mobilization

- **Describe** the example from a recent COVID-19 campaign in Sierra Leone: *During a COVID-19 vaccine campaign, the district was having slow uptake and challenges getting people to get vaccinated. Upon some investigation, it became clear that a local religious leader was opposing the vaccination, as well as suggesting his congregants avoid the vaccine. Upon learning this, RCCE teams spent a considerable amount of time with him listening to his concerns, talking through the facts, describing the benefits of the vaccine for himself and his community, and eventually were able to convince him to get vaccinated. In fact, he became such a strong advocate for the COVID-19 vaccine, he got the jab in front of his congregation. The next day, over 1,000 people got vaccinated.*
 - This story emphasizes the power of engaging influential people in a community and using them as messengers for communication.
- **Explain** that we are going to end this session by talking about the important ethical considerations you should keep in mind as you conduct RCCE and SBC.
- **Ask:** Ethics are the system of principles that think about when deciding whether something is good or bad – or whether we are causing harm or not. What are some considerations or principles that we should keep in mind when conducting RCCE?
- **Take** a few examples and allow for discussion. Confirm these considerations, if they are not brought up:
 - **Be fair:** Treat everyone the same way, without favoring one group over another.
 - **Tell the truth:** Always share information that is true and clear. Don't make up things or hide important details.
 - **Be respectful:** Treat everyone with kindness and respect, no matter who they are. Listen to their concerns and ideas.
 - **Include everyone:** Make sure that everyone in the community can understand and join in the campaign, no matter their language or abilities.
 - **Protect privacy (confidentiality):** Keep people's personal information safe and don't share it without permission.
 - **Safety first:** Make sure that the information you share doesn't cause harm or panic. Always think about people's safety.
 - **Ask for feedback:** Encourage people to share their thoughts and questions. Be open to feedback and make improvements when needed.
 - **Get informed consent:** Make sure that everyone understands what is going to happen, and that they agree to it.
 - **Ensure autonomy:** Make sure everyone both 1) has the freedom to make their own choices and decisions, and 2) feels like have the freedom to make their own choices and decisions.
- **Thank everyone** for their participation. To close out the session, remind them that being honest, respectful, and fair will help your campaign build trust and work better for everyone in the community.

SESSION 4.3: MONITORING AND EVALUATING RCCE ACTIVITIES

Time: 1 hour 30 minutes

Materials:

- Flip chart, markers, and masking tape
- Timer or watch
- Flip chart prepared with group work questions

Prepare early:

- Flip charts with the rabies and Lassa fever scenarios written

PLENARY DISCUSSION

- **Welcome** participants to the session on monitoring and evaluation. **Explain** the following:
 - Monitoring and evaluation, or M&E (pronounced “M and E”) is made up of two different pieces – monitoring and evaluation. Monitoring is the process of routinely collecting and looking at data or information related to your intervention or activity. Monitoring more looks at efficiency and effectiveness. Evaluation is the process of periodically looking at and measuring the outcomes of your activity to understand if it met its objectives. Evaluation measures how the changes in outcome can be attributed to the intervention.
- **Ask:** What do you think is the importance of monitoring and evaluation? Or why is M&E relevant in activity implementation?
- **Take a few responses and confirm:**
 - Monitoring and evaluation helps us measure and understand our progress. Without measuring it, we are basing our understanding of the activity’s success on feelings and intuition.
 - Monitoring and evaluation help us understand if our activity is being successful in what it has set out to do.
 - Monitoring and evaluation can help us understand if we are “on track” in terms of our goals and timeline.
 - Monitoring and evaluation can let us know if something is going wrong or in line with the desired objectives.
 - If the monitoring information is telling us that the activity is not doing what we want it to do, then we can change our approach to a more successful approach.
 - M&E helps us understand that the project gains are worth the resources spent. It ensures effective decision-making and helps in reviewing our work plans.

- **Ask:** What are the key components and principles to a basic monitoring and evaluation plan?
- **Take a few responses and confirm:**
 - **An M&E plan** is key in activity/project implementation, and it shows how the expected results of a program relate to its goals and objectives. It describes the data needed, how these data will be collected and analyzed, how the information will be used, the resources that will be needed, and how the program will be accountable to stakeholders.
 - **Indicator:** Your M&E plan will be made of different “indicators”, which are essentially a type of variable or data point that may change over time in relation to your activity. For example, an indicator related to a rabies campaign may be number of dog bites.
 - **Types of indicators:** There are multiple different kinds of indicators. Some measure overarching outcomes of an activity like change in knowledge, attitudes, beliefs, and behaviors. Others measure processes such as number of meetings and number of events. Others measure outputs of an activity like the number of materials developed or number of people trained. It is important to have a mix of these different types of indicators.
 - **Link back to objectives:** Indicators should always link back to your activity’s objectives. For example, if a rabies campaign has an overall objective to decrease the number of dog bites happening in Moyamba, number of dog bites is a good indicator to include in your monitoring and evaluation plan.
 - **Timing:** A monitoring and evaluation plan should be developed before the activity takes place, so that we already have a plan for how to understand if we are progressing in terms of our objectives.
- **Explain** that it is also good to understand the following key M&E terms to help you grasp the concepts.
 - **Activities** are actions assigned or collected e.g., conducting training, meetings, outreach, etc.
 - **Input** are resources we use to carry out our activities, and can be human, material, and financial.
 - **Output** measures immediate and direct products or deliverables of the program such as number of people trained, number of people reached with outreach activities, etc.
 - **Outcome** measures short-term results such as knowledge, attitudes, beliefs, and behaviors of individuals.
 - **Impact** measures long-term results over time.
 - **Note:** In our work at the chiefdom level, we are most interested in activities, outputs, and outcomes.
- **Explain** the following:

- Before we look at our own specific SBC examples, let us get a better sense of what M&E looks like in practice. Let's take an example for a Lassa fever intervention at chiefdom level. Let's say that you are creating an awareness campaign for Lassa prevention behaviors in your chiefdom. As a part of the campaign, you are:
 - 1) Conducting one-on-one conversation with community members
 - 2) Using SBC materials to lead engagement events at community meetings.
- In addition to overall awareness of Lassa fever, you are promoting the prevention behaviors of 1) keeping a cat; 2) properly storing and covering food and water; and 3) avoiding contact with rats.
- **Ask:** What are some possible ways that we could monitor and evaluate this type of activity?
- **Take a few examples and confirm** walking through the different types of monitoring and evaluation indicators:

1. Number of community engagement activities conducted

2. Number of people reached with Lassa fever messages using community engagement activities.

- **Ask:** What is the importance of monitoring the number of events and people reached? What are the challenges of only having this information?
- **Take a few examples and confirm:**
 - Importance: This “indicator” is important to know how far along you are with this activity. For example, if you have only conducted 2 community meetings and 5 one-on-one discussions, you likely have a lot more work to do.
 - However, if you have conducted 15 community meetings and 160 one-on-one engagements, you have gotten the messages out much farther.
 - Importance: The “indicator” of number of people reached gives you the best sense of how far along your activity is in reaching the people of a certain community.
 - For example, if your chiefdom has 8,000 people living in it, and you have reached 1,500 people with your community engagement activities, that means you have much more work to do.
 - Challenge: This information tells you how many people you have talked to, however, it doesn't tell you how much they understood the message. For example, you may talk to a community member, but perhaps she was distracted or did not understand what you were saying.

3. Knowledge of Lassa fever prevention behaviors

- **Ask:** Why is it important to understand the level of knowledge people have related to Lassa fever prevention behaviors? What are the challenges of getting this information?

- **Take a few examples and confirm:**
 - Importance: This “indicator” gives us the best sense of how effective our activity is in spreading Lassa fever messages and ensuring that people understand how to prevent Lassa fever.
 - Challenge: This type of “indicator” is very challenging to get. Since the point of this indicator is to understand how much people know about Lassa fever, it will require you to conduct a far-reaching survey, which can be time-consuming and costly. Furthermore, there tends to be ethical considerations that you have to keep in mind when assessing people’s knowledge, thoughts, and behaviors.
 - Challenge: Since we want to understand how much our activity is improving knowledge of Lassa fever prevention behaviors, this also requires that we conduct multiple surveys.
 - For example, we ideally take a survey before the activity begins (often called a baseline) to understand what people know before we start our activity. Then, we typically take a survey after the activity is complete to understand how much awareness has improved (often called an endline).
 - In addition to the baseline and endline, many projects also like to conduct a midline survey in the middle of activity to see how awareness is progressing.

4. *Adopt a Lassa prevention behavior (e.g., own a cat)*

- **Ask:** Why is it important to understand how much a community has adopted a specific behavior? What are the challenges of getting this information?
- **Take a few examples and confirm:**
 - Importance: This “indicator” gives us the best sense of how effective our activity has been in changing individual behavior, which is the ultimate objective of the activity.
 - Challenge: Similar to the awareness indicator, this behavioral indicator is also very challenging to get, and requires similar baseline, midline, and endline surveys.

ACTIVITY: MEASURING AN ACTIVITY

- **Explain activity instructions:**
- In your groups, you will put your newfound understanding of M&E into practice.
- In your groups, you will review one of two scenarios: 1) rabies in Makeni or 2) Lassa fever in Kenema. After talking about the scenario, develop some possible RCCE activities or interventions, and identify some indicators that we can use to monitor these activities. You can use the information from your Chiefdom manual, as well as previous sessions to help build your activities.
- Using the table below, map out some different possible ways that you could monitor and evaluate your activity. Keep in mind:

- The primary goal of this exercise is to understand if your activity is doing what you want it to do.
- We want to include a mix of output, process, and outcome indicators. Remember the challenges of each of them.
- Keep in mind what is feasible with the time and funds that you have available.
- Consider how some of these monitoring and evaluation activities might change if we were responding to an outbreak of an infectious disease.
- **Give** each group one scenario (rabies or Lassa). **Refer** groups to the scenario written on a flip chart for their reference.
- **Scenario 1: Rabies in Makeni**
 - Through there are not usually rabies outbreaks, Makeni has seen a number of dog bites and suspected rabies cases in the past 3 months. In only 3 months, 7 people have been bitten by dogs, and 2 of those people have died.
- **Scenario 2: Lassa fever in Kenema**
 - Lassa fever is wreaking extra havoc in 2023. Though Kenema always sees Lassa fever cases, this year, Kenema has experienced over 100 cases of Lassa fever in a 2-month period. Officials are unsure why there has been such a high number of cases, but cases continue to rise.

M&E Template Table

Activity Description	Indicator	Data source (where does the data come from?)	Frequency (how often?)	Responsible (who will collect?)
Activity 1	Indicator 1 Indicator 2 Indicator 3			

SESSION 5.1: RUMOR MANAGEMENT

Time: 2 hours

Materials:

- Photos from Photo Attachment document
- Flip chart, markers, and masking tape
- Timer or watch

PLENARY DISCUSSION

- **Explain** that we start by presenting several photos and you will be asked to tell me how you perceive the photos.
- **Share three photos** from the Photo Attachment to the groups: 1) the man with finger gesture; 2) the lion and the cub; 3) the officer and the boy.
 - **Ask** for their perceptions of each photo, allowing for a couple minute discussion of each photo.
- **Share three photos** from this the Photo Attachment to the groups of 1) the bears on the ice; 2) the giraffe and the plane
 - **Ask** participants what they think is real. And what is fake? Allow for a healthy discussion on both photos.
- **Thank** them for their response and explain to them that the pictures are the same and have been taken from different angles at the same time.
 - **The man with the finger gesture:** The first side of the photo was taken from the back and shows the man being quite rude. The second photo was taken from the front and shows that the man was talking to the public in a polite way.
 - **The lion and cub:** The first photo taken which was taken from one side and appears to show the lion eating the cub. The second photo was taken from a different angle and shows the lion taking care of the cub.
 - **The officer and the boy:** The first picture which was taking leaving out the other and show that the officer want to hit the boy with the bat he is holding, the second picture captured the whole scene that clearly shows the officer was playing game with the other boy.
 - **The bears on the ice land:** The photo is fake. There are bears with a shadow and two without a shadow. The bears with the shadow are real, while the two without a shadow on the lefthand side are fake. Hence, the entire photo is fake.
 - **The giraffe and the plane:** The giraffe and the plane are a real photo. The reason why it looks strange is because of the angle it is taken from.
- **Ask** can you believe it just because you can see it?
 - **Take** their responses

- **Explain** that the objective of this session is to help widen the understanding of participants to be able or always verify news, or rumors before accepting them to be true.
- **Ask** participants to define (or provide examples) of rumours, misinformation, disinformation, information, concern. **Write** some of the responses on a flip chart.
- **Thank** participants for their answers and add the following to any of the definitions:
 - **Rumours** - Unverified information. Stories or reports that spread rapidly through a group or population and can be true or false.
 - **Example:** The price of fuel per liter will be reduce to Le 10 next month said by a man in a cinema hall
 - **Misinformation** – Often accidental in nature. Wrong/incorrect or misleading information with the power to dilute, distract or distort.
 - **Example:** The president has declared free medical service for all citizens
 - **Disinformation** – Purposeful, likely meant to harm or cause chaos. Wrong/incorrect or misleading information with the intent to mislead.
 - **Example:** A video saying a vaccine causes death after 2 years
 - **Information:** In the context of the infodemic, information is a verified data or information with meaning. Information is the basis of knowledge when it is resonant, actionable, trusted.
 - **Examples:** Hand washing with soap and water help reduces transmission of infectious diseases. The Government has announced the start of countrywide COVID-19 vaccination
 - **Concern:** A feeling of worry, interest, or apprehension about a specific issue, problem, or matter.
 - **Example:** Citizens are worried about the inflation of price for essential commodities in Sierra Leone.
- **Ask** why do we do rumor monitoring and reporting?
 - **Take** a few responses and **thank them** for their responses.
- **Write** on the flip chart the reasons why we do rumor monitoring and reporting:
 - Timely address emerging misinformation and rumors trends:
 - Get real time information on new misinformation and rumors, learn what are the sources and the channels to target with communication response interventions
 - Define crisis communication and campaigning priorities:
 - Learn what segments of the epidemic response chain are the most targeted over a defined period or in a defined location or source and define priorities in crisis communication response
 - Identify gaps and loopholes in the epidemic response chain

- Listen to concerns and rumors as feedbacks on the epidemic response and identify eventual knowledge gaps or loopholes in the chain
- Inform action of local and national decision-makers
- Extract periodic report to keep informed national and local decision makers on public perception of the epidemic response so that their decision can address most evident issues
- Assess impact of campaigns and advocacy activities:
 - Collect and interpret analytical data to evaluate the impact of specific health campaigns and mobilization activities across several media and non-media channels
- **Ask** participants where they normally report rumors
 - **Take** a few responses and **thank** them for their response.

ACTIVITY: OUTBREAK

- **Explain** that we are going to do a **role play**. Each group will get a scenario that they should discuss. For each scenario, there will be different “cast members” or “personas”. Work to think about the scenario from your specific persona’s perspective. Note, the scenarios can be found in the Chiefdom Manual.
 - Scenario 1: Marburg outbreak in Kono
 - Five youth meet in a cinema hall to watch a football match between Arsenal and Manchester. Whilst they were enjoying the game, the lights went out. The angry youth started complaining that the NPA authorities are not doing their job. Then one said, “have you also saw GoSL press release of a Marburg case reported in Kono?” The eldest among them all replied, “This is not true, there is no Marburg in Sierra Leone. The government just wants donor funding again because COVID-19 outbreak has slow down.”
 - Cast: Five: Angry youth 1, angry youth 2, angry youth 3, news carrier, elder
 - Scenario 2: Anthrax outbreak in Karene
 - An 18-year-old student from Njala University is visiting his father, who is cattle rearing in Karene District. When the father offered the young man cow milk, he refuses explaining that the MoA has banned the consumption of meat or meat products in Karene District due the current anthrax outbreak in the area. The young man goes on to share the public notice with his dad. However, his father scoffs at the public notice and insists his son try the fresh cow milk. The father explains to his son that the government is against cattle rearing in certain chiefdoms in Karene District because they want to give our land to some investors. The father continues to explain that the government is responsible for the death of our animals by giving boys a medicine

that poisons their animals so that they die, and the government can claim an outbreak.

- Cast: Three: Father, son, mother
- **After the role play, ask** group members to discuss the following questions in their small groups:
 - What was the rumor in your scenario?
 - How would you respond if this took place in your chiefdom?
 - How would you approach talking (or not talking) with these community members?
 - What reporting pathways would you use to report this rumor?

PLENARY DISCUSSION

- **Thank** participants for their active engagement in the scenarios. **Explain** that now we are going to work through the various way that a community can report a rumor or piece of misinformation.
- **Explain** the different ways that participants can report a rumor. Note, rumor management process flow can be found in the Chiefdom Manual (for participants), and the end of the Facilitator Guide.
- **To conclude**, briefly summarize the discussion and action points, and thank everyone for their participation.

SESSION 5.2: 117 CALL CENTER

Time: 30 minutes

Materials:

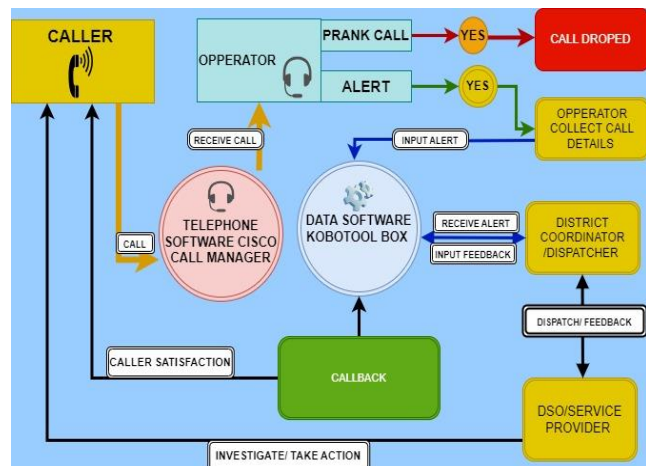
- Flip chart, markers, and masking tape
- Timer or watch

PLENARY DISCUSSION

- **Welcome** participants and say that we are going to discuss the 117 call center during this session.
- **Ask** participants to write one perception they have of 117 on a sticky note. Have participants place the sticky notes on a flip chart.
- **Read** the different sticky notes on the flip chart and reassure participants that after the session, they will have a better understanding of 117 and its relevance to public health.
 - **Note** (if the conversation focuses on Ebola): community perceptions of 117 are often traced back to Ebola. However, 117 continues after Ebola and is for much more than just reporting cases of infectious diseases.
- **Ask:** Before today, what do you know about 117?
 - **Take** a few responses and **thank** them for their response.
- **Ask:** Have you used 117 to report signals? if yes for what?
 - **Take** a few responses and **thank** them for their response.
- **Ask:** What is one challenge that you faced calling 117?
 - **Take** a few responses and **thank** them for their response
- **Explain** that the 117 call center (117) is an established event-based surveillance system—or EBS. 117 is a hotline that provides a mechanism to receive and log community reports on mortality and suspected diseases which enhances the ability to detect, prevent and improve response to disease outbreak. The call center plays a pivotal role in facilitating effective EBS by serving as the first point of contact for reporting and triaging potential health events.
- **Explain** the history of 117:
 - 2012: 117 was established in 2012 to provide reliable and consistent information on reproductive and child health
 - 2014: 117 was repurposed as and Ebola emergency response system to act as a referral system to call for ambulances, and receive community alerts on suspected cases and deaths
 - 2016: 117 began logging capturing basic information around cause and place of death

- 2019: 117 continued to act as a health emergency hotline in response to the COVID-19 pandemic
- Aug 2022: 117 (toll free) line was shut down
- May 2023: 117 (toll free) was restarted
- **Explain** the key roles of 117:
 - **Emergency Reporting:** The hotline serves as a channel for the communities to report health-related issues or emergencies, such as disease outbreaks, accidents, or suspicious health events. Callers can provide essential information that triggers a rapid response.
 - **Early warning System:** 117 is an early warning system, detecting signals of potential health threats. When specific thresholds are met, alerts are generated to trigger an immediate response.
 - **Data Collection:** The hotline collects data on health-related events and signals from the community. This data contributes to disease surveillance, enabling health authorities to monitor trends, detect outbreaks, and take preventive measures
 - **Immediate Dispatching of Signals:** 117 disseminates timely and accurate information to the public during health emergencies. This includes guidance on disease prevention, safety measures, vaccination campaigns, and emergency instructions.
 - **Referral Services:** 117 provides referrals to healthcare facilities, clinics, or specialized services based on the caller's needs. It ensures that individuals receive appropriate care and support
 - **Data Analysis:** 117 analyzes the data collected to identify emerging health issues, and areas requiring targeted interventions. Data analysis informs public health decision-making.
 - **Quality Assurance:** 117 ensures the quality and accuracy of information provided to callers. Quality control measures may include call monitoring and feedback mechanisms.
 - **Coordinating with Emergency Response Teams:** 117 acts as a liaison between the event-based surveillance system and emergency response teams. By relaying information to these teams or agencies, the call center enables seamless coordination and collaboration in response efforts
 - **Monitoring and Tracking:** The call center continuously monitors the volume and pattern of reported events. This monitoring enables the identification of emerging health threats and informs public health decision-making.
- **Explain** the operations of 117:
 - Offices: National call center with 29 staff, that decentralizes alert management system with alert desks across 16 districts manned by district coordinators and operators
 - Hour: 117 is operational 24/7 and broken into three shifts:

- Early Shift: 7am - 2pm
- Late shift: 2pm - 9pm
- Night Shift: 9pm - 7am
- Organization: 117 is divided into four units: Operator Unit; Dispatcher Unit; Quality Control / Quality Assurance Unit; Call Back Unit
- **Explain** that 117 takes many different types of calls. They break into __ different call signals:
 - Death
 - Sick (Acute or Chronic)
 - Suspected Signals
 - Health Emergency
 - Health Information
 - Infodemic (Rumors, concerns misinformation, False Alert)
 - Security Threat
 - Others (Referrals)
 - Prank Calls
- **Refer** to the 117 Process Flow and **explain** the flow to participants.
- **To conclude**, briefly summarize the discussion and action points, and thank everyone for their participation.



SESSION 6.1: REVIEW OF DAY 2 AND INTRODUCTION TO DAY 3

Time: 15 minutes

Materials:

- Paper ball
- Timer or watch

PLENARY DISCUSSION

- **Welcome** the group to Day 3 of the workshop.
- **Explain** that we will have a quick activity to review yesterday.
- **Hold up** a ball made from a piece of paper and **toss** it back and forth between your hands.
- **Tell** the group the ball is a hot piece of cassava.
- **Explain** the following:
 - I will toss it to someone at random.
 - If you catch it, you will say one key take away from the day before and quickly toss it to another person.
 - You can share anything new that you learned, a takeaway from a discussion or exercise, or topics that were covered.
 - The point of the game is to move very quickly- and see how many people are able to speak before 8 minutes is up.
- **Ask** if there are any questions and **clarify** as needed.

ACTIVITY: HOT CASAVA REVIEW

- **Set a timer** for 8 minutes and **throw** the ball with everyone participating in the review.
- **Bring** everyone back to their seats for discussion when the timer goes off.
- **Thank** them for the contributions and briefly **summarize** the following points:
 - We identified our PZD knowledge and knowledge gaps.
 - We talked about risk communication and communication engagement and how to improve our communication.
 - We talked about how we can monitor and measure our different RCCE activities
 - We identified what rumors are and how we can help mitigate them
 - We re-oriented ourselves with 117.
- **Introduce** the focus of today's sessions:

- Today we are going to spend the entire day focusing on the community-led action, or CLA
- **Ask** if any questions and **clarify** as needed.
- **Continue** with CLA

SESSION 6.2: COMMUNITY-LED ACTION

Time: 6 hours

Materials:

- CLA Manual
- Blank flip charts, tape, and markers
- Timer or watch

PLENARY DISCUSSION

- **Note:** This details basic reminders for facilitating the CLA approach. However, additional instruction and detail can be found in the **CLA Manual**.
- **Welcome** participants to the training.
- **Introduce** yourself as the community-led action (or CLA) facilitator.
- **Ask** the participants about their expectations for the CLA training, write their expectations on a flip chart. Spend five minutes reviewing participant expectations.
- **Thank** the participants for their thoughts and **write the objective** of the CLA training on a flip chart:
 - To train district-level One Health RCCE actors on the CLA model, so that they can have the skills to train other people.
 - To ensure all district-level One Health RCCE actors fully understand the CLA field manual and training resources and adopt participatory training techniques when training others.

ACTIVITY: PERSPECTIVES ON PZD OUTBREAKS

- **Explain** that we are going to do an activity in small groups. Divide participants into groups of 4 or 5 people and give them the following instructions:
 - **Write** down their communities' perception about zoonotic disease outbreaks on flip chart paper. These perceptions can be based on fact, rumors, misconceptions, myths, etc. Have groups brainstorm for 10 minutes.
 - After 10 minutes, ask each group to identify one person to present what they have discussed. Each team has 3 minutes to present what they have discussed.
 - The objective of this session is for the participants to think like those living in the communities and express their thoughts on issues affecting them. By putting yourself in the shoes of the community people you will be able to engage with them to come up with solutions to the problems, without judging them. By empathizing with the community, you will be able to support them to find solutions to their problems

PLENARY DISCUSSION

- **Ask** the participants what their current understanding of the CLA model is.
 - Using the CLA Manual, walk participants through the CLA process, the principles, and the benefits, including the five steps of the manual.

ACTIVITY: AN EFFECTIVE FACILITATOR

- **Explain** that we are going an activity in small groups. Divide participants into 4 groups. Two groups will discuss topic 1 and 2 groups will discuss topic 2.
 - **Topic 1:** the do's and don'ts of being an effective community health worker/ RCCE actor
 - **Topic 2:** the do's and don'ts of being an effective facilitator
- **Allow** groups to discuss for 20 minutes. After 20 minutes, have each group report back to the larger group for 3 minutes.
- **Note:** the objective of this activity is to teach participants how to become effective facilitators and CHW/RCCE ACTOR, as this will help them to engage communities.

PLENARY DISCUSSION

- **Explain** that the CLA model uses **5 steps**. Explain each of the 5 steps in detail:
 - Engagement of stakeholders and mapping of larger communities into smaller neighborhood units
 - Preparation/planning for triggering,
 - Triggering communities/neighborhood units
 - Supporting communities to develop their action plans
 - Conducting follow ups
- **Note** that all 5 steps can be read about in detail in the CLA Manual
- **Explain** that we are going to talk about **action points** and **ignition moments**.
- **Ask** participants when they think communities will be fully prepared to take actions to protect themselves? Discuss for 5 minutes.
- **Present** the **four stages of the ignition** moments to the participants on a flip chart.
 - Matchbox in a Gas Station - Ready for action
 - Promising flames - Almost ready
 - Scattered sparks - Not quite ready
 - Damp Matchbox - Not ready
- **Draw** a sample action plan and discuss it with participants.
- **Walk** participants through the steps of supporting communities to develop **action plans**.

- **The objective** of this session is for participants to be able to know when communities are fully ignited to go into action, and for them to also know that as easy as it is to get people ignited to go into action, some communities might find it difficult to be motivated to go into action. There is always a need to visit communities that were not able to develop actions during initial engagement.
- **Explain** that we are going to talk about how to conduct a **triggering session** using participatory tools.
 - **Walk** participants through the participatory and learning tools that participants can use to ignite communities into action.
 - **The objective of** this session is to train participants on how to engage communities and trigger them to take actions using different participatory tools and support them to develop action plans to protect their communities.
- **Explain** that we are going to talk about sexual and gender-based violence (or SGBV) and referral pathways.
 - **Ask** participants the following questions, allowing for several minutes of responses and discussion for each question:
 - What is your understanding of SGBV?
 - Who is affected by SGBV, directly or indirectly?
 - Where in their communities do you report cases?
 - Are you aware of any external reporting?
 - Do you think reporting is very important?
 - **The objective** of this session is to train participants on how to engage their communities to popularize referral pathways in their communities, and that they should not ignore SGBV matters.

PLENARY DISCUSSION

- **Final recap.** As a final recap of the session, ask participants:
 - What do you remember from the training?
 - What topics/sessions did you find confusing?
 - Do you think the CLA is a good model to engage communities?
- **Objective:** The objective is to refresh participants' minds on the training to see if there is anything that you need to review before closing the session.

SESSION 6.3: POST-TEST, WORKSHOP EVALUATION, AND CLOSING

Time: 30 minutes

Materials:

- **Appendix materials:**
 - *Post-Test Questionnaire*
 - *Workshop Evaluation*
- Blank flip charts, tape, and markers
- Timer or watch

PLENARY DISCUSSION

- **Close the workshop** with the following:
 - We have made it to the last session of the workshop!
 - Thank you all for your participation and contribution of your experience, expertise, creativity, and problem solving.
 - We have learned a lot from you and hope that you have also learned something from each other that you can carry with you and perhaps even share with others.
 - To conclude our workshop, we have a few remaining short tasks. These are:
 - Complete the post-test.
 - Complete the workshop evaluation.
- **Explain** that next we are going to do a post-test activity and evaluation:
 - Do not worry about knowing all or any of the answers.
 - Remember, the post-test is just a way for you and us to see what you have learned over the course of the workshop.
- **Give instructions** for the post-test:
 - When you get your test, please do not write your name.
 - Instead, use the same number that you used in the pre-test (may have been your birthday, graduation year, or something else)
 - Now, walk participants through the 12 pre-test questions (reading the questions directly from the pre-test questions at the end of this Facilitator's Guide).
- **Give instructions** for the evaluation:
 - Feel free to write your name or not write your name on the evaluation.
 - Please give your honest feedback. We are interested in learning how we can continue to improve this training.

- **Ask** if there are any questions and **clarify** as needed.
- **Give** participants 15 minutes to fill out the evaluation
- **Ask** if there are any questions about anything we have discussed in the workshop and **clarify** as needed.
- **Thank** everyone again and **give any final closing remarks** or administrative information.

FACILITATOR GUIDE APPENDIX

PRE-TEST/POST-TEST QUESTIONNAIRE

SECTION 1: Indicate whether the following statements are True or False. For each answer, circle either True or False.

Q1. One Health focuses on the health of animals.

True
False

Q2. Community-led action is an approach that promotes a political agenda.

True
False

Q3. Messages given about a particular outbreak should include as much medical terminology as possible, so people know the disease is serious.

True
False

Q4. When communicating to the public about a health risk, it is important for communicators to hide what they do not know about the disease.

True
False

Q5. In order to address a rumor, it is important to understand why it is occurring and to understand the gaps in the public's knowledge and information.

True
False

Q6. Community-led action is best if it is led by people outside of the community.

True
False

Q7. Different groups of people may have customs or beliefs that go against advice given during a disease outbreak.

True
False

Q8. Communicators should use multiple ways to communicate about a public health event during an emergency.

True
False

Q9. 117 is a resource that can be used to answer questions about public health events, report disease or outbreaks, and connect can connect you with services.

True
False

Q10. Ebola, Lassa fever, and yellow fever are priority zoonotic diseases in Sierra Leone.

True
False

Q10. Rumors and misinformation are common among community members and do not need to be worried about.

True
False

SECTION 2: Indicate whether you agree or disagree by circling your responses to the following questions.

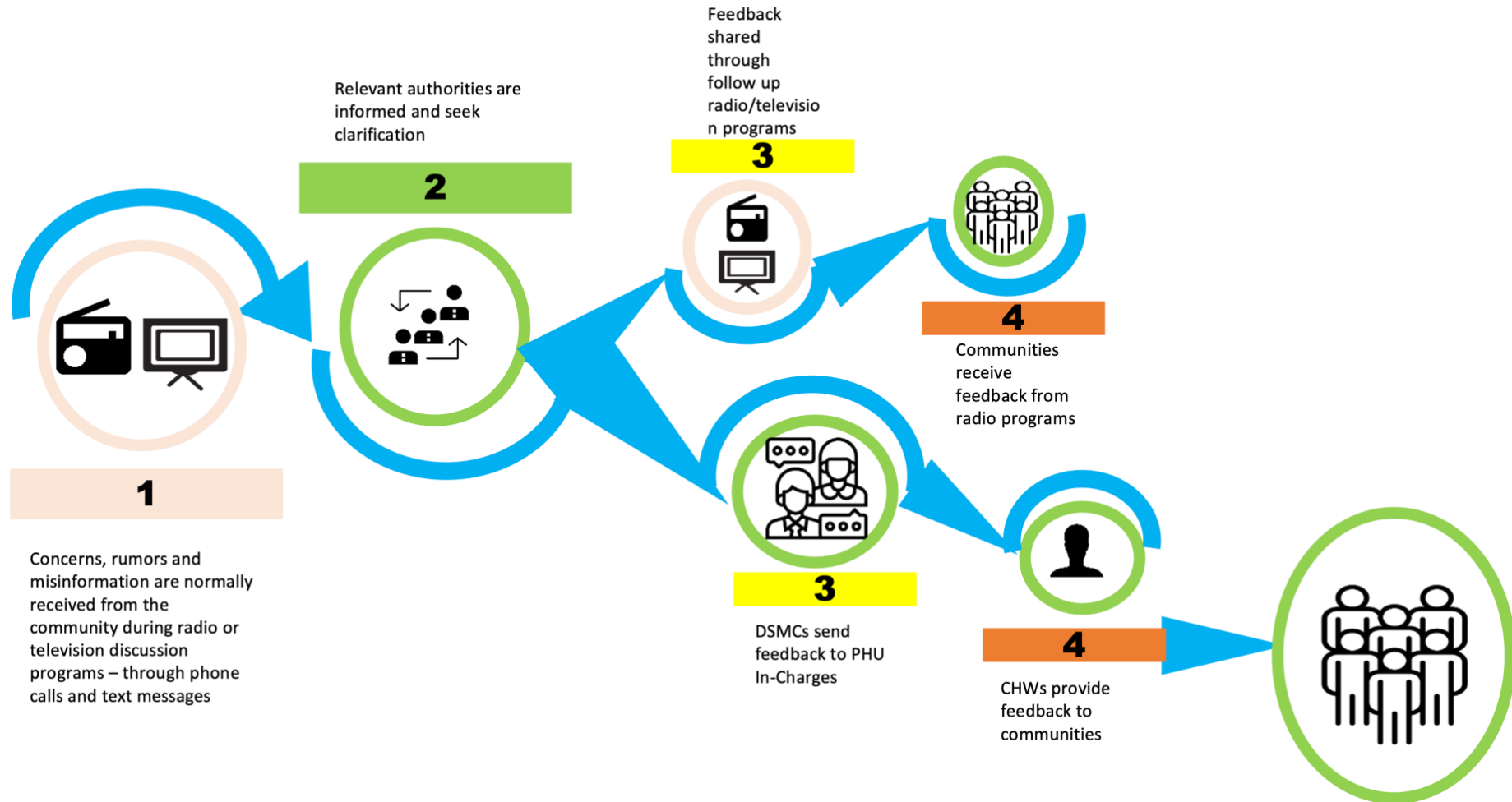
Q11. I feel confident that I have the skills to communicate with the public and/or report during a disease outbreak.

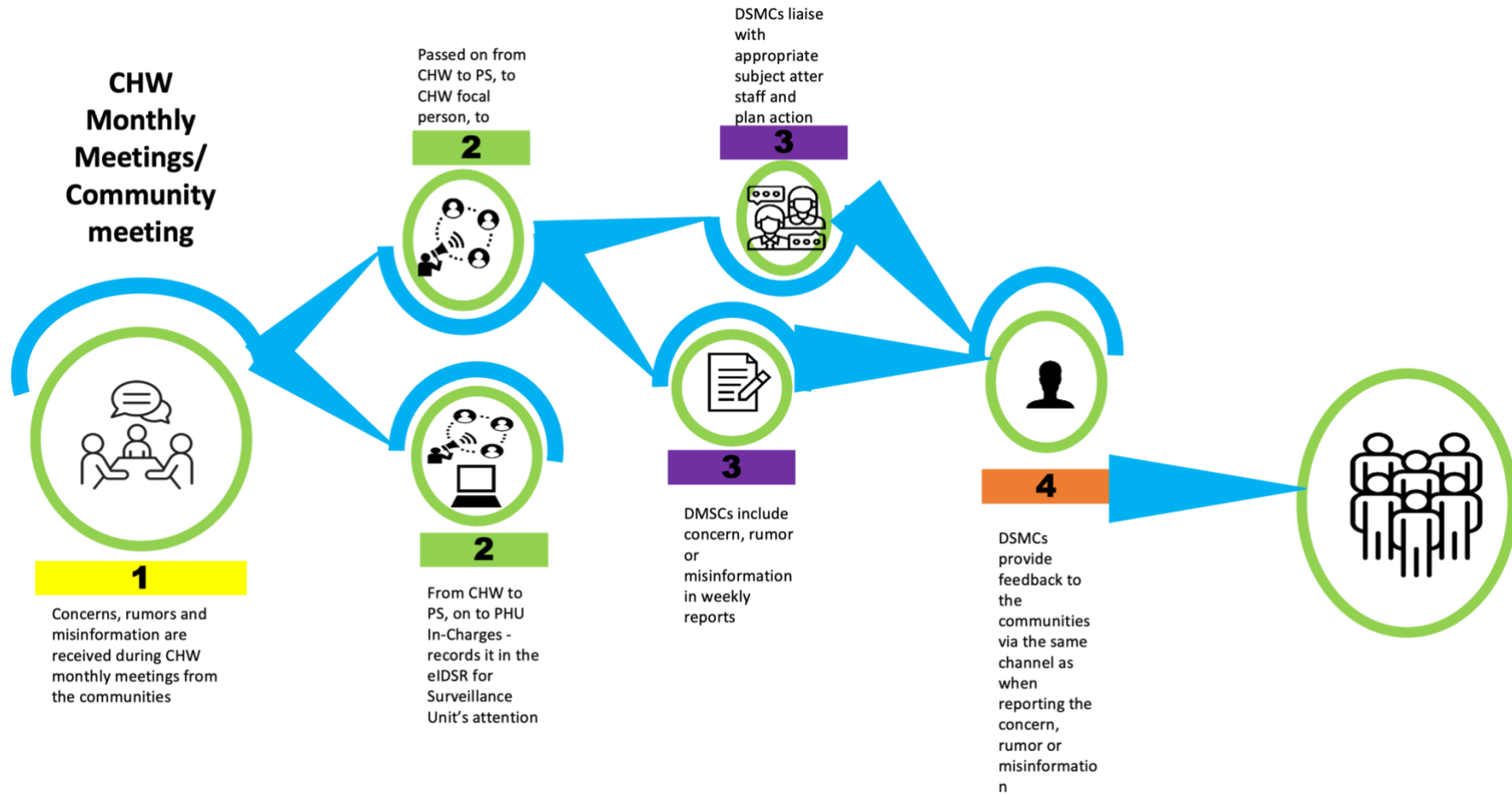
5	4	3	2	1
Strongly Agree	Agree	Neither or N/A	Disagree	Strongly Disagree

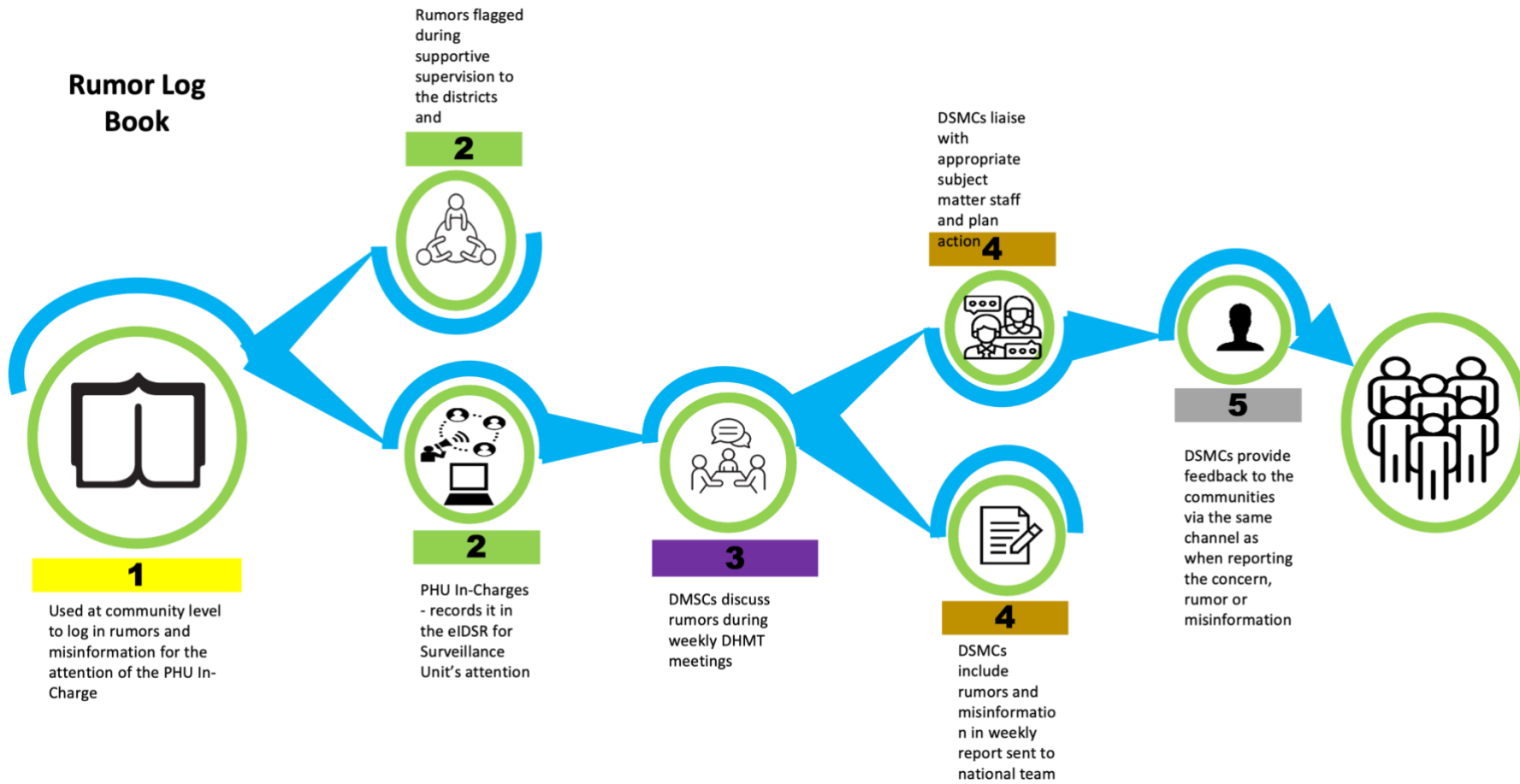
Q12. I feel confident in describing the One Health structure, both at chiefdom level, as well as district and national level.

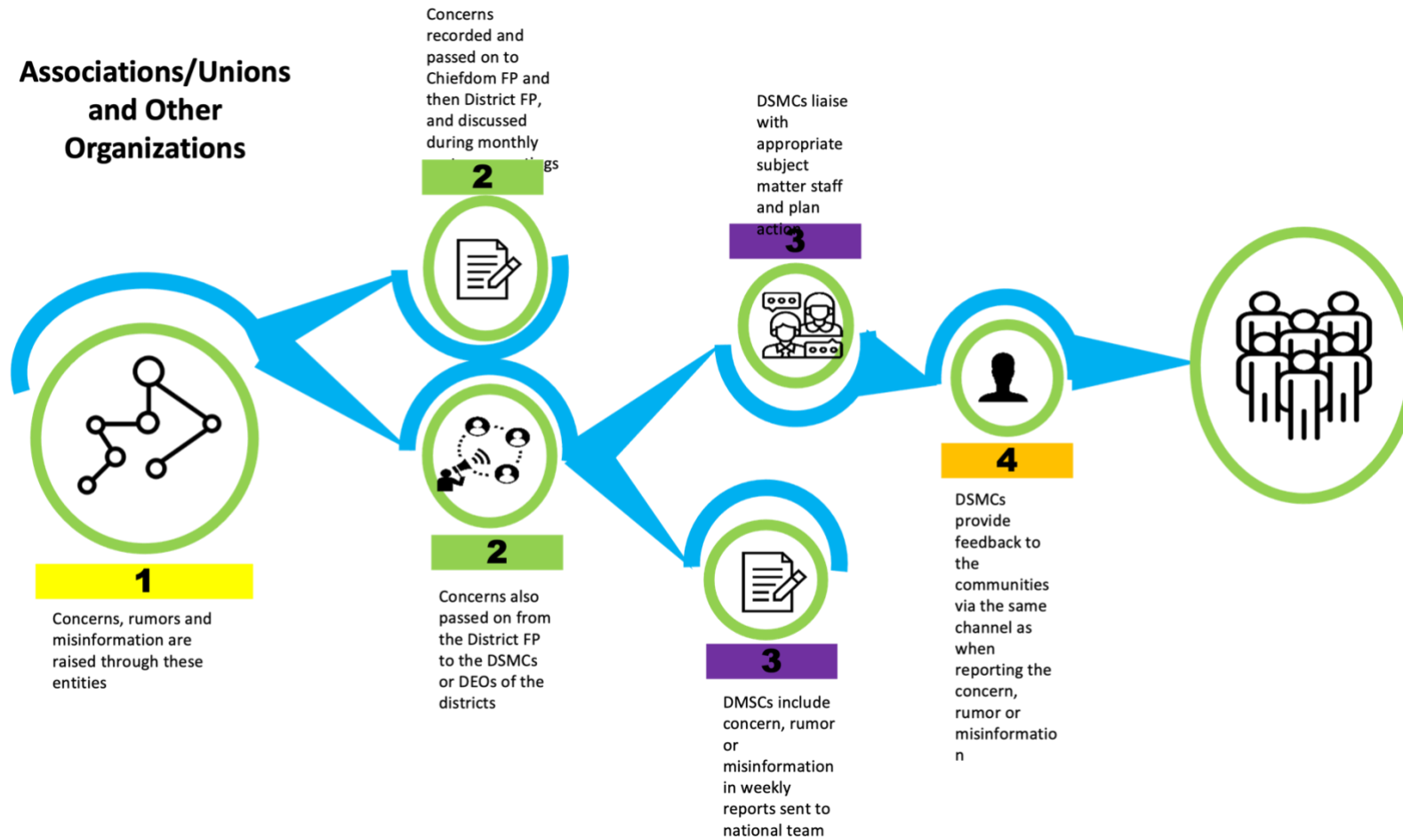
5	4	3	2	1
Strongly Agree	Agree	Neither or N/A	Disagree	Strongly Disagree

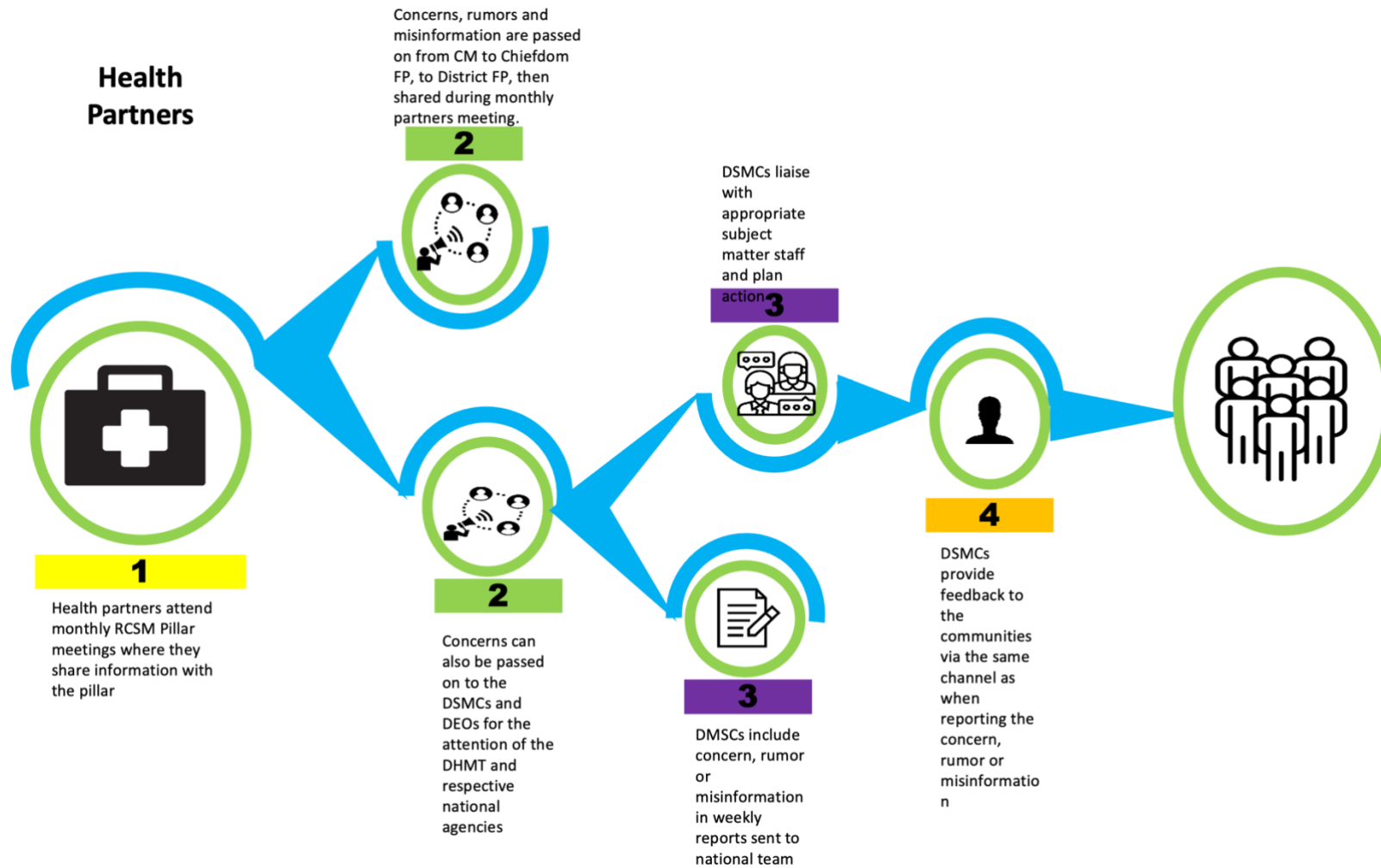
Rumor Management: Radio and Television

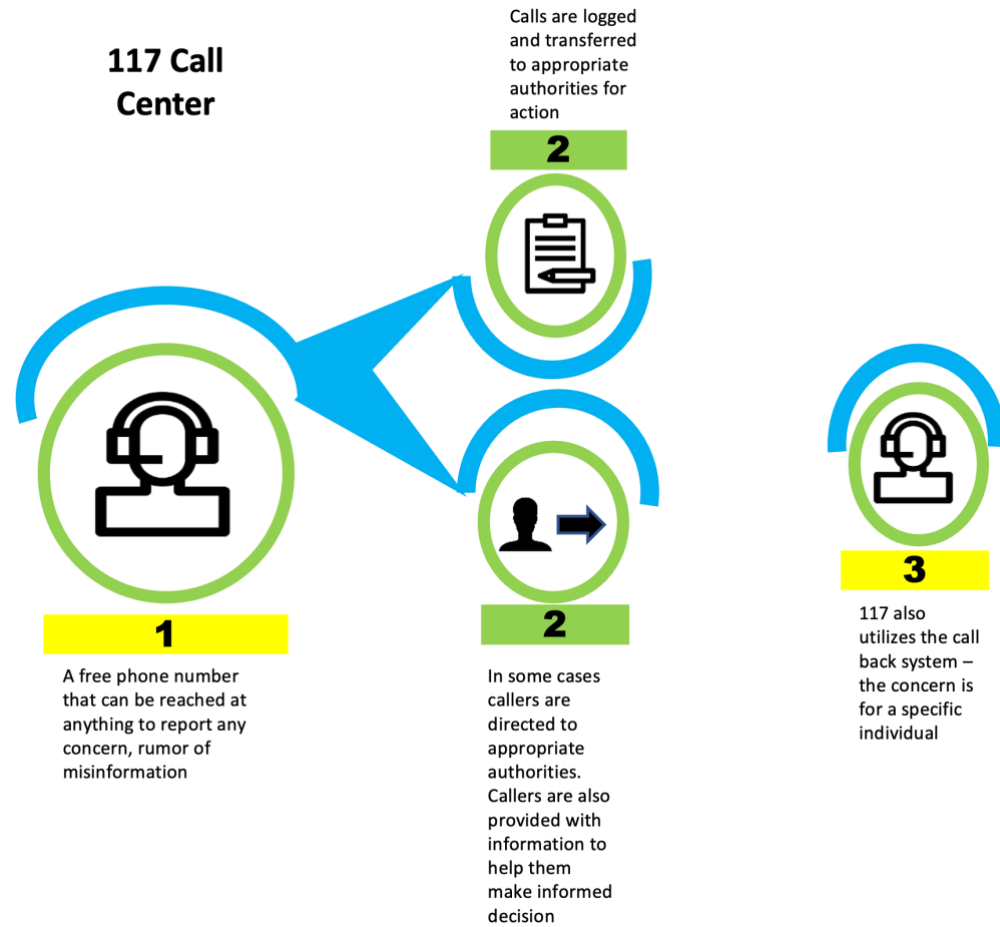




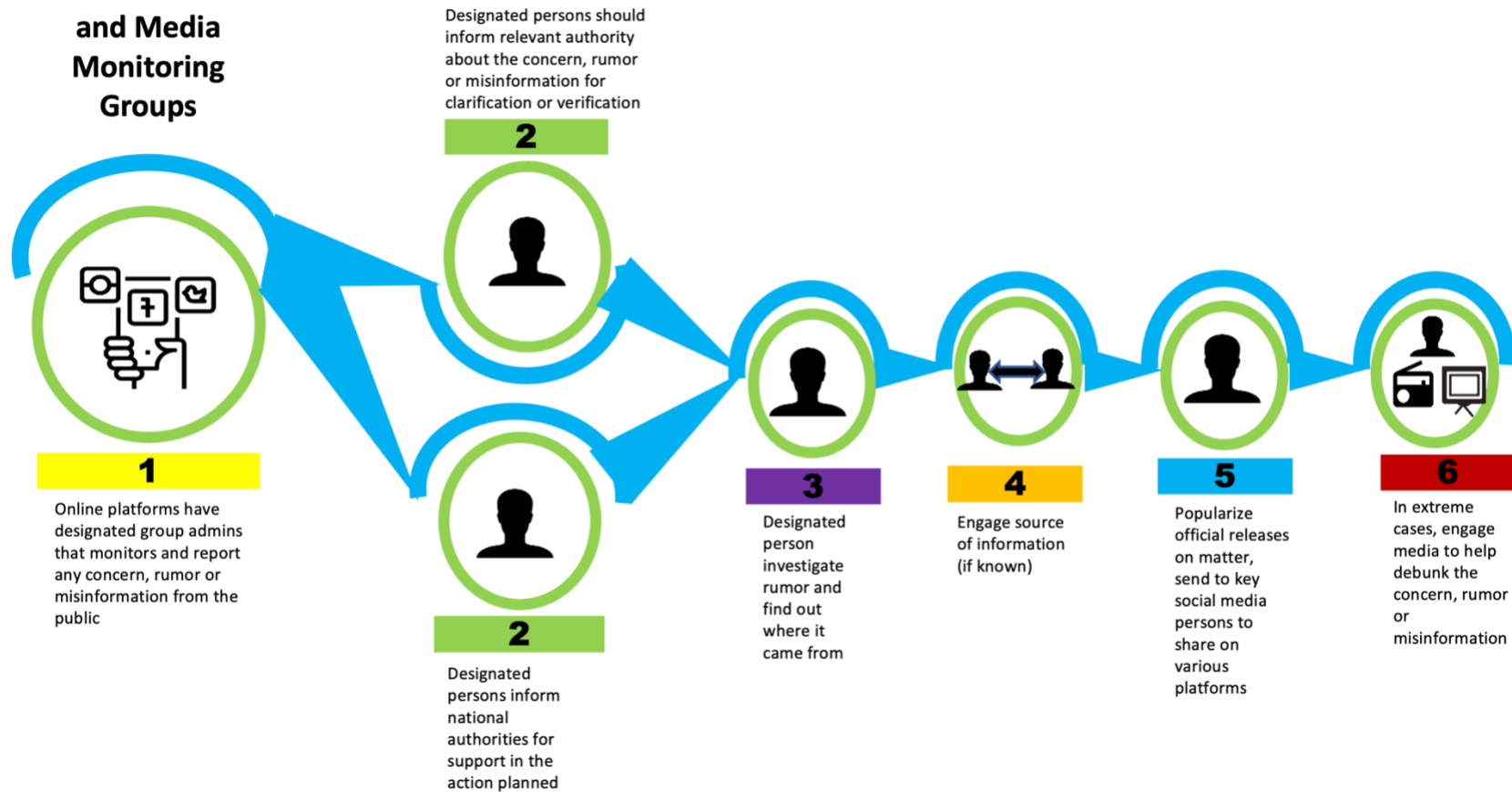


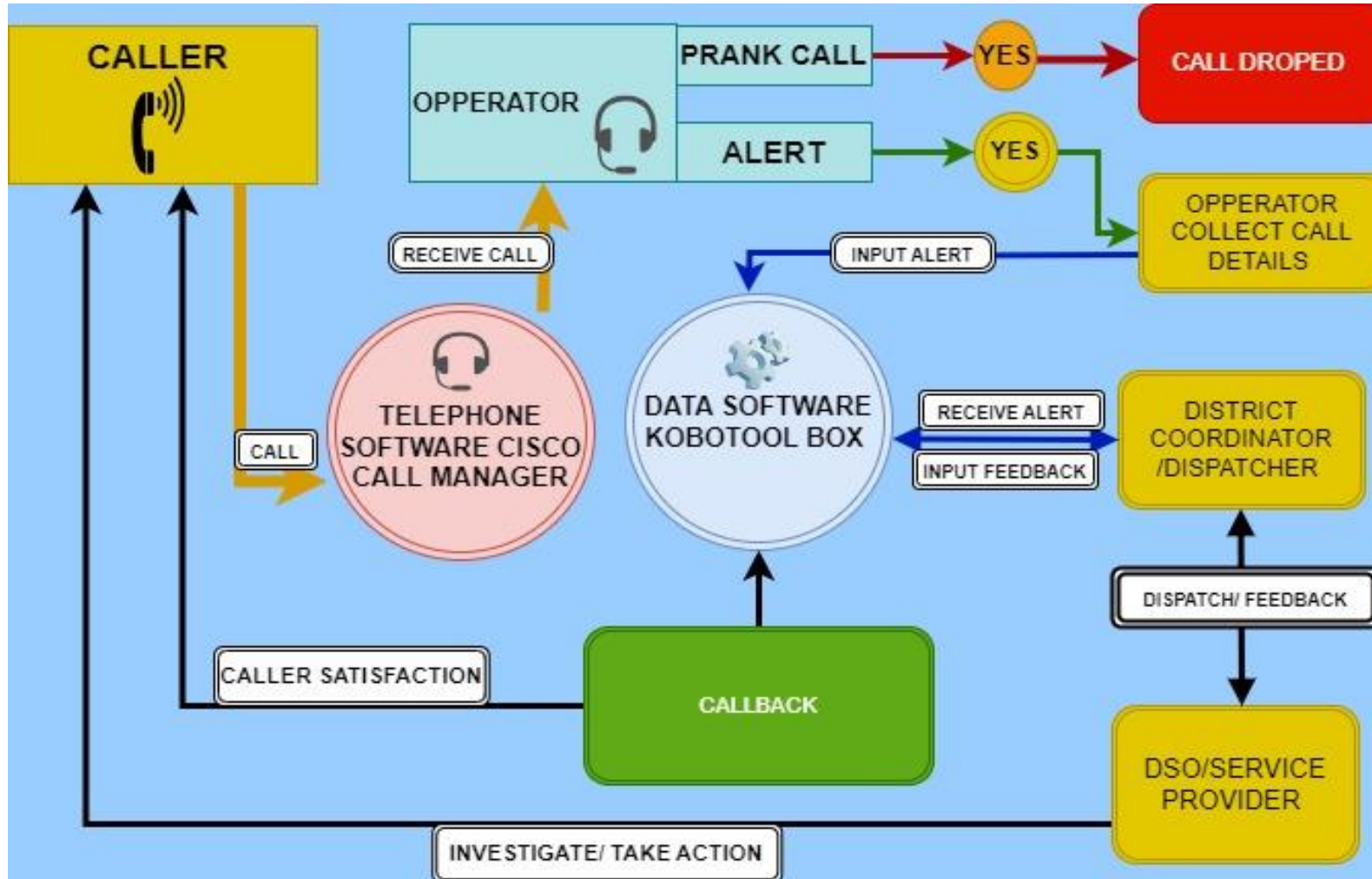




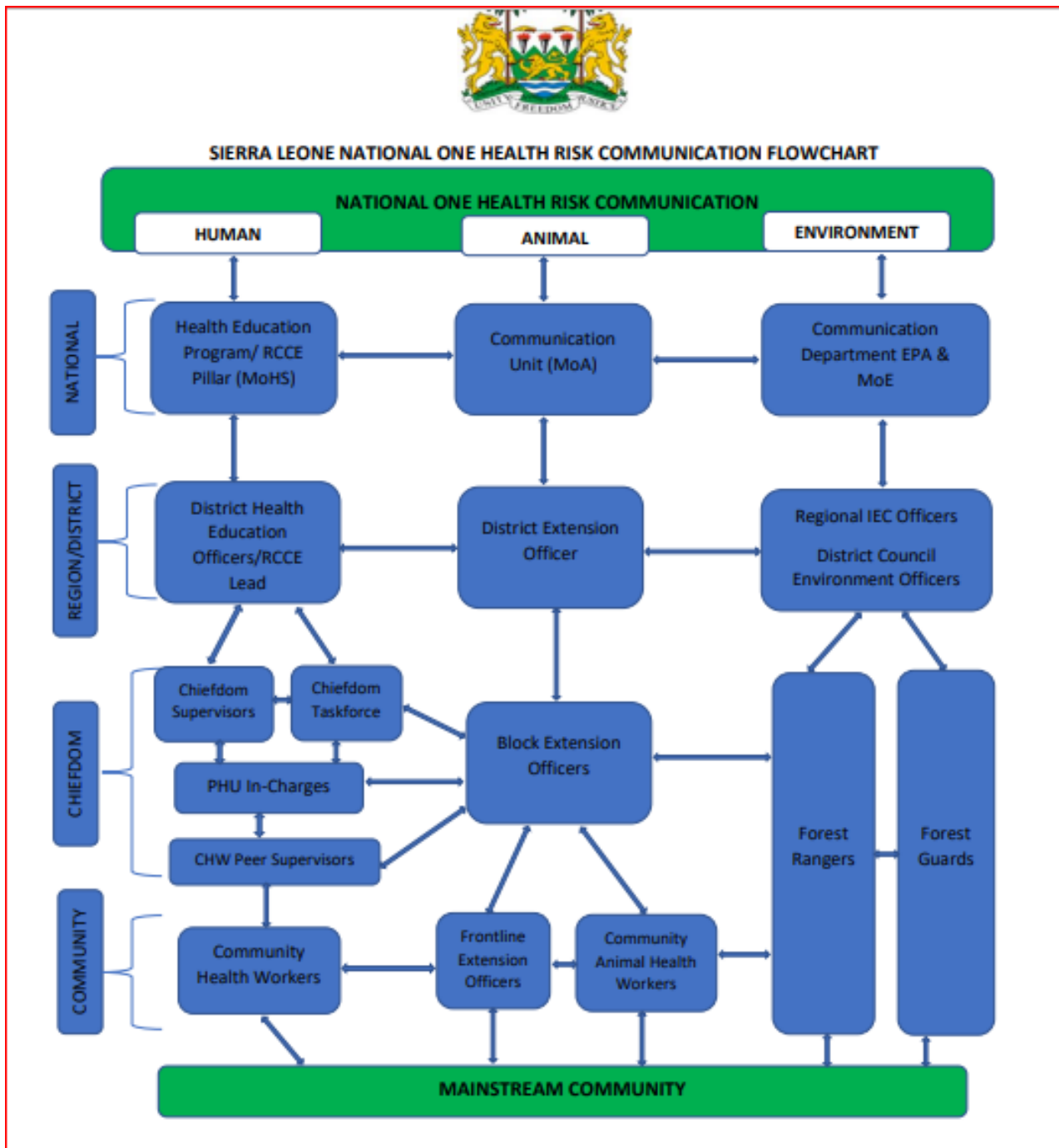


WhatsApp Facebook and Media Monitoring Groups





ONE HEALTH RCCE FLOWCHART



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