



SECTION 1

SETTING UP THE RESPONSIVE DIALOGUES PROJECT

The purpose and objectives of any Responsive Dialogues project determines how the project is set up, governed, managed, and implemented. The **purpose** refers to why the approach will be used in a project, for example, to complement a research project addressing a particular antimicrobial resistance (AMR) issue, such as reducing the use of antibiotic growth promoters in the poultry sector of a country. Or the purpose may be to inform a revision of the National Action Plan (NAP) strategy on communicating about AMR.

The **objectives** of a Responsive Dialogues project refer more specifically to the intended outcomes of a specific project within a particular context. For example, if the purpose is to complement an AMR research project, the specific objectives could be to understand the drivers behind antibiotic use as growth promoters in the poultry sector, and develop ways of reducing antibiotic use while improving poultry production in small-scale producers. If the purpose is to inform the NAP strategy, the specific objective could be to develop locally appropriate messaging and dissemination about proper antibiotic use in low-income communities.

This section describes the following critical steps that need to be put in place to run a Responsive Dialogues project to meet its **objectives**. It provides guidance on the following:

1. Setting objectives and general considerations for project set-up
2. Setting up the core implementation team
3. Planning and managing the project
4. Developing a Monitoring and Evaluation Framework
5. Understanding cross-cutting themes

Setting objectives and general considerations for project set-up

Informed by the overall purpose of using the Responsive Dialogues approach, setting up the Responsive Dialogues project involves **defining the objectives and scope of the project**, and broadly outlining the plan to meet these objectives. This initial planning happens at the proposal stage, and already requires some knowledge of the context, possible communities and stakeholders to engage, and the Responsive Dialogues process.

Examples from Responsive Dialogues projects

In the **Zambia** project, the first project objective was defined because of the complementary ICARS human health project in which it was located. This objective was to:

1. Improve understanding of and engagement with antibiotics and AMR, particularly in relation to Urinary Tract Infections (UTIs), amongst the public and key stakeholders in select communities.

Other project objectives were to:

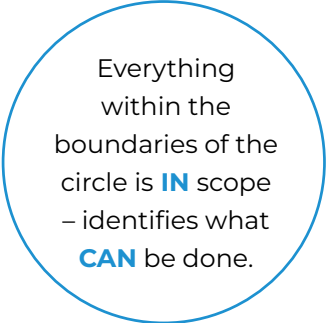
2. Co-create community-informed solutions and interventions that are policy relevant
3. Record learnings on the pilot implementation and document potential best practices in using Responsive Dialogues to inform and improve an overall One Health-based AMR response in Africa beyond the health sector.

In the **Thailand** project, the focus was on addressing the problem of AMR in Thailand and providing input into the Thailand National Strategic Action Plan on AMR's Strategy 5 (public knowledge and awareness of appropriate use of antimicrobials). The project objectives were to:

1. Improve understanding of the issue of AMR among adult Thai communities
2. Drive change through the national AMR policy to include context-specific and locally driven solutions.



The **scope** of the project outlines the boundaries of the project, for example, how many locations or communities will be involved. It defines how broad the project is, and what is within the scope of the project and what is not within the scope. The scope of the project can be represented like this:



Everything outside the blue circle is **OUT** of scope – identifies what **CANNOT** be done.

See [Section 6](#) for the template, *Responsive Dialogues Scoping Statement*, which may help you describe the scope of your project.



In a Responsive Dialogues project the scope is often defined gradually through stakeholder and community engagement activities.

Examples from Responsive Dialogues projects



In the **Zambia** project, in the early stages of planning, stakeholders and the team discussed how many sets of Conversation Events would be held and in what locations. The scope of the project was clarified to cover those communities covered by another AMR project. The sites were conveniently sampled, resulting in the project focusing on urban and peri-urban communities associated with the health centres of the complementary ICARS human health project.

The scope was defined as follows:

To engage with key stakeholders at the local, district, and national level, to generate evidence for public understanding, attitudes, and behaviours towards antibiotics and the causes and consequences of AMR.

Outside the scope of the project, for example, was engaging with key global stakeholders, or with public health issues beyond the scope of AMR.

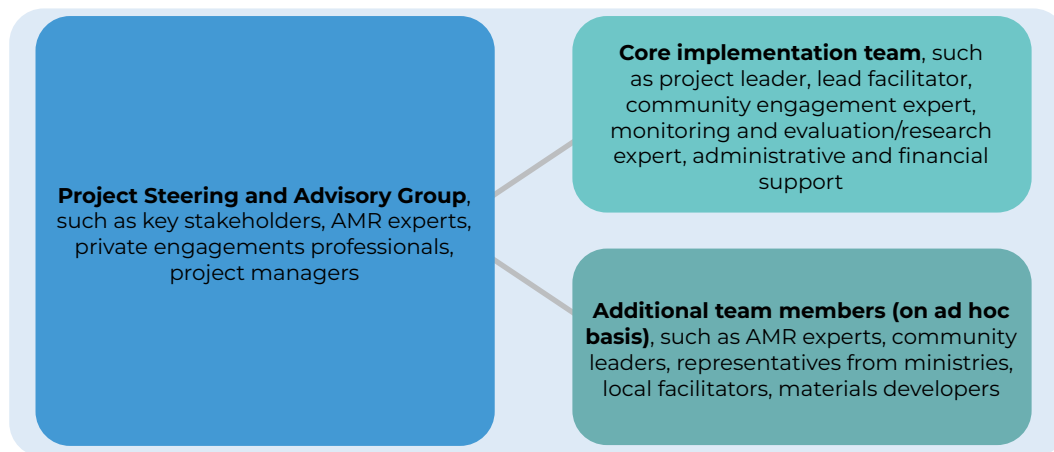
In the **Malawi** project, the scope was defined as follows:

To engage with key stakeholders at the local, district, and national level, to generate evidence for public understanding, attitudes, and behaviours towards antibiotics and the causes and consequences of AMR. The purpose of generating this evidence was to inform policy and community-led solutions for AMR.

Defining the objectives and scope of a Responsive Dialogues project has direct implications for the governance structure of the project. Such a structure may include:

- A Project Steering and Advisory Group that will hold the project vision, make strategic decisions, and gain commitment from high-level stakeholders and drive sustainability of outputs (see diagram below)
- A core implementation team that drives and manages all aspects of the Responsive Dialogues project. See more about this team below.

Suggested structure for a Responsive Dialogues project



The following key steps or activities should inform objective setting, definition of project scope, and project governance structure:

- **Reflect on the purpose of using the Responsive Dialogues approach in light of your country's NAP on AMR.** See [Module 1](#) for more on AMR and One Health.
- **Identify and enlist support from key stakeholders already involved in relevant AMR activities in the country or region.** Identify their possible influence in relation to the particular policy/change you want to achieve, as well as in relation to shaping the Responsive Dialogues and the implementation of co-created solutions. See [Module 2](#) for more on engaging stakeholders.
- **Identify and approach the community/communities you plan to engage with.** See [Module 3](#) on engaging with 'the community'.
- **Identify organisation(s) to partner with.** Identify which organisations can help with the groundwork or assist with entering and/or continuing to engage with a particular community. It is often more efficient and effective to partner with local organisations than to try to do everything as one organisation. See [Modules 2 and 3](#).
- **Explore how outputs of the Conversation Events may be used.** See [Section 5](#) for guidance on managing impact.

GLOSSARY

National Action Plan (NAP) on AMR: National plans developed by countries to contain and control AMR – taking the lead from the Global Action Plan (GAP) on AMR.



Setting up the core implementation team

Key to the success of a Responsive Dialogues project is a multi-sectoral, interdisciplinary core implementation team that brings together diverse skills, expertise, and knowledge, and is well-versed in working with communities and other stakeholders.

Based on experiences of the Responsive Dialogues projects in Thailand, Malawi, and Zambia, a core implementation team that includes a project leader, lead facilitator, community engagement expert, monitoring and evaluation/research expert, and administration and financial support, is recommended. Other people and organisations may be contracted on an ad hoc basis at different stages for specific purposes. See [Section 6](#) for the *Checklist of Core Implementation Team – Roles and Skills Required in Responsive Dialogues*.



Key tasks for the core implementation team to ensure the Responsive Dialogues process is followed, generally include:

- Regular information-sharing with everyone involved about the process and progress of implementing the Responsive Dialogues project
- Regular reportback sessions to discuss issues of relevance and concern, to provide support, and to help monitor, learn from, improve, and evaluate the process
- Keeping records of as many elements in the Responsive Dialogues as feasible, and at a minimum, reports of meetings, workshops, Conversation Events, processes, procedures, activities, and outputs/outcomes. These become the **evidence** that is used for ongoing learning and improvement, and for analysis at the end of the process. See [Section 6](#) for ideas about a *note-taking system*
- Collecting background information to help identify and research the AMR ecosystem and climate, including the ongoing identification of key and other stakeholders.



GLOSSARY

Evidence: In Responsive Dialogues, this refers to information based in local realities, and involving a diverse range of people, stakeholders, inputs, and perspectives.



Planning and managing the project

Unlike in classic, linear approaches, processes in Responsive Dialogues are constantly changing, especially in the Conversation Events, where contexts and participant groups differ. This uncertainty requires the core implementation team to use an **adaptive management** approach to constantly monitor and reflect on what is happening, and to empower all those involved to participate in reshaping processes to make them more responsive and relevant to their needs and purposes. See below for guidance on the Monitoring and Evaluation Framework.

GLOSSARY

Adaptive management: “An intentional approach to making decisions and adjustments in response to new information and changes in context” (USAID, 2008).



The following sections on resource requirements and budgeting, scheduling, and risk management, provide some specific guidance when developing a project proposal for a Responsive Dialogues project and/or the initial setting up of a Responsive Dialogues project following project approval. Guidance on project management is included throughout Sections 2 to 5 to raise issues of particular importance in the context of the Responsive Dialogues approach.

Resource requirements and budgeting

Due to the complexities of the Responsive Dialogues process and its iterative nature, determining the resource requirements requires careful planning. The minimum expected resources are listed below, but remember that they vary according to project and context. See [Section 6](#) for the *Example: Budgeting Tool*.



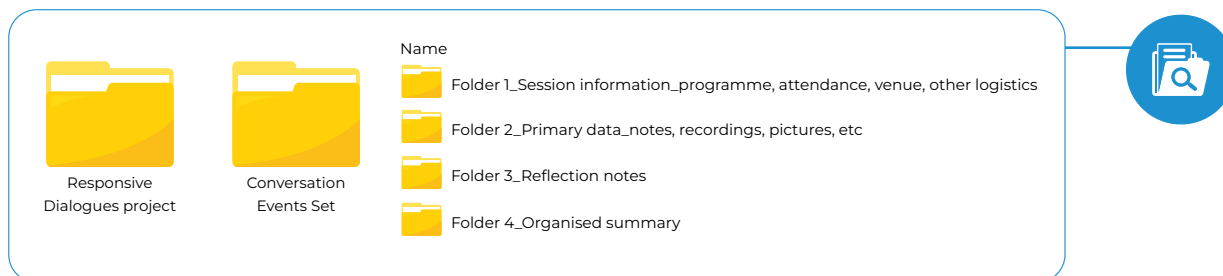
Examples of resource requirements

Examples of resource requirements	Examples of other expenses to consider
<p>Human resources: List all the staff/roles and skills needed to run and manage the project successfully and the amount of time they can spend on the project. Include sub-contracting organisations, consultants, experts, facilitators, and others.</p> <p>Materials and outputs: List, schedule, plan, and cost the adaptation, development, translation, and printing of all materials and resources required, such as information, evidence, and communications about AMR. See Module 5 for more on developing and adapting materials.</p> <p>Buildings and venues: List what space is required, for example, to accommodate the core implementation team, stakeholder meetings and workshops, Conversation Events, dissemination events, and so on.</p> <p>Supplies and equipment: List what is required for the Responsive Dialogues project office and communication (for example, cell phones).</p>	<p>Ethics application: See Cross-cutting themes for more on ethical considerations</p> <p>Running events (e.g. Conversation Events, workshops, meetings): Venue, food, accommodation, travel and transportation (for staff, stakeholders, facilitators, experts, and participants, compensation to participants) for time spent, subsistence costs, special needs, and childcare.</p> <p>Piloting of co-created solutions: This may require a conversation with funders during the process as co-created solutions emerge. It also links to the importance of relationship building with stakeholder and other important actors, which can lead to sustainable change. See Module 2 for more on engaging stakeholders.</p> <p>Contingency: For challenges, risks, and opportunities as they arise.</p>



A logical and efficient system is needed to **organise and store the vast amount of information, data, and evidence** generated throughout the project, for example, from project proposals and other project documentation, through to evidence from various monitoring and evaluation processes. This documentation needs to be stored safely as it is the evidence you will analyse and synthesise into reports for stakeholders, funders, communities, and a wider audience.

It is recommended that this documentation is stored in an electronic format. A suggestion is to have different folders for each category or type of documentation, which includes sub-folders, as shown in the diagram below. See [Module 8](#) for more on documenting and storing information.



Scheduling

A timeline or GANTT chart can assist with planning and tracking the Responsive Dialogues project. This project management tool assists with the following:

- Scheduling milestones and deliverables, and tasks linked to these
- Identifying resources needed at each stage (human, material, and financial)
- Checking that your plans are feasible
- Tracking progress and reviewing plans.

You can create a timeline or GANTT chart by hand or with software like [Excel](#) or [Asana](#). The basic steps include:

- Setting up project details, such as deliverables, outputs or milestones, and tasks linked to these
- Allowing sufficient time for setting up the project and for the following:
 - Ethics applications
 - Grant sign-off
 - Preparation (such as recruitment of staff, having cash flow)
 - Engaging with funders
 - Engaging with key stakeholders and communities
 - Selecting, recruiting, and training facilitators
 - Adapting and printing materials
 - Planning, preparing, and running Conversation Events
 - Monitoring and evaluation (M&E) of each stage of the project
 - Engaging in activities post-Conversation Events, such as piloting solutions, analysing evidence, report writing, writing policy recommendations/briefs, and so on
- Adding the start and finish dates of each task (months, weeks, days, years)
- Ordering the tasks – what must be done first, next, etc.? Are there some tasks that you can't start until you have completed others? What comes last?
- Listing who is responsible for doing each task.

Risk management

Risk management is a forward-thinking planning process. It helps you to imagine or visualise potential problems and challenges and plan how to manage these to avoid or lessen their negative impact. By planning ahead, you continue to control the project, rather than be controlled by the challenges and randomly reacting to them.

Ideas for identifying and managing risks

Potential risk	What to consider	Managing the risk
Sustainability	<p><i>Is the Responsive Dialogues approach aligned with your overall project objectives, strategies, or approaches?</i></p> <p><i>Do you have the necessary skills or networks to implement processes of community engagement?</i></p> <p><i>How will stakeholders/ participants be expected to carry the project forward?</i></p>	<p>Set up a project governance structure that can facilitate high-level commitment and buy-in from key stakeholders.</p> <p>Work on ensuring that the project is not entirely dependent on external people to facilitate processes and oversee the implementation, as this poses a risk for the skills and learnings that will be absorbed into your organisation.</p> <p>Build and strengthen relationships throughout the process to ensure that communities and/or stakeholders take ownership of the process, including the impact phase.</p>
Participation of stakeholders and participants	<p><i>Do you have networks or established relationships with some key stakeholders?</i></p> <p><i>If you do not have existing relationships, how could this delay project implementation or jeopardise the project?</i></p>	<p>Broaden your networks and relationships with stakeholders and communities, so that you are seen as a credible convener of Responsive Dialogues.</p> <p>Use snowballing and personal invitations to make and build contacts with more and more stakeholders.</p> <p>Regarding the project governance structure, leave spaces open for key stakeholders or community representatives yet to be identified.</p>
Timing	<p><i>How can external events impact the delivery of activities, for example, the deadline of the project is delayed for some reason, priorities shift, and resources are reallocated?</i></p> <p><i>If team members are ill or unavailable when needed, how will this affect your timeline?</i></p>	<p>Build in contingency plans and enough time to accommodate delays.</p> <p>Build in contingency plans by having backups available.</p>
Weather conditions	<p><i>How will adverse weather conditions negatively affect activities, especially Conversation Events?</i></p>	<p>Build in contingency plans and enough time to accommodate delays.</p>



Potential risk	What to consider	Managing the risk
Core implementation team	<i>Are there any challenges within the team, such as the lack of coordination or overall oversight; poorly understood roles and responsibilities; or the team has insufficiently skilled people.</i>	Clearly define roles, responsibilities, and skills needed, as well as who will do what, and regularly discuss and review roles at team meetings.
Project scope changes	<i>How can you be more aware of 'scope creep' – when the project's scope changes substantially and impacts on every stage in the project cycle?</i>	Document changes to the scope immediately, and evaluate their impact especially on resources, deliverables, and timelines. Discuss this with partners and funders. Plan what to do if you cannot secure more resources (human, financial, time). Can you limit the scope of the project?



NOTE

Often, funders ask you to do a risk matrix. You can find advice on how to do a risk matrix at <https://asana.com/resources/risk-matrix-template>.



Developing a Monitoring and Evaluation Framework

“Monitoring [and evaluation] means keeping track of what you are doing while you are doing it so that you can take corrective action if necessary” (UNODC and WHO, 2006).

NOTE

Both monitoring and evaluation (M&E) are continuous project management functions, and this is why they are included here. However, your project might only be able to develop a more detailed M&E Framework once you have developed more detailed aspects of the Responsive Dialogues, for example, details about Conversation Events. So keep coming back to the M&E Framework to develop it further.



How Responsive Dialogues are monitored and evaluated differs slightly from that of other projects. This is mainly because at the centre of Responsive Dialogues are deliberative processes which foster participation and inclusivity in decision-making at local and policy levels. See *Cross-cutting themes*, for more on community engagement and inclusivity.



Monitoring is an ongoing process which can happen in different ways and at different times in the Responsive Dialogues project. The purpose is to reflect, learn, improve or adapt processes, content, and so on, during the life cycle of Responsive Dialogues. Evaluation, on the other hand, focuses on the ongoing collection of data to investigate and analyse how effectively the project objectives and **outcomes** are being achieved. But M&E overlap in the area of outcomes and **outputs** – which can be monitored on an *ongoing basis* and evaluated at the *end* of the Responsive Dialogues project.

GLOSSARY

Outcomes: The overall benefits, changes, or effects of a process and activities; **impacts** are generally the longer-term effects of the outcomes.

Outputs: The products of Responsive Dialogues, such as number of people attending Conversation Events, number of Conversation Events held, and implementation processes, for example, participatory approaches.



Although M&E have different purposes, they depend on one another, as summarised in the table below.

How monitoring and evaluation work together

	Monitoring in Responsive Dialogues	Evaluation in Responsive Dialogues
Frequency	Continuous; ongoing	Periodic; at important milestones
Purpose	Tracks activities, such as when Conversation Events are held, processes, and documents progress	In-depth analysis; compares what was planned versus what was achieved (outcomes and impact)
Focus areas	Focuses on inputs , activities, and outputs	Focuses on outputs in relation to inputs, results in relation to costs, processes used to achieve results, overall relevance, outcomes, impact, and sustainability
Focus questions	Answers what activities and processes were used, and what results achieved	Answers why and how results were achieved, or why not Contributes to building Theory of Change
Results orientation	Focuses on capturing planned and unplanned results for corrective action, if necessary	Captures planned and unplanned results
Actions	Alerts us to problems and provides options for immediate adaptation and correction	Provides us with longer-term strategy and policy options
Who is involved	Internal self-assessment by all involved	Internal and/or external analysis

**GLOSSARY**

Inputs: What is needed to run Responsive Dialogues, such as facilitators and other resources.

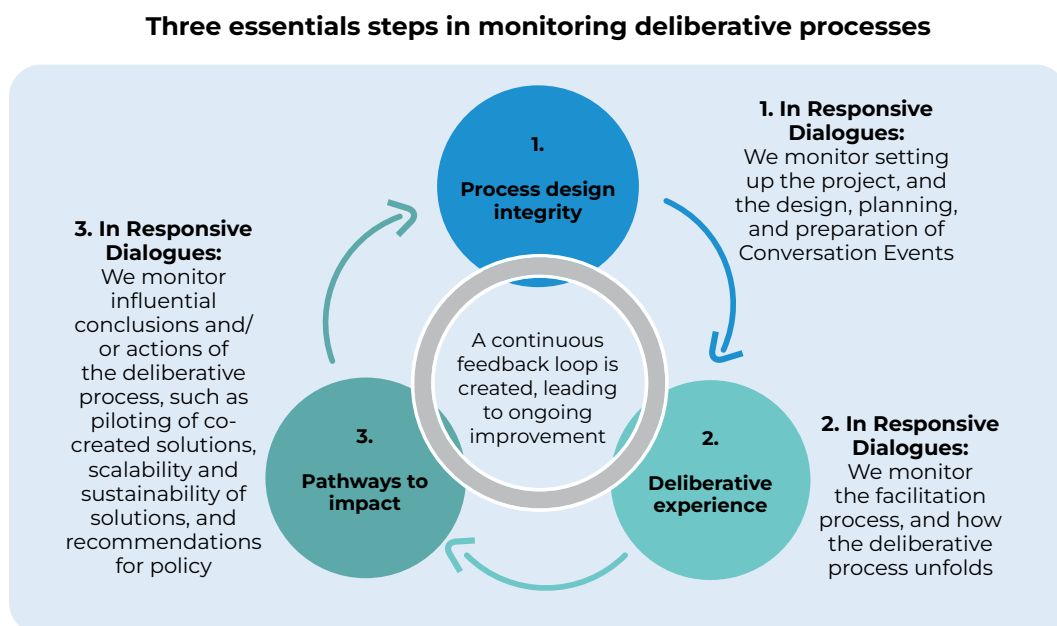
**Why monitor Responsive Dialogues?**

Monitoring is also often referred to as process evaluation – which in itself explains its purpose: to collect information or data throughout the life of Responsive Dialogues with the purpose of tracking and examining the quality of processes and activities.

Feedback from the monitoring process is used for reflection and learning about what went well and what did not. This is then fed back into the process and used to adapt and improve practices, so that they can more effectively and

appropriately lead to achieving the goals. This feedback loop is the basis for the iterative improvement of Responsive Dialogues. See [Module 7](#) for an example of the feedback loop for the continuous improvement of Conversation Events.

According to the Organisation for Economic Cooperation and Development (OECD), monitoring deliberative processes requires a comprehensive approach for ongoing improvement, which is made up of three essential steps, as shown in the diagram below.



Source: Adapted from OECD, See: https://www.oecd-ilibrary.org/sites/10ccbfcfb-en/1/3/2/index.html?itemId=/content/publication/10ccbfcfb-en&_csp_=d69eda57e6c10e8b31b6dc1351befc3e&itemIGO=oeed&itemContentType=book#section-d1e360

Intervals for M&E

Monitoring is done continuously at scheduled intervals throughout Responsive Dialogues. Intervals and purposes are presented below, in line with the main components of Responsive Dialogues.

Suggested intervals and purposes of M&E

	Monitoring/Process evaluation		Outcome evaluation
	Groundwork	Conversation Events	Post-Conversation Events impact
Objectives	To monitor/evaluate the design process used to set up Responsive Dialogues	To collect baseline data (see example that follows)	To evaluate if co-created solutions and lessons learnt from the Conversation Events are scalable, sustainable, and can be fed into policy processes
Timing	Initial planning phase	Before Conversation Events	3–6 months after the last Conversation Event





Examples from Responsive Dialogues projects

In the **Malawi** project, farmers' knowledge about AMR was assessed before the start of the Conversation Events (baseline data) and again at the end of Conversation Events (endline data), to see if there was any change. You can tailor the questions below to suit your participant groups.

Questions for farmers on antibiotic use

What do you know about antibiotics?

- What illnesses do antibiotics treat?

What are your experiences with antibiotics?

- Examples of antibiotics you know or use or have used before
- Illnesses that you treat or have treated using antibiotics

Where do you normally access these antibiotics from?

- What affects your decision about where to access antibiotics?
- Are there any access challenges?
- How do you address these challenges?

Do you use antibiotics in farming?

- What types of antibiotics do you use in farming?
- Who prescribes these antibiotics?
- What do you use antibiotics in animals for?

What is an appropriate use of antibiotics?

- What behaviours/practices are examples of appropriate antibiotic use?
- What behaviours/practices are examples of inappropriate antibiotic use?
- What might happen if antibiotics are not used appropriately?

What is monitored at each interval?

During groundwork

Monitoring focuses on the design process used to set up the Responsive Dialogues project and to do the necessary background research on the AMR ecosystem. The core implementation team may reflect on questions, such as:

- How was the Responsive Dialogues project set up? (By whom?)
- How and who developed the project objectives and scope?
- Who designed the groundwork phase?
- What were the outcomes of the groundwork?
- How was the AMR ecosystem mapping done? Is it ongoing?
- How did the project ensure the inclusivity of stakeholders across sectors?
- Did stakeholder engagement processes include a range of diverse stakeholders and perspectives?
- How did the project engage and begin to build an ongoing relationship with stakeholders?
- What are different stakeholders' perceptions of AMR?
- What are stakeholders' perceptions of AMR in communities?
- How did the project engage with participant groups?
- Was the process of community and participant engagement as inclusive and gender sensitive as possible?
- How do people's perceptions of AMR change over the period of the project?



Photo: Raymond Pongolani.

Example from a Responsive Dialogues project

In the **Malawi** project, the monitoring plan for the groundwork stage included:

- Analysing stakeholder mapping; ensuring the inclusion of a range of stakeholders from across sectors – monitoring different groups, such as national/district/local stakeholders; male/female representation; and inclusion of representatives across sectors – animal, human, environment
- Doing semi-structured interviews with a sub-set of participants to understand the following:
 - Were a wide range of stakeholders from across the One Health spectrum engaged in the Responsive Dialogues process?
 - Were clear objectives and scope for the Responsive Dialogues established?
 - Was the scope of the Responsive Dialogues focused, relevant to AMR, and did it include issues from across One Health?
 - Were the communities able to implement the local solutions? (What successes or challenges did they experience? What was the impact of implementing the solutions?)

In the groundwork stage, the project looked at how feasible it would be for the community to implement solutions. They divided solutions into those that could be handled by the community itself (e.g. sharing information) and those that would need to be handled by others (e.g. those that required further resources, such as posters and T-shirts).

During Conversation Events

Monitoring focuses on participatory approaches used in the deliberative experience and processes, from communicating and sharing AMR topics and lived experiences, to participants co-ideating and co-creating solutions and policy recommendations. A further focus is on the participation of stakeholders, experts, and others in Conversation Events, and the management of challenges, such as power dynamics. See [Module 6](#) for more on managing power dynamics.

Example from a Responsive Dialogues project

In the **Malawi** project, the monitoring plan included data collected from notes and interviews with a sub-set of participants and implementers to analyse:

- Attendance at Conversation Events – capturing any changes over time
- Key contributions from different groups, reflecting on how power dynamics were managed when stakeholders from different levels were included (reflecting on differences between rural and urban Malawi).

Examples of questions asked:

- How well were the Conversation Events organised, and did they provide ways to ensure that they were fully accessible to all participants?
- Were the Conversation Events facilitated in an open, inclusive manner, ensuring equal participation by all participants and stakeholders (where appropriate)?
- How satisfied were participants with the Conversation Events and their outcomes?

After Conversation Events

Monitoring focuses on the pathways to impact – the influential conclusions and actions that occur after the Conversation Events, such as monitoring the piloting and scaling-up co-created solutions (interventions), monitoring the dissemination of information to a wider audience, and monitoring the process of developing and submitting policy recommendations.

Example from a Responsive Dialogues project

In the **Malawi** project, the following monitoring plan was used in the post-Conversation Events:

- Planned and conducted activities (ensuring a breakdown at the local, district, and national level – and who was included/provided labour to ensure some analysis of gender and roles)
- Interviews conducted with a sub-set of participants following the Conversation Events and six months after the last Conversation Event, to capture the following:
 - How did the involvement of policy/decision-makers from across the One Health spectrum change?
 - How relevant were the co-created solutions to participants and their communities? To AMR?
 - Were ideas and solutions generated by the Conversation Events implemented through policy processes and scaled-up nationwide?
 - How did participants' understanding of AMR change?
 - To what extent did Responsive Dialogues mobilise communities into action on AMR?

Monitoring Tips

- Familiarise yourself with the Responsive Dialogues approach and framework. See the [Introduction](#).
- Review project objectives and scope.
- Identify monitoring objectives and indicators for each stage/phase of Responsive Dialogues.
- Identify who will be responsible for collecting the monitoring data.
- Develop a timeline for the frequency of monitoring.
- Develop monitoring data collection tools.
- Train facilitators and others in monitoring activities, especially those which involve participants in providing feedback to co-create the next Conversation Events. See [Module 7](#).
- Conduct monitoring activities.
- Analyse and interpret monitoring data. See [Module 8](#).
- Write a progress report and make recommendations.
- Implement recommendations.
- Continue monitoring.
- Create a table or spreadsheet with all the M&E activities, the person responsible for each, and timelines. See [Section 6](#), for *M&E Framework for Responsive Dialogues*.
- Link your Monitoring and Evaluation Framework to your planning for Conversation Events. See [Section 3](#).



What is evaluated?

“Evaluation and research are closely related, but serve different purposes. Evaluation is the systematic assessment of the worth of some object – activity, project, programme, policy” (National Co-ordinating Centre for Public Engagement – NCCPE).

NOTE

An M&E Framework was developed by Wellcome for the Responsive Dialogues approach and has been adapted by some of the Responsive Dialogues projects. The Framework is based on examples of good practice from other deliberative processes and is aligned with the OECD's [Deliberation Evaluation Guidelines](#).



In Responsive Dialogues, there's an interest in how stakeholder engagement, community engagement, and using participatory approaches can change participant's behaviour towards antimicrobial usage and reduce the burden of AMR. In other words, there is a focus on outcome evaluation to demonstrate the longer-term impacts of the approach.

However, while an effective Responsive Dialogues approach can potentially contribute to improved health outcomes for the population, it may not be possible to attribute these changes entirely to Responsive Dialogues. In addition, evaluating longer-term outcomes and impact is often beyond the scope of the Responsive Dialogues project.

It is therefore important to focus on evaluating the more short-term or intermediate outcomes that Responsive Dialogues can feasibly achieve. For example, evaluating the tangible and sometimes more intangible outcomes of Responsive Dialogues, such as:

- **Increasing stakeholder understanding of the lived realities of AMR challenges** in communities, which they would otherwise not have been exposed to.
- **Measuring changes in attitudes** of stakeholders, policy-makers, and even people in the core implementation team and facilitators, about their preconceived ideas about what communities think/do/behave.
- **Evaluating impact in terms of participants' understanding** of AMR and antibiotic usage, and the influence this has on their immediate household and sphere of influence.

Example from a Responsive Dialogues project

The evaluation in the **Zambia** project assessed the following:

- The purpose and objectives of the Responsive Dialogues in Zambia.
- The design of the Responsive Dialogues, stakeholder involvement, inclusivity, and diversity.
- The running of the Responsive Dialogues, including organising Conversation Events, participant engagement, facilitation effectiveness, and the impact on understanding AMR and generating local solutions.
- The influence of the Responsive Dialogues on policies and practices, including awareness, attitudinal and behavioural change, policy influence, and evidence utilisation.
- The evaluation also provided feedback on the *Responsive Dialogues on Drug Resistant Infections Toolkit*, processes, and support, highlighting their value, challenges, and improvements for effective implementation in different contexts.

Indicators for M&E in Responsive Dialogues

As the name suggests, **indicators** provide the core implementation team with an indication of the progress or challenges in the Responsive Dialogues project, and are essential for benchmarking and monitoring performance.

Responsive Dialogues are complex, and to fully understand their processes and outcomes, both **quantitative** and **qualitative indicators** can be used. However, most often the indicators used are mainly qualitative in nature (as shown in the example that follows). When planning M&E, focus on indicators that are most important for your Responsive Dialogues project, and that can tell you something about their implementation. Less than 20 indicators are ideal otherwise the list gets too long and unwieldy. See [Section 6](#) for more about *Evaluation Criteria/Indicators – by stage*.

GLOSSARY

Indicators: Measurable criteria (qualitative or quantitative) used to describe a situation that exists and to measure changes over a period of time.

Qualitative indicators: Indicators that explain tangible and intangible characteristics and the impact of processes through providing a more nuanced explanation, for example, how participants have perceived their engagement in the Conversation Events.

Quantitative indicators: Indicators that measure tangible and intangible outcomes through numerical means, for example, number of people that are aware of the dangers of antibiotic misuse.



Example from a Responsive Dialogues project

In the project in **Zambia**, the main areas of evaluation (indicators) focused on:

- How well the Conversational Events were designed to achieve maximum information exchange, for instance, stakeholder involvement in the design process, supporting or needed materials, and adaptation of the Conversation Events to the Zambian context.
- How Conversation Events were run, including inclusivity, participant identification and engagement, and effectiveness of the Conversation Events in data collection.
- How effective the Responsive Dialogues were in influencing policy and healthcare worker practices.



There are a myriad of different data collection methods to use – some are qualitative and others quantitative. For example, qualitative methods are used to help us understand human behaviour – we facilitate the exploration of people's own lived experiences to discover their attitudes, values, behaviours, and practices. Quantitative methods help us collect numerical data and hard facts, for example, on how many participants attended the Conversation Events or how many stakeholders were involved. See [Section 6](#) for the *Example: M&E Data Collection Methods*.



Examples of indicators and data collection methods and tools

Qualitative indicators	Data collection methods and tools	Quantitative indicators	Data collection tools
Perceived quality of engagement in Conversation Events	Observations; focus group discussions (FGDs)	Number of participants who know about the impact of AMR in humans, animals, and the environment	Structured questionnaire
Composition of stakeholders participating in Responsive Dialogues	Stakeholder map	Number of prescribers reducing antibiotic prescriptions	Health information system to assess trends after Responsive Dialogues



Qualitative indicators	Data collection methods and tools	Quantitative indicators	Data collection tools
Perceived quality of facilitation in Conversation Events	In-depth interviews; FGDs	Number of press/ social media pieces/ coverage of the Conversation Events or of AMR after the Conversation Events	Desktop; record review of media/ material covering AMR
Participants' understanding of how AMR problem relates to their context	In-depth interviews; FGDs; observations; daily reflections and written feedback	Number of new policies on AMR or number of relevant changes in policy, legislation, and/ or institutional structures before and after the Responsive Dialogues took place	Record review



Photo: Thailand Responsive Dialogues project.

Example from a Responsive Dialogues project

In the **Thailand** project, the following data collection methods were used.

Daily reflections, recaps, and verbal feedback of the previous day/ Conversation Event were used for Conversation Events that ran over multiple days (i.e. regional events). For this activity, participants shared their observations and feedback on key issues. They reflected on their understanding and perceptions of AMR, level of awareness of AMR, and actions or solutions participants thought they would and could do regarding AMR. Participants provided written feedback at the end of the Conversation Events.

Focus group discussions (FGDs) were used on the last day of the Conversation Events for participants who were interested in participating in the evaluation. In the FGDs, they shared their perceptions of critical issues related to AMR, and gave feedback on how to improve the Conversation Events.

In-depth interviews were held with people who were interested in being interviewed. These interviews took place within a month after each Conversation Event.

Different types of M&E data might be useful to different audiences. For example, policy-makers might find the following data useful: the objectives achieved, specifics about the AMR ecosystem mapping, evidence of inclusivity, and post-Conversation Events impact. This data might also be useful for funders, as well as quantitative data about attendance and involvement of participants. Civil society organisations might be more interested in data about inclusivity, participants' reflections on Conversation Events, and any increases in awareness, perceptions, and understanding of AMR challenges and solutions.

NOTE

M&E also involves the continuous and periodic review of other aspects of Responsive Dialogues, including monitoring work schedules, inputs, deliverables, targeted outputs, and so on. Examples and data collection tools to monitor and evaluate these other variables are included throughout the Guidelines, where appropriate.



Understanding cross-cutting themes

Six core themes cut across Responsive Dialogues: AMR and One Health; community engagement; inclusivity and gender sensitivity; power dynamics; inclusive policy-making; and ethical considerations. When a process or activity in the Guidelines relates to a cross-cutting theme, it is highlighted with this icon.



NOTE

It is strongly recommended that **everyone involved in the project reads this section**, so that there is a common understanding of the core themes that underpin Responsive Dialogues.



Antimicrobial resistance and One Health

Antimicrobial resistance (AMR)

Micro-organisms, such as bacteria, parasites, and fungi cause various symptoms and infections in humans, animals, and plants, such as respiratory diseases, diarrhoea, sepsis, Urinary Tract Infections (UTIs), and Sexually Transmitted infections (STIs). Antimicrobials are medicines used to treat these infections, for example, antibiotics are used to treat bacterial infection. However, over time micro-organisms may become resistant to these medicines – this is known as antimicrobial resistance or AMR. AMR makes it harder to treat and stop the spread of these infections; it can lead to lower yields of crops, reduced productivity of food producing animals, longer-lasting illnesses, increased hospital stays, higher healthcare and veterinary costs, and even death.

“... there were an estimated 4.95 million human ... deaths associated with bacterial AMR in 2019, including 1.27 million ... deaths attributable to bacterial AMR” (Lancet, 2022; 399: 629–55).

AMR is a complex health and development challenge, affecting individuals, communities, healthcare systems, food production, and economies worldwide. It presents a significant challenge to people in LMICs, for multiple reasons. For example:

- People who do not have access to clean water and sanitation are more vulnerable to infections, and are therefore more at risk of being exposed to AMR.
- Poor access to quality, affordable medicines means that antibiotics are sold over-the-counter and this can lead to their misuse or overuse, heightening the risk of AMR.

NOTE

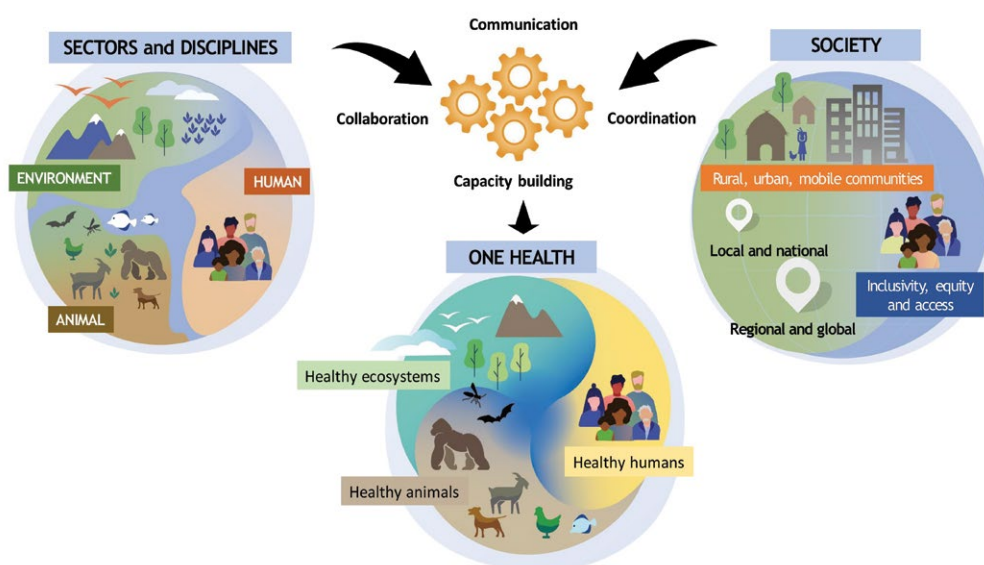


Although antimicrobial resistance is the correct scientific term, when discussing this important subject with individuals who may not have a scientific or medical background, it's beneficial to consider using the term 'antibiotic resistance'. This phrase is more commonly recognised and may be easier for many to comprehend and relate to. However, it's important to consider the context and use the term that will best enhance communication and awareness about this crucial issue.

One Health

AMR does not only impact human health; it also impacts animal, plant, and environmental health. For example, many poultry and pig farmers mix antibiotics with animal feed to promote growth and to prevent diseases, and farmers use antibiotics as pesticides on plants. This exposes animals, plants, and the environment to the risk of AMR. Animals and crops infected with resistant micro-organisms enter the human food chain, which facilitates the spread of AMR. Livestock and poultry manure also facilitate the spread of AMR in the environment – in water systems, in soil, and in plants.

Multi-sectoral approach for One Health in AMR



Source: <https://www.who.int/news/item/01-12-2021-tripartite-and-unep-support-ohhlep-s-definition-of-one-health>

The One Health approach promotes working across sectors to address the challenge of AMR in an integrated way to keep people, animals, and nature, healthy and well-balanced, now and into the future.

Different sectors, disciplines, and communities work together at different levels to address the need for clean water, clean air, clean energy, good food, a safe place to live, and to protect the Earth and all the ecosystems in it from challenges like climate change. It's teamwork to optimise the health of our world for a long time.

Community engagement

Community engagement can be defined as follows:

"Community engagement: A participatory process through which equitable partnerships are developed with community stakeholders, who are enabled to identify, develop and implement community-led sustainable solutions using existing or available resources to issues that are of concern to them and to the wider global community" (Mitchell et al., 2019).

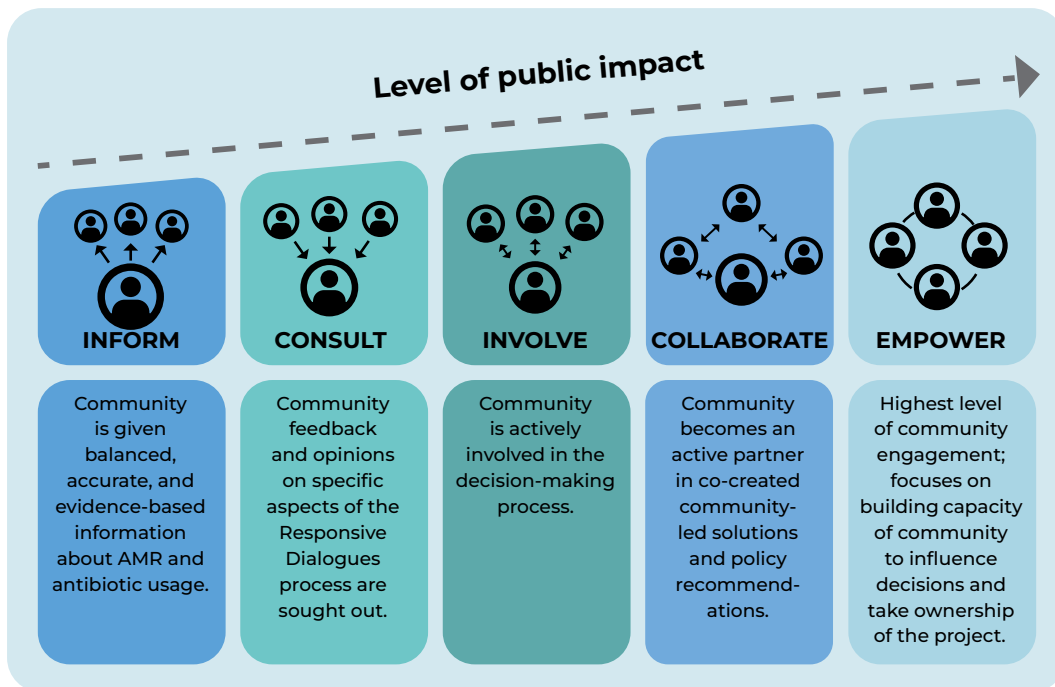
The purpose of Responsive Dialogues is to engage members of communities/public in making decisions relating to AMR challenges that impact their lives. Through community engagement, lived experiences, local knowledge and perspectives, and contextually relevant solutions are developed collaboratively by communities and other stakeholders. These solutions can help to frame local projects in a way that is inclusive and relevant to local contexts and inform AMR policies and NAPs. The approach is bottom-up, which is different to consultations, public health outreach, or training.

The 'community' that we engage may share the same geographical space, and/or they may share a common identity or interest. People can be part of several communities at the same time, and can move in and out of communities. Inclusivity is the central principle we use to define who is the community we engage in Responsive Dialogues. See [Module 3](#) for more about 'the community'.

"Defining a community should always be a community-led process, community members should be recognised as experts in their own lives and encouraged to share knowledge on community dynamics and context" (CE4AMR, University of Leeds, 2021).

Community engagement can encompass different approaches, many of which are participatory and can lead to different outcomes, as shown in the diagram that follows. The level of impact of Responsive Dialogues is the empowerment of local communities through the 'highest level' of engagement, focusing on building the community's capacity to influence decisions and take ownership of the Responsive Dialogues project.

The spectrum of community engagement and participation efforts



Source: Adapted from IAP2 Spectrum of Public Participation

Benefits of community engagement for Responsive Dialogues

- **Informed decision-making:** through communities contributing diverse perspectives, local knowledge, and insights.
- **Trust, transparency, and stronger relationships:** through stakeholders committing to open dialogue, active listening, empathy, and valuing community input.
- **Enhanced outcomes:** through stakeholders incorporating community needs and lived realities into AMR policies.
- **Risks and conflicts mitigated:** through feeding practical, feasible, and community-led solutions to address AMR challenges into policy.
- **Increased social acceptance:** through communities having a sense of ownership of co-created solutions, which facilitates solution implementation and sustainability.
- **Innovation and co-creation harnessed:** through communities contributing unique perspectives, local knowledge, and ideas that may not have been otherwise heard or considered.
- **Social and economic development:** through local businesses being involved, impacting employment opportunities, and fostering community-led initiatives, which can leave a positive legacy beyond the project's scope.

Inclusivity and gender sensitivity

The Responsive Dialogues process is founded on the notion of inclusivity, respect, and sensitivity for issues of diversity. Everyone is included and is made to feel welcome, valued, and respected, no matter who they are or where they come from. Differences are valued and people who are usually excluded, discriminated against,

or whose voices are typically unheard, are consciously included so that AMR solutions are as meaningful and contextually relevant to the lives of as many people as possible.

The success of inclusivity in Responsive Dialogues partly depends on how it is planned and managed in a project.

Consider the following issues:	
<p>What is your shared understanding of what inclusivity means, and why it is important in Responsive Dialogues?</p>	<p>How can you identify and address barriers to inclusivity? For example, providing transport or childcare to facilitate the engagement of caregivers.</p>
<p>How can you design Conversation Events for a specific participant group and context? For example, designing separate events for different gender groups, if appropriate, rather than having mixed groups.</p>	<p>How can you ensure both quantity and quality of representation? For example, ensuring that an equal percentage of men and women are represented, and that those who participate have influence, can clearly express their perspectives, and can fairly represent others.</p>


Sex, gender, and the interaction between them, play an important role in AMR. The biological differences between men and women mean that women have an increased risk of being exposed to certain infections along their life course. For example, women are often on the frontlines of providing healthcare, both formally as nurses or community health workers, and informally within their homes and communities. In many communities, they also play an important role in agriculture and livestock production.

This gendered division of work connects and combines with other forms of power and inequalities, such as job segregation, income inequality, age discrimination, geographic disadvantage, and differential access to education. All these complex issues and systems work together so that men and women have different experiences of being exposed to health risks, including to the risk of AMR. Gender norms impact on health-seeking behaviours, health needs, use of medications, access to and utilisation of health services, decision-making power, and access to and control over resources.

GLOSSARY

Sex: Biological characteristics which define a human as male or female – differences in chromosomes, hormones, and external and internal organs.

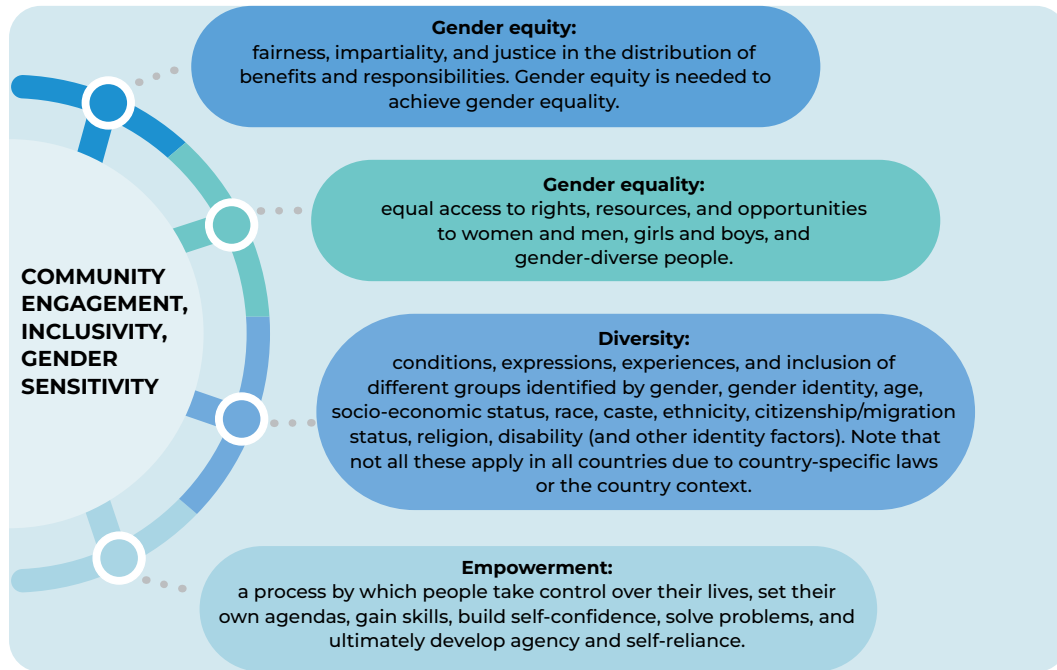
Gender: How society and institutions construct roles and identities for people of different sexes, and the social attitudes and assumptions, behaviours, and activities that go with these gender roles and identities.



Gender sensitivity is a way of working across constructed gender roles and identities, and eliminating discrimination and harmful stereotypes – not by ignoring these differences, but by openly acknowledging them with respect and compassion. It allows for greater inclusivity and openness in collectively exploring and addressing AMR issues.

Responsive Dialogues that are designed to have a gender sensitive and equity focus are an opportunity to work across these complex and multiple differences, to explore, address, and prioritise AMR solutions from a gender perspective.

Key community engagement, gender, and inclusivity principles that underpin Responsive Dialogues



Power dynamics

Traditionally, decisions and policies are informed by 'expert' research, which has been shown to miss locally relevant factors and considerations. Different stakeholders have different levels of power because of hierarchies within government, healthcare facilities, universities, or research institutions (amongst others), and because of hierarchies in communities. There might also be different levels of power between those leading the Responsive Dialogues and those participating in Conversation Events, as well as between participants themselves.

Shifting power imbalances in Responsive Dialogues begins with awareness raising, and creating an environment in which everyone's expertise is valued equally. All those who engage in the process are expected to respect other people's views and experiences, and allow everyone's voice to be heard, no matter their position or title.

Stakeholder Workshops, Conversation Events, and all other events should be carefully planned and facilitated so that no one person can influence or control what others think or say. They are an opportunity to shift power from control and domination towards more positive expressions, such as shared power, power to take action together to achieve something new, and having a sense of one's own power and agency. See [Module 6](#) for more on shifting power imbalances.

Inclusive policy-making

Responsive Dialogues play a pivotal role in influencing policy-making by providing a platform for open and constructive communication between policy-makers and the community. They allow for the exchange of ideas, concerns, and perspectives, enabling policy-makers to gain valuable insights into the real needs and priorities of the community.

The outcomes of Responsive Dialogues can contribute to inclusive AMR policy-making that takes into account public/community perceptions and local realities, within a One Health approach. Evidence arising out of Responsive Dialogues can be drafted into recommendations which can be fed into the policy space, at local, regional, national, or international level. This includes new regulations, laws, or ministerial statements. In this way, policy relevance is enhanced and the policy-making process becomes more transparent and accountable. See [Module 12](#) for more on drafting policy recommendations.

Ethical considerations

Responsive Dialogues have been designed to include the many different voices of people who are affected by AMR, particularly those of vulnerable and marginalised people who are often missed or ignored. Responsive Dialogues are intended to help capture the various ways in which different people are affected by AMR, while embracing and respecting their beliefs, views, and knowledge systems. To achieve this, Responsive Dialogues follow ethical principles which help ensure that the process and resulting solutions are:

- Grounded in local realities
- Credible and practical
- Do no harm or exacerbate inequalities.

Through Responsive Dialogues, people's confidence, agency, and ability to address AMR should be enhanced. This involves protecting and promoting the dignity, rights, and welfare of participants. Dignity means being respectful to people, relationships, and interactions in a way that leads to improved confidence, well-being, mutual respect, and trust. Through trust and respect, Responsive Dialogues can help bring out the true meanings of experiences and feelings that people have towards issues related to AMR and generate more genuine and pragmatic solutions.

People in the core implementation team need to think and act ethically throughout the Responsive Dialogues process, from the way in which stakeholders are engaged, participants selected and included in the Conversation Events, through to supporting communities to follow through on proposed AMR solutions. Attribution and recognition of all contributions, including ideas, processes, or active solutions that emerge from Responsive Dialogues need to be rightfully credited to the respective communities.

To help guide how Responsive Dialogues are carried out, five guiding principles have been developed (see below). Carefully monitoring the ethical conduct of everyone involved in the project using these guiding principles, is a critical and ongoing process.

Guiding principles of Responsive Dialogues

Inclusivity: Responsive Dialogues provide inclusive and open spaces where people can freely and comfortably express their views. They are designed to include vulnerable and marginalised people whose voices are not usually heard, and to understand a range of lived experiences, views, beliefs, and knowledge systems.

Respect: Responsive Dialogues move beyond simply gathering views to building dialogue and reflection to genuinely co-create responses, taking into account people's views, practices, and experiences.

Accessibility: Responsive Dialogues are informative, with a range of people and experts providing evidence in accessible, balanced, and unbiased ways.

Responsiveness: Responsive Dialogues are designed to be transparent and accountable, providing clear and open communication to the public and commitment to act on recommendations arising from the dialogues.

Community-based: Responsive Dialogues work with community groups, networks, and local participants, involving people from all walks of life.

Respect of people's rights includes ensuring that participation in Responsive Dialogues is entirely voluntary. Participants must be properly informed about the process, and about how their input will be used, stored, and shared. This includes granting permission for any recording, data collection, and processing of information, such as written feedback, group discussions, follow-up interviews, surveys, photographs, and various other forms of data. Participants should always be given the opportunity to ask questions or make requests, and generally the opportunity to shape the Responsive Dialogues or to opt out at any point in time. Participants should be assured that care will be taken to maintain privacy and anonymity, and that their contribution is used genuinely and as intended. See [Module 3](#) for more on informed consent.

Responsiveness refers to honouring commitments to participants and the community. The project should be set up intentionally considering how to support and follow up on co-created solutions, for example, through linking the community with others who may enable a solution to be carried out, or by providing follow-on feedback about how solutions were applied to the NAP on AMR.

In addition to embedding these guiding principles across the project, formal ethical review or clearance is required in most contexts for all proposed human research activities. However, the mechanisms and processes will be different in each country's context. The core implementation team should consult with an academic or research institution in their country to establish the ethical review requirements for their project.