

# SECTION 6

## **TOOLS AND RESOURCES**

# CHECKLIST OF ACTIVITIES AND OUTPUTS IN RESPONSIVE DIALOGUES

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# **Checklist of Activities and Outputs in Responsive Dialogues**

This checklist can help you gain clarity on which activities the project has already undertaken for Responsive Dialogues and which still need to be completed. This can help to inform the project's entry point and which sections, modules, and activities to focus on in the Guidelines. It can also help to track progress over the course of the project.

Stage	Done	Ongoing	Other
1. SETTING UP THE RESPONSIVE DIALOGUES PROJECT			
Gain high level commitment for the process and to applying the outcomes			
Set up the core implementation team			
Define objectives and scope of the project			
Plan for the management of the project			
Develop M&E Framework			
2. DOING THE GROUNDWORK			
Map AMR ecosystem			
Identify AMR issues and policy implementation gaps			
Engage diverse stakeholders and define their role/s			
Plan communication strategies to keep stakeholders involved			
Engage the community/ies for Responsive Dialogues			
Develop selection criteria for participants			
Select and recruit participants, ensuring inclusivity			
Monitor activities to track progress and adapt processes; document and analyse learnings			
3. SETTING UP CONVERSATION EVENTS			
Design Conversation Events Sets			
Develop agenda/s and session plans for Conversation Events			
Select and train/brief facilitators			
Do a trial run of a Conversation Event; monitor and improve			
Adapt and contextualise agendas and plans			
Monitor, document, and analyse learnings			
Organise logistics			
Prepare materials			
Monitor activities to track progress and adapt processes, as necessary; document and analyse learnings			



Stage	Done	Ongoing	Other
4. RUNNING CONVERSATION EVENTS			
Prepare for participatory facilitation			
Invite experts and stakeholders to Conversation Events, when appropriate			
Brief experts, stakeholders, and participants prior to 'external' engagement in Conversation Events			
<ul> <li>Facilitate each stage of Conversation Events</li> <li>Introduce, give input, and explore AMR topic</li> <li>Collectively define relevant AMR problem areas to work on</li> <li>Generate ideas and possible solutions (ideation)</li> <li>Prioritise ideas and co-create solutions</li> <li>Prototype co-created solution/s</li> </ul>			
At each stage, seek feedback from participants to co-create subsequent Conversation Events			
Monitor activities to track progress and adapt processes; document and analyse learnings			
Regularly report back to stakeholders			
5. MANAGING IMPACT			
Evaluate evidence and plan next steps			
Plan and pilot co-created solutions			
Assess the potential scalability of solutions			
Share feedback with stakeholders and wider audience, and return knowledge and information back to the community			
Develop policy recommendations			



# SETTING UP THE RESPONSIVE DIALOGUES PROJECT

## **Responsive Dialogues Scoping Statement**

Project name	
Project sponsor	
Project manager/lead	
Date of project approval	
Scope description	[List at a high level what is in the scope of the project and what is out of the project scope, for example, the project will map the AMR ecosystem, including who is part of the One Health spectrum; or the project will not map anything that does not directly impact on AMR.]
Project deliverables (outcomes)	[List the main deliverables or outcomes of the project. For example, community engagement, co-creation of AMR solutions, and policy recommendations.]
Constraints	[List any constraints that may affect the project, for example, not having a skilled materials developer, or an external person to monitor and evaluate.]
Assumptions	[List any assumptions that the project is based on, for example, the core implementation team has experience with facilitating community engagement.]

# Checklist of Core Implementation Team – Roles and Skills Required in Responsive Dialogues

Roles	Skills required and responsibilities	Tick
Project leader	<ul> <li>Managing the project – leads project schedules, and budget</li> <li>Networking and high-level stakeholder engagement and ongoing relationship building</li> <li>Engaging the public/communities</li> <li>Liaising with funders; overall oversight for project and reporting</li> <li>Leading and managing the team</li> </ul>	
Project manager	<ul> <li>Working with project leader to ensure that the project is implemented according to project plan, schedule, and budget</li> <li>Co-ordinating various team members</li> <li>Communicating with people inside and outside the team</li> <li>Maintaining all project records including M&amp;E records, evidence, and synthesising documents</li> </ul>	
Administration and financial support	<ul> <li>Providing administrative support</li> <li>Reporting to project manager</li> <li>Overall project budgeting (e.g. human, financial, other resources)</li> <li>Budgeting for groundwork, Stakeholder Workshops, Conversation Events, facilitation, training, mentoring, and running Conversation Events, materials, M&amp;E, feedback, and dissemination</li> <li>Preparing financial reports and releasing funding internally</li> </ul>	
Operational logistics	<ul> <li>Organising Stakeholder Workshops, meetings, Conversation Events, other events, dissemination events, and follow up</li> <li>Keeping ongoing and up-to-date records of all documentation</li> </ul>	
Stakeholder/ community engagement	<ul> <li>Inputting AMR expertise</li> <li>Engaging key stakeholders and keeping them informed throughout (national and community levels)</li> <li>Engaging with and keeping communities informed</li> <li>Connecting at local community level</li> </ul>	
Lead facilitator	<ul> <li>Designing and planning Conversation Events Sets and Conversation Events and sessions</li> <li>Assisting with developing and adapting materials</li> <li>Facilitating Conversation Events/assisting with this</li> <li>Briefing, training, mentoring, and guiding other facilitators</li> <li>Documenting and analysing Conversation Events</li> <li>Reporting back to all stakeholders and communities on Conversation Events</li> </ul>	
Monitoring and evaluating/ research expertise	<ul> <li>Capturing data/recording and documenting processes of every meeting and all evidence</li> <li>Storing data safely</li> <li>Analysing data</li> <li>Synthesising outcomes and recommendations</li> <li>Feeding this back to assess directions and adaptability</li> </ul>	



Roles	Skills required and responsibilities	Tick
Communicating and disseminating outcomes	<ul> <li>Ongoing communication with all stakeholders, communities, participants, funders, and so on</li> <li>Writing academic pieces, including policy briefs/ publications</li> <li>Developing policy recommendations</li> <li>Engaging other policy dissemination skills (e.g. media, social media, networks, etc.)</li> </ul>	
Other roles and skills needed:		



## **Note-taking System**

The Cornell note-taking system is a popular way of structuring your notes throughout a process. It works on a system known as the Five Rs:

**Record:** Write down key concepts and facts.

**Reduce:** After the meeting, sum up the information into key words and questions.

**Recite:** Repeat or rewrite what you have recorded in your own words.

**Reflect:** Ask: How will I work with this information? What are my thoughts about it? Share your notes and thoughts with your team.

Review: Read through notes that same day and revisit them from time to time.

#### Divide a blank page into four or five sections:

# **Left column:**Write keywords,

questions, and key ideas that relate to your notes.

#### **Bottom block:**

Write a brief summary of the topic.



#### Top block:

Write the title, of event, date, time, venue, and people.

Right column: Main section for notes – use point form and keep sentences short. Only write the important points.

Who: Add a section alongside to note down names of people assigned to do something.

For more information, see: https://www.copper.com/resources/how-to-take-meeting-notes

## **Example: Budgeting Tool**



# Monitoring and Evaluation Framework for Responsive Dialogues

Monitoring and Evaluation Framework for Responsive Dialogues			
Focus	[What will be monitored and evaluated?]		
Responsible	[Key people responsible for M&E in the project or external to the project]		
Evaluation criteria (indicators)	[List the criteria you will use to measure outcomes]		
Key questions	[What do you want to know – using each indicator?]		
Resources needed	[Resouces and time needed to co-ordinate and carry out M&E, including developing tools and instruments, carrying out the M&E, analysing and sythesising data, and presenting information]		
Data capture methods  [Type of data collection methods, e.g. interview/call/discussion/ activity logs, meeting notes, field notes and recordings (video/ photo), Conversation Events outputs (notes, flipcharts, etc.), pre- and post-Conversation Events surveys, quizzes, or interviews; po Conversation Events follow-up discussions (email/online check-in project documents (applications, project plans, etc.]			
Data analysis	[How will you analyse and synthesis the data?]		
Results presentation and dissemination	[How and with whom will you share your findings?]		

# **Evaluation Criteria/Indicators – by Phase**

Stage	Criteria			
Project set-up	Objectives of Responsive Dialogues project is clearly defined.			
	Scope is focused, relevant to AMR, One Health, and to participants.			
	Core implementation team is open, transparent, inclusive; ensure dialogues will be independent of any single vested interest.			
Groundwork	Wide range of stakeholders (minimum 20) from across One Health and different sectors are engaged in the Responsive Dialogues process; contribute, as appropriate; and power dynamics are managed.			
	Community engagement is transparent, inclusive, and constructive.			
	Participant selection is transparent and inclusive.			
	Responsive Dialogues processes are designed and organised to ensure accessibility to different groups of stakeholders, communities, and participants from a range of backgrounds and communities.			
Conversation	Events are accessible to all selected participants.			
Events	Power dynamic are managed and Conversation Events are open and inclusive.			
	Materials, evidence, and resources are relevant, balanced, and provide sufficient information in a locally relevant manner.			
	Events are facilitated in an open, inclusive manner ensuring equal participation by all participants and stakeholders (where appropriate).			
	All participants' contributions are valued, listened to, and considered in the deliberation process.			
	Participants' attitudes, beliefs, perceptions, and understanding of AMR are captured and monitored.			
	Conversation Events allow for sufficient presentation, interpretation and questioning, dialogue, reflection, and feedback from all participants.			
	Conversation Events lead to joint/participatory generation of ideas and solutions that can be tested in communities.			
	All participants benefit from the Conversation Events and are satisfied with the outcomes and processes.			
Follow-on	Participants communicate messages, ideas, and solutions to their communities, and gain feedback, buy-in, and action on AMR.			
	Key messages for policy-makers are distilled and presented.			
	Policy/decision-makers from across the One Health spectrum are involved in follow-on presentations and discussions about the results of the Conversation Events.			
	Concrete solutions/projects are piloted and evaluated.			
Wider impact	Policy: Solutions generated are implemented through policy processes and scaled up.			
	Public Awareness: AMR is understood, and action is mobilised by communities affected by AMR across the One Health spectrum.			
	Scale: Additional Responsive Dialogues are scheduled where needed (in country or across different regions).			

Example: M&E Data Collection Methods

**Registration Form** 

Project title:

Date:

	<del>p</del>					
	Are you interested in participating in the in-depth interviews?					
	Are you inte in participat in the in-del interviews?	Yes/No				
	ested ng in up					
	Are you interested in participating in the focus group discussion?	0				
	Are ye in par the fo	Yes/No				
	the	ting				
	ta from	k in wri				
	the dat	Feedback in writing				
	Will you allow us to collect the data from the evaluation process?	_				
	Will you allow us to evaluation process?	tion				
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# 2 DOING THE GROUNDWORK

# Module 1 Mapping the AMR Ecosystem

# How to find AMR Policies, Frameworks, and Action Plans

Department of Global Coordination and Partnership (GCP) on AMR See: https://www.who.int/teams/maternal-newborn-child-adolescent-health-and-ageing/maternal-health/about/global-coordination-and-partnership-(gcp)-on-antimicrobial-resistance-(amr)#:~:text=The%20Department%20of%20Global%20Coordination,UN)%20as%20well%20as%20other	This organisation leads and co-ordinates the global One Health multi-sectoral response to AMR in co-operation with the Food and Agriculture Organization (FAO), the World Organisation for Animal Health (OIE), the United Nations (UN), as well as other agencies, civil society, and the private sector, towards a world free from the suffering of drug-resistant infections.
Government health and agriculture departments	Visit the official websites of the health and agriculture departments of the country. These departments often publish and provide access to AMR national policies, strategies, and action plans.
National health agencies	These agencies may have specific divisions or programmes focused on AMR. They often develop and publish AMR national policies, frameworks, and action plans.  Search for relevant documents or publications on their websites.
National AMR co-ordination bodies	Many countries have established national bodies or committees dedicated to coordinating efforts to combat AMR. These bodies often develop and oversee the implementation of national AMR policies and action plans.
Research and academic institutions	These institutions study AMR and may publish reports on national AMR policies and frameworks.  Check the websites of reputable institutions in the country or search academic databases for relevant research papers.

National AMR reports and publications	National health departments/agencies may publish periodic reports or publications on AMR, which may include policy updates and action plans.
	Look for official reports on AMR surveillance, antimicrobial use, or infectious disease control, as these documents often contain policy-related information.
International organisations	International organisations, such as the World Health Organization (WHO), Food and Agriculture Organization (FAO), and World Organisation for Animal Health (OIE), work closely with member countries to develop AMR guidelines and policies. Their websites often provide access to national policies and action plans of member countries.
Online databases and platforms	Some online databases and platforms collect and provide access to national AMR policies and frameworks, e.g. WHO's Global Antimicrobial Resistance Surveillance System (GLASS).

# **Module 2 Engaging Stakeholders**

## **Organising and Running a Stakeholder Workshop**

A typical Stakeholder Workshop would last a whole day (6 hours) and involves 20–40 stakeholders.

#### Plan the workshop well to maximise stakeholder support

- Plan well in advance, after checking diaries for other key events in the country/ locality.
- When inviting stakeholders, give them an overview of the Responsive Dialogues process, its purpose, and areas that will be discussed.
- Personalised official invitations increase the likelihood of stakeholders attending, but also follow up with personal calls or emails.
- To maximise stakeholder engagement during the workshop, an interactive participatory approach is suggested.

#### **Suggested Stakeholder Workshop structure and timings**

Duration: 6 hours, 20-40 stakeholders

Workshop activities	Duration
Welcome and introduce aims of workshop	30 mins
Align shared goals	1 hour
Narrow down the focus	1 hour
Programme ownership and impact paths	1 hour
Structure and evidence to reach goals	2 hours
Next steps	30 mins

#### Welcome and introduce aims of the workshop (30 mins)

- Introduce project challenge what is AMR, why AMR focus, and why engage the public.
- Introduce approach needed to face this challenge: why is it essential.
- Introduce the organisation(s) behind the project.
- Introduce facilitators and stakeholders.
- Introduce roles and rules of the day focusing on openness, collaboration, and building on each other's ideas.

#### Align shared goals (1 hour)

In a stepwise process, ask individuals to share their AMR goals, firstly in small groups and then the facilitator can take all the goals. Discuss in plenary and cluster goals into categories.

#### Narrow down the focus (1 hour)

Involve stakeholders in identifying where, within the broad AMR space, it makes most sense to act. To do this, the core implementation team presents what research data is saying about the most urgent AMR needs in their country, which priorities resonate with the public, and what is the openness of policy-makers and the private sector. A prioritisation matrix could be used for this exercise.

#### Programme ownership and impact path (1 hour)

Ask for input from all stakeholders (particularly policy-makers) on who will coown the project, noting that the Responsive Dialogues process encourages collaborative/shared ownership among the core implementation team, stakeholders, and participants.

Lead discussion on decisions to be made on whether to link the Responsive Dialogues to an existing priority area or a new area yet to be explored, bearing in mind how Responsive Dialogues can contribute to context-specific information. Remember that the starting point for the Responsive Dialogues approach is localised action and solutions.

#### Structure and evidence to reach goals (2 hours)

Input from stakeholders on how to set up Conversation Events for the shared goals and agreed upon focus, including:

- Programme structure: region and specific locations; duration and frequency of Conversation Events; group size; community groups to target; and researchers and others to involve
- Input on evidence: what information to obtain from participants; possible topics for discussion; and knowledge and messages to transfer.

#### Next steps (30 mins)

End the workshop with a clear outline of next steps in the Responsive Dialogues process.

#### Finalise project goals and focus

After the Stakeholder Workshop, final decisions about the focus areas for the Responsive Dialogues should be made, including topics, impact paths, actions, and geographical areas.

# SETTING UP CONVERSATION SECTION EVENTS

# **Module 4 Planning Conversation Events**

## **Example: Suggested Steps to Design Conversation Events Sets**

(Adapted from Jo Zaremba's template from Designing and developing Conversation Events.)

#### NOTE

This example includes a Conversation Events Set with four Conversation Events.

Step	Торіс	What to discuss
1	Participant groups	Participants: Characteristics to be aware of, for example, background, age, gender, language, work, position in the family/community, culture, context, etc.  Knowledge/experience/behaviour with AMR/ antibiotics/antimicrobials
2	Overall structure of Conversation Events Set	Content: AMR focus, priorities, and key message to communicate to participants  Objectives: 'Top level' objectives of each Conversation Events Set
		<b>Number:</b> How many Conversation Events in each Set
		<b>Duration:</b> How long each Conversation Events Set will take
		<b>Frequency:</b> How long to leave between each Conversation Event
		<b>M&amp;E:</b> Design specific questions for each Conversation Events Set

Step	Topic	What to discuss
3	Conversation Event 1	Focus: Framing and informing Aim/s: To spark participants' knowledge about and interest in antibiotic usage Duration: 1 day Facilitation team: Lead and local facilitators Participant expectations: (to be explored) Participation/input: Who and how to bring in others Resources/logistics: (to be determined) At home tasks: What participants are expected to do between Conversation Events Gathering, synthesising, analysing: System for note-taking and capturing proceedings, analysing, using, and storing documentation M&E: Feedback from participants on Conversation
4	Conversation Event 2	Focus: Exploring Aim/s: To explore lived experiences of AMR Duration: 1 day Facilitation team: Lead and local facilitators Participant expectations: (to be explored) Participation/input: (as above) Resources/logistics: (to be determined) At home tasks: (as above) Gathering, synthesising, analysing: (as above) M&E: (as above)
5	Conversation Event 3	Focus: Co-ideation Aim/s: Joint ideation of solutions to AMR challenge Duration: 1 day Facilitation team: Lead and local facilitators Participant expectations: (to be explored) Participation/input: (as above) Resources/logistics: (to be determined) At home tasks: (as above) Gathering, synthesising, analysing: (as above) M&E: (as above)
6	Conversation Event 4	Focus: Co-creation of solutions Aim/s: Purpose and goals of co-creation Duration: 1 day Facilitation team: Lead and local facilitators Participant expectations: (to be explored) Participation/input: (as above) Incentives: How will co-creators be motivated and how will the co-creation be sustained long after the Conversation Events? Resources/logistics: (to be determined) At home tasks: (as above) Gathering, synthesising, analysing: (as above) M&E: (as above)

# **Template: Suggested steps for design process**

Steps	Topic	Questions to discuss	Answers
1	Participant selection	How will participants be selected? What approaches and methods will be used?	
		Which stakeholders will be involved in deciding how to select participants?	
		What practical steps need to be taken for making the selections?	
		What logistical arrangements need to be made for participants?	
		How will participants be grouped?	
		How many participants should be in each group?	
2	Structure of Conversation Events Set	What is the main content/AMR focus and 'top level' objectives of each Conversation Events Set?	
		How many Conversation Events in each Set?	
		Duration of each Conversation Event?	
		Time between Conversation Events?	
		How will each Conversation Event be monitored?	
3–6	For each Conversation	What is the main focus and aim of each Conversation Event?	
	Event	What can participants expect to 'get out' of the Conversation Event?	
		What to include to meet the objectives and participant expectations?	
		What content will be covered?	
		What will participants be asked to do between each Conversation Event?	
		When should experts and stakeholders be invited into the Conversation Events? How to do this (logistics and briefing)?	
		Who will facilitate the Conversation Events?	
		What materials and resources are needed? How will this be organised?	
		How to monitor, evaluate, and give feedback on the Conversation Event? How will this information be used?	

Steps	Topic	Questions to discuss	Answers
7	Monitoring and	How will M&E of the whole Conversation Events Set happen?	
	evaluating	Who will be involved in this?	
		What M&E questions need to be asked?	
8	Briefing 'external' people	Who will brief experts and stakeholders invited into Conversation Events?	
		What will the briefings focus on?	
		What are the logistics involved in briefing and training?	
9	Training facilitators	Who will train and mentor facilitators?	
		What are the logistics involved in training and mentoring?	
10	Gathering, synthesising, and analysing	Who will take notes to record process and outcomes in each Conversation Event?	
		What systems should be in place for gathering, storing, and referring back to materials?	
		How will ongoing analysis happen and how will it be used to inform future Conversation Events?	
11	Review of overall Conversation	How will the overall design, planning, and preparation for Conversation Events Sets be reviewed?	
	Events Sets for each location and for all the locations	How will Conversation Events, session plans, content, and materials be adapted and contextualised for each participant group?	

# **Example: Extract from Agenda for Conversation Events**

	Conversation Event 1: Framing and informing	Conversation Event 2: Exploring	Conversation Event 3: Ideation	Conversation Event 4: Co-creation and prototyping
Focus	Introduce and explore antibiotic usage	Introduce antibiotic usage in farming	Ideate solutions and policy recommendations	Co-create solution and prototype
Aims	Spark knowledge about and interest in antibiotic usage	Explore and define key antibiotic challenges in farming	Generate ideas about addressing antibiotic usage in own context	Prioritise co- created solutions
	Process/ activities	Process/ activities	Process/ activities	Process/ activities
Morning Session 1	Introduce project and do ice-breaker to introduce participants	Recap and share reflections and stories from community	Recap and share reflections and stories from community	Recap and share reflections and stories from community
TEA BREAK				
Morning Session 2	Introduce antibiotic usage in poultry farming	Explore lived experiences of using antibiotics in poultry farming	Introduce ideation, prioritisation, and co-creation of solutions	Review ideas; in groups, co-create solutions into plans, prototypes, and action steps
Lunch				
	Process/ activities	Process/ Activities	Process/ activities	Process/ activities
Afternoon Session 3	Present input about antibiotic usage and discuss AMR messages	Explore AMR drivers and consequences	Ideation brainstorm	Prioritise ideas into co-created solutions
TEA BREAK				
Afternoon Session 4	Use Drug Bag activity to discuss experiences with antibiotics usage in animals	Use Problem Tree Analysis to collectively define key antibiotic challenges in farming	Feedback and prioritisation of ideas	Co-create solutions into plans, prototypes, and action steps (e.g. pilot solution)
Co-create next Conversation Event	Feedback on process and content	Feedback on process and content	Feedback on process and content	Feedback on process and content
At home/ input to next Conversation Event	Ask participants to reflect on and share their learnings with others	Ask participants to reflect on antibiotic challenges in farming	Ask participants to discuss ideas with others in their community	Ask participants to share their solutions and policy recommendations with others

# **Template: Agenda for Conversation Events**

Example of initial ideas for the agenda of the series of Conversation Events				
	Event 1	Event 2	Event 3	Event 4
Focus and main aims  Roles Facilitator: Expert/ contributor: Other role:	Focus: Aim:	Focus: Aim:	Focus: Aim:	Focus: Aim:
Time and lead facilitator	Process/ activities	Process/ activities	Process/ activities	Process/ activities
Morning (a.m.) Build in tea break Roles:	Process:	Process:	Process:	Process:
Lunch				
Afternoon (p.m.) Build in tea break Roles:	Process:	Process:	Process:	Process:
Roles:	Process:	Process:	Process:	Process:
Roles:	Feedback process:	Feedback process:	Feedback process:	Feedback process:
At home				

## **Example: Session Plan for an Introductory Session**

(Adapted from Malawi Responsive Dialogues project.)

Conversation Event 1	ntroduce and explore AMR	
Date 17	17 March 2022	
Session name/number	Introduction to Responsive Dialogues on AMR	
Purpose of the session	o introduce Responsive Dialogues on AMR	
a <sub>i</sub> C	ntroduce Responsive Dialogues and set expectations; gree on the 'ground rules'; introduce how the Conversation Events and sessions will run; build an tmosphere of trust	
Participants 20	0 women from the local townships	
	Participants are comfortable and have bought into the process; trust is built	
Timing of the session 2	hours	
Methods / tools used	Discussion, dialogue, presentation, questioning	
st	Registration sheets, name badges, folders, note-pads, ticky post-it notes, pens, printed copies of Responsive Dialogues leaflet in English and Chichewa, questionnaires	
<b>Preparation</b> F	lipcharts, PPTs	
Snacks M	lints, sweets, bananas, bottles of water	
р	circle of chairs; facilitators sitting amongst the participants; flipchart behind facilitator; note-taker positioned well	
r€	dentify who will take notes, pictures, video, audio ecord; who will monitor and take verbal feedback from participants	
Roles:		
Facilitators 3	facilitators	
<b>Experts</b> D	Orugstore owner, research nurse co-ordinator, AMR intern	
Other roles	isual artist	

Session outli	Session outline			
Session 1	Opening remarks, ice-breaker, and setting ground rules			
Timing	Description	Roles		
10:15–10:30	Introductions by participants (display on PPT in Chichewa)  Everyone introduces themselves to their neighbour, and	1 facilitator		
	says something about themselves (family, work, etc.)			
	Go round and ask each participant to introduce their neighbour			
	Thank everyone and repeat people's names to acknowledge them and to make sure everyone has heard clearly			
10:30–10:50	Introduction to the Responsive Dialogues:	1 facilitator		
	Give overview of what Responsive Dialogues are, and what they are NOT			
	Emphasise key principles (e.g. inclusivity, listening, respect)			

Session outli	ne	
10:50-11:00	Check-in on Responsive Dialogues Ask everyone to turn to the OTHER neighbour. In pairs, discuss: What do you understand about Responsive Dialogues? What did you like? What interests or excites you? What did you not understand or are worried about?	1 facilitator
11:00–11:20	Plenary: Report back Ask what questions they have Summarise what people said, and respond to questions.	1 facilitator 1 facilitator notes answers on flipchart
11:20-11:50	Set ground rules:  Ask: How would we like to work together as a group?  Use some of the 'answers' to start the list of ground rules. Ask the group to add their own rules	1 facilitator
11:50–12:00	Close the session:  Re-state the purpose of the Responsive Dialogues  Clearly state time/place/date of next session  Energising close (depending on mood of group)	All facilitators

# **Template: Session Plan**

Session name/ number	
Purpose of the session	
Objectives	
Participants	
Outputs or outcomes	
Timing of the session	
Methods/tools used	
Materials needed	
Room set-up(s)	

#### Roles:

Facilitator names	
Experts/contributors	
Other roles	

#### Session outline:

Timing	Description of the session/What will happen?	Roles
	Open the session: [welcome and introductions]	
	Icebreaker: [process]	
	Introduction to the session: [process]	
	Recap and feedback on task to do at home: [process]	
	Introduce the topic: [process]	
	Input: [process]	
	Activity: [process]	
	Input: [process]	
	Activity: [process]	
	Reflection and review: [process]	
	Wrap up and overall summary: [process]	
	At home: [process]	

# Module 5 Preparing for Conversation Events

# **Logistics Checklist**

General logistics to check	
Logistics and venue	
Find 'the right' venue	
Check availability	
Check access	
Check Safety, Health, and Environment	
Check space	
Check equipment, facilities (e.g. toilets, tea/coffee equipment), and services (e.g. who will set up coffee/tea, lunches, etc.)	
Book and pay	
Determine modality	
Online (and check technical requirements)	
Face-to-face	
Resources and equipment	
Stationery (e.g. note pads, post-its, name tags, pens, flipcharts, markers, name tags, blue-tac, cellotape)	
Printed materials (e.g. posters, handouts, publications, questionnaires, surveys, feedback forms, registration forms, etc.)	
Presentation/technical supplies (e.g. projectors, lighting, microphones, PowerPoint slides, videos, animations, etc.)	
Tables, chairs, etc.	
Food, travel, and accommodation	
Catering and refreshments (consider dietary requirements and healthy options) and use local vendors	
Complete travel and accommodation/other logistical arrangement for facilitators, experts, participants	
Communication	
Communicate plans to relevant stakeholders, experts, participants	
Note-taking	
Note-taker appointed	
Check audio/video/photographic equipment requirements	
Logistics involving facilitators	
Human resources needed to assist with Conversation Event (e.g. other faciltators, volunteers, support service personnel, etc.)	
Brief each person concerning their role (what, when, where)	
Resources and equipment needed (create checklist and gather them, including any appropriate videos and other materials on AMR and Responsive Dialogues)	

# Monitoring Form for materials used in Conversation Events

urce:					Strongly agree Agree Strongly disagree Further comments	ic, purpose, and audience	iendly for reader	//messages clearly and effectively	in which they will be used	Appropriate approach to communicate messages and purposes	appropriate for audience and purpose	
Name of materials/resource:	Date used:	Audience/readers:	Purpose:	Context in which used:		Content relevant to topic, purpose, and audience	Appropriate and user-friendly for reader	Communicates its aims/messages clearly and effectiv	Suitable for the context in which they will be used	Appropriate approach to communic	Design of the materials appropriate for audience and	Other:

# Module 7 Facilitating 'Stages' of Conversation Events

# **Examples of Participatory Activities for Conversation Events**

## The Drug Bag activity

(Adapted from Dixon et al. (2019). The 'Drug Bag' method: lessons from anthropological studies on antibiotic use in Africa and South-East Asia. Global Health Action, 12 (1639388). https://doi.org/10.1080/16549716.2019.1639388).

**Purpose:** To establish which antibiotics participants recognise, use (or have used), what they use it for, where they get it from, and how they use it.

**Materials and resources:** Collect as many examples as possible of antibiotic and non-antibiotic packaging from formal and informal providers in/around the community. Place into a bag.

#### Steps in the process

- 1. Pull out one package (or ask a participant to pull one) from the bag. Ask:
- What is this? (Is this a medicine?)
- What is it used for?
- Is it an antibiotic?
- How do you get it/get hold of it/where?
- How do you use it?
- 2. Continue in this way with each package.
- 3. Ask the group or pair to sort the packages into piles, e.g. antibiotics/non-antibiotics; or antibiotics for animals /people.
- 4. Ask participants to report back to plenary, explaining why they chose as they did.

#### **NOTE**

You can also do this activity in small groups or in pairs. But make sure a facilitator who knows each medicine joins each group!

#### Online adaptation

Show the packaging in front of the camera or take photographs of the packaging and display them as a PowerPoint. Ask participants to raise their hands' to the question: Is this an antibiotic? Or, set up an online 'survey' with multiple choice answers for each question.

#### Follow up discussion

# Knowledge and experience of antibiotic use: What do you know about antibiotics?

#### **Probing questions:**

- What illnesses do antibiotics treat?
- How do people in your community distinguish antibiotics from other medicines?
- What are antibiotics called locally?
- What are some examples of antibiotics you know or use, or have used before?

# Sources of antibiotics and access issues: Where do people in your community normally get antibiotics from? Probing questions:

- What affects people's decision about where to get antibiotics?
- Do people have any problems getting antibiotics?
- How do people in your community address these challenges? Or what can be done to address the challenges?

# Antibiotic and risk perception: How should antibiotics be used? Probing questions:

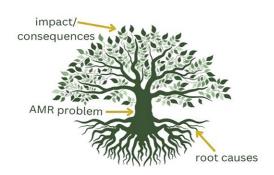
- What behaviours or practices are examples of appropriate use of antibiotics?
- What behaviours or practices are examples of inappropriate use of antibiotics?
- What do you think might happen if antibiotics are not used appropriately?

# Links between animal and human health Probing questions:

- What do you know about antibiotic use for animal health?
- How do you think antibiotic use in animals affects human health?

## **Problem Tree Analysis**

**Purpose:** To examine problems, causes, and consequences/effects of an AMR issue or topic, leading up to co-ideation of solutions.



#### PROBLEM TREE ANALYSIS

#### Materials and resources:

- A Problem Tree template
- Drawing of a tree on a flipchart (prepare this in advance)
- Post-its/sticky notes or coloured cards and white tack
- Pens, markers
- Flipchart

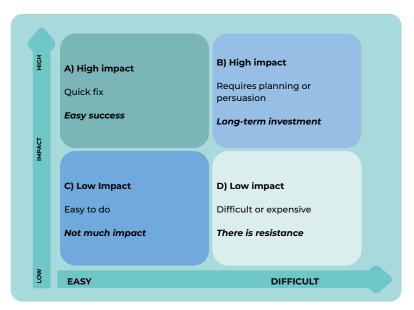
#### Steps in the process

- 1. Participants discuss and agree on a specific AMR issue to be analysed. For example, the problem may be: *Uncontrolled access to antibiotics* or *The danger of expired antibiotics*.
- 2. Whatever problem is chosen forms the 'trunk' of the tree. Use a post-it note or a coloured card to write up the problem and stick it on the trunk of the Problem Tree
- 3. Ask participants to brainstorm and identify the causes of the main problem these become the roots.
- 4. Encourage discussion about the chain of causes. For example, A leads to B which leads to C which contributes to the main problem. It's useful to constantly ask participants, 'why' when trying to establish the causes. Use postit notes or coloured cards to write up the causes and stick them on the roots of the Problem Tree.
- 5. Ask participants to identify the effects of consequences of the problem these become the branches. Again, use post-it notes or coloured cards to stick onto the Problem Tree.
- 6. The heart of this exercise is the discussion. As you go through the problem, causes, and effects, allow enough time for participants to explain their ideas, feelings, and reasoning.
- 7. Record participant's ideas and points that come up in the discussions on a separate flipchart under headings, such as concerns, solutions, and decisions.

## Solution Categorisation Using a Prioritisation Matrix

**Purpose:** To prioritise ideas on how to address the identified AMR challenge, and to collectively select the solution/s to implement. This activity helps to narrow down several solutions, based on the level of impact and the degree of feasibility of each one.

**Preparation:** Prepare a flipchart of the Solution Prioritisation Matrix as follows:



Materials and resources: Blank sheets of paper, pens, markers, coloured pens, flipchart, white tack, glue, coloured card strips, scissors, post-it notes

#### Steps in the process Step 1: Brainstorm ideas

- Participants work on their own for the first part of the activity, thinking
  of solutions to the problems identified, for example, in the Problem Tree
  analysis. Suggest that they use a mind-map (give an example) to brainstorm
  the following: What do we need to do to address the problem? What will we
  achieve by this?
- Encourage absurd ideas there are no right or wrong answers. Emphasise that
  at this stage, ideas and solutions do not have to be practical or workable. In
  fact, participants should be free to use their imaginations and perhaps suggest
  ideas that have not yet been explored.
- Ask participants to present their ideas to a small group. The group discusses
  the ideas and clusters or groups ideas together according to how feasible/
  practical they are to implement, from: difficult to implement (not feasible); to
  very practical (feasible); to easy to implement (feasible).
- Provide guidance to ensure that the most promising and practical ideas are selected. Ask probing questions, such as: What do we need to do this, e.g. people, equipment, money? Where could we get these resources? Could the community do this? What would they think about it? Who would be the 'champion' to take it up?

- Once final ideas are chosen, ask the small group to further brainstorm each one. Explain that the aim is to reach collective ideas and solutions that they can present and explain to the other groups.
- Participants come back into the plenary to share their first round of co-ideation
  of solutions with the whole group. Allow the group to discuss different options.
  Encourage other participants to build on the presented ideas and provide
  creative input on each. Provide input to help participants focus on priorities,
  local solutions, and policy recommendations. Focus on what the tasks are in
  terms of localised change of practice, systems, and tools. For example, health
  workers educate patients on the dangers of misusing antibiotics. Discuss and
  document short-term priorities that are practical and feasible, as well as longterm goals. Take notes and photograph the flipcharts and Problem Trees.

#### Step 2: Solution prioritisation

- In plenary, look at each idea or solution and categorise it according to what impact it can make, and how feasible it is to implement considering context, available resources, and other factors.
- First discuss what is meant by 'impact' and 'feasibility'. It is important to bring
  everyone to an agreed understanding of the concepts before prioritising the
  solutions.
- Once the concepts are clear, use the Solution Prioritisation Matrix. Explain what
  each quadrant within the matrix entails: the four quadrants represent the four
  relative degrees of prioritisation. Considering the feasibility factors and context:
  - QUADRANT A represents high impact but is a quick fix, and feasible to put into action
  - · QUADRANT B represents high impact but difficult to put into action
  - QUADRANT C represents low/small impact and easy to put into action
  - · QUADRANT D represents low/small impact and difficult to put into action

#### Step 3: Solution voting

- Now participants choose the solution that represents the best mix of high impact and high feasibility.
- Begin by reviewing each solution to ensure that everyone understands what is being proposed and if there is a need for further explanation.
- Provide each participant with sticky notes. Ask them to work on their own to
  quietly reflect on and assess each solution. They then write their preferred
  solution on the sticky notes. Working individually allows a space to avoid others
  influencing the process of solution framing.
- They place their sticky note directly on the matrix under the best fit quadrant.
- Facilitate a discussion on the prioritised solutions.
- Ask participants to vote for the solution they would like to take on from the prioritised solutions. Participants vote individually by writing their preferred solution, using sticky notes. This will also avoid influence from others.
- Collect in the sticky notes for counting. Depending on the group, three or four solutions will then be finalised.
- Discuss and vote on the solutions, until one final solution is chosen.

#### **NOTE**

Collect ALL co-created solutions. Even if they cannot be immediately implemented or are not feasible for the community to implement, some could become policy recommendations.

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## **Example: Questions to use to Monitor Facilitation**

#### **NOTE**

To make feedback sessions more objective, it may be necessary to exclude the facilitators from this process.

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#### Example questions to use:

- Does every participant engage comfortably and freely?
- Does anyone feel they are left behind?
- Do participants understand the contents presented?
- Are there any important remarks that the facilitators should be aware of so as to help run more successful Conversation Events?

#### **Example: Question Guide for Follow-up Evaluation**

A month or two after each Conversation Event, undertake a follow-up evaluation – either via email or google. This evaluation is aimed at maintaining participants' energy and awareness on AMR, as well as to follow up on the ideas, actions, and solutions on AMR they came up with during the Conversation Events.

#### Example questions to use:

- What was your overall experience of the Conversation Events?
- Is there anything that the facilitators should be aware of so as to help run more successful Conversation Events?
- Are you able to implement the plans or thoughts that you had during the Conversation Events?
- Is the knowledge that you learnt or gained enough to assist you to implement your plans/thoughts? If not, what is missing? If yes, what did you do?
- How satisfied are you with the plans that you have implemented?
- What are you planning to do next?
- What challenges or obstacles are you up against in implementing your plans?
- What assistance would you need?



# Module 9 Evaluating Evidence and Options for Impact

#### **Suggested Structure for the Report**

# **Executive Summary Introduction:**

[Begin by providing the context for the Conversation Events, including the participants, date, purpose, and overall design (provide links to presentations if possible). This sets the stage for understanding the subsequent findings.]

#### Methods:

[Outline the ways in which data was captured during the Conversation Events and how it was analysed.]

#### **Key discussion points:**

[Summarise the main topics and issues that were covered during the Conversation Events. This section should provide a high-level overview of what was discussed.]

#### Findings and insights:

[Break down the Conversation Events into specific findings and insights that emerged. These could be observations, opinions, facts, data points, or conclusions drawn from the Conversation Events.]

#### Themes and categories:

[Identify overarching themes and categories that capture the essence of the Conversation Events. These themes can serve as a way to organise the findings into meaningful groups. For example, if the conversation was about a campaign to reduce antibiotic sharing amongst community members, themes might include the target audience, messaging, and the format, e.g. printed materials.]

#### Theme 1: [Title]

Sub-Finding 1.1: [Description] Sub-Finding 1.2: [Description]

#### Theme 2: [Title]

Sub-Finding 2.1: [Description] Sub-Finding 2.2: [Description]

#### Implications and action Items:

[Discuss the implications of the findings and how they relate to the broader context. This section should also outline any action items that need to be taken based on the insights gained from the conversation. This includes informing future Conversation Events and evidence for decision-making, strategy development, or policy recommendations.]

#### **Future considerations:**

[Note any unresolved questions, potential areas for further exploration, or follow-up conversations that might be necessary to delve deeper into certain topics.]

#### **Conclusion:**

[Summarise the key takeaways from the conversation, reiterate the main themes, and emphasise the importance of the insights gained.]

#### Appendix (optional):

[Include any supplementary materials, data, or transcripts from the conversation that support the documented findings. This can include your personal notes, or the notes made on flipcharts during the Conversation Events.]

# Organising and Running a Stakeholder Feedback Workshop

A Stakeholder Feedback Workshop is an important forum to share project findings, in particular the results of the piloting of solutions and envisaged approaches for influencing AMR policies and strategies at regional and national levels. Stakeholders discuss the potential and feasibility of implementing the solutions and map out a plan for using the findings to influence AMR strategies in the country.

**Suggested Stakeholder Feedback Workshop and timings** (at the end of the project – usually after some solutions have been piloted, or are in the process of being piloted)

Duration: approx 3 hours, 15-25 participants

Workshop activities	Duration
Introductions and aim of workshop	30 mins
Recap findings of project	1 hour
Prioritise action	1.5 hours
Set next steps	30 mins

#### Welcome and introduce aim of the workshop (30 mins)

- Recap why this AMR focus was selected, the approach taken, and steps in project.
- Introduce any participants new to the group.
- Introduce roles and rules of the workshop focusing on openness, collaboration, and building on each other's ideas.

#### Recap findings (1 hour)

Recap the findings from each Conversation Event and from the piloting, if it is being done. The findings will have already been shared with the original stakeholder group throughout the project, but there may be some new participants who are not familiar with all the findings.

#### Prioritise action (1.5 hours)

Actively engage stakeholders in appraising the findings of the Conversation Events and piloted solutions presented. Encourage them to explore what the way forward might be for each, based on what was originally identified as the problem.

Among the paths to explore are:

- **Scale out:** Pilot local solutions in similar locations to gather more evidence in order to influence policies.
- **Scale up:** Trial piloted solutions in more locations to reach a whole district or region or even the entire country in order to influence policies.

#### Set the next steps (30 mins)

The workshop should be seen as a step in an ongoing partnership. Influencing AMR strategies at regional and national level is complex and will require further discussion with the same group, and will likely draw in others who will be critical in taking solutions to scale. As part of the next steps, it may be necessary to share evidence with other decision-makers.

#### After the workshop

If some of the next steps identified will require the involvement of others not present at the workshop, such as higher-level decision-makers or managers critical for implementation of solutions, then the team should work closely with stakeholders to facilitate access to relevant people and advocate for proposed solutions.

# Module 10 Piloting Co-created Solutions

# **Template: Pilot Plan**

PILOT PLAN Name of project: Name of pilot: Names of piloting team: Date:
QUESTIONS TO ANSWER ABOUT YOUR PILOT
Content:
Purpose:
Time:
Location:
Users/pilot groups:
Equity and accessibility:
Resources and requirements:
Monitoring tools:
Training:
Anticipated supports and barriers:
Documenting evidence:
Analysing evidence:
Evaluating feasibility:
Evaluating viability:
Modifications:
Communication:

## **The Analysis Phase**

This checklist, adapted from WHO, can be used in a flexible manner to analyse the pilot and plan for the scale-up.

#### **NOTE**

The four key factors to evaluate in the pilot phase are: feasibility, acceptability, scalability, and sustainability.

Qu	estions related to potential scalability	Yes	No	More information/ action needed
1.	Is input about the project being sought from a range of stakeholders (e.g. policy-makers, programme managers, providers, NGOs, beneficiaries)?			
	<ul> <li>Are individuals from the future implementers involved in the design and implementation of the pilot?</li> </ul>			
	<ul> <li>Does the project have mechanisms for building ownership in the future implementing organisation?</li> </ul>			
2.	Does the co-created solution address a persistent local AMR challenge (identified by stakeholders and participants)?			
	<ul> <li>How can we build capacity within communities to align the AMR and One Health agenda with their needs?</li> </ul>			
	<ul> <li>Is the co-created solution based on sound evidence and preferable to alternative approaches?</li> </ul>			
3.	Given the financial and human-resource requirements, is the co-created solution feasible in the local settings where it is to be implemented?			
4.	Is the co-created solution consistent with existing national AMR policies, plans, and priorities?			
5.	Is the pilot being designed in light of agreed-upon stakeholder expectations for where and to what extent co-created solutions are to be scaled-up?			
6.	Has the pilot identified and taken into consideration community, cultural, and gender factors that might constrain or support implementation of the co-created solution?			
	What do we mean by 'community' in practice?			
	<ul> <li>How do definitions of 'community' engage, or ignore, complex issues around, for example, gender and intersectionality?</li> </ul>			
	<ul> <li>How do social, cultural, political, geographic, and other contexts impact Conversation Events?</li> </ul>			

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Qu	estions related to potential scalability	Yes	No	More information/ action needed
7.	Have the norms, values, and operational culture of the implementing agency been taken into account in the design of the pilot project?			
8.	Have the opportunities and constraints of the political, policy, and other institutional factors been considered in designing the pilot?			
9.	Has the co-created solution been kept as simple as possible without jeopardising outcomes?			
10.	Is the co-created solution being tested in the variety of socio-cultural and geographic settings where it could be scaled-up?			
11.	Does the pilot of the co-created solution require human and financial resources that can reasonably be expected to be available during scale-up?			
12.	Are appropriate steps being taken to assess and document outcomes as well as the process of implementation?			
13.	Is there provision for early and continuous engagement with funders and technical partners to build a broad base of financial support for scale-up?			
14.	Are there plans to advocate for changes in policies and regulations needed to institutionalise the co-created solution?			
15.	Does the pilot design include mechanisms to review progress and incorporate new learning into the implementation process?			
	<ul> <li>Is there a plan to share findings and insights from the pilot during implementation?</li> </ul>			
	<ul> <li>What metrics/indicators will be used to define success and failure?</li> </ul>			
	<ul> <li>How can we learn from failures in our current contexts?</li> </ul>			
	<ul> <li>What contextual factors appear to underpin success/failure?</li> </ul>			
	How do we share successes and failures?			
16.	Is there a shared understanding among key stakeholders about the importance of having adequate evidence related to the feasibility and outcomes of the co-created solution prior to scaling-up?			

Sources: World Health Organization & ExpandNet. (2011). Beginning with the end in mind: planning pilot projects and other programmatic research for successful scaling up. World Health Organization. https://apps.who.int/iris/handle/10665/44708

# Module 12 Translating Evidence into Policy Recommendations

## **Template: Policy Recommendations**

#### Recommendations for ...

Name of policy/strategy:

Prepared by:

Date:

#### **Summary**

[One paragraph about what the report is about – lead in with your conclusion and the key information, the process involved in gathering the recommendations/ evidence, and how it feeds into the policy process or strategy.]

#### Introduction

[Two or three paragraphs explaining the Responsive Dialogues approach, aims and objectives; processes, who was involved; the main outcomes.]

#### **Outline of the report**

This report outlines:

- 1. National AMR ecosystem and stakeholder map
- 2. Recommendations
  - 2.1 [name of recommendation]
  - 2.2 [name of recommendation]

#### 1. National AMR ecosystem and stakeholder map

[Description of National AMR ecosystem including stakeholder mapping – how it was co-created, who was involved, and stakeholder engagement activities and outcomes.]

#### 2. Recommendations

2.1 Recommendation 1 [name of recommendation]

Aims: 1. [explain]
2. [explain]

Where the evidence was collected/who was involved:

Target audience:

Issues/challenges	Recommendation
Issue 1:	Recommendation 1
	The need:
	Some considerations:
	Potential solution/s:
Issue 2:	Recommendation 2
	The need:
	Some considerations:
	Potential solution/s:

2.2 Recommendation 2

Aims: 1. [explain]
2. [explain]

Where the evidence was collected/who was involved:

Target audience:

Issues/challenges	Recommendation	
Issue 1:	Recommendation 1	
	The need:	
	Some considerations:	
	Potential solution/s:	
Issue 2:	Recommendation 2	
	The need:	
	Some considerations:	
	Potential solution/s:	

# **Evaluation Criteria/Indicators – by policy issues**

Policy need/ challenge area	What do policy-makers want to know?	Possible evaluation questions
Purpose  It is challenging to develop appropriate policies, and to	What do policy-makers expect from Responsive Dialogues and do Responsive Dialogues deliver this?	<ul> <li>Was there a clear purpose/rationale for running the Responsive Dialogues?</li> <li>Were clear objectives set and met through the Responsive Dialogues?</li> </ul>
turn policies and strategies into practical actions.	How do Responsive Dialogues support the development and implementation of NAPs/ AMR policies?	<ul> <li>How did the participants'/public's understanding of infection risk and antibiotic use change?</li> <li>Did the Responsive Dialogues result in practical, actionable solutions?</li> </ul>
	How do you ensure that AMR is addressed across the One Health spectrum?	<ul> <li>How involved were stakeholders from across the One Health spectrum?</li> <li>How did different stakeholders' perceptions and behaviours to different sectors change?</li> </ul>
Involvement  AMR is a cross- sectoral issue, requiring a One Health response.	Who should participate in the Responsive Dialogues process and what role(s) should they play?	<ul> <li>(Which) stakeholders were involved from across the One Health spectrum?</li> <li>How were stakeholders identified, contacted, and engaged?</li> </ul>
	How do you motivate different stakeholders / policy/decision-makers to engage in the Responsive Dialogues process/AMR policy- making?	<ul> <li>(How) were participants selected and how inclusive was this process?</li> <li>How diverse was the participation?</li> <li>Were any relevant stakeholders excluded? Why? How?</li> <li>Who has seen the results and how have the results been used?</li> </ul>
Value for money Resources, including money and time, to develop and implement policies on AMR are limited.	Are Responsive Dialogues 'value for money' compared to other policy processes?  What does it take (time, money, resources) to run Responsive Dialogues and where will these resources come from?	<ul> <li>How much did the Responsive         Dialogues cost? How long did the         process take? What was the cost/time         breakdown?</li> <li>What was the level of planning/buy-in/         commitment (people, time, resources)         to run the Responsive Dialogues?</li> <li>Were the right resources (time, skills,         materials, funding) identified and         organised?</li> <li>Were the Responsive Dialogues         adequately and properly planned?</li> </ul>
Information	What evidence/	<ul> <li>Was the timing/accessibility/location of the Conversation Events right?</li> <li>How robust was the evidence on AMR</li> </ul>
There are different levels of understanding about AMR and	information/messaging is needed about AMR to run the Responsive Dialogues?	<ul> <li>How robust was the evidence on AMR that was used/presented in Responsive Dialogues?</li> <li>Were the right experts involved? How was material presented?</li> </ul>
its causes.	How do you (best) present evidence to the public and other stakeholders?	<ul> <li>How well did stakeholders understand their role?</li> <li>Were the main topics/issues prioritised?</li> </ul>

Policy need/ challenge area	What do policy-makers want to know?	Possible evaluation questions
Contextually relevant	How relevant are Responsive Dialogues outcomes to local	Was AMR sufficiently researched/ mapped and did this inform the Responsive Dialogues?
Policy needs and solutions for AMR differ.	contexts?	<ul> <li>Were different 'communities' engaged and how did their context, understanding, and outcomes differ?</li> </ul>
Governance Society doesn't understand or	What governance structure is needed to set up and run effective Responsive Dialogues?	<ul> <li>Were governance, co-ordination, and management arrangements clear and appropriate?</li> </ul>
trust the experts or policy-makers.		<ul> <li>Were the dialogues open but also anonymous?</li> </ul>
		How were people 'listened' to and their inputs valued?

## **FURTHER READING**

#### AMR and One Health

ICARS. (2023). Antimicrobial Resistance: A threat to the health of humans, animals, crops and the environment. https://icars-global.org/what-we-do/threat-of-amr/.

Lancet. (2022). Antimicrobial Resistance Collaborators. Global burden of bacterial antimicrobial resistance in 2019: a systematic analysis. Lancet. 2022 Feb 12;399(10325):629-655. doi: 10.1016/S0140-6736(21)02724-0. Epub 2022 Jan 19. Erratum in: Lancet. 2022 Oct 1;400(10358):1102. PMID: 35065702; PMCID: PMC8841637. ReAct group. (2016). AMR stakeholder mapping. https://www.reactgroup.org/uploads/Stakeholder%20Analysis\_ReActForWHO.pdf.

ReAct group. (2019). New ReAct Report: When the Drugs Don't Work – Antibiotic Resistance as a Global Development Problem. https://www.reactgroup.org/news-and-views/news-and-opinions/year-2019/new-react-report-when-the-drugs-dont-work-antibiotic-resistance-as-a-development-problem/.

#### Community engagement

CE4AMR. (2021). The Handbook of Community Engagement for Antimicrobial Resistance. https://ce4amr.leeds.ac.uk/wp-content/uploads/sites/84/2021/11/CE4AMR-Handbook.pdf.

Chen, E., Leos, C., Kowitt, S. D. & Moracco, K. E. (2020). Enhancing Community-Based Participatory Research through Human-Centered Design Strategies. *Health Promotion Practice*, 21(1), 37–48. https://doi.org/10.1177/1524839919850557.

Leung, M. W., Yen, I. H. & Minkler, M. (2004). Community-based participatory research: A promising approach for increasing epidemiology's relevance in the 21st century. *International Journal of Epidemiology*, 33(3), 499–506. https://doi.org/10.1093/ije/dyh010.

#### Disseminating evidence to a wider audience

Brownson, R. C., Eyler, A. A., Harris, J. K, Moore, J. B. & Tabak, R. G. (2018). Getting the Word Out: New Approaches for Disseminating Public Health Science. *Journal of Public Health Management and Practice*, 24(2), 102–111. DOI: 10.1097/PHH.00000000000000673.

#### **Engaging communities**

CitizenLab. (2023). Your all-in-one platform for community engagement. https://www.citizenlab.co/platform-online-engagement-toolbox.

World Health Organization. (2020). *Community engagement: a health promotion guide for universal health coverage in the hands of the people.* https://www.who.int/publications/i/item/9789240010529.

#### **Engaging stakeholders**

Concannon, T. W., Grant, S., Welch, V. et al. (2019). Practical Guidance for Involving Stakeholders in Health Research. *J GEN INTERN MED* 34, 458–463. https://doi.org/10.1007/s11606-018-4738-6.

#### Ethical considerations

Loewenson, R., Laurell, A. C., Hogstedt, C., D'Ambruso, L. & Shroff, Z. (2014). Part 3.1 *Ethics in participatory action research in Participatory Action Research in Health Systems: a methods reader.* TARSC, AHPSR, WHO, IDRC Canada, EQUINET; Harare, Zimbabwe. https://idl-bnc-idrc.dspacedirect.org/server/api/core/bitstreams/6ff04afc-dd90-47ea-8502-c4ab6a0fd80b/content.

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