



Responsive Dialogues for Addressing Antimicrobial Resistance: Modular Guidelines and Tools for Community Engagement



INTERNATIONAL
CENTRE FOR
ANTIMICROBIAL
RESISTANCE
SOLUTIONS

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Generally, community engagement is imperative to developing and implementing contextually relevant, sustainable, and scalable solutions. The community engagement approach, 'Responsive Dialogues' developed by Wellcome, ensures that people affected by antimicrobial resistance (AMR) are part of the solution, not just as a target, but as part of developing and implementing the solutions.

The Responsive Dialogues approach can be instrumental in facilitating multi-stakeholder engagement, generating lived experience as evidence, raising public awareness, triggering behavioural change, and in identifying trends in social and economic drivers of AMR that inform the scale-up of interventions. At the same time, the unique value of running Responsive Dialogues in the context of an ICARS project is that the link with policy-makers is enshrined in the ICARS model, which combines a top-down and bottom-up approach by simultaneously securing commitment from the government ministry level while rooting the projects in scientific research conducted at local and national levels. See <https://icars-global.org/what-we-do/how-we-work/>.

Preface from ICARS

Dear Esteemed Partners and Colleagues

In the pursuit of safeguarding the future of global health, we find ourselves at a critical juncture in addressing the global threat of antimicrobial resistance (AMR). We are pleased to present this significant initiative: *Responsive Dialogues for Addressing Antimicrobial Resistance: Modular Guidelines and Tools for Community Engagement* — an endeavour born out of a shared commitment to amplify the voices of communities, particularly the vulnerable ones affected by AMR, and ensure that their concerns are not only heard but also become catalysts for change.

The Responsive Dialogues approach was initially developed by Wellcome. Recognising its valuable contribution in addressing the global problem of AMR, ICARS has taken the initiative in refining and globalising the guidelines, and aims at using the approach in the context of ICARS projects. As a community engagement strategy, Responsive Dialogues foster dialogue, learning, and practical solutions rooted in local realities. In addressing AMR, Responsive Dialogues aim to influence attitudes, behaviours, and policies, uniting stakeholders from diverse sectors, such as One Health, policy, academia, and the public. By leveraging existing country policies on AMR, the approach engages participants in a deliberative process, deepening understanding and collectively generating solutions.

Emphasising the vital need for co-ownership, Responsive Dialogues empower communities to collaboratively formulate ideas and policy recommendations. Piloting, scaling-up, and sustainability of solutions are an integral part of the approach, thereby contributing to inclusive and sustainable change.

In the spirit of unity, and as we embark on this journey, we invite you to join hands with us, transcending disciplines, borders, and backgrounds. It is our collective responsibility to foster an environment where dialogue becomes a transformative force, propelling us towards innovative solutions and sustainable change.

Our shared vision is encapsulated in the Responsive Dialogues on AMR, a testament to the power of collaboration, compassion, and community. Through these dialogues, let us not only confront the challenges posed by AMR but also nurture a culture of empathy, understanding, and resilience.

Together, let us turn the pages of this dialogue with a shared commitment to a healthier, more resilient global community.

Sincerely

Sujith J. Chandy

Executive Director

International Centre for Antimicrobial Resistance Solutions (ICARS)

Preface from School of Public Health, University of Western Cape

The School of Public Health (SOPH), University of the Western Cape, is proud to have been associated with the development of the resource, *Responsive Dialogues for Addressing Antimicrobial Resistance: Modular Guidelines and Tools for Community Engagement*. The SOPH has since its establishment in 1993, focused on the importance of recognising, profiling, and strengthening community capacities and resources, and within its purpose has noted that public health policy and practice should be influenced and informed by active communities.

Our work with communities is embedded in a particular ethos and principles, including working deliberately to address the inequities in power, politics, culture, and context. Our work in Pharmaceutical Public Health includes a broad portfolio of implementation research focusing on antimicrobial stewardship and rational medicines use. It includes academia, policy-makers, health managers, and those involved in community systems (e.g. NGOs and community health workers) towards forging communities of practice in South Africa and in the Southern African Development Community (SADC) region. It is from this foundation and experience that we took on the task to collaborate with ICARS on the development of the *Responsive Dialogues for Addressing Antimicrobial Resistance: Modular Guidelines and Tools for Community Engagement*, which we hope will strengthen initiatives to address antimicrobial resistance (AMR).

Prof Uta Lehmann

Director

School of Public Health, University of the Western Cape
Bellville, South Africa

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The University of the Western Cape team:

Hazel Bradley (team leader), Renier Coetzee (team leader), Barbara Hutton (editor), Carnita Ernest (project manager), Lungiswa Tsolekile, Sunita Srinivas, Onyinye Akunne, Linda Shuro, Ziyanda Mwanda, and with administrative support from Tamlin Petersen and Sidiqa Abbas.

The ICARS project team:

Katharina Rogalla von Bieberstein, Jo Zaremba (consultant), Jyoti Joshi, and Wesal Zaman, with contributors: Helle Engslund Krarup, Ghada Zoubiane, Annick Lenglet, Erica Westwood, Nandini Sreenivasan, Mirfin Mpundu, Kristina Osbjær, Sunday Ochai, Lisa Haagensen, and Karina Aglamazova.

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Thailand – Mahidol Oxford Tropical Medicine Research Unit (MORU), Faculty of Tropical Medicine, Mahidol University: Phaik Yeong, Bhensri Poy Naemiratch, and Tassawan Poomchaichote.

Malawi – Malawi Liverpool Wellcome Trust Programme: John Mankhomwa and Mackwellings Phiri.

Zambia – Eden University, School of Pharmacy: Lloyd Matowe, Tikulirekuti Banda, Lubasi Mbumwae, Gomezga Museteka, and Happy Zulu.

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These Guidelines are an iteration of a collaborative process of co-creation. The hope is that they will continue to be developed and adapted as they are used in practice.

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GLOSSARY

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

AMR: Antimicrobial Resistance – the ability of a microbe to resist the effects of medication that once could successfully treat the microbe. See [Section 1](#), *Cross-cutting themes* for more on AMR.

Co-creation: A process that leads to the refinement of jointly generated ideas into concrete, tangible solutions that can be tried and applied in local contexts. See [Section 4](#) for more on co-creation.

Co-ideation: The joint generation of ideas to address AMR by people participating in Conversation Events. See [Section 4](#) for more on co-ideation.

Communities/'the community': People who have something in common that unifies them, for example, they live in the same geographical area, are part of the same system (e.g. healthcare system), share common affiliations (e.g. they are all farmers or prescribers), have shared identities (e.g. gender, religion, and so on). People may be part of multiple communities. See [Module 3](#) for more on 'the community'.

Conversation Events: A series of conversations or dialogues in which participants are facilitated through a process of sharing their lived experiences of AMR (for example, of antibiotic usage), and of co-ideating and co-creating ideas to address AMR. See [Section 3](#) and [4](#) for more on Conversation Events.

Conversation Events Set: A set of interconnected Conversation Events which involve one participant group. Each Set can be run in parallel, staggered, or consecutively with different participant groups. See [Section 3](#) for more on Conversation Events Sets.

Core implementation team: The team that manages and drives Responsive Dialogues as part of a project. See [Section 1](#) for more on the core implementation team.

Deliberation: To carefully think about, discuss, and make decisions about evidence and issues. See [Section 4](#) for more on deliberation in Conversation Events.

Ecosystem: An interconnected system or network. In AMR, it is the interaction of people and organisations engaged in interventions or activities related to AMR. See [Module 1](#) for more on the AMR ecosystem.

Evidence: In Responsive Dialogues, this refers to information based in local realities, and involving a diverse range of people, stakeholders, inputs, and perspectives. See [Sections 2](#) and [5](#) for more on evidence.

Feasibility: The possibility and ability of something being done.

Gatekeepers: “. . .members of a community and as such, understand its cultural and political environment. Their deep connection to community is acknowledged either by a formal position, such as an elected leader, or a person to whom the community turns to ‘get things done.’ Either way, a gatekeeper is a person of influence”

(Gatekeepers: The politics of community, Notes from the Co-operative Innovation Project – September 2015).

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. See [Section 1, Cross-cutting themes](#) for more on gender sensitivity.

Global Action Plan (GAP) on AMR: Endorsed by the World Health Assembly in May 2015, it includes five objectives which together aim to ensure the treatment and prevention of infectious diseases with quality-assured, safe, and effective medicines:

- Improve awareness and understanding of AMR
- Strengthen knowledge through surveillance and research
- Reduce the incidence of infection
- Optimise the use of antimicrobial medicines in human and animal health
- Ensure sustainable investment in countering AMR. See <https://www.who.int/publications/i/item/9789241509763>.

Indicators: Measurable criteria (qualitative or quantitative) used to describe a situation that exists and to measure changes over a period of time. See [Section 1](#) for more on indicators (in *Developing a M&E Framework*).

Inputs: What is needed to run Responsive Dialogues, such as facilitators and other resources. See [Section 1](#) for more on inputs (in *Developing a M&E Framework*).

National Action Plan (NAP) on AMR: National plans developed by countries to contain and control AMR – taking the lead from the GAP on AMR. See [Section 2](#) for more on NAPs.

One Health approach: An approach to determine policies that bridge human, animal, and environmental health. See [Section 1, Cross-cutting themes](#) for more on One Health.

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. See [Section 1](#) for more on outputs (in *Developing a M&E Framework*).

Ownership: A key dimension of co-creation – those who participate in the co-creation process have a right to own the outputs/solutions of that process. Taking ownership may happen incrementally over a period of time, as participants take more and more control. With the right of ownership, comes the responsibility to act on the ownership, i.e. to invest in the process and provide input at each stage.

Participants: People from communities who are selected to participate in Conversation Events with the overall aim of co-ideation and co-creation of community-led ideas and solutions on AMR. See [Module 3](#) for more on participants.

Piloting: To test/try out a co-created solution on a small scale for feasibility and confirmation of outcomes before scaling up. Results of piloting highlight adaptations that may be required and clarify resource implications. See [Module 10](#) for more on piloting.

Policy-makers: People who are responsible for developing policies, whether these are unwritten practices or official plans and regulations. See [Module 2](#) for more on policy-makers.

Prototypes: To use tools, such as paper models, role-plays, mock-ups of flyers, and so on to make solutions as real as possible. The aim is to use these on a small scale to evaluate specific features of the co-created solution. See [Section 4](#) for more on prototyping.

Qualitative indicators: Indicators that explain tangible or 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. See [Section 1](#) for more on qualitative indicators (in *Developing a M&E Framework*).

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. See [Section 1](#) for more on quantitative indicators (in *Developing a M&E Framework*).

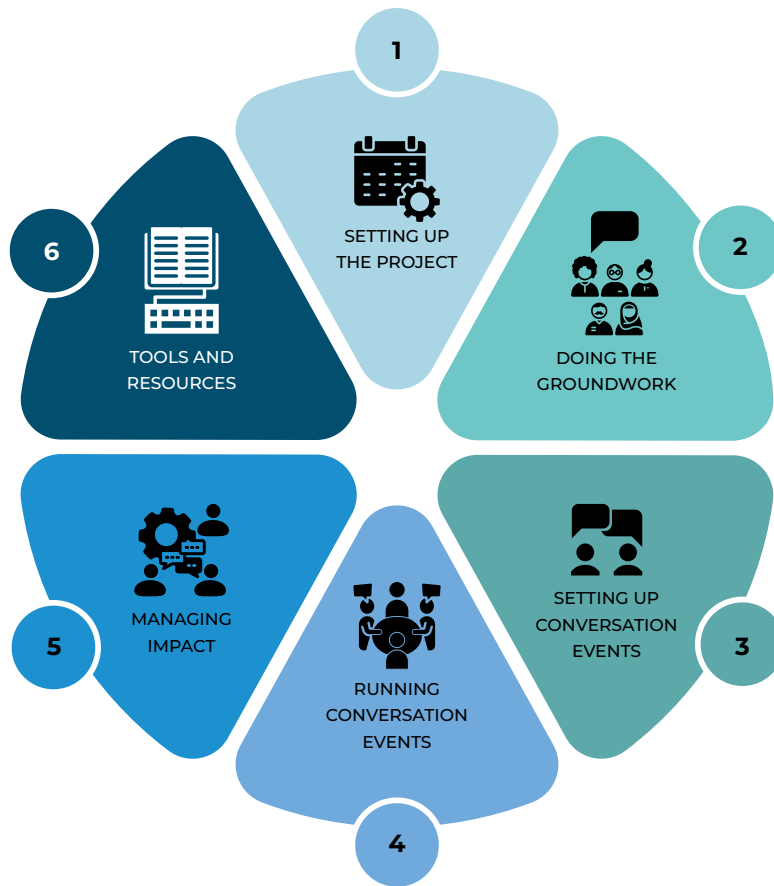
Responsive Dialogues: A community engagement approach developed by Wellcome to bring stakeholders, communities/public, and other actors together in a co-development process that leads to context-specific solutions and recommendations to address AMR at local and policy level. See the [Introduction](#) for more on Responsive Dialogues.

Scale-up: The process of using evidence and outcomes to expand the impact of successfully piloted interventions to a larger scale, so as to benefit more people and to influence policy development. See [Section 5](#) for more on scaling-up.

Sex: Biological characteristics which define a human as male or female – differences in chromosomes, hormones, and external and internal organs. See [Section 1](#), *Cross-cutting themes* for more on sex and gender.

Stakeholders: Individuals, groups, or organisations that have a vested interest in the Responsive Dialogues, the national and/or local AMR policy, an AMR issue, and/or the community targeted for Conversation Events. See [Module 2](#) for more on stakeholders.

Viability: The ability of something to be sustainable.



INTRODUCTION

- Introduction to Responsive Dialogues to address antimicrobial resistance
- What is the Responsive Dialogues approach?
- Opportunities for using Responsive Dialogues from an ICARS perspective
- About these Guidelines

Introduction to Responsive Dialogues to address antimicrobial resistance

These Guidelines are written for people interested in facilitating Responsive Dialogues to address the challenges associated with antimicrobial resistance (AMR). They aim to provide guidance on how to implement Responsive Dialogues, particularly in low- and middle-income countries (LMICs).

The Guidelines draw on the [Responsive Dialogues on Drug Resistant Infections Toolkit](#) developed by Wellcome, and further learnings from three Responsive Dialogues projects in Thailand, Malawi, and Zambia.

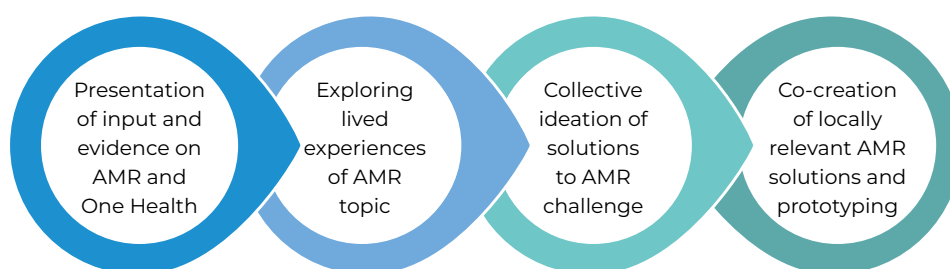
This section provides an overall introduction to Responsive Dialogues, to opportunities for using Responsive Dialogues from an ICARS perspective, and to the content of the Guidelines. It also includes practical information on how to use the Guidelines and the [short video](#) that accompanies them.

What is the Responsive Dialogues approach?

Responsive Dialogues is a **community engagement approach** developed by Wellcome to engage stakeholders, members of communities/public, and other people and organisations in a process that facilitates dialogue, learning, and the co-creation of solutions and policy recommendations that are grounded in local realities.

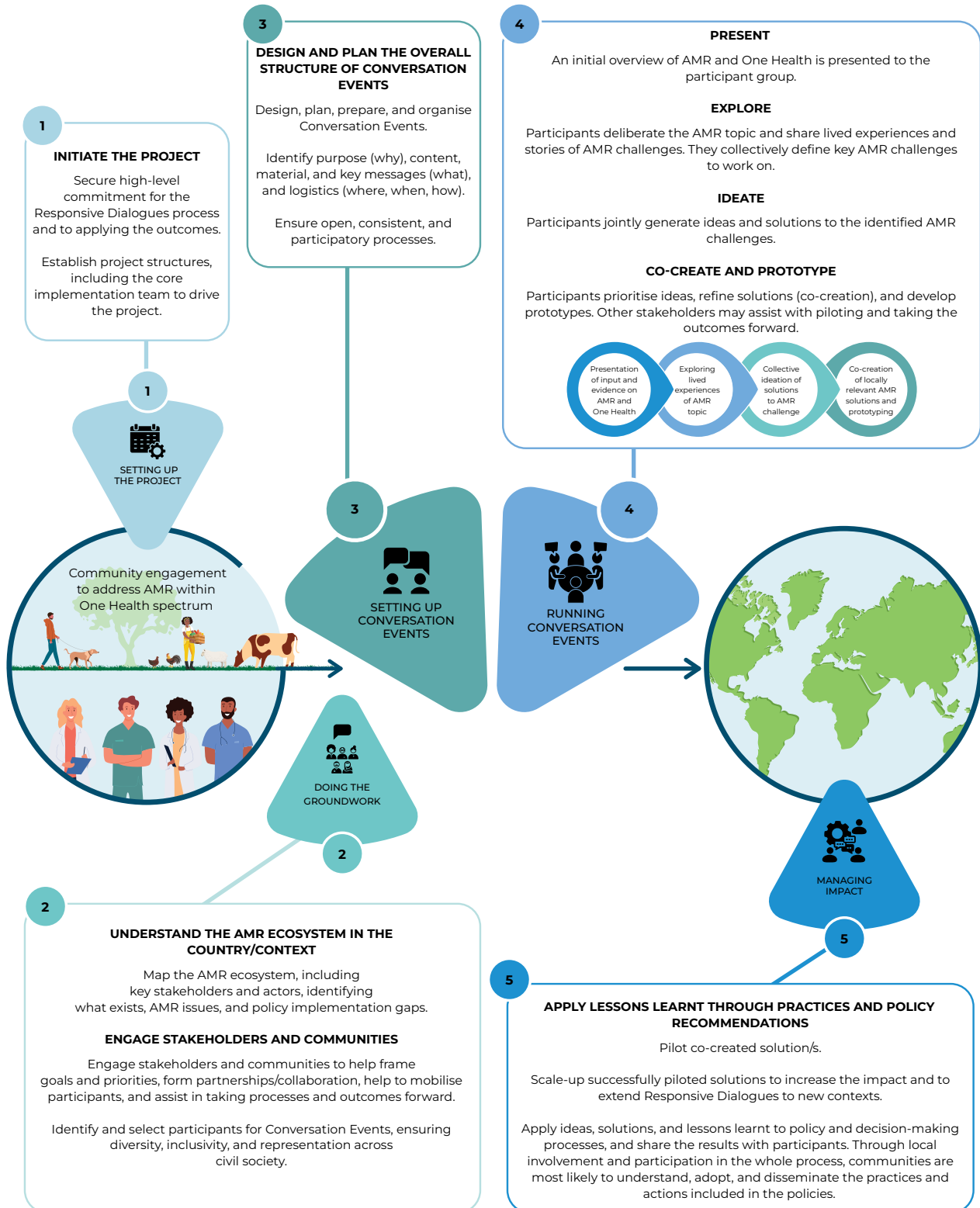
At the heart of Responsive Dialogues are a **series of Conversation Events** run with participant groups selected from relevant communities (see diagram below). In these Conversation Events, participants are taken through a process of sharing their lived experiences of AMR (e.g. antibiotic usage), and together generate ideas and co-create solutions to address AMR.

Interrelated series of Conversation Events



What do Responsive Dialogues to address AMR look like?

The steps summarised here outline the possible activities included in commissioning, designing, planning, running, analysing, and using the outputs from the Responsive Dialogues process. The steps are detailed in the Guidelines.



The Responsive Dialogues approach helps to address AMR as follows:

- It is aimed at engaging those **most vulnerable to AMR**, whose voices are seldom heard. The aim is to facilitate a change in attitudes, behaviours, policies, and practices towards the prevention and treatment of infections, which impacts human, animal, and environmental health.
- It brings together multiple stakeholders from a range of sectors and backgrounds, including **One Health**, the policy space, experts, academics, the private sector, the public, and communities for the duration of the process.
- It builds on existing country and local **One Health policies, National Action Plans for AMR**, and interventions.
- It engages people in a **deliberative process**, in which they carefully think about, discuss, and make decisions about the complex issue of AMR in their own context. This leads to a greater understanding of local attitudes and behaviours towards AMR, its causes, and consequences.
- It **empowers communities** to jointly generate ideas, feasible solutions, and policy recommendations to address AMR challenges in their own context.
- It promotes **piloting, scaling-up**, and **sustainability** of solutions.
- It facilitates **inclusive policy-making** that takes into account local realities.
- It establishes relationships that can lead to **sustainable change**.

The Responsive Dialogues approach is not the following:

- It is not a one-time engagement with a community, but takes place over time.
- It is not primarily about raising awareness on AMR and One Health.
- It is not a process of looking for short-term, quick fix solutions, without exploring what is needed for long-term sustainability.
- It is not a top-down, consultative approach in which ready-made solutions and policies are presented to communities for approval and implementation.
- It is not about using communities as research subjects.

See [Section 6](#) for a *Checklist of activities and outputs in Responsive Dialogues*.



Opportunities for using Responsive Dialogues from an ICARS perspective

This section provides guidance to ICARS partners or potential future ICARS partners on how Responsive Dialogues can be used in the context of ICARS projects and beyond. It might also provide insights on how Responsive Dialogues could be used in other projects and contexts.

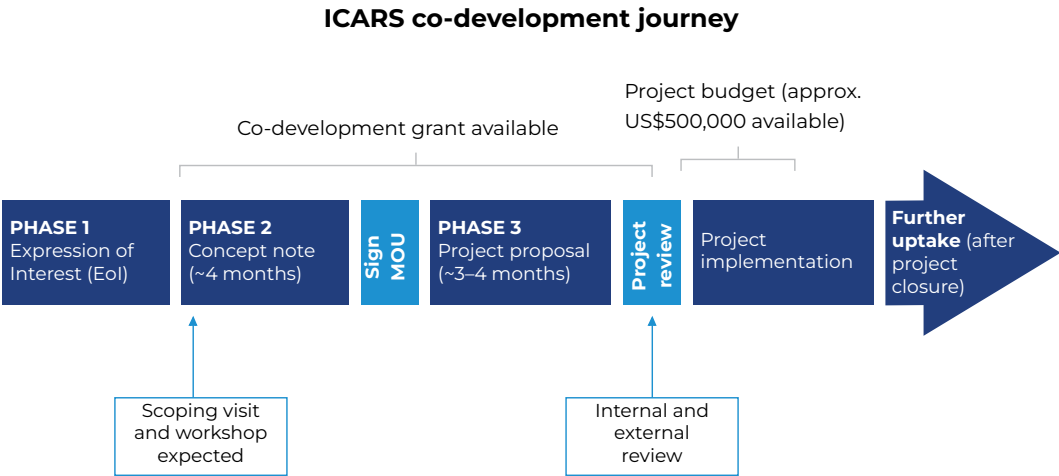
ICARS' mission is to partner with ministries and research institutions in LMICs to co-develop and test cost-effective, context-specific AMR solutions with potential for scale-up across the One Health spectrum, building on National Action Plans (NAPs), and informed by intervention and implementation research. Responsive Dialogues can strengthen a bottom-up approach across the ICARS project

cycle. When complemented with the ICARS' process, it provides a unique value proposition of translating and amplifying the effect of community-led interventions for 'real world' impact – both into local policy and programmes, ultimately leading to sustainable change.

Specifically, the following opportunities have been identified where Responsive Dialogues can serve ICARS and ICARS partners:

1. Informing the expression of interest by a country to work with ICARS
2. As part of the co-development process of an ICARS project
3. Co-creating solutions with communities as part of an ICARS project and implementing them within the project timeframe
4. Informing ICARS project scale-up and the ICARS project exit strategy.

In the following section, some of these opportunities are presented in more detail. While some information and references to ICARS processes is provided, more detailed information of the ICARS framework for engagement can be found on the ICARS website: icars-global.org.



Informing the expression of interest by a country to work with ICARS

Ministries in LMICs can initiate a partnership with ICARS by submitting an Expression of Interest (EoI). The EoI represents the first introduction to the country's AMR National Action Plan (NAP) and the priority AMR-sensitive and AMR-specific challenges/problems that the country would like to address with ICARS support. The EoI also provides the opportunity to highlight interventions that would potentially address these challenges and problems.

In the EoI phase, Responsive Dialogues can be used to do the following:

- Identify priority AMR-sensitive and AMR-specific challenges/problems relevant to the suggested community
- Identify interventions that would potentially address these challenges and problems.

In case of limited time and capacity, limited sets of Conversation Events could be run, with the ambition to up-scale the approach during the ICARS co-development process. In any case, Responsive Dialogues would ideally continue to be used in the next ICARS project phase, to make the process more inclusive.

Responsive Dialogues as part of the ICARS co-development process

The ICARS co-development process is divided in two phases:

Phase 1: Development of the concept note

Phase 2: Development of the project proposal

Responsive Dialogues can be used in both ICARS project co-development phases, ideally already informing the development of the concept note and subsequently the development of the project proposal. This could, for example, mean running Conversation Events Sets in preparation of and/or in parallel to Stakeholder Engagement Workshops. If Responsive Dialogues have already been used to inform the development of the EoI, then activities in the ICARS project development phase would benefit from and build on these groundwork activities and Conversation Events Sets.

It is possible to request funding for the ICARS co-development phase. The justification could include costs associated with the running of the Responsive Dialogues process. There will likely be limited time and capacity for the planning and running of Conversation Events during the co-development phase. As in the EoI phase, this could mean that only limited sets of Conversation Events are run, potentially with the ambition to up-scale the approach during ICARS project implementation, i.e. by integrating Responsive Dialogues in the project proposal.

Responsive Dialogues as part of an ICARS project and informing ICARS project scale-up

Running the Responsive Dialogues process can be part of an ICARS project, either by building up on related activities in the EoI and/or co-development phase, or by only starting the process in the implementation phase. In either case, this requires integrating Responsive Dialogues into the project proposal, last but not least because of budgetary implications. This means that a definition of key parameters for running Responsive Dialogues is required, including the objective of using the approach, the available timeline, and desired outcome. Considering the likelihood that a distinct implementing team will need to be responsible for the implementation of the Responsive Dialogues process, it can be useful to structure related activities in a separate work package.

If the Responsive Dialogues process only starts during ICARS project implementation, the groundwork phase will benefit from the ICARS project co-development phase. Further, the aim will generally be to co-create solutions with communities that are complementary to the interventions incorporated in other work packages and to pilot some within the project timeframe.

Building up on related activities in the Eol and/or co-development phase can be achieved by either extending the Conversation Events to more communities and/or by diving deeper into Conversation Events with communities that have already been involved in the Responsive Dialogues process. In this latter case, the aim would be to explore a particular issue or topic more deeply, refine the ‘solution’, and proceed with the piloting phase. The emphasis would be more on the ‘impact’ or piloting and stakeholder engagement to prove the concepts and generate evidence and strategies for scaling successful solutions.

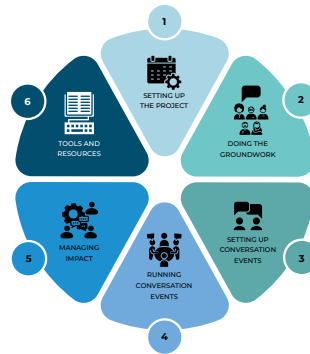
About these Guidelines

These Guidelines provide guidance on how to implement the Responsive Dialogues approach to address AMR, particularly in LMICs. Starting with setting up a Responsive Dialogues project, guidance is provided for the Responsive Dialogues process, as outlined in the [Responsive Dialogues on Drug Resistant Infections Toolkit](#) developed by Wellcome.

How are the Guidelines structured?

The Guidelines are organised into the following sections:

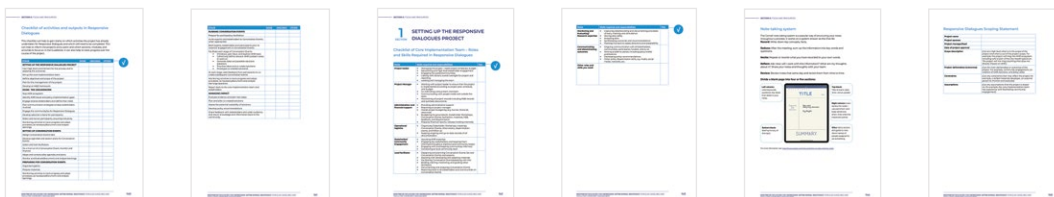
- Section 1:** Setting up the Responsive Dialogues project
- Section 2:** Doing the groundwork
- Section 3:** Setting up Conversation Events
- Section 4:** Running Conversation Events
- Section 5:** Managing impact
- Section 6:** Tools and Resources



Sections 1 includes information about important aspects to consider when setting up a Responsive Dialogues project, such as governance issues, defining project objectives and scope, setting up the core implementation team, and developing a Monitoring and Evaluation Framework.

Sections 2 to 5 are organised into modules, which are loosely aligned with the phases of Responsive Dialogues – from doing the groundwork for the project, through to managing the impact of the project. However, even though the modules in this section are numbered, this does not mean that they need to be followed step by step. Not all modules will be needed in each project context. In addition, several modules may overlap and some may be relevant throughout the process, such as Module 2: Engaging stakeholders.

Section 6 includes tools and resources to use and adapt, such as templates and checklists.



How to adapt and contextualise the Guidelines?

The Guidelines provide a structured, modular process that is adaptable and flexible to the needs and purposes of the specific project, people involved, country context, and available resources and budget. For example:

1. Projects can decide on their own entry and exit points (see more on this below).
2. They can decide which modules will be most beneficial for them to use, and in which order.
3. They can print individual modules and tailor them to their specific requirements or context.
4. Modules can be used as standalone guidance. For example, depending on their role, each team member does not need to read the whole document. They may decide to only read those specific sections that apply to them, for example, on facilitating Conversation Events or about the logistical preparation of Conversation Events. This is particularly relevant when the Responsive Dialogues process is broken up into steps or activities that are led by different team members. Cross-references in each module lead users to relevant guidance in other modules, and in this way ensures that no key element of the Responsive Dialogues process is overlooked.

Entry points: The checklist in Section 6 guides projects on their starting point, and also on the modules and activities to potentially read to meet their objectives, without skipping any essential activities. For example, if a project has already researched the AMR ecosystem, their entry point might be engaging stakeholders (Module 2), and engaging the community (Module 3), to plan the Conversation Events. See [Section 6, Checklist of activities and outputs in Responsive Dialogues](#).



Exit points: It is ideal if projects can take Responsive Dialogues through to the end, into the intervention and/or the policy space. However, some projects might not have the capacity or funding to do this. Their exit point might include working with key stakeholders, for example, policy-makers, civil society organisations, and/or funders, who can take the outcomes forward. Other projects might foresee several iterations of the Responsive Dialogues process, with the first project phase, for example, only aiming at informing a project proposal, and then, only if funding is secured, the approach would be up-scaled as part of project implementation.

NOTE

Identifying your project's entry point is a crucial task that is not as straightforward as you might think! It is best to make this your first activity once you have identified that using the Responsive Dialogues approach can help to achieve your overall project objective. [Section 1: Setting up the Responsive Dialogue project](#) provides guidance that might help you to gain clarity on your specific project context/parameters, and therefore also to identify your entry point.



Not only are entry and exit points flexible, it is also key that the guidance provided in the Guidelines is **adapted to suit your objectives and context**. This might include, for example:

- **Tailoring the language** – using familiar and local words and terms
- **Translating** if necessary
- **Adapting activities** for each participant group, for example, for those with varying literacy levels, or for single or mixed-gender groups
- **Adapting the number and content of Conversation Events** to suit the needs of participants, for example, those familiar with AMR may need less time grappling with this topic than those for whom the topic is new
- Using **participatory activities** with participant groups that have worked well for you in the past and which will achieve the same objectives
- **Customising templates and tools** so that they are relevant to your context and needs.

How to navigate the Guidelines?

Specific features are used to help projects navigate their way through the Guidelines.

This **graphic organiser** is used to show the six sections of the Guidelines, each with its own specific **colour**.

Each **section** begins with an opener, which lists the modules in that section.

There are **hyperlinked cross-references** to other sections and modules found in the Guidelines.

SECTION 2
DOING THE GROUNDWORK









This section sets out the activities that lay the foundation for a successful Responsive Dialogues process. The activities are grouped into three modules but some activities across the modules may need to happen in parallel with each other. Your engagement with the modules will depend on and be guided by previous research undertaken on AMR ecosystem mapping, previous stakeholder and community engagement, as well as the specific objectives and scope of your Responsive Dialogues project. See [Section 1](#) for more on defining the objectives and scope of your project.

This section provides guidance on the following:

- Module 1: Mapping the AMR ecosystem
- Module 2: Engaging stakeholders
- Module 3: Engaging the community

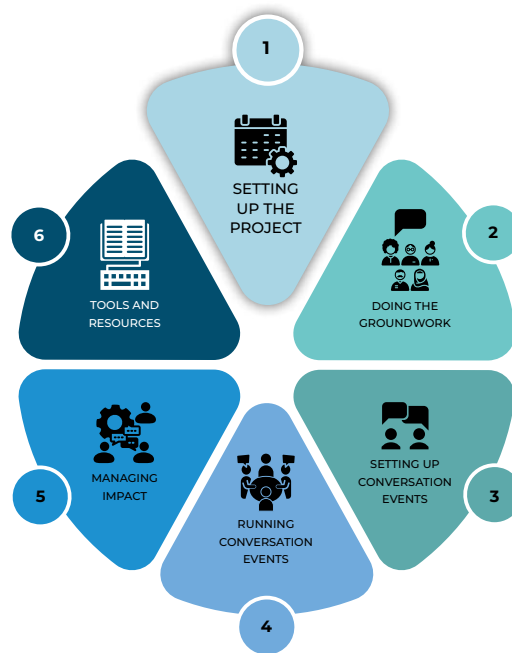
The visual below shows the different features used to help you navigate through the Guidelines.

The following icons are used for easy reference:

-  Glossary
-  Examples from Responsive Dialogues projects
-  Tips
-  Collecting and storing documents/evidence
-  Important notes
-  Online downloadable resources and the introductory video, on the ICARS website
-  Cross-cutting themes
-  Monitoring and Evaluation

A [short introductory video](#) provides an overview of these Guidelines and guidance on how you can select the modules and tools most applicable to your needs, which will depend on the scope of your Responsive Dialogues project.

These Guidelines are also downloadable as a PDF document in sections and as individual modules. [Tools and resources](#) are available to download as MSWord documents which can be adapted and tailored to individual project requirements.



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:



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.

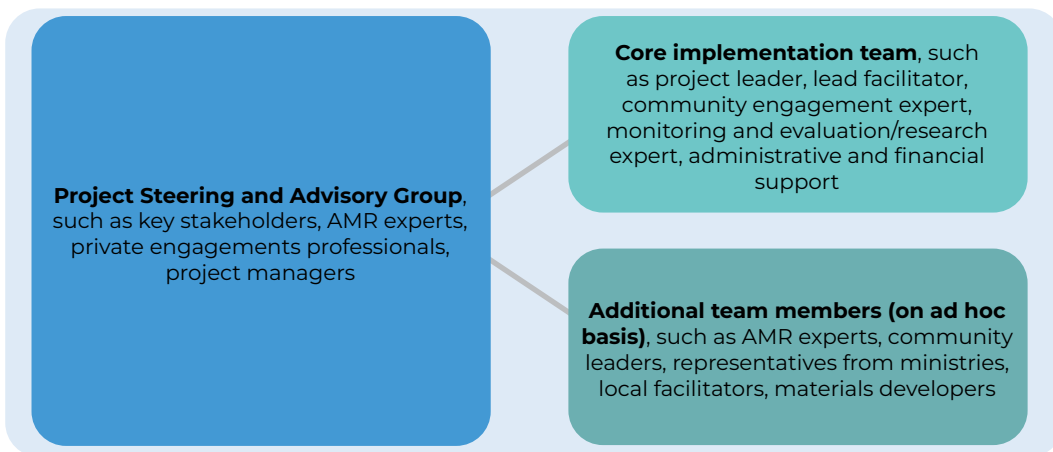
In the **Malawi** project, the scope was defined as follows:

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*.



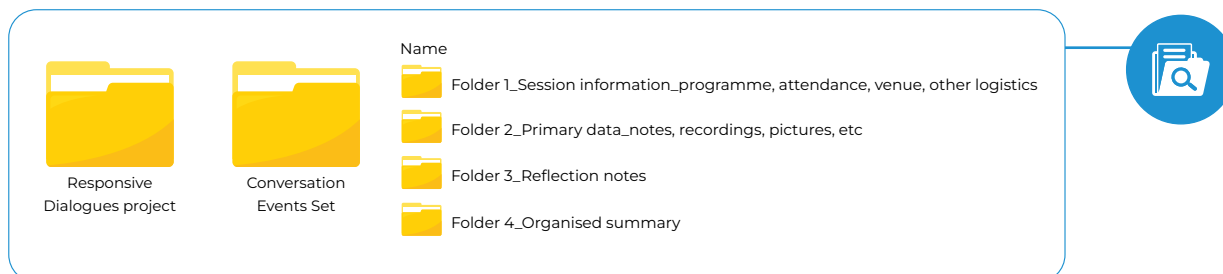
Examples of resource requirements

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.

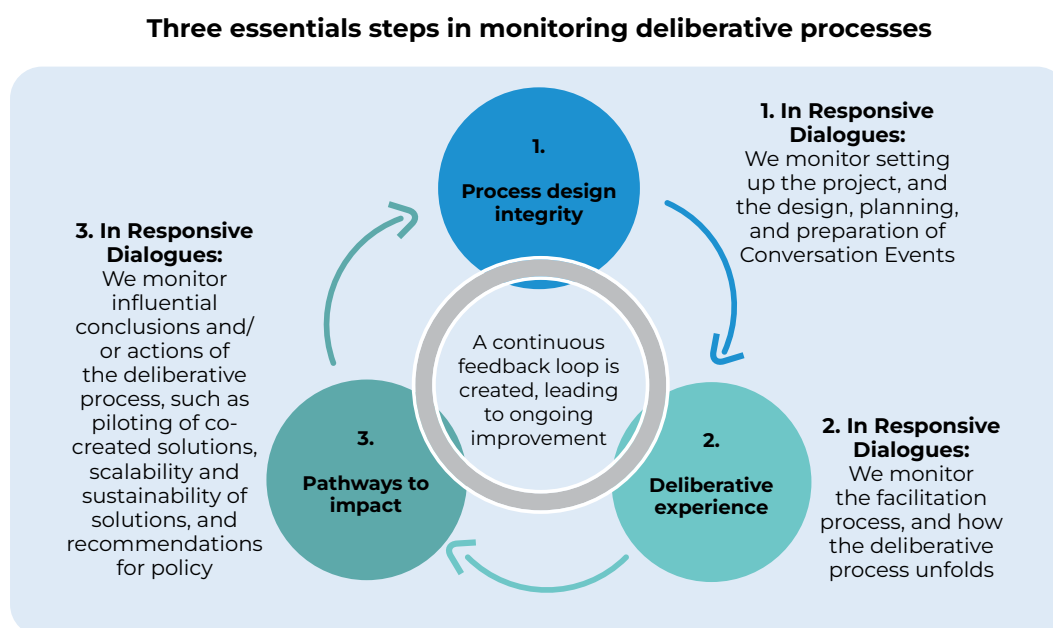
**Why monitor Responsive Dialogues?**

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
	<i>Groundwork</i>	<i>Conversation Events</i>	<i>Post-Conversation Events impact</i>
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

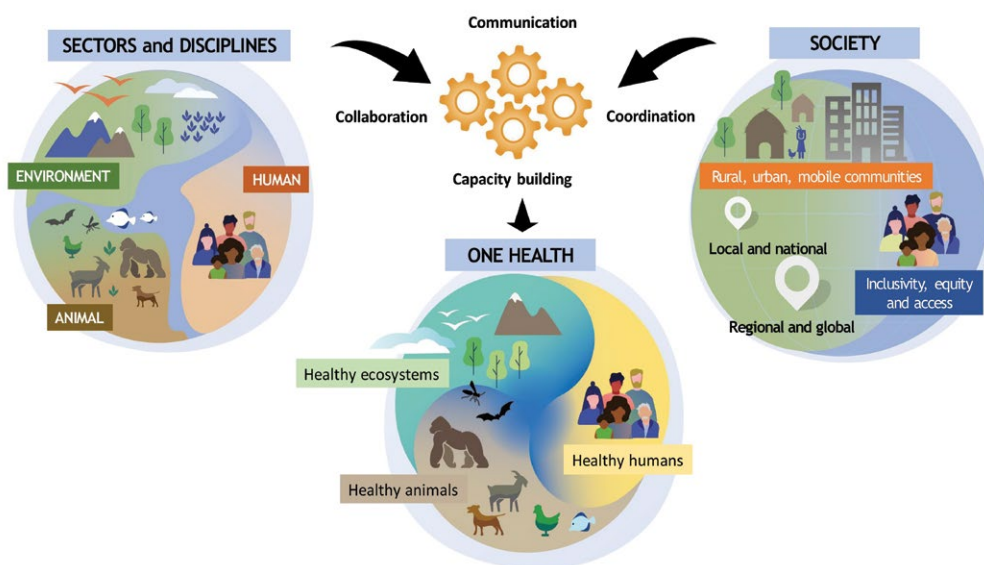


Although antimicrobial resistance is the correct scientific term, when discussing this important subject with individuals who may not have a scientific or medical background, it's beneficial to consider using the term 'antibiotic resistance'. This phrase is more commonly recognised and may be easier 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).

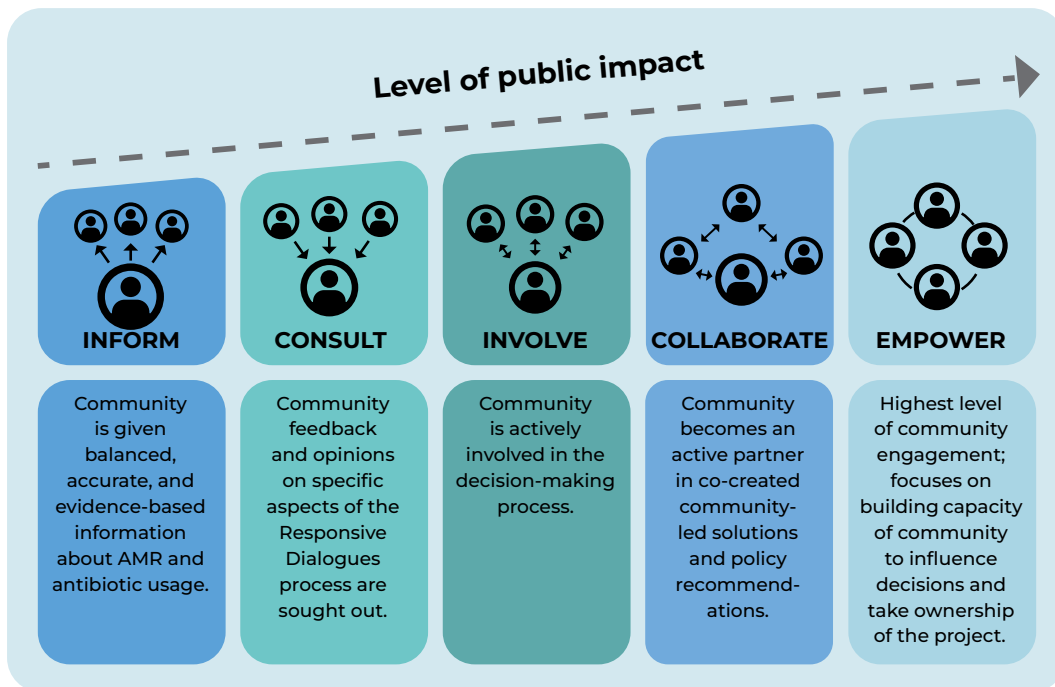
The purpose of Responsive Dialogues is to engage members of communities/public in making decisions relating to AMR challenges that impact their lives. Through community engagement, lived experiences, local knowledge and perspectives, and contextually relevant solutions are developed collaboratively by 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.

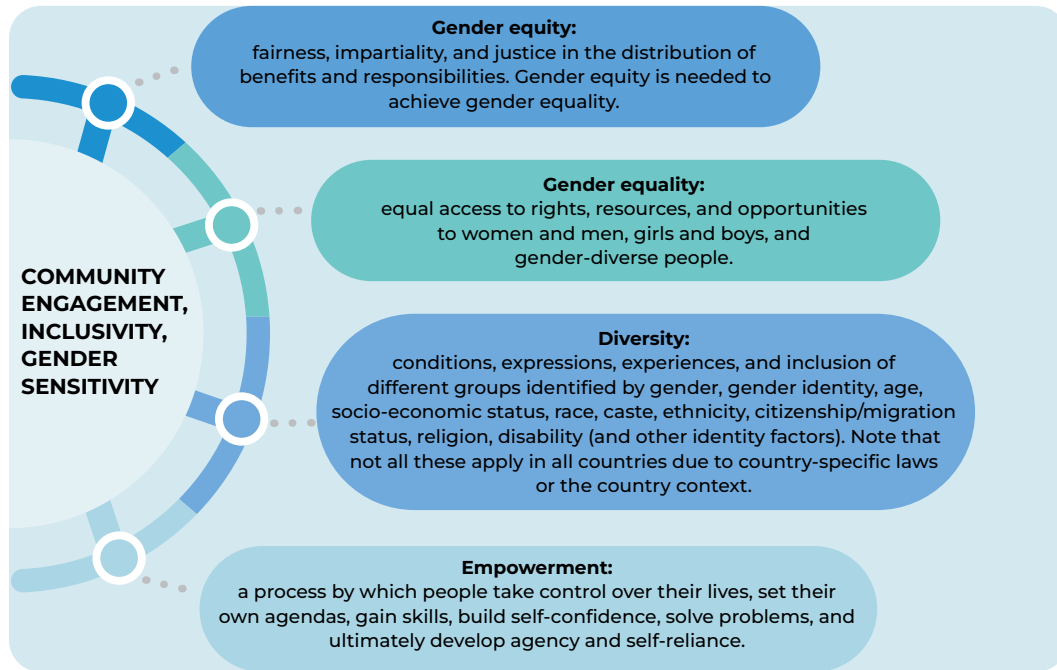
Gender: How society and institutions construct roles and identities for people of different sexes, and the social attitudes and assumptions, behaviours, and activities that go with these gender roles and identities.



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.

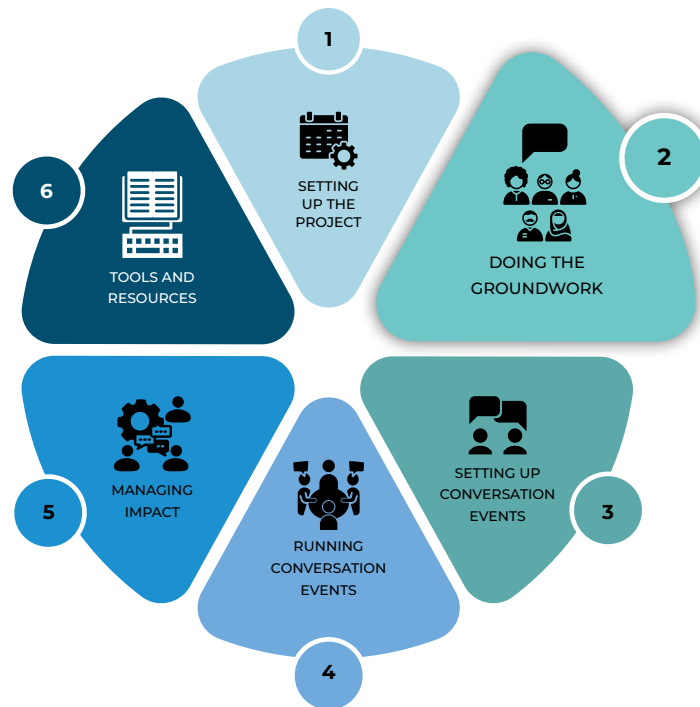
Responsiveness: Responsive Dialogues are designed to be transparent and accountable, providing clear and open communication to the public and commitment to act on recommendations arising from the dialogues.

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.



SECTION 2

DOING THE GROUNDWORK

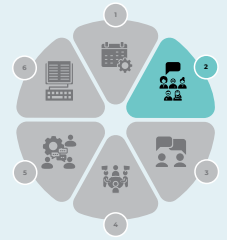
This section sets out the activities that lay the foundation for a successful Responsive Dialogues process. The activities are grouped into three modules but some activities across the modules may need to happen in parallel with each other. Your engagement with the modules will depend on and be guided by previous research undertaken on AMR ecosystem mapping, previous stakeholder and community engagement, as well as the specific objectives and scope of your Responsive Dialogues project. See [Section 1](#) for more on defining the objectives and scope of your project.

This section provides guidance on the following:

- Module 1: Mapping the AMR ecosystem
- Module 2: Engaging stakeholders
- Module 3: Engaging the community

1

MODULE MAPPING THE AMR ECOSYSTEM



The AMR ecosystem is a complex network of interconnected parts including, for example, institutions, organisations, people, policies, projects, and issues related to AMR in a country. It also includes gender, social, political, and economic factors that affect people's beliefs and behaviours, which influence how AMR develops, and that impact on human, animal, and environmental health. Understanding your AMR ecosystem allows you to identify what exists in the AMR landscape that you can engage in the Responsive Dialogues process. It also allows you to identify gaps and challenges that might point to key issues to focus on.

This module provides guidance on the following:

- Why map the AMR ecosystem?
- How to map the AMR ecosystem?
- How to organise the information?
- How to monitor AMR ecosystem mapping?

NOTE

Your project might have already started mapping the AMR ecosystem. Use and build on this, and keep updating the research.



Why map the AMR ecosystem?

Understanding what and who is part of the AMR ecosystem provides an insight into the reality of our interconnected world, instead of just thinking about one thing causing another, as in a simple chain.

The objectives, scope, and context of the Responsive Dialogues project determine the focus and parameters of your AMR mapping exercise – be it at a local, district, or national level. Your aims are to gain an understanding of the following:

- **Existing work relating to AMR in your context.** For example, the systems and institutions already involved, such as the healthcare system, the pharmaceutical industry, agriculture and veterinary practices, regulatory bodies, research institutions, and public awareness campaigns.
- **Actors and stakeholders for Responsive Dialogues.** For example, healthcare providers, policy-makers, governmental officials, researchers, international organisations, funders, the private sector, agriculture and veterinary sectors, civil society and community organisations, patient advocacy groups, and the media. See [Module 2](#) for more on stakeholders.
- **Potential communities and participants for Responsive Dialogues.** For example, community groups and civil society organisations (CSOs). See [Module 3](#) for more on the community.

- **Social, cultural, political, economic, and environmental factors.** For example, all the factors that may affect people’s experiences, attitudes, and behaviours that influence how AMR develops.
- **One Health.** For example, the links in your context between human, animal, and environmental health, and how the different parts influence each other and create a dynamic whole. See *Cross-cutting themes* for more on AMR and One Health.



It’s really important to understand the ‘whole picture’, so that you know what to take into account to facilitate the co-creation of relevant solutions to address AMR challenges.

How to map the AMR ecosystem?

Multiple parties might be involved in helping to map the AMR ecosystem. Collaboration between these parties can lead to a more comprehensive and accurate assessment of the ecosystem. However, the core implementation team starts the process in the groundwork phase, and continues to lead this ongoing task as more people are involved and more information is gained.

Many different approaches could be used in the mapping task. Below are a few examples that can be used to gain rich insights into existing work on AMR and related topics, the actors, networks, and their relationship to AMR, problems and issues, stories, experiences, and perceptions.

BACKGROUND RESEARCH	
Data collection and analysis	How to use the data
<p>Gather data from multiple sources about existing work, initiatives, and institutions relating to AMR.</p> <p>Review scientific literature and research papers, policy documents, databases, interviews, surveys, and case studies.</p>	<p>Analyse the data to identify trends, gaps, and areas of concern, for example, antibiotic usage patterns, resistance patterns, regulatory frameworks, surveillance systems, and public awareness initiatives.</p> <p>Build a comprehensive understanding of the AMR ecosystem in your context.</p> <p>Identify what exists to build on.</p> <p>Identify missing information which might point to key issues to focus the Responsive Dialogues on.</p>
Analyse research and innovation	How to use the data
<p>Review research initiatives and projects focused on AMR in your context.</p> <p>Assess the level of funding, collaboration, and translation of research into policies and practices.</p>	<p>Identify gaps in research priorities and in the dissemination of research findings.</p>





Analyse surveillance data	How to use the data
Analyse available surveillance data on antimicrobial use and resistance patterns.	<p>Identify trends, hotspots, and areas where resistance rates are high or increasing.</p> <p>Assess if surveillance systems are comprehensive, timely, and include data from different sectors (including One Health).</p>
POLICY ANALYSIS/REGULATIONS	
Review policies and guidelines	How to use the data
<p>Review policies and regulations related to AMR in your country/context to understand the objectives, strategies, and action plans outlined in these documents.</p> <p>Evaluate the implementation of existing AMR policies and assess if the policies are being effectively translated into action at various levels.</p> <p>Assess the regulatory framework surrounding antimicrobial use, availability, and distribution.</p>	<p>Assess the strengths of these policies, as well as their implementation and enforcement mechanisms.</p> <p>Identify weaknesses and barriers of policies and regulations, such as lack of resources, co-ordination issues, or limited enforcement mechanisms.</p> <p>Identify gaps in regulation, monitoring, and enforcement.</p> <p>Evaluate if regulations align with international standards and best practice.</p> <p>Identify areas where policy recommendations may be needed.</p>
STAKEHOLDER MAPPING	
(see the examples from the Responsive Dialogues projects)	
Consult, interview, and/or conduct surveys with AMR stakeholders/actors	How to use the data
<p>Collaborate with stakeholders across sectors.</p> <p>Engage in dialogues, workshops, and consultations with stakeholders to gain a comprehensive understanding of the AMR ecosystem.</p>	<p>Understand who and where the stakeholders are – roles, interactions, and relationships.</p> <p>Gather diverse viewpoints, insights, and perspectives, for example, on existing policies, implementation challenges, and potential gaps.</p> <p>Understand the dynamics and potential collaborations among stakeholders so as to facilitate effective stakeholder engagement.</p> <p>Identify gender and power dynamics in the factors affecting AMR.</p>
EVALUATE HEALTHCARE PRACTICES	
Infection prevention and control	How to use the data
<p>Assess the implementation of infection prevention and control practices in healthcare facilities.</p> <p>Look for gaps in hand hygiene, appropriate antibiotic prescribing, and adherence to guidelines.</p>	<p>Evaluate the availability of resources, training programmes, and support for healthcare professionals.</p>
Assess antibiotic stewardship	How to use the data
<p>Evaluate the implementation of antibiotic stewardship programmes in different healthcare settings.</p> <p>Determine if there are policies, protocols, and education programmes in place to promote responsible antibiotic use.</p>	<p>Identify barriers to implementing stewardship practices effectively.</p>

Consider public awareness and education	How to use the data
Evaluate the level of public awareness and education regarding AMR in your context. Assess the effectiveness of communication campaigns, educational materials, and initiatives aimed at promoting responsible antibiotic use and hygiene practices.	Identify gaps in public engagement and education efforts.
CONSIDER INTERNATIONAL COMMITMENTS	
Review international agreements	How to use the data
Research the agreements your country or organisation has made regarding AMR.	Assess progress made in meeting these commitments. Identify any gaps in implementation or co-ordination with international efforts.
SYSTEMS THINKING	
Apply a systems thinking approach	How to use the data
Explore how changes in one component of the system can impact other components and overall AMR dynamics.	Understand the interdependencies and feedback loops within the AMR ecosystem. Identify leverage points and opportunities for intervention.



Examples from Responsive Dialogues projects

In the **Zambia** project, the AMR ecosystem was mapped by desk review which identified and summarised stakeholders that were key members in creating Zambia's NAP on AMR. Meetings were held with these organisations, which identified more organisations.

In the **Malawi** project, the groundwork involved early consultation meetings with the National AMR Coordinating Unit at the Malawi Ministry of Health. These initial steps allowed the project to explore what AMR initiatives, policies, and national actions existed, and to establish connections with various stakeholders and actors involved. Initially, 30 stakeholders were identified. A further 22 were recruited through snowballing (asking stakeholders if there were any other individuals or organisations to include), making a total of 52 participants. These included representatives across the One Health spectrum.

Due to the second wave of COVID-19, individual conversations were held with 43 individuals. These were either in-person or over the telephone, based on the participant's preferences. Most participants preferred to have in-person conversations. The conversations explored:

- Stakeholders' knowledge about AMR
- Their understanding of drivers and consequences of AMR in Malawi
- Existing AMR activities in Malawi
- Key messages stakeholders felt should be communicated, to which participant groups, and in what medium
- Potential interventions to address AMR in Malawi.



The interviews allowed the project to discover in greater detail existing AMR activities, their objectives, who was involved, impacts, challenges, other interventions that could be done, and what stakeholders thought of Responsive Dialogues. This exercise was key to understanding if and how the project could contribute to the ongoing AMR work, and generated useful insights into critical issues that could be exploited.



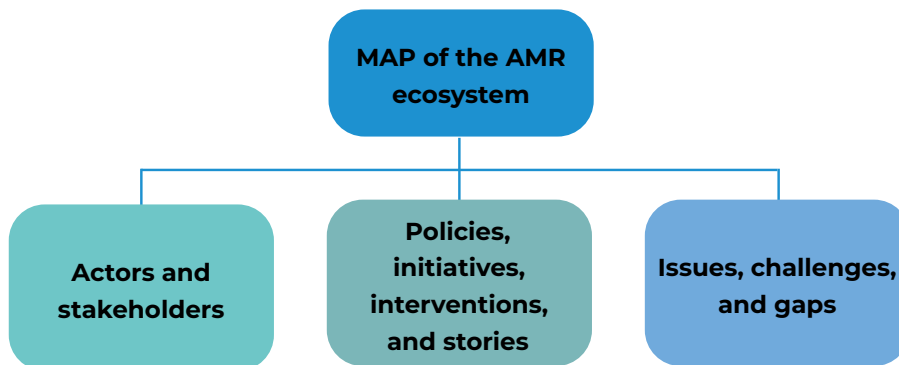
NOTE

If you have any difficulties finding national AMR policies, frameworks and action plans online, reach out to relevant government departments or agencies for assistance in obtaining these documents. See [Section 6](#) for the suggestions, *How to find AMR policies, frameworks, and action plans*.



How to organise the information?

Organising information in a structured way helps to reveal connections and patterns within the complex AMR ecosystem. Creating visual maps and diagrams can help to reveal the relationships between various stakeholders, issues, initiatives, and challenges. Here's an example of how to organise information related to AMR into different broad categories:

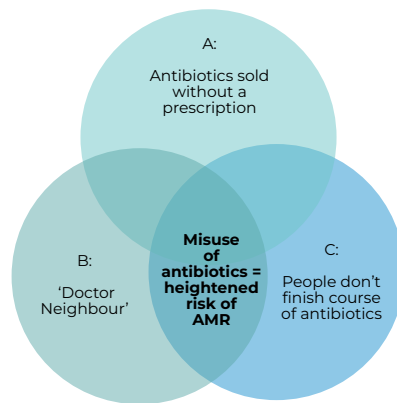


Mapping methods and techniques

Various mapping methods can be used to understand the AMR ecosystem. Each of these offers a unique perspective on understanding the complexities of AMR, as well as what and who exists in the ecosystem. Here is how each method can be used:

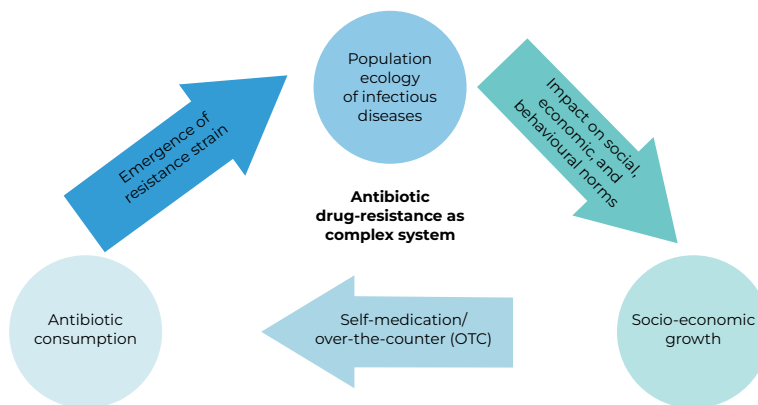
Issue maps: These are helpful for visualising the different issues, challenges, and causes related to AMR. Venn diagrams can illustrate overlapping problems, while geographic distribution maps can show where AMR is most prevalent. This approach helps identify common factors driving AMR and possible areas of focus for Responsive Dialogues.

Example of a Venn diagram



Causal maps: These include, for example, problem trees or causal-loop diagrams that can provide a deeper understanding of the relationships between different components within the AMR ecosystem. Problem trees help identify root causes and their effects, while causal-loop diagrams show feedback loops that contribute to the complex dynamics of AMR. Again, this approach helps to identify possible areas of focus for Responsive Dialogues.

Example of a causal map



Source: Malik, B., Bhattacharyya, S. Antibiotic drug-resistance as a complex system driven by socio-economic growth and antibiotic misuse. *Sci Rep* 9, 9788 (2019). <https://doi.org/10.1038/s41598-019-46078-y>

Stakeholder maps: These help you visualise the various organisations, institutions, and individuals involved in the AMR landscape. They highlight relationships, collaborations, and the influence of different actors in shaping AMR-related behaviours and outcomes. They are especially important and useful for identifying the different types of stakeholders to engage in Responsive Dialogues. See [Module 2](#) for stakeholder engagement and for an example of a stakeholder map.

Timelines: These offer a chronological view of the evolution of AMR-related issues – at the global, regional, national, and local level. This approach helps to track the progression of AMR awareness, policy changes, scientific discoveries, and public responses over time, revealing trends and shifts.

AMR ecosystem mapping in Responsive Dialogues enables you to gain a holistic understanding of what exists in the AMR landscape in your context, what is effective in responding to the challenges of AMR, and where there are gaps. These insights allow you to work with others in the AMR landscape to find locally relevant and feasible solutions to inform strategic interventions and policies that effectively address this critical global health challenge.

How to monitor AMR ecosystem mapping?

The example criteria below may help your project monitor your AMR ecosystem mapping on an ongoing basis as you gather more information. They are also a useful reminder of the important aspects to accomplish in the mapping exercise.

- Check the focus of the AMR mapping against project objectives, scope, and context
- Check that you have gathered information from diverse sources to ensure comprehensive and inclusive understanding
- Select appropriate mapping tools
- Identify visual tools to help show connections, relationships, and patterns
- Engage stakeholders in an ongoing way in the mapping process
- Communicate findings from the mapping to stakeholders and others involved.

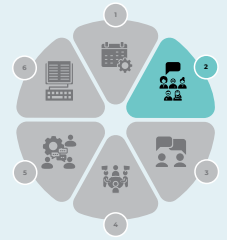
Checklist of guidance in this module

Tick completed activities/tasks and those that still need completion.

Activities	Yes	To do
The importance of mapping the AMR ecosystem for successful Responsive Dialogues is understood		
Approaches for mapping the AMR ecosystem are identified		
Data collected to identify what exists and where there are gaps is organised		
Different techniques are used to organise the information collected to feed into Responsive Dialogues		
AMR ecosystem mapping (ongoing) is monitored and tracked		



2 MODULE ENGAGING STAKEHOLDERS



The Responsive Dialogues approach is unique in that there is a central focus on establishing relationships for sustainable change. This includes identifying, engaging with, and building relationships throughout the course of the project, between stakeholders and the core implementation team, but more importantly, between stakeholders and the relevant community, so as to foster change and sustainability as an outcome of the Responsive Dialogues process.

This module provides guidance on the following:

- Which stakeholders to engage?
- What roles do stakeholders play?
- How to engage and build relationships with stakeholders?
- How to manage stakeholder challenges?
- How to monitor stakeholder engagement?

Which stakeholders to engage?

Stakeholders are individuals, groups, or organisations that have a vested interest or stake in Responsive Dialogues, the specific AMR issue/topic, the community being targeted, or the outcomes of the process. They may be directly or indirectly affected by the decisions made in the Responsive Dialogues process, for example:

- Their stake in the process might be related to the development or redevelopment of AMR policies, plans, and other efforts already underway in the country and/or local area.
- They might have an interest in advancing human, animal, and environmental health in the country and/or local area.
- They might have some other direct or indirect concern around, for example, finances, moral, legal, personal, or community-based matters.

Responsive Dialogues are developed through the establishment of relationships for sustainable change. They include equitable interaction, collaboration, and partnerships between the public and different stakeholders.



Stakeholders could be drawn from specific geographical areas, systems, institutions, interest-based groups, or identity communities. They may be, for example, members of the public, government ministries and departments, from across the One Health sector, the private sector, from local and/or international funders, non-profits, healthcare facilities, or universities.

This inclusive definition means that *anyone*, including citizens and members of a specific community who hold an interest in the topic and approach, may be considered a stakeholder. However, recognising the diverse range of stakeholders acknowledges the potential for conflicts between local and broader interests, as local communities often bear the immediate and personal consequences of decisions made in the long-term interest. (See below for suggestions on managing stakeholder challenges.)

What roles do stakeholders play?

Stakeholders will be involved in the process in different ways, depending on the specific focus of the Responsive Dialogues and the stakeholder’s role. Some will be involved in advisory roles, some in setting up or contributing directly to the Conversation Events, and others will have important roles in sustaining the Responsive Dialogues initiative and taking AMR solutions to policy level. The table below lists some stakeholders and describes the variety of roles and contributions they could make to the process.

Stakeholders and their possible contributions to Responsive Dialogues

Stakeholder	Role
Government/policy-makers/decision-makers	Provide insights on shared and department-specific goals and priorities, for example, from the National Action Plan (NAP) for AMR
Academics/researchers	Provide insights on evidence needed to drive existing or new local AMR research
NGOs, international networks, and organisations	Provide input for programme structure from previous experience, facilitation of Conversation Events, and access to funding
Private sector	Provide insights on existing trends and strategies
Civil society organisations (CSOs)	Provide input on public engagement and priorities
Public engagement experts	Provide input on public engagement and perspectives for programme structure
Community leaders	Help with community mobilisation, entering a community, awareness raising, and community acceptance
Donors/funders	Provide funding and expertise

Which stakeholders are key?

Some stakeholders will play key roles in the Responsive Dialogues process, others supporting or local roles. Consider the following:

- **Some stakeholders are decision-makers.** They include, for example, policy-makers, funders, and researchers. They have influence and the capacity to take the outcomes of the Responsive Dialogues forward.
- **There might be different levels of stakeholders at national and local level.**

Important questions to bear in mind in your engagement with each include, for example: Will you engage them together or separately? What can each contribute to the process? What will be most effective to help achieve the project objectives? Who will be critical to driving the solutions forward?

- **Some stakeholders are experts.** You may engage them for specific purposes at different times, for example, to give input into AMR.
- **Some stakeholders are from the wider community.** They can assist with community engagement, entry, and to take the outcomes of the Responsive Dialogues forward.

At the beginning of the Responsive Dialogues process, map out who the stakeholders are and categorise the different groups in a way that serves the purposes of your Responsive Dialogues project. This will guide you with the level of engagement you can expect to have with each stakeholder at different stages of the process, including with longer-term outcomes.

Guidance on stakeholder mapping and engagement

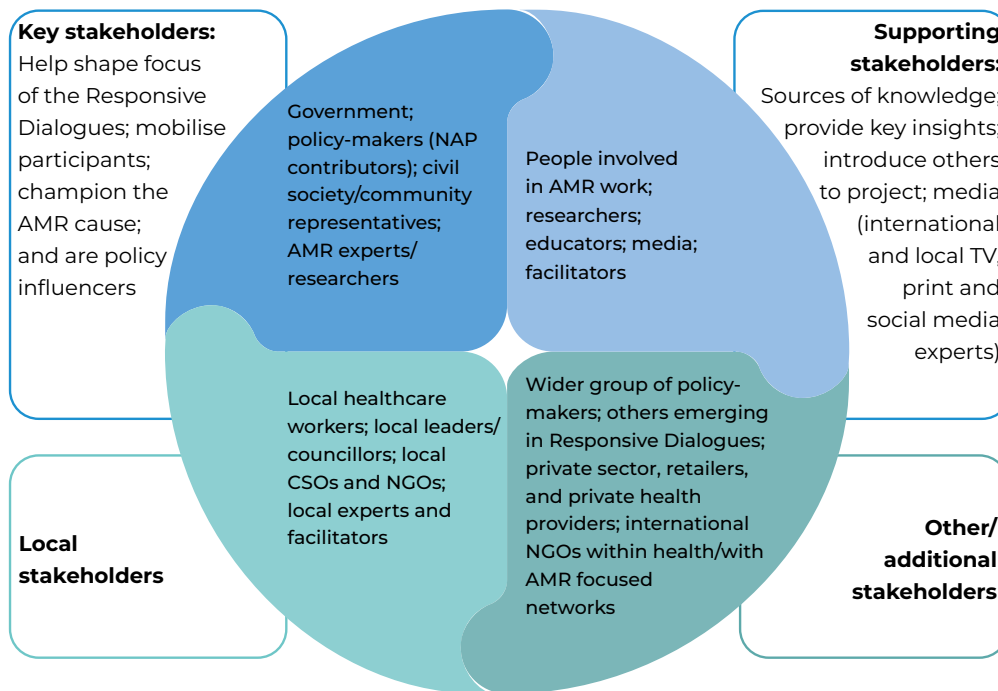
Questions to assist with the stakeholder mapping task and to prepare to engage with different stakeholders:

- What are the different types and categories of stakeholders in our context?
- Which sectors do they come from?
- What role do they play in the AMR ecosystem?
- What is the purpose of this stakeholder in our Responsive Dialogues process? What role could they play?
- What type or scale of influence does each stakeholder have?
- Are they important for our short-term, intermediate-term, and/or longer-term project objectives?
- How can each stakeholder help move the process forward?
- How can each stakeholder help foster sustainability and change?
- Should this stakeholder be engaged throughout the process, or at different stages? For example, at various points in the Conversation Events you might consider bringing in decision-makers to experience local realities first-hand. However, this has enormous implications for power dynamics and would need to be carefully managed. *See [Cross-cutting themes](#) and [Module 6](#) for more information on addressing facilitation challenges.*



Categorise stakeholders into the different roles and ways in which they will be involved in your Responsive Dialogues project. See the example that follows.

Example of stakeholder mapping



How to engage and build relationships with stakeholders?

Remember the importance of establishing relationships with stakeholders throughout the course of the Responsive Dialogues process. This relationship-building process should not only be between the core implementation team and the different stakeholder groups, but importantly also among stakeholders themselves, and between stakeholders and the communities you engage. It is through these relationships that change and sustainability are fostered as an outcome of the Responsive Dialogues process.

The methods you use to build up relationships with different stakeholders will depend upon the stakeholders and your familiarity with them. For example:

Tap into your own networks. This can have a snowballing effect – where you ask these stakeholders if there are any other individuals or organisations to include in the Responsive Dialogues.

Your first point of contact will probably be by email, phone, or at an in-person meeting. Include information about the project, about Responsive Dialogues, and a request for their involvement.

Following up by arranging a time when you can share more details with stakeholders and get their commitment to be involved. This could be through one-on-one meetings, existing meetings, for example, AMR committees, district, or regional health meetings, or through a specific stakeholder meeting.

Tips for gaining stakeholder buy-in

- Engage stakeholders **early**.
- Provide a **clear introduction** to Responsive Dialogues.
- Find a **'hook'** that matches the stakeholder's interests.
- Explain how Responsive Dialogues will help **address** this interest.
- Speak their **language**.
- Make your **expectations** clear.
- Organise a **Stakeholder Workshop** to mobilise stakeholders, inform them about the project, and engage them in the focus and goals of Responsive Dialogues.



See [Section 6](#) for practical information on *Organising and Running a Stakeholder Workshop*.



Small group of stakeholders discussing and prioritising AMR issues and messages, Malawi.
Photo: John Mankhomwa.

The table below outlines the advantages and disadvantages of the various ways in which stakeholders could be engaged. It's important to take these into consideration as you move forward with your plans.

Advantages and disadvantages of various ways to engage stakeholders

	One-on-one meeting	Existing meeting, for example, AMR committee	Responsive Dialogues stakeholder meeting
Advantages	Fairly easy to set up	Several key stakeholders may be in attendance; may assist with regular information sharing and longer-term sustainability	Focused on the specific project; time to explain details; brings various stakeholders together
Disadvantages	Individual meetings are time consuming	Other items on agenda, so time may be short to engage with stakeholders	Logistically difficult to arrange suitable venue and time; costly





Examples from Responsive Dialogues projects

In the **Malawi** project, the stakeholder engagement was broad and involved policy-makers from the ministries of health, agriculture and environment, scientists working on AMR, medical professionals, veterinary officers, NGO representatives, private sector stakeholders, including drugstore owners, media, visual artists, and local leaders (village chiefs). This broad group took part in the initial workshop that focused on project design, and the dissemination workshop towards the end of the project.

Stakeholders that formed part of the Conversation Events included local leaders, medical professionals, drugstore owners, and veterinary officers. Local leaders were key in negotiating the implementation of solutions in the community. Health professionals and drugstore owners provided information about antibiotic prescribing and usage practices.

In the **Zambia** project, stakeholders were initially identified through the NAP for AMR, and this was followed up with meetings with those whose current work aligned with the goal of the Responsive Dialogues project, that of Urinary Tract Infections (UTIs) in women. In addition, health facility staff, particularly the nurse-in-charge, community members, and volunteers helped to map out key stakeholders in the community.

Generally, stakeholders who were engaged in the Responsive Dialogues process were enthusiastic about assisting their communities and played a crucial role in getting their buy-in.

Building relationships with stakeholders

"Stakeholders engaged at this stage may also go on to provide critical input throughout the Responsive Dialogues, for instance, formulating or delivering evidence or messages, or as participants in the events" (Wellcome, 2021).

Keep all stakeholders, and most especially the key stakeholders, regularly informed about the Responsive Dialogues. Apart from maintaining enthusiasm and commitment to the project, this also builds buy-in to take outcomes and outputs forward.

Building relationships with stakeholders is an ongoing process throughout the course of the Responsive Dialogues project, because it can foster change and sustainability, amongst other things.



Tips for building stakeholder relationships



- Set up an **email list** of key stakeholders and use this to regularly inform them about progress (allocate this responsibility to a member of the core implementation team).
- Get a **slot at existing regular meetings**, for example, of an AMR committee or community health committee, to present updates on the Responsive Dialogues.
- Identify ways to **piggy-back meetings** with groups of stakeholders at other events in the country, for example, AMR meetings and conferences, and district/regional health meetings.
- Follow up **individually** with key stakeholders that you haven't been able to engage, and with alternative and new stakeholders.
- Plan follow-up feedback **Stakeholder Workshop/s**.
- Plan a final **Stakeholder Dissemination Workshop** to take place after the Conversation Events. See [Module 11](#) for more details.

Example from a Responsive Dialogues project



In the **Zambia** project, stakeholders played a significant role throughout the project. For example, stakeholder engagement in the groundwork phase included:

- Individual consultations with approximately 28 AMR stakeholders
- Running two Stakeholder Workshops
- Engaging with a wide range of stakeholders from human health and from different sectors in the Responsive Dialogues process.

A follow-up Stakeholder Workshop was held after the wrap up of all Conversation Events. A final dissemination Stakeholder Workshop was held after a major two-day AMR Conference that took place in Lusaka, knowing that many of the stakeholders would be there.

Example of stakeholder engagements throughout the course of the Responsive Dialogues project

When	Example engagements
During groundwork	Individual consultations with stakeholders
	Stakeholder Workshops (as many as necessary to identify and engage stakeholders)
Conversation Events	Engage a wide range of stakeholders from different sectors throughout the course of the Conversation Events
	Invite some key stakeholders to co-creation stage
	Build up contact and the relationship between stakeholders and the relevant community to foster sustainability of solutions
	Regularly report back to key stakeholders on Conversation Events and progress of the project
Post-Conversation Events	Follow-up Stakeholder Workshops after the wrap up of all Conversation Events
	Final dissemination Stakeholder Workshop



How to manage stakeholder challenges?

As you engage with stakeholders you may experience several challenges. It is helpful to be aware of potential areas in advance so you can plan how to navigate them in the best way possible. See *Cross-cutting themes* and [Module 6](#) for more on managing power dynamics.



Some key challenges you may encounter include:

- Stakeholders capturing or diverting the Responsive Dialogues agenda to their own interests
- Power dynamics especially between hierarchies, for example, national-level experts and community leaders; as well as cultural, gender-related, social, and age-related structural ranks
- Conflicting evidence from different stakeholders
- Availability of stakeholders to participate in workshops or other activities
- Payments for stakeholders to take part in activities like workshops or providing input in other ways.

Tips for managing power dynamics

- **Take time to prepare** for Stakeholder Workshops.
- Develop a **design and agenda** and review these. A well-designed and prepared workshop can minimise power dynamics.
- Put **strategies** in place to minimise dominant negative impact on a workshop, for example, break into small groups or pairs to encourage participation by all.
- **Brief dominant stakeholders** beforehand about the importance of hearing every voice in the room. See [Modules 6 and 7](#) for more about briefing experts and stakeholders.
- Ensure that stakeholders are clear about and agree to the **workshop purposes and outcomes**.
- Engage stakeholders in setting **ground rules** which include respect for different points of view, without judgement or critique.
- Take on a more **facilitative role** by encouraging the input of quieter people, summarising comments, and posing questions to deepen input.
- Use written **brainstorming**, make decisions using different types of **voting**, and **record ideas** using flipcharts.



How to monitor stakeholder engagement?

Document and record each step and process you use in the stakeholder engagement process, from the pre-engagement stage, to the engagement stage, to the post-engagement stage! You can, for example, use an Excel sheet to keep track of who has been contacted, by whom, and their responses and follow up actions. This will assist with ongoing monitoring and evaluation (M&E) and help to measure and track progress.

Spend time regularly reflecting on how the stakeholder engagement is progressing, and to ask if there are other things you can do to maximise their involvement to meet the objectives of the Responsive Dialogues. This will form part of your M&E process.

Example questions to stimulate reflection

Identifying and selecting stakeholders

- Have we successfully identified all the key stakeholders we want to involve in the Responsive Dialogues? Who is missing?
- Do we need to follow up again with some stakeholders or identify alternatives?
- Have any other stakeholders emerged that we should invite to participate in the Responsive Dialogues process?

Mobilising and involving stakeholders

- Have all identified stakeholders responded to our invitation to participate in the Responsive Dialogues?
- Did they attend Stakeholder Workshops/other events we organised?
- Which stakeholders do we need to reach out to again and what is the best way to inform them about Responsive Dialogues?

Working together

- Which stakeholders have we successfully involved in the Responsive Dialogues process so far?
- Which other stakeholders can we reach out to, to leverage their expertise in the Responsive Dialogues process?

Informing and motivating stakeholders

- How are we communicating with our stakeholders? Which ways are effective (emails, meetings, workshops, WhatsApp groups)? Frequency (how often)?
- What are the improvements we could make with our communication strategy?
- How are stakeholders engaging in taking solutions to policy level?

Checklist of guidance in this module

Tick completed activities/tasks and those that still need completion.

Activities	Yes	To do
A range of stakeholders who are key to the success and sustainability of Responsive Dialogues are identified		
The role each could play in the project and process is determined		
Ways to engage stakeholders and build relationships are explored		
Managing challenges with stakeholder engagement is planned		
Ongoing monitoring of stakeholder engagement is planned and implemented		



3 MODULE ENGAGING THE COMMUNITY



Engaging with relevant communities is a way of bringing local perspectives, understanding, and knowledge to the complex issue of AMR. However, it is important to define what is meant by ‘the community’ and how you plan to engage with specific communities in Responsive Dialogues.

This module provides guidance on the following:

- Who is ‘the community’?
- How to identify communities for Responsive Dialogues?
- How to inform and ask for consent to participate?
- How to monitor community engagement?

Who is ‘the community’?

“Communities are groups of people that may or may not be spatially connected, but who share common interests, concerns or identities. These communities could be local, national or international, with specific or broad interests” (WHO. (2023). 7th Global Conference on Health Promotion: Track themes).

‘The community’ is made up of people who have something in common that unifies them, for example, they are from the same geographical area, are part of the same system, share common interests and affiliations, have shared identities. See [Cross-cutting themes](#) for more on community engagement.



Defining ‘the community’

There are many ways to define or describe a community, for example:

Geographic community

Here ‘the community’ is based on people’s physical location or proximity to each other – where they live in a region, zone, or area. They are a community by virtue of the space they share, and also because of their local relationships and collective identity.

Systems community

‘The community’ is viewed as a complex interconnected system (think of a human body). This community is made up of individuals, groups, organisations, and institutions that interact and influence each other, within a specific geographical area or around a shared interest, such as the healthcare system in Lusaka, Zambia.

Interest-based community

'The community' forms around a shared interest, hobby, profession, or affiliation. People come together based on common passions, causes, or activities. Interest-based communities relevant to AMR may include: local farmers, such as backyard poultry or pig farmers united around animal health and livelihood issues; healthcare providers involved in prescribing or dispensing antibiotics; and environmental experts, such as ecologists and conservationists whose knowledge can guide efforts to preserve biodiversity and mitigate environmental risks. *See [Cross-cutting themes](#) for more on AMR and One Health.*

**Identity-based community**

'The community' forms around a shared identity or identities, such as gender, culture, ethnicity, religion, or being part of a marginalised group. Identity factors and common experiences unite people into an identity-based community.

Each perspective of 'the community' offers unique insights into the forces and dynamics that might operate in that community, and provides a valuable lens through which community engagement strategies can be developed to effectively involve and empower members of each type of community.

The communities and community members you engage are at the centre of Responsive Dialogues. Their stories, perceptions, and real-life experiences of AMR are the important evidence that feeds into the **co-creation** of feasible and effective solutions to AMR at the local and policy level.

GLOSSARY

Co-creation: A process that leads to the refinement of jointly generated ideas into concrete, tangible solutions that can be tried and applied in local contexts.

**A summary of the steps involved in engaging the community**

How to identify communities for Conversation Events?

The communities that are involved in Responsive Dialogues, and specifically in the Conversation Events, will depend on the objectives, scope, and focus of the project. This varies from project to project, as shown in the examples below.

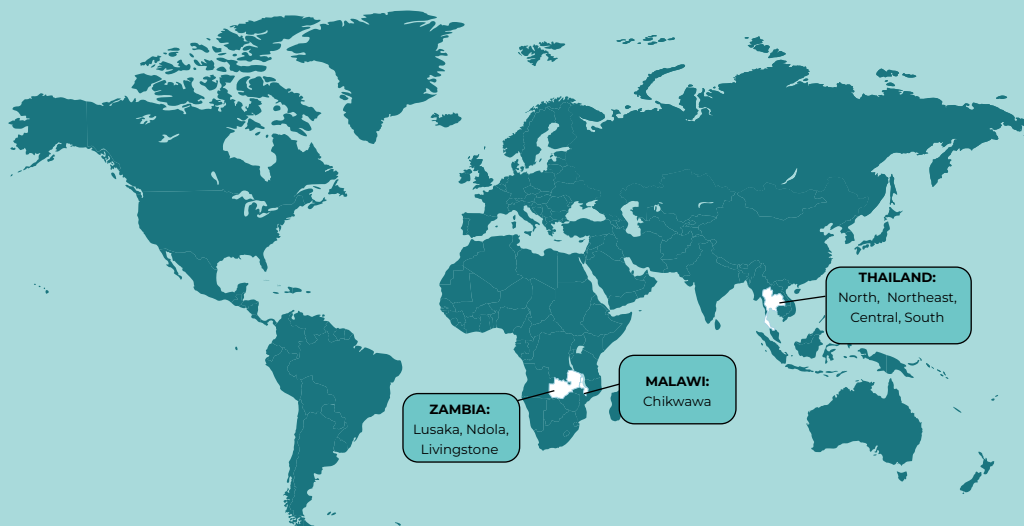
Examples from Responsive Dialogues projects



In the project in **Zambia**, 'the community' referred to women and men of reproductive age (16–45 years), pregnant women and their partners, a male group, and three female groups. Three districts and five areas were involved.

In the **Malawi** project, 'the community' and participant groups for Conversation Events were from one geographical area – in and around Blantyre, and covered three diverse interests – smallholder chicken farmers, medicine prescribers, and male community members.

In the **Thailand** project, the aim was to be as inclusive as possible and to maximise the chance of having a diverse community. Conversation Events were run in four geographic regions – North, Northeast, Central, and South – each of which was defined as a 'community'. National Conversation Events with adult participants were held, following which the project discovered that the solution was not tangible. They therefore decided that the most suitable way to proceed was to run the Conversation Events online with young people.



Identifying target groups

Within each community, it is important to identify specific target groups from which you can draw people to participate in Conversation Events. Some target groups already exist, such as women's groups, church groups, local community groups, or other special interest groups. In other cases, target groups are formed specifically for Conversation Events.

The type of target group from which you draw participants may shape the structure and facilitation of the Conversation Events. For example, a pre-existing church group might be easy to identify and reach, but their diversity may be limited.

Tips for identifying target groups

- A key element of Responsive Dialogues is the **potential that participants have to reach out to others** around them, to share what they have learnt in the Conversation Events, gather opinions, experiences, and insights from others, or influence others. Consider the following:
 - The potential reach participants have in their local community/communities
 - The potential participants have for national reach
 - The potential reach participants have in places where they live and work.
- Consider issues of **inclusivity and diversity**, gender sensitivity, people with special needs, or from underrepresented and marginalised groups, key populations, sex workers, and so on. See *Cross-cutting themes* for more on gender sensitivity and inclusivity.



Defining participant selection criteria

Once you have identified the target groups, decide on the criteria and methods you will use to select participants who will take part in the Conversation Events. The specific selection criteria may vary depending on project objectives and the targeted community or group. The important point is to define, document, and communicate what your selection criteria are and why you have decided on them – this relates back to your project objectives and scope. The criteria below are a starting point to develop your own selection criteria for the participants of your Conversation Events.

Example criteria to consider

Criteria	Issues to consider
Socio-demographic diversity	Consider age, sex, ethnicity, marital status, parental status, income level, employment status, profession or occupation, housing, education, location.



Criteria	Issues to consider
<p>Inclusivity</p> <p>See <i>Cross-cutting themes</i> for more on inclusivity.</p>	<p>Consider accessibility for people who are differently abled, those needing transport and accommodation, childcare, key populations, language and translation needs, those people with special needs relating to AMR, and those affected by AMR, such as farmers, patients, pharmacists, people working with natural resources, etc.</p>
<p>Knowledge, awareness, and experience of AMR and One Health</p> <p>See <i>Cross-cutting themes</i> for more on AMR and One Health.</p>	<p>Do you want to cluster participants with a similar level of knowledge, awareness, or experience of AMR and One Health, or deliberately mix them up for more diversity? For example, pharmacists or prescribers in one group, and patients in another. Your decision depends on your purpose and aims.</p>
<p>Power dynamics</p> <p>See <i>Cross-cutting themes</i> for more on power imbalances and gender sensitivity.</p>	<p>Power as control and domination can create barriers to participation in Conversation Events in terms of deciding who can participate and how this happens. For example, in mixed gender groups, women may share less because of the dominance of male participants.</p> <p>Consider the role that gender plays in decision-making and influencing attitudes, beliefs, behaviours and practices, and in framing solutions.</p>
<p>Capacity of participants</p>	<p>Consider level of awareness, sensitivity, confidence, and ability to engage in and bring different perspectives to conversations.</p>
<p>Reach and influence</p>	<p>Consider the potential of participants to reach and share their learning and experience with the local or broader community, and to bring in other local perspectives, insights, and experiences.</p>



Recruiting, selecting, and confirming participants

Selection processes will depend on the local context and the specific project objectives. The core implementation team may decide to consult local community representatives about the selection process, as well as other stakeholders, including researchers.

The selection method is most likely to be focused and purposeful, but could also include random selection. Commonly used selection methods include:

- **Through a participatory selection process:** Community members are involved in helping to select participants, using the selection criteria.
- **By invitation:** Participants are directly invited to participate in Responsive Dialogues.
- **By gatekeepers:** For example, a community leader, workplace manager, or official of an organisation. Gatekeepers can work for or against Responsive Dialogues:
 - If they think Responsive Dialogues are beneficial to their community, they can use their influence to open doors and persuade others to participate.
 - However, if they do not think Responsive Dialogues have merit, they can refuse to support the initiative and make it difficult to access community members.

GLOSSARY

Gatekeepers: “. . . members of a community and as such, understand its cultural and political environment. Their deep connection to community is acknowledged either by a formal position, such as an elected leader, or a person to whom the community turns to ‘get things done.’ Either way, a gatekeeper is a person of influence” (Gatekeepers: The politics of community, Notes from the Co-operative Innovation Project – September 2015).



Careful negotiation is needed to make sure that participants not only come with different opinions, views, and perspectives, but that they can express these freely and openly without any negative consequences for them or their families.

Screening and selecting participants

The selection criteria you develop help you to screen potential participants before there is any formal agreement about participation in the Conversation Events. The screening may be conducted in person, over the phone, via internet, online, or through a written questionnaire. It is also important to begin the informed consent process at this point (see below).

Once participants have been selected, the core implementation team may send them an invitation by letter, email, or in person, together with information about the purpose and goals of Responsive Dialogues. Participants who were not selected are also informed, with a brief explanation about why.

If possible, meet with participants in advance of the actual Conversation Events. Such a meeting may involve briefing participants about the process before they agree to be involved. Discuss time commitments, as well as the compensation that will be provided depending on funds available, for example, for travel expenses and meals.

How to inform and ask for consent to participate?

The informed consent process begins during the screening and selection stage. It includes carefully explaining to potential participants the following:

- What Responsive Dialogues and Conversation Events are
- How their contributions will be used and how they will be asked to give specific consent for their words (quotes), or photos, or other outputs to be used
- How participation is voluntary and anyone may withdraw at any time without giving a reason, and without any adverse consequences
- How and why confidentiality is important in Conversation Events
- How every person’s rights (including legal, social, etc.) must be respected
- How appropriate referral pathways will be shared with participants who need support during or after the Conversation Events, particularly for sensitive matters that have been shared.

Participants should only agree to the informed consent when they fully understand what is required of them. If a person is unable to read or write, an impartial witness

can be present to observe the consent process and to co-sign the consent form. Other methods can be explored, such as voice recording of the consent, visual images to explain the process, or brail where necessary. For more on accessible contracts, including consent contracts, see <https://creative-contracts.com/>.

Example from a Responsive Dialogues project

In the **Thailand** project, participants were invited in writing to participate in the **evaluation** component which was conducted at the end of each Conversation Event. An informed consent process was used for only those participants who agreed to participate in the evaluation (i.e. it was not used for participation in the Conversation Events). Only those participants who agreed to participate in the evaluation were provided with all relevant details, which included:

- Participants were given a *Information Sheet* which explained the relevant details.
- Participants were given as much time as they needed to consider the information and to ask questions.
- Each participant was informed that they had the right to withdraw at any time without giving any reason. Withdrawal meant that their data would be excluded from analysis. The parts of audio and/or video recordings and written data that captured their views would be deleted.
- When participants were ready, they decided whether or not they were willing to allow their information to be collected and recorded.
- If they agreed to participate in the evaluation, they were asked to sign and date an Informed Consent Form.

See *Cross-cutting themes* for more on ethical considerations.

How to monitor community engagement?

Below are some key questions to include in your monitoring and documenting of community and participant engagement:

Defining and identifying 'the community'

- How was 'the community' that would be part of your Responsive Dialogues project defined?
- Were the project objectives, scope, and focus used to identify the community?
- Within the community, how was the target group identified?

Selecting participants

- Were participant selection criteria clear, transparent, and inclusive?
- Was the screening process transparent and inclusive?
- What participant selection method/s were used (e.g. gatekeepers, invitation, participatory selection)?

- Was gender taken into account in the selection process?
- Were people with special needs, or from underrepresented and marginalised groups, key populations, sex workers, and so on, considered?
- Was a diverse group of participants invited to engage in the Conversation Events?
- Are the invited participants well-suited as members of the Conversation Events?

Seeking informed consent

- What informed consent process was used?
- How were participants informed about their rights as participants?

See [Section 1](#) for more on the M&E Framework.

REMEMBER



Document and record each process you use in the community engagement and participation selection processes. Note down why any specific decisions were made about the recruitment and selection process. Store your documents in a systematic way.

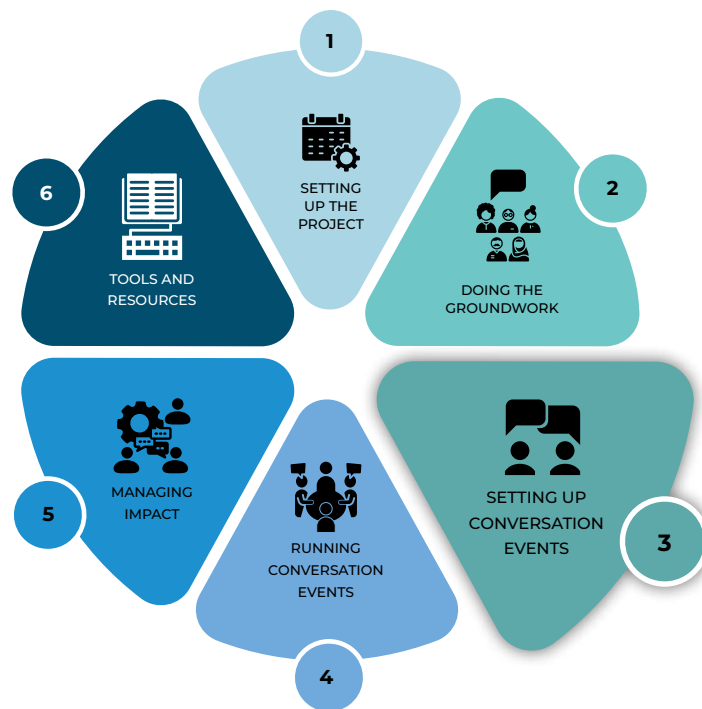
Checklist of guidance in this module

Tick completed activities/tasks and those still needing completion.

Activities	Yes	To do
What is meant by 'the community' is defined		
The community for the Responsive Dialogues project is identified		
Participants for the Conversation Events are selected and recruited		
The process of informed consent is set up		
Community engagement is monitored		



Zambia Responsive Dialogues project.
Photo: Framaja Photography.



SECTION 3

SETTING UP CONVERSATION EVENTS

At the core of Responsive Dialogues are a series of conversations or dialogues, called Conversation Events. These provide an opportunity to hear participants' insights into their lived experiences of antimicrobial resistance (AMR) challenges and to participate in co-creating solutions to these challenges. Thorough designing, planning, and preparation for these Conversation Events to suit the needs and context of each participant group, is really important to their success.

This section provides guidance on the following:

Module 4: Planning Conversation Events

Module 5: Preparing for Conversation Events

NOTE: Sections 3 and 4 are both important for running Conversation Events, and should be read and used together.

4 MODULE PLANNING CONVERSATION EVENTS



Conversation Events are at the heart of the Responsive Dialogues project. Here participants are facilitated through a deliberative process which fosters participation and inclusivity in decision-making at local and policy levels. The success of Conversation Events depends on carefully selected and well-trained/briefed facilitators, who are involved in designing, planning, and preparing Conversation Events.

This module provides guidance on the following:

- What are Conversation Events?
- How to develop agendas and session plans?
- How to adapt and contextualise agendas and plans?
- Who facilitates the Conversation Events?
- How to train, brief, and support facilitators?
- How to monitor for continuous improvement?

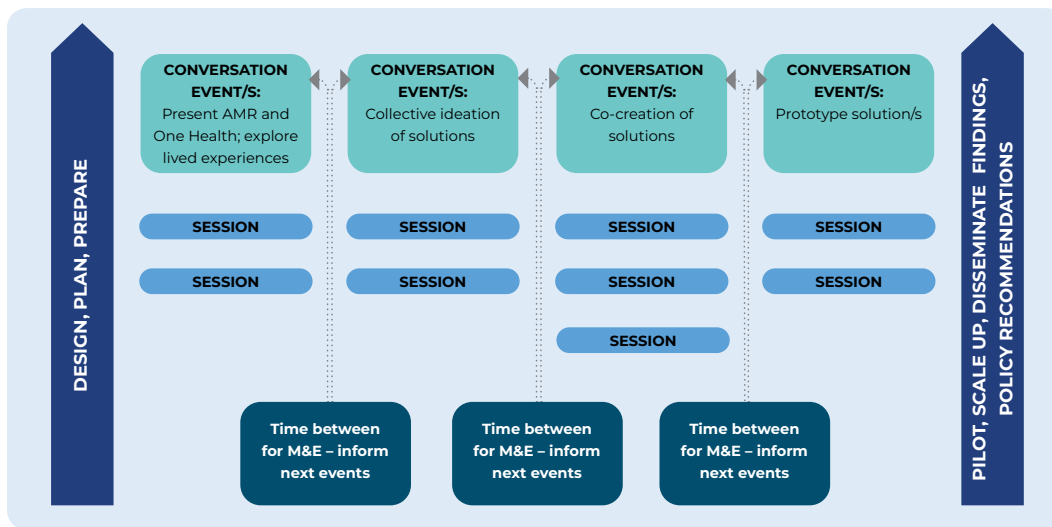
What are Conversation Events?

Conversation Events are a series of interconnected dialogues, each with a different focus, from introducing AMR and unpacking participants' lived experiences of AMR challenges, to participants jointly developing ideas to address these challenges (called co-ideation), and moving to participants co-creating context-specific and doable solutions that can bring about sustainable change at a local and policy level. A Conversation Events Set incorporates this series of interrelated Conversation Events which are run for the same group of participants.

The diagram that follows shows an example of **one** Conversation Events Set that includes a series of four interrelated Conversation Events. Each Conversation Event has a different focus, and is organised into different sessions. See [Modules 6 and 7](#) for more on the flow of Conversation Events.

A Responsive Dialogues project generally runs several Conversation Events Sets with different participant groups. The number of Sets depends on factors, such as project objectives and scope, available resources, participant groups, and context. See the example that follows.

Example of a Conversation Events Set



Notice how in the above diagram, time is built in between each Conversation Event (ideally 10–14 days). This is so that, for example:

- Participants can process their experience and share information with others
- Participants can informally gather responses to feed back into subsequent Conversation Events
- Facilitators and the core implementation team can document, reflect on, analyse, improve, and adapt the process for the next Conversation Event (see [Module 7](#) for more on seeking feedback from participants and others involved in the Conversation Events and using this input to make adjustments to subsequent Conversation Events)
- The core implementation team can report back on progress to stakeholders.

The time between Conversation Events might need to be shortened for various reasons, such as needs, availability of participants and facilitators, preferences of the participants, or simply because of limited funding. Flexibility is necessary as you assess the needs of each context to get the balance right.

Parallel, staggered, and consecutive

Conversation Events Sets may be run in parallel with each other, or they may be staggered, or they can be run consecutively – one following the other. There are advantages and disadvantages to each approach, as shown in the table that follows.

Conversation Events Sets	Advantages	Disadvantages
Parallel	Efficient and can save time, as similar resources are used with each participant group	No time to improve and adapt each Set for each group and context, based on previous learnings Resource intensive – requires more facilitators, materials, and logistical support Complex planning, as it requires co-ordinating multiple Sets simultaneously
Staggered	Efficient, as there is time to allocate resources more effectively and the need for simultaneous resources is reduced More time for improving and adapting each Set based on previous learnings	Longer duration as staggered. Sets may extend over a longer period of time
Consecutive	More time for improving and adapting each Set based on previous learnings It may be easier to secure facilitators or use the same facilitators for each Set	Complex planning, as it requires co-ordinating multiple Sets over a longer period of time, in different locations or with different facilitators



The country examples below illustrate three different ways in which Conversation Events Sets may be organised. Some Sets were held in different geographical areas with 'the same' community, others, like Malawi, did a deep dive in one geographical area, engaging with different communities. Most were face-to-face, although in Thailand there were also virtual Conversation Events due to the COVID-19 pandemic. Some were held in parallel, others consecutively.

Examples from Responsive Dialogues projects

In the **Zambia** project, **five Conversation Events Sets** were held with different participant groups in different zones. The two Conversation Events in Lusaka and Ndola were held in parallel with each other. Initially, four Conversation Events were planned in each Set. Then, in consultation with stakeholders, it was decided to have six Conversation Events. This took place in the Lusaka district. However, due to budget constraints and the high cost of running Conversation Events, the team decided to revert to the initial four Conversation Events, combining sessions to achieve this.



Conversation Events Sets	Process
Set 1: Chilenje, Lusaka Over 3 months: October to December 2022	1 X Conversation Events Set included: 6 X Conversation Events with a women's group (aged 16–45) (6 weeks, every Friday or Saturday)
Set 2: Matero, Lusaka Over 3 months: October to December 2022	1 X Conversation Events Set included: 6 X Conversation Events with a mixed gender group (expecting couples) (6 weeks, every Friday or Saturday)



Conversation Events Sets	Process
Set 3: Chipulukusu, Ndola Over 3 months: January to February 2023	1 X Conversation Events Set included: 4 X Conversation Events with a women's group (aged 16–45) (every Friday or Saturday with 2-week gap)
Set 4: Lubuto, Ndola Over 3 months: January to February 2023	1 X Conversation Events Set included: 4 X Conversation Events with a men's group (aged 16–45) (every Friday or Saturday with 2-week gap)
Set 5: Maramba, Livingstone Over 3 months: March to May 2023	1 X Conversation Events Set included: 4 X Conversation Events with a women's group (aged 16–45) (every Friday or Saturday with 2-week gap)

In the **Malawi** project, **three Conversation Events Sets** were held consecutively, with different participant groups in one geographical area. Due to logistics, the spacing between Conversation Events was between 3–4 weeks. This allowed participants time to reflect on the Conversation Event and to do 'homework', for example, using visuals only to reflect on their learning.

Conversation Events Sets	Process
Set 1: Farmers Over 3 months: July to October 2021	1 X Conversation Events Set included: 3 X 1-day Conversation Events, spaced 3–4 weeks apart 1 X 2-day Conversation Event which included farmers, experts from veterinary services, AMR Unit, and local policy-makers
Set 2: Prescribers Over 3 months: November 2021 to January 2022	1 X Conversation Events Set included: 3 X 1-day Conversation Events, spaced 2 weeks apart 1 X 2-day Conversation Event with prescribers, experts, and local policy-makers
Set 3: Carers (Men's group) Over 3 months: March to May 2022	1 X Conversation Events Set included: 3 X 1-day Conversation Events, spaced 3–4 weeks apart 1 X 2-day Conversation Event with men's group, and expert (from prescriber group), and local policy-makers

In the **Thailand** project, **six Conversation Events Sets** were held consecutively.

Conversation Events	Process
Set 1: Adult national virtual Over 3 months: May to July 2021	1 X Conversation Events Set included: 3 X 3-hour Conversation Events with participants from diverse backgrounds (1 per month, for 3 months, and 3 hours each)
Set 2: Youth national virtual Over 1 month: November 2021	1 X Conversation Events Set included: 3 X 3-hour Conversation Events with youth (over 1 month, 3 consecutive weeks, 3 hours each)
Set 3: Regional in-person (Northeast Thailand) Over 1 month: December 2021	1 X Conversation Events Sets included: 1 x 3-day Conversation Event with members of the public

Conversation Events	Process
Set 4: Regional in-person (North Thailand) Over 1 month: February 2022	1 X Conversation Events Sets included: 1 x 3-day Conversation Event with members of the public
Set 5: Regional in-person (South Thailand) Over 1 month: between March and April 2022	1 X Conversation Events Sets 1 x 3-day Conversation Event in the South Thailand with members of the public
Set 6: Regional in-person (Central Thailand) Over 1 month: May 2022	1 X Conversation Events Sets included: 1 x 3-day Conversation Event with members of the public



The design process

The core implementation team leads the design process, and may draw on others to give input, such as facilitators, community and national stakeholders, AMR experts, gender experts, materials developers, and graphic artists.

NOTE

Facilitators of Conversation Events may not be involved in the 'top level' design of the Conversation Events Sets. But it is important that they are involved in developing the agendas and especially the session plans for each Conversation Event. (See more on facilitator training/briefing later in this module.)



Whoever is involved needs to be properly briefed on the collaborative nature of the design process to ensure that everyone has an equal opportunity to participate. Experts and stakeholders especially should be made aware that they need to be mindful of power dynamics and to hold back from dominating and taking control of the process. See [Module 6](#) for more on briefing stakeholders and experts.

Start with the **'top level' design of each Conversation Events Set**. You can then adapt and contextualise the design for different participant groups, contexts, and modalities, i.e. face-to-face, online, or blended (face-to-face and online).

Work out overall timings, including:

- **Number of Conversation Events Sets:** Information from the groundwork phase will help you to determine how many Sets to run with different participant groups, as will your budget, resources, and time constraints.
- **Number of Conversation Events and sessions:** Use your previous experience as well as best practice from the field to estimate how many Conversation Events to run in each Set. Be flexible – once you are running the Set you might discover that you need to add more Conversation Events, depending on the needs of the participant group.
- **Frequency:** Build in enough time between Conversation Events, ideally 10–14 days. (See above for more information.)
- **Calendars and dates:** Consider particular participant groups, how much time they have, and when they can give this time to engage in Conversation Events.

For example, farmers may not be available for full days or multiple days, and their availability may depend on the planting/farming season. Caregivers may only be available for a few hours at a time. Workers might only be available after working hours and on the weekends.

- **Seasonal calendars:** Consider religious or cultural festivals, school holidays, farming, weather conditions, and other initiatives happening in the same community which might involve national stakeholders, and could impact your timelines.

In the **Malawi** Responsive Dialogues project, the initial Stakeholder Workshop proposed six Conversation Events Sets with specified participant groups. The stakeholders also proposed that we have five participant groups, but we could only run Sets with three groups because of time and budgetary constraints. This decision was made in consultation with the National AMR Coordinating Unit at the Ministry of Health. How many Conversation Events we had with each participant group was also informed by our accumulating load of work and the need to cover all the emerging issues appropriately.



Designing tips

- **Designing Conversation Events Sets is an ongoing and iterative process:** It includes constant monitoring, reflection, adjustment, and improvement.
- **Build in time for the process:** Consider each element that needs to be planned and organised, for example, meetings, workshops, and activities with stakeholders. Each of these elements needs organisation, planning, preparation, facilitation, and documentation.
- **Balance structure and flexibility:** Ensure a logical flow and structure across Conversation Events Set (to tell a logical 'story'). But, be flexible so that these can be adapted and contextualised for each participant group and context.
- **Review the design:** Check the structure and logical flow of the Conversation Events Set and adapt for each participant group and context.
- **Ask experts to review the design:** Ask different experts to review the design using their specific 'expert lens' to ensure that important issues are integrated. For example, AMR experts, gender experts, expert facilitators, and so on.



See [Section 6](#) for the *Example: Suggested Steps to Design Conversation Events Sets*; and the *Template: Suggested Steps for Design process*.



How to develop agendas and session plans?

Once you have designed the Conversation Events Set, you can then use this to draft the agenda or high-level outline for each Conversation Event in the Set. The agenda can then be used to develop detailed session plans for each part of the Conversation Events (see diagram below).



REMEMBER

Involve facilitators in developing the agendas for each Conversation Event. (See more on facilitator selection and training later.)



Developing agendas

- Start with the **title, focus, and broad aims** and work backwards from here.
- **Check that the focus of each Conversation Event flows** like an easy-to-follow and logical 'story'.
- **Write the definite activities to do at various fixed times.** For example, introductions, ice-breakers, recaps, closing activities.
- **Write other processes/activities that will take place** to meet the broad aims of each Conversation Event.
- **Build in enough time** for participants to thoroughly explore and discuss information, ideas, and processes, and when appropriate, to present solutions to local stakeholders.
- **Ensure that there are enough breaks** so that participants feel comfortable and energised.
- **Build in time for feedback from participants** on the process and content to inform subsequent Conversation Events. See [Module 7](#) for more on continuous improvement of Conversation Events.
- **Add in buffer time** to account for activities and sessions that may run over, or for unexpected delays, for example, in starting times.

See [Section 6](#) for the *Example: Extract from Agenda for Conversation Events* and the *Template: Agenda for Conversation Events*.





Photo: John Mankhomwa.

Example from a Responsive Dialogues project

In the **Malawi** project, stakeholders helped the core implementation team to narrow down the AMR focus, set AMR priorities, and develop key messages to communicate to participants. This input was then used to design a Conversation Events Set with farmers who use antibiotics in poultry farming, in and around Blantyre District. See [Section 6](#) for an extract from the agenda of four interrelated Conversation Events that were run in Malawi.

Developing session plans

There are many templates that you could use to develop the detailed session plans. Most include standard sections which are aimed at giving maximum support and guidance to facilitators. These can become the Facilitator Guides or Facilitator Notes. See [Section 6](#) for the *Example: Session Plan for an Introductory Session* and the *Template: Session Plan*.

- **Start with the agenda** for the Conversation Event.
- **Break down each aim into objectives.** For each aim, discuss and note down what you want participants to know, think, feel, value, and do to achieve the aim. For example, the aim is to explore and define key antibiotic challenges in farming; the objective might be to present specific content and evidence about antibiotics and AMR to achieve this aim. Or, your objective might be to guide participants to reflect on their current attitudes and practices in antibiotic usage and how these might need to change.
- **Use the objectives to plan the sessions** for each Conversation Event. For example, Session 1: Introduce antibiotic usage in poultry farming.
- **Identify the broad process to follow in each session.** Discuss:
 - What should be presented first (content, information, input)?
 - How will this be presented? For example, how will the AMR topic or key AMR messages be introduced and explored? Who will be involved?

- What participatory activities could be used? For example, in ideation, prioritisation, and co-creation? See [Modules 6 and 7](#) for more on participatory activities.
- What steps are involved in each activity? See [Module 7](#).
- How long will each activity take (average timings/duration)?
- What resources or materials are needed? What must be prepared in advance? See [Module 5](#) for more on materials and resources.
- Will this process help to achieve the objectives of the session and the aims of the Conversation Event?
- Logically, what should be presented next. Go through the same questions for each session.
- **Review the whole session to ensure a logical flow.** Adjust if necessary.
- **Check that there is a gender sensitive and equity focus.** See [Cross-cutting themes](#) for more on gender sensitivity.



Planning tips

- **Vary the presentation style** and ensure a good mix of input, activities, and discussion. See [Module 7](#) for ideas on different participatory activities.
- **Keep 'expert' input or presentation to a minimum** – no more than 10 minutes.
- Build in **enough time for each activity** and for deliberation.
- Build in **enough time to make adjustments** to the Conversation Events as you get feedback from participants, and as the facilitation team reflects on what happened and adapts the agenda and session plans for the next Conversation Event or session. See [Module 7](#) for more on continuous improvement of Conversation Events.



How to adapt and contextualise agendas and plans?

Designing Conversation Events and sessions is an ongoing process of improving, adapting, contextualising, and refining your design, agendas, and session plans. Here are some questions to consider for different groups, contexts, and AMR topics. For each one, discuss what needs to be adapted and contextualised:

- How are your **participant groups** different to each other? For example, are they different ages, languages, cultures, genders, occupations, and so on? What do you think will work in one group but not in another? See [Module 3](#) for more on the community and participant groups.
- Is the **context** in which the Conversation Events take place different? For example, is one in a rural area and another an urban area? Is one in a workplace and another in a community setting? Is one face-to-face and another online?
- Is the **AMR topic/content or focus** different for each group? For example, one group are farmers and another are medicine prescribers?

In the **Thailand** Responsive Dialogues project, during and after each Conversation Event we collected feedback that would inform the next Conversation Event and we would make amendments accordingly.



Who facilitates Conversation Events?

“Facilitation is the art of leading people through processes towards agreed-upon objectives in a manner that encourages participation, ownership and creativity by all those involved.” (DCM learning. See <https://dcmlearning.ie/video-content/essential-facilitation-skills-for-an-effective-facilitator.html>)

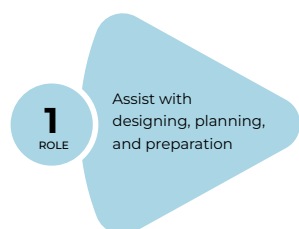
There are different facilitators involved in the Conversation Events. They may be organised in various ways and have different roles and responsibilities, as shown in the table below. However, it is critical that facilitators work together as a **team** and agree on the precise roles and responsibilities of each member.

Who?	Roles and responsibilities
Lead facilitator	
Part of or external to the core implementation team NOTE: If working with an external lead facilitator, select this person carefully. Provide clear guidance on roles and responsibilities. Provide training, including in the Responsive Dialogues approach, objectives, and using participatory facilitation approaches. See Module 6 and Module 7 for more on participatory approaches	Works collaboratively with core implementation team Selects, briefs, trains, mentors, and debriefs other facilitators Leads process of designing, planning, and preparing Conversation Events Assists with facilitating Conversation Events, or plays a supportive role, especially if not from local community of participants Assists with preparation of materials Assists with recording and analysing Conversation Events Assists with report back to stakeholders and communities, if required
Local facilitators	
Sub-contracted to facilitate Conversation Events Ideally, they are part of the local participant community, and have local knowledge and language skills	Before Conversation Events: assist with designing, planning, and preparation During Conversation Events: facilitate, monitor, and record After Conversation Events: monitor and evaluate
Facilitation team	
Lead facilitator and local facilitators work together to run Conversation Events	Facilitation of Conversation Events generally happens in a team, so it is important to agree on the exact roles of each facilitator and try these out

While some facilitators may have specific roles, all facilitators have three key roles, as shown in the diagram that follows.

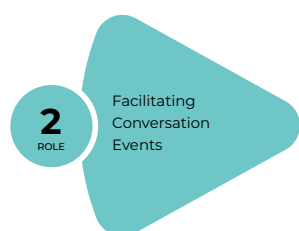
Three key roles of all facilitators

Before Conversation Events



- **Collaborate** around designing and planning an appropriate facilitation process to achieve objectives of the Conversation Events
- Assist with **logistics** – resources, venue, people, materials, etc.

During Conversation Events



- Know what will be covered (**content**) and how (**process**)
- Set up a **supportive environment**; build trust for everyone to feel comfortable, confident, and respected
- Promote dialogue using appropriate **participatory methods**
- **Monitor** what is working/not working and how to improve
- Manage **group and power dynamics**; ensure inclusivity and gender sensitivity
- **Reflect, learn, improve** – co-create subsequent Conversation Events with participants

After Conversation Events



- Get **feedback** to improve the designing, planning, and preparation of Conversation Events
- Get **feedback** on facilitation

Example from a Responsive Dialogues project

In the **Zambia** project, the facilitation team was made up of the core implementation team and experts, such as gender experts, pharmacists, nurses, and translators.

The nurses and pharmacists were based at healthcare facilities in the communities where the Conversation Events took place, and were chosen by the in-charge nurses or by community gatekeepers. Their knowledge of the community was instrumental in the success of the Conversation Events in these settings. In addition, their involvement led to the inclusion of key AMR messages into existing programmes in their healthcare facilities, and in this way enhanced the sustainability of the Responsive Dialogues approach.

The core implementation team facilitated most of the Conversation Events, for example, the recaps, introduction sessions, break-out sessions, evaluations, and so on. The local facilitators facilitated different sessions depending on their area of expertise. For example, the head nurses facilitated the sessions on Urinary Tract Infections (UTIs) and the pharmacists provided input on antibiotics and antibiotic usage. Back-up facilitators assisted with translation where necessary.



We recommend that Responsive Dialogues projects consider having an adequate number of facilitators for each Conversation Event. In the **Zambia** Responsive Dialogues project, seven additional facilitators were trained across two sites – (Ndola and Livingstone), because the core implementation team had to be split up due to budget constraints.



Select and recruit local facilitators

The criteria below are suggested characteristics of good facilitators that you can use or adapt as selection criteria, to suit your project and context.

Suggested characteristics of a good facilitator

Familiarity with community	Communication skills
From the community of participant group/s Familiar with local culture, context, and language Respected in the community Values inclusivity and respects diverse views, socio-economic status, and identities Sensitive to issues of gender and power Compassionate/empathic – perceptive, observant, and sensitive to others	Good communication with individuals and groups Listens actively Good organisation and time management skills Works effectively as part of a team Flexible, can adapt to change and adjust timing to context Self-aware of own values, beliefs, opinions, responses; can background these in Conversation Events Aware of own strengths and weaknesses Some knowledge of the topic Prior experience of facilitation; willing to develop further skills



Ways to recruit suitable local facilitators include reaching out to local NGOs, community-based organisations (CBOs), faith-based organisations (FBOs), or academic institutions who have experience of working with local communities, government departments, and different sectors (amongst others). Look into your own network and ask stakeholders for recommendations from their network.

How to train, brief, and support facilitators?

Facilitator training is beneficial for everyone who will facilitate and support Conversation Events, even experienced facilitators and support personnel. Training provides an opportunity to brief everyone properly, to ensure that everyone knows the purpose, order in which Conversation Events happen, activities involved, and their roles and responsibilities. Facilitators can discuss how they can support each other and use their particular strengths to help other facilitators. By the end of the training, everyone should be completely familiar with the structure of Conversation

Events and be comfortable carrying out their roles. Briefing and training facilitators must happen timeously and ahead of Conversation Events.

Training and briefing facilitators

The core implementation team, with input from others as required, should include the following key areas in their facilitator briefing/training:

- The Responsive Dialogues approach – objectives, processes, outcomes. See [Introduction](#) to these Guidelines.
- Cross-cutting issues. See [Cross-cutting themes](#).
- Background information about AMR, specific AMR topic, and One Health approach. See [Cross-cutting themes](#).
- Background information about each participant group. See [Module 3](#).
- Design of Conversation Events Sets, agenda of Conversation Events, session plans/Facilitator Guide. (See below.)
- Roles and responsibilities before, during, and after Conversation Events. (See below.)
- How to take notes in Conversation Events, and store them for review and monitoring. See [Module 9](#) and [Section 6](#) for ideas for a *note-taking system*.
- How to encourage participants to give feedback and involve them in co-creating subsequent Conversation Events. See [Module 7](#) for more on the continuous improvement of Conversation Events.



Facilitation training



Photo: John Mankhomwa.

Examples from Responsive Dialogues projects

In **Malawi**, all facilitators had worked on various social science and community engagement projects, using qualitative and participatory approaches. These skills and their previous work experience served as criteria for selecting the facilitators. Concerning training, the core implementation team held drill sessions with the facilitators, briefing them on the project and coaching them on facilitation skills.

In the **Zambia** project, the facilitation team in Lusaka were trained in facilitation skills in a two-day training session before the first Conversation Event. They then went on to train experts /local facilitators in Ndola and Lusaka.



Facilitator training tips



Apart from the above briefing areas, the following facilitation skills are important to cover. See [Modules 6](#) and [7](#) for more on facilitation.

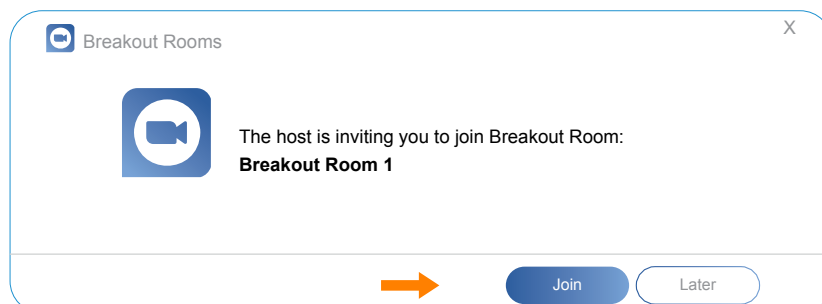
- Participatory facilitation approaches and activities, including for example:
 - Verbal methods, such as discussion, brainstorming, role-plays, drama, stories
 - Non-verbal methods, such as music, dance, art, song, poetry, photography
 - Working relationships to encourage participation, such as pair and small group work.
- Asking questions to lead/facilitate conversations, and probing to uncover more information and to assist with deeper deliberation
- Active listening, paraphrasing, checking meaning, and reflecting back to participants as a way to encourage further reflection and discussion
- Gender responsive facilitation to raise awareness about gender attitudes, norms, and values which can lead to discrimination and even to the failure to prioritise gender solutions
- Managing groups, power dynamics, and conflict in constructive ways
- Managing distractions – time, cell phones, personal/other work commitments
- Facilitating the ideation, prioritisation, and co-creation of AMR and One Health solutions
- Adapting and contextualising activities and processes for each participant group.

Role-play any areas where facilitators are less confident, such as managing power dynamics and resolving conflict. Debrief after the role-plays, reflecting on the scenario and providing constructive feedback.

The best training to be an effective facilitator is practice and experience.



Most Conversation Events are **face-to-face**, but some may take place **online or virtually**. Online Conversation Events require someone with special facilitation skills, for example, someone familiar with working on a communications platform like Zoom, and who can monitor chat boxes and assist with breakout rooms. It also requires someone who can provide technical support if necessary. See [Module 5](#) for more on determining modality.



Practical considerations for arranging facilitator training

The suggested schedule below may help with the planning of facilitator training.

When	Suggested preparation
At least 4 weeks before training	Schedule training dates and times
	Identify and communicate with facilitators and trainers
	Identify suitable venue with suitable training space
	Check tables, seats, equipment
	Arrange other logistics, e.g. lunch, coffee/tea breaks, healthy snacks, accommodation, transport, childcare if necessary
At least 3 weeks before	Inform everyone of practical arrangements for training
	Confirm with trainers and facilitators
	Prepare training material or aides
	Follow up on venue
At least 1 week before	Confirm logistics (venue, lunch, coffee/tea, transportation, etc.)
	Check that training equipment works
	List and buy all training aids and resources, e.g. pens, flipcharts, note paper
A day before the training	Conduct orientation session for trainers of facilitators
	Brief trainers on important considerations
	Check that training equipment, materials, and training aids are ready
	Do final room set-up with seating plan



Mentoring/ongoing support of facilitators

The lead facilitator and/or more experienced facilitators may take responsibility for ongoing capacity building and support of facilitators. For example: they could offer extra coaching before and during the Conversation Events; encourage more peer-to-peer support between facilitators; observe facilitation; and regularly check in to monitor progress, especially with challenging situations, such as shifting power dynamics, gender sensitivity, and so on. See [Module 6](#).

Ongoing support also involves debriefing sessions in which the facilitation team reviews written Conversation Events notes looking at what happened, what worked well, and what could be improved or adjusted. They help to analyse feedback from participants and feed it into the planning of subsequent Conversation Events. See [Module 7](#) for more on the continuous improvement of Conversation Events.

Do a trial run of Conversation Events/sessions

Where possible, do a trial run before the first Conversation Event. This could be with a small group of participants, selected specifically for testing purposes only. They should not be from the community being engaged, but could include friends, stakeholders, or a group of people from a different community. This is also a good opportunity for facilitators to try out different facilitation techniques. Throughout the trial run, take time to get feedback from participants and to update the session plan/ Facilitator Guide.

How to monitor for continuous improvement?

The core implementation team ensures the integrity of the design and planning process of Conversation Events by, for example, monitoring the following:

	Yes
Different stakeholders, AMR experts, and facilitators have an equal opportunity to participate in designing and planning Conversation Events Sets and/or Conversation Events.	<input type="checkbox"/>
Clear agendas and session plans/Facilitator Guides are developed, resulting in well-designed Conversation Events.	<input type="checkbox"/>
Enough time is allocated for sessions, allowing participants to fully engage in the deliberation process.	<input type="checkbox"/>
The presentation style in sessions is varied, ensuring a good mix of input, activities, discussion.	<input type="checkbox"/>
Gender sensitivity issues are integrated into the design and planning.	<input type="checkbox"/>
Facilitators are briefed, trained, and a mentoring programme is put in place.	<input type="checkbox"/>
There is a trial run of a Conversation Event or session, and feedback is used to improve them.	<input type="checkbox"/>
Conversation Events and sessions are adapted and contextualised so that they are appropriate for each participant group, context, and AMR focus area.	<input type="checkbox"/>



Checklist of guidance in this module

Tick completed activities/tasks and those that still need completion.

Activities	Yes	To do
Conversation Events Set/s are designed	<input type="checkbox"/>	<input type="checkbox"/>
Agendas for Conversation Events are drafted	<input type="checkbox"/>	<input type="checkbox"/>
Content for sessions is developed	<input type="checkbox"/>	<input type="checkbox"/>
Conversation Events and sessions are adapted and contextualised for each participant group and context	<input type="checkbox"/>	<input type="checkbox"/>
Facilitators are selected, trained, and briefed	<input type="checkbox"/>	<input type="checkbox"/>
Design and planning is monitored	<input type="checkbox"/>	<input type="checkbox"/>



5 PREPARING FOR CONVERSATION EVENTS

MODULE



Thorough preparation ensures that Conversation Events run smoothly and meet the intended project objectives. Preparation includes arranging all the practicalities and logistics, communicating with participants and stakeholders about the plans, preparing for the facilitation of the Conversation Events, including preparing resources and materials needed, and finally, double checking that all preparations have been made.

This module provides guidance on the following:

- What logistics must be organised?
- How to prepare materials for Conversation Events
- How to monitor preparation?

What logistics must be organised?

Practicalities and logistics vary from project to project and are influenced by many factors, including the most efficient use of your capacity, budget, and resources (human, financial, and time). A checklist helps to ensure that all the preparations and logistics needed for every Conversation Events Set are carried out. See [Section 6](#) for a *Logistics Checklist*.



Face-to-face Conversation Events

Location and venue

- **Availability:** Together with stakeholders and community representatives, identify suitable locations in which to hold the Conversation Events. The 'right' venue is one that is accessible and where participants feel comfortable. In reality, however, options may be limited, so work out what is best in the situation and what is available given the schedule and timing of the Conversation Events.
- **Access:** Try to find a venue located in an area that is easily accessible to participants, either by walking to it or using public transport. It should have secure parking for vehicles/bicycles. Make arrangements for people with special needs including, mobility, sight, hearing, and childcare needs.
- **Health, Safety, and Environment (HSE):** Consider issues such as: Will participants feel safe in this environment? Are there any safety or health hazards? Is it clean and free of clutter and dust? What is the noise level like? Is there good ventilation? Is it warm in winter and cool in summer? Ensure the health and safety of the setting so that participants feel secure and comfortable.



Photo: Framaja Photography.

Example from a Responsive Dialogues project





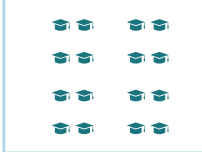
In the **Zambia** project, most of the Conversation Events were held in community healthcare facilities (one was held in a school). The healthcare facility setting had positive and negative implication:

Positive: Accessible and familiar venue. Healthcare facility staff could more easily participate in the Conversation Events.

Negative: In one high volume facility, rooms were changed due to unavailability, a lack of privacy, and a noisy environment. Timing was also changed to holding the Conversations Events during the week to holding them on the weekend.

- **Physical space:** Sufficient physical space is needed for plenary sessions and break-out groups. If indoors, try to ensure adequate temperature control; if outdoors, ensure undercover space. Ensure a sufficient number of tables and chairs, and that they can be moved for different layouts (see the diagram that follows). Check that toilets and exits are fully accessible and working.
- **Set up of the room:** Ensure that the room layout is suitable for optimum participation. Make sure that everyone can see the presenters, flipcharts and screens, that they can share with others on an equal basis, and won't feel intimidated or singled out, for example, if they need special facilities or arrangements due to physical or other reasons.
- **Seating arrangements:** This can affect participant interaction, motivation, and relationships. Each type of seating arrangement may be used to achieve different purposes, as shown in the diagram that follows.

Different seating arrangements

				
<p>Traditional may be better for a lecture than participatory Conversation Events.</p>	<p>Roundtable may work well for whole-group participation or partner conversations.</p>	<p>Horse shoe or semi-circle encourages engagement between facilitators and participants directly opposite each other.</p>	<p>Group pods are designed for small group discussion.</p>	<p>Pair pods are designed for working in pairs.</p>

- **Equipment:** Check whether the venue always has sufficient electricity, Wifi/ internet access, projector, screen, microphones, flipchart boards, and other equipment you need.
- **Facilitation resources:** Ahead of each Conversation Event, facilitators prepare the room – ensuring that all flipcharts, posters, and other resources are ready and on the wall/s where necessary.
- **Materials:** Prepare all materials needed well in advance and check translation or other adaptation needs for each participant group (see below).
- **Double check:** All logistics and practicalities at least twice!

Online Conversation Events

Most Conversation Events Sets happen **face-to-face**, however some may happen **online** or virtually, such as in the Thailand Responsive Dialogues project where two virtual Sets took place. Conversation Events, sessions, materials, and so on needed to be adapted for online usage. You might need the expertise of a skilled online facilitator to help with this, and you will still require several facilitators to take up different roles during the online Conversation Events, such as recording, taking notes, and assisting with breakout rooms.

Organising virtual spaces requires the same attention to detail as preparing for face-to-face Conversation Events. Some issues to consider:

- Which is the most accessible communications platform to use, such as Zoom or Microsoft Teams?
- How will you ensure that everyone has 'access rights' to the chosen platform and that they are trained on how to interact on that platform?
- Which are the most appropriate Whiteboard Apps to work with, such as Jamboard or digital collaboration platforms, like Miro? What training do you need to provide on how to use these?
- How will you ensure that facilitators, presenters, and participants are set up with good technical support?
- How will you ensure that there is sufficient internet coverage and access, and that participants have sufficient data?
- How will you ensure constant electricity? Do you need an inverter?

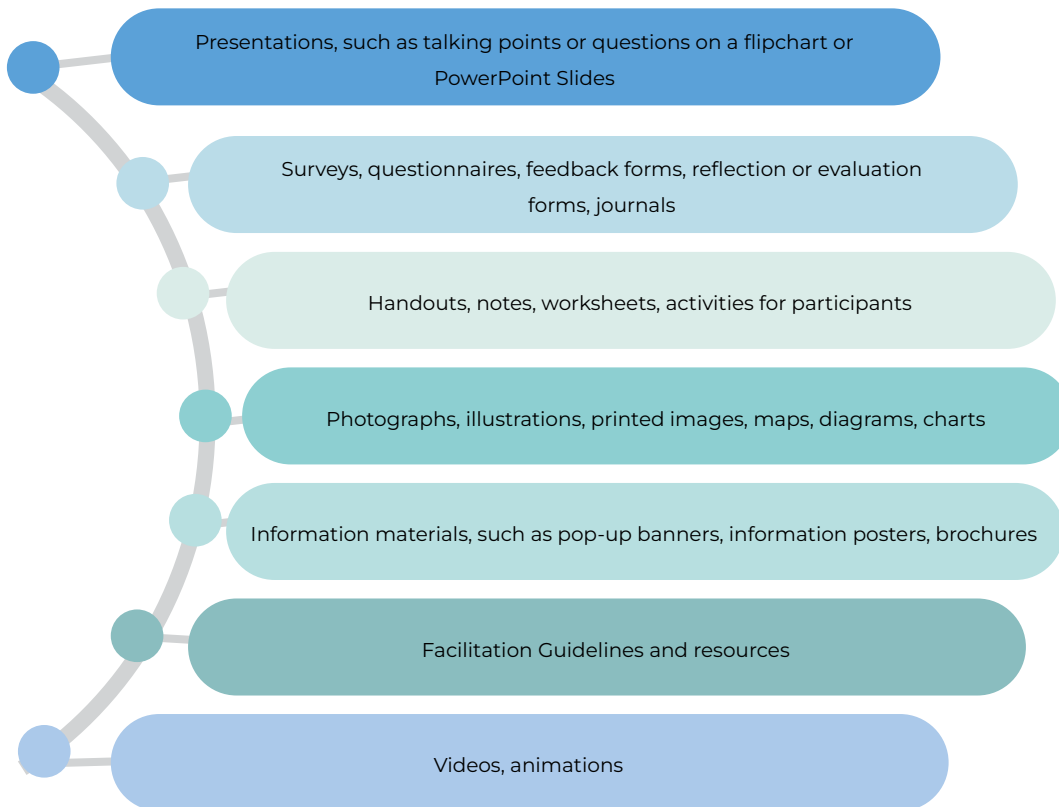
Communication and relationship building

Keep informing all relevant people about the plans and communicating with participants, local and other stakeholders, as well as experts and anyone else who you will invite to specific Conversation Events and sessions.

Tell them about the logistics, such as the venue, the schedule and times of Conversation Events, transport, accommodation plans, and what will be provided, for example, stationery, snacks and meals, childcare, and so on.

How to prepare materials for Conversation Events?

Examples of materials you might need in the Conversation Events



Once you have collected materials and resources, begin to assess how suitable they are for different participant groups and contexts, and what needs to be adapted, translated, or developed as new material.

Differences between developing and adapting material

Developing new material is a time-consuming, lengthy and expensive process. It requires skilled writers, editors, illustrators, photographers, and designers who understand the topic, audience, purposes, context, and so on.

Adapting existing material is less time-consuming, and is sometimes a shorter and less costly process. You decide what needs to be changed, added, or deleted. For example: does it need to be translated and/or rewritten into plain language or in a more user-friendly style? Does it need more visuals? Do the main talking points or questions need to be created on a flipchart or PowerPoint? Depending on what needs to be done, you don't always require experienced writers, editors, illustrators, and so on.

Most often, **materials need to be translated** into a local language. This is a time-consuming process, needs to happen well in advance of the materials being used, and the translations need to be double and triple checked to ensure that they retain the integrity and meaning of the original, and that there are no errors or inconsistencies. Remember too for printing purposes that translations often take up more space on a page.

NOTE

Once material is developed, adapted, or translated, it still needs to be adapted for different Conversation Events Sets or translated for different participant groups.



The chart below outlines one way to assess whether the materials you have gathered can be used as is, or if they need to be adapted or completely rewritten. See [Section 6, Monitoring Form for Materials used in Conversation Events](#).



Example of how to assess materials gathered

Areas of consideration	General materials development principle	Examples of what may need adaptation or rewriting
<i>What topic do you want to present? (content)</i>	Content is relevant to topic, purpose, and audience	Information checking and updating, translation
<i>Who do you want to use the material with? (audience)</i>	Material is appropriate and user-friendly for audience	Translation needed Rewrite in plain language Change examples from urban to rural More representative images
<i>Why do you want to use the materials? (purpose and aims)</i>	Material effectively communicates aims and messages	Adapt to fit purpose, aims, focus Translate so that aims and messages are clearer
<i>Where, when, and how will the materials be used? (context)</i>	Material is suitable for the context in which it will be used	Adapt from online use to face-to-face (or other way round) Adapt/translate for use in under-resourced community
<i>What style and approach will you use to help you communicate the messages and purposes? (approach/method)</i>	Material has appropriate approach to communicate messages and purposes	More participatory, inclusive, and sensitive to issues of diversity, gender (e.g. in language, images, content)



Areas of consideration	General materials development principle	Examples of what may need adaptation or rewriting
<i>What do you want the materials to look like? (design)</i>	Material is well-designed and easy to read and use	Shorten materials Redesign to make more user-friendly
<i>What resources do you have? (human, time, and money)</i> <i>What are your constraints? (human, time, and money)</i>	Material is effective given resources and constraints	Change from colour to greyscale (black and white) for printing Adapt/translate rather than develop new materials Use Word and don't go through production process



Who is involved in materials development?

There might be a skilled writer or editor in your core implementation team, or you might consider contracting someone in. If you have the budget, you might also bring in an artist and a production team to help with design and typesetting.

If the material is to be used by the facilitators, then either involve them in the writing process, or ask them to be reviewers of drafts and to assist with piloting and getting feedback on the materials.

Example from a Responsive Dialogues project

The chart below is from the **Zambia** project, showing the type of material prepared for Responsive Dialogues.

Type of material created/ adapted	What was it about? (content)	Why was it developed? (purpose)	Who was it developed for? (audience)	Who developed it?	Who designed it?
Antimicrobial resistance (AMR) and Urinary Tract Infection (UTI) posters	Information on UTIs and antibiotic misuse	To sensitise community members on UTIs and antibiotic misuse	Community members (participants)	Eden staff	Graphics designer
Pop Up banner	Information on UTIs and antibiotics misuse	To sensitise community members on UTIs and antibiotic misuse as well as promote visibility of the project	Community members (participants), stakeholders, and partners	Eden staff	Graphics designer





Type of material created/adapted	What was it about? (content)	Why was it developed? (purpose)	Who was it developed for? (audience)	Who developed it?	Who designed it?
Brochures	Information on Responsive Dialogues, UTIs, and AMR	To sensitise community members and project participants on the project, UTIs, antibiotics and AMR	Community members, health facility staff, and project participants	Eden staff	Graphics designer
Animation videos	Information about UTIs, taking medicines without prescriptions, listening to friends, not sharing UTI with husband, antibiotic resistance	To sensitise community members on the dangers of taking antibiotics without prescriptions and the effects of listening to friends on which medicines to take	Participants	Eden staff	Graphics designer and animator

Sample material developed by **Zambia** Responsive Dialogues project.

ANTIBIOTIC RESISTANCE
WHAT YOU CAN DO

- 1 Only use antibiotics when prescribed by a certified professional
- 2 Always take the full prescription even if you feel better
- 3 Never use left over antibiotics
- 4 Never share antibiotics with others
- 5 Prevent infections by regularly washing your hands, avoiding contact with sick people and keeping your vaccinations up to date

Antibiotic resistance happens when bacteria change and become resistant to the antibiotics used to treat the infections they cause

#AntibioticResistance

ICARS INTERNATIONAL CENTRE FOR ANTIMICROBIAL RESISTANCE SOLUTIONS

EDEN UNIVERSITY School of Pharmacy

Image: Zambia Responsive Dialogues project.



Examples from Responsive Dialogues projects



Image: Thailand Responsive Dialogues project.

Both the **Thailand and Malawi** projects sub-contracted a visual artist to help capture the Conversation Events process and key messages.



Image: Malawi Responsive Dialogues project.

In the **Malawi** project, a graphic artist captured the key messages that were co-created by participant groups, as well as the mediums through which they would be disseminated.

How to monitor preparation?

Some monitoring issues to consider regarding preparing for Conversation Events:

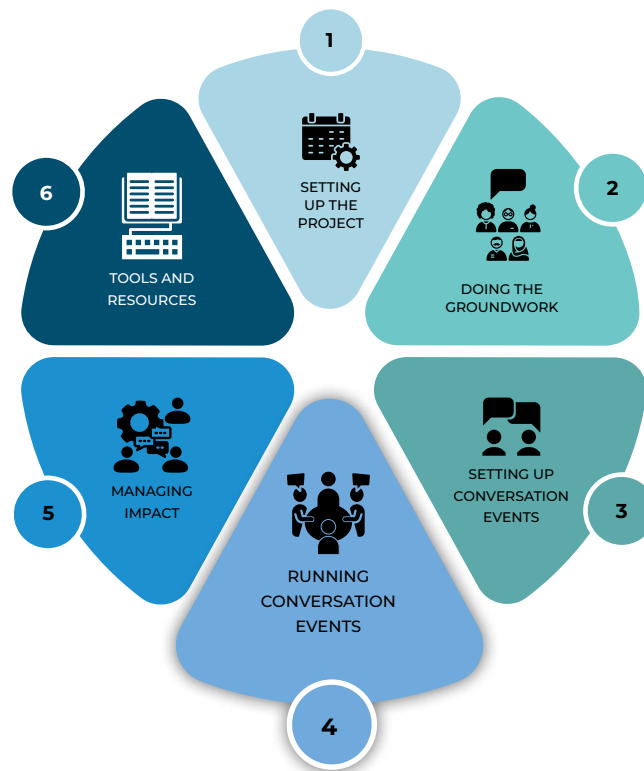
- Practicalities and logistics are organised and prepared well in advance of Conversation Events, and are double checked to ensure all is in order
- The most efficient and effective use is made of the project's capacity, budget, and resources (human, financial, and time) to prepare the logistics
- All aspects are monitored to ensure that participants are well taken care of
- There is ongoing communication with all those involved about plans
- Materials and resources are developed, adapted, or translated and are ready well ahead of Conversation Events.

Checklist of guidance in this module

Tick completed activities/tasks and those that still need completion.

Activities	Yes	To do
Logistics are organised prior to running Conversation Events		
Materials are prepared and ready to be used		
Preparation is monitored		





SECTION 4

RUNNING CONVERSATION EVENTS

What facilitators present in the Conversation Events and *how* they present it are equally important. The *what* of facilitation was covered in [Section 3](#). This section highlights the *how* of participatory facilitation through the different stages of Conversation Events, including how to manage some common challenges.

This section provides guidance on the following:

Module 6: Facilitating Conversation Events and addressing challenges

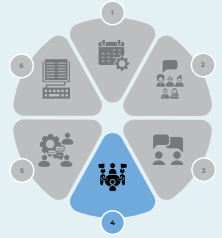
Module 7: Facilitating 'stages' of Conversation Events

Module 8: Documenting and analysing Conversation Events

NOTE: [Modules 4, 5, 6, 7](#) and [8](#) are all important in the facilitation process and running Conversation Events, and ideally should be read together.

6 MODULE

FACILITATING CONVERSATION EVENTS AND ADDRESSING CHALLENGES



Preparing for the facilitation of Conversation Events in advance, contributes to setting up an environment that is most conducive to both constructive facilitation and optimal participation. Advance preparation includes facilitators preparing themselves, others, as well as the environment around them. It also includes anticipating facilitation challenges and discussing the best ways of managing these in a respectful, dignified, participatory, and inclusive way.

This module provides guidance on the following:

- How to prepare for participatory facilitation?
- What facilitation challenges might you encounter?
- How to manage and encourage participation?
- How to shift power imbalances?
- How to manage gender issues?
- How to manage timing and pacing?

NOTE

This module is not a comprehensive Facilitation Guide. See [Section 6](#) for links to *Further Readings*.



How to prepare for participatory facilitation?

GLOSSARY

Participatory facilitation: A style of facilitation used to guide participants through a participatory process in which they feel safe and supported to engage in dialogues and interaction, and to share, learn, and take action around a lived experience or challenge, such as AMR.



Advance preparation

The facilitation team can prepare a lot in advance to ensure that Conversation Events run smoothly and provide a conducive environment for participation. Consider the following activities in your preparations:

Prepare to facilitate

Make sure that each member of the facilitation team knows and understands the facilitation process, the flow of the sessions as a whole, and the flow of each session in itself. Adapt and adjust as necessary. Decide on the roles and responsibilities

each facilitator will take on before, during, and after the Conversation Event. This includes, for example, checking who will present each session, who will guide participants through which activities, and who will take notes and monitor what is happening. See [Module 8](#) for more on documenting and analysing Conversation Events.

Prepare logistics, resources, and materials

Ensure that you have prepared everything you need for each session, in advance. See [Module 5](#) for more on preparation.

Prepare to manage challenges

Anticipate challenges you might encounter and together plan how to address these. For example, role-play how to deal with sensitive issues, such as dominant participants. See below for more on addressing challenges.

Brief experts and stakeholders

At various times in the Conversation Events you may invite experts to provide input and evidence on antimicrobial resistance (AMR), and stakeholders to engage in certain processes – to listen and learn from participant’s experiences, or with participant’s permission, to participate in the co-creation process.

The **timing** of when you invite ‘external’ people is important. For example, in the initial stages participants are still building up their trust and confidence in each other, in the facilitation team, and in the process. Inviting an expert, for example, to provide input on AMR is important, but this person needs to be properly briefed ahead of time.

Tips for briefing experts and stakeholders

- **Who participants are and the ground rules** they have developed for themselves and others who come into Conversation Events. Explain the consequences of breaking the ground rules. See [Module 7](#) for more on ground rules.
- **What evidence to present and how to present it** in a way that is most appropriate and accessible for the participant group. The evidence needs to be objective and as non-judgemental as possible.
- **Input from experts needs to be short and concise**, and not presented as a lecture.
- **How to present AMR messages in a constructive and appropriate way**, and how to allow for different perspectives, for example, if participants do not understand or agree with the messages.
- **How to initiate and stimulate inclusive dialogues** around the evidence.
- How to answer questions **without using jargon**.
- Why it is important to **listen to participants**, rather than dominate discussions; and the **consequences of power imbalances** for participation.
- What **group dynamics they need to be aware of**, for example, gender sensitivities or other inclusivity issues and power dynamics (see [Module 7](#) for more on group dynamics).

Likewise, brief and prepare other stakeholders, like local leaders, policy-makers, and funders, in advance so that they understand the importance of not dominating or taking control or ownership of the process. (See below for more on managing power dynamics.)



Example from a Responsive Dialogues project

In the **Malawi** project, facilitators spoke to experts and local leaders in advance of Conversation Events, briefing them about why it's important to work with participants, the experts/leaders roles in the Conversation Event, and the importance of making participants feel comfortable so they are able to share their views openly.



Plan the start of each day to set the mood

Discuss what is culturally appropriate in each context, for example, is opening with a prayer, silent meditation, or a song appropriate? Ask participants how they prefer to start each day or Conversation Event.



Image: Thailand Responsive Dialogues project.

Example from a Responsive Dialogues project

In several of the Conversation Events in the **Thailand** project, the facilitator started some sessions with a moment of silence and meditation to set the mood and encourage mindfulness.

Decide on appropriate ice-breakers and energisers

These should not take up too much time but are really to help participants get to know each other ('break the ice'), or have a short break when their energy levels are dipping.

Practise participatory facilitation skills

As a facilitation team, practise and role-play active listening, paraphrasing, or mirroring what was said to check that you have understood, and checking that what has been said can be shared in plenary. Practise acknowledging and thanking participants for their contributions.

Practise taking notes

Note-takers can practise active listening, summing up key points, and checking that what was said is accurately captured.

'On-the-day' preparation

On the day of the Conversation Event there are many different things to prepare and organise prior to starting. The following tips can help with preparations.

Preparation tips

- **Be punctual:** Be ready and well on time.
- **Prepare the environment and the room:** Prepare the room and the seating arrangements in advance. Put out resources and put up visuals, flipcharts, and any other aids on the wall, as necessary. See [Module 5](#) for more details.
- **Prepare to engage with participants:** Meet participants at the door and greet each one. Be warm and welcoming, and start to build up their confidence and trust.
- **Prepare yourself:** Breathe deeply and adopt a focused mindset. Leave your own 'troubles', feelings, moods, biases, and opinions at the door. Switch off your cell phone. Be present for participants and for the process.



NOTE

Try not to have your facilitation notes or session plans on your cell phone. Participants see you looking at it your cell phone all the time and might be prompted to do the same. Rather discuss with participants cell phone etiquette while in the Conversation Events.



What facilitation challenges might you encounter?

Challenges in running Conversation Events may range from needing to encourage more participation and stimulating discussion, through to managing domineering participants or stakeholders. Although it is not possible to anticipate every challenge, the facilitation team can plan how to manage the most common ones. These include, for example:

- **Levels of participation:** In many Conversation Events, participants come from the same community, for example, the same geographical area, profession, or gender group. They share common attributes, such as language, culture, or gender. However, their individual personalities will still vary. Some participants will be more vocal and dominant in discussions, and others may be more silent – creating a need to manage the level of participation of different individuals.

Conversation Events also bring together participants from different backgrounds – they may hold different values, attitudes, and behaviours; they may have different educational and literacy levels, different first languages, and different abilities. Some participants may be experiencing psychological or emotional stress because of, for example, family problems, illness, gender-based violence, money worries, and so on. All these issue shape participation in Conversation Events.

- **Power imbalances and gender sensitivity:** In some cultures, men are expected to be more vocal than women. So, power imbalances and gender sensitivity might be challenging to manage. And, of course bringing some key stakeholders into Conversation Events who may be policy-makers, experts, or researchers, with varying levels of influence and expertise, raises its own particular power challenges.
- **Time and pace of Conversation Events:** Advance preparation of agendas provides a structure to follow and helps with timing and pacing. However, it may become apparent while running Conversation Events that insufficient time has been built in for asking questions or sharing experiences, for in-depth discussion, for the co-creation process, or for any other part of the Conversation Events. This raises the challenge of adjusting and adapting the timing and pacing 'on the go'.

How to manage and encourage participation?

In every Conversation Event there will be participants who are eager to share their ideas. These 'over-participants' may be helpful at the beginning in getting the conversations going. However, over-participants can also become over-dominant, and drown out or silence the valuable perspectives of introverted individuals, or those who take longer to process information.

Strengthening participation

The task of the facilitation team is to be sensitive to and promote healthy group dynamics in a way that strengthens participation by all. This might include practising the following:

- **Awareness of self:** Sensitivity starts with each facilitator reflecting on and becoming aware of their own values and attitudes, and how these shape their behaviours. Self-awareness is the first step to changing behaviour – to leave our own fixed opinions and biases outside the Conversation Events, to dominate conversations less, and to listen more.
- **Awareness with others:** As a facilitation team, encourage honest reflection on each of your responses in Conversation Events. For example, during briefings, trainings, and at the reflection/analysis sessions between each Conversation Event, the team reflects on their own responses to issues, such as passing judgement on what others are saying, dominating discussions, talking too much, and not giving others a chance to participate. Facilitators can either share their feelings and experiences, or keep them to themselves if they are more comfortable with this.
- **Prepare strategies to deal with participation challenges in advance:** For example, a co-facilitator will be ready to step in to assist or to add their voice to stimulate input. As a facilitation team, take the opportunity during breaks or between Conversation Events to reflect on challenges you are encountering, and to support each other to work through these challenges together.

- **Share the challenge with participants:** Discuss the importance of respecting each other and valuing an inclusive and fair environment, free of discrimination, domination and inequality.
- **Stress active participation but not domination!** Do not look at the person who is always speaking or encourage/acknowledge them by asking them more questions or inviting them to speak. Say: "We'll come back to you after others have spoken" or "Let's hear from someone else."



Visual image captured in a Conversation Event, showing one way to manage dominant participants.

Image: Thailand Responsive Dialogues project.

- **Discuss how to respond to participants appropriately:** For example, in the Malawi project, facilitators discussed the challenge of participants who seemed to lack confidence to share their views during the first Conversation Event. Through discussion, facilitators decided how to provide these participants with more encouragement. This led to a greater readiness by participants to engage in discussions and articulate issues.
- **Allow time for participants to respond:** For example, when you ask open-ended questions, invite feedback and opinions and let participants speak without interruption. But also allow for 'silence' – it may mean some people are thinking!
- **Develop rapport with participations:** For example, in the Zambia project, the facilitation team spent time getting to know participants during the breaks and this helped participants to feel at ease and contribute more openly.
- **Do no harm!** Personal verbal attacks, insults, humiliating comments, bullying, and other harmful behaviours are not acceptable. Consider taking the 'offender' aside and explaining why their behaviour is unacceptable, asking why they behaved that way and whether it was intended. In extreme cases, the person may need to be 'removed' from the group.

How to shift power imbalances

Power – in all its forms – is evident in all relationships, and especially in Responsive Dialogues and in Conversation Events. It may be visible and obvious; or hidden, invisible and difficult to ‘see’. However it shows up, power has the ability to influence others, and can translate into ‘privilege’ and entitlement. This is especially evident in gender relations and interactions (see later).

One way to address **power dynamics** in Conversation Events is to name them and make them visible so that everyone is aware of their **influence** and potential to shape dialogues in a way that benefits one group or individual at the expense of others. For example, in a space where there is a senior expert, introduce the expert by their proper title and role, acknowledge their expertise, and explain that in this space everyone brings their own level of experience or knowledge, but that everyone’s experience and expertise is equally valid, important, and relevant.

The ideal is to harness power to influence the process of working collaboratively together and to commit to buy-in. In other words, to move away from using ‘power over’ others, to building power and decision-making to become more about ‘power with’ others, ‘power to’ act, and being empowered, i.e. ‘power within’ (as shown in the diagram below from VeneKlasen & Miller, 2007). See the *Cross-cutting themes* for more on shifting power imbalances.

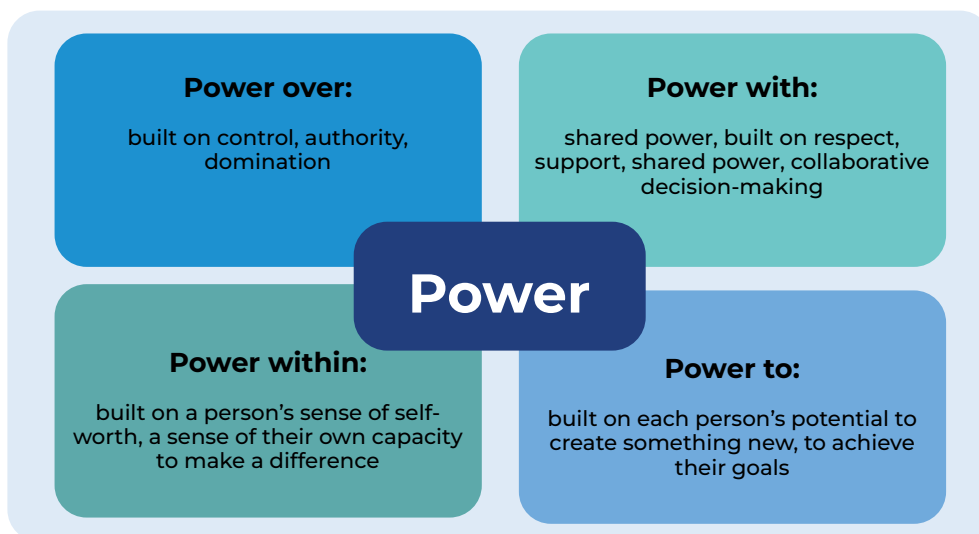


GLOSSARY

Power dynamics: The balance of power between people when they engage with each other.

Influence: The use of power to change how something (decisions) develops, or how people behave, act or think, based on their relationships.

Moving away from ‘power over’ others to building ‘power with’, ‘power within’ and ‘power to’ act



Source: VeneKlasen, L. & Miller, V. (2002). A New Weave of Power. See: <https://www.powercube.net/other-forms-of-power/expressions-of-power/>

“Power is never static, for power is not a thing that we can hold or store, it is a movement, a relationship, a balance, fluid and changing. The power one person can wield over another is dependent on a myriad of external factors and subtle agreements” (Starhawk, 1990).

Ideas for shifting power imbalances

Potential power challenge	Potential solutions
<p>Knowledge power and privilege of experts</p> <p>Some experts have specific subject knowledge and may use this to marginalise or disregard the contribution of others.</p> <p>For example, they use unfamiliar words and jargon to shape the direction of ideas, solutions, and policy recommendations. Others might feel intimidated and so defer to or simply agree with these experts.</p>	<p>Brief experts in advance to hold back with their input and responses. (See above for more on briefing experts.)</p> <p>When there are questions, ask participants to respond first before automatically deferring to experts.</p> <p>Encourage participants by reinforcing their ‘expertise’. Explain that we are each ‘experts’, with our own experiences, stories, and important contributions.</p> <p>Use first names and avoid titles like ‘Doctor’ or ‘Professor’, as a sign that all voices are equally important, unless you specifically want participants to acknowledge a person’s expertise or the use of titles is important in the setting.</p> <p>However, be aware that calling participants by their first names is not always appropriate. For example, in the Zambia project, it was not appropriate for younger facilitators to call older people by their first names. Instead, participants were asked what they wanted to be called.</p>
<p>Seniority power and privilege of social or economic position</p> <p>Some people in the Conversation Events may have more status, for example, because of their economic or social position, or because of their age or gender. They feel entitled to speak, while those with less status feel less empowered to voice an opinion.</p> <p>Participants may be subconsciously driven by what their community leaders would ‘expect’ of them – even if these people are not physically present in the room.</p>	<p>Make seniority power visible by discussing the expectations of those with seniority, but stressing that we each have equal status in this space.</p>
<p>Power or privilege due to familiarity with other participants</p> <p>People who know others in a Conversation Event may feel more comfortable to participate than those who do not know others present.</p>	<p>Create an environment that builds understanding and trust between participants so that everyone feels comfortable working together. This is an ongoing process. (See above for more on preparing the environment and building trust.)</p>



As a facilitator, you can ‘challenge’ anyone who has power by asking questions that are . . . challenging. This requires confidence and a level of expertise as a facilitator – but having a few questions ready can help break the sense of the powerful person ‘knowing it all’. For example, if an expert talks about how ‘illiteracy and ignorance leads to AMR or antibiotic misuse’, ask how effective awareness-raising campaigns have been in countries with a high level of literacy, for example, in the USA or Italy.



How to manage gender issues?

It is important to consciously integrate gender issues into every Responsive Dialogues process and activity. However, the way the facilitation team does this will vary, depending on the topic of the Conversation Events and the cultural contexts in which they occur. This is why it is vital to plan for this, together in advance. See the *Cross-cutting themes* for more on inclusivity and gender sensitivity.



Most Conversation Events involve both men and women – with some being single gender groups and others being mixed gender groups. Participation may vary in these different groups. In many settings, only involving women as participants may be complex. Often women may be unable to participate because they cannot leave their domestic or childcare responsibilities. If they do participate, they may be reticent to contribute to discussions due to lack of confidence, deference to their husband’s viewpoint, or a concern about contradicting their husband or family’s standpoint.



Photo: Framaja Photography.

Example from a Responsive Dialogues project

In the **Zambia** project, a gender expert was invited in as a consultant and to train the core implementation team and facilitators on how to manage gender dynamics and power relations. This was considered important as the topic of the Responsive Dialogues was Urinary Tract Infections (UTIs) – a sensitive and gendered issue.



The gender expert suggested devoting a session of a Conversation Event to gender issues, and using gender probing questions to facilitate the deliberation on the issues, such as:

- What is the difference between sex and gender? How do they relate to each other?
- What are our own gender values and norms? How do these affect our relationships and behaviour?
- How do factors affect men and women differently, for example, long queues at healthcare facilities? How do these factors impact on health-seeking behaviour?
- Is it easy for men/women to tell their partners about their own challenges with antibiotic usage and AMR? Why or why not? How would their partner react? Why?
- How does gender determine opportunities, rights, and access to resources and medicines?
- How do our gender identities impact our participation in Conversation Events?

During the Conversation Events themselves, participants were asked how they would like to be divided into groups. For example, in one of the sessions where participants were asked to share if they had been diagnosed with a UTI, females said they were more comfortable doing this in a female-only group, without the presence of their husbands.

Participatory facilitation tips



In all participant groups, but especially in mixed gender Conversation Events:

- **Set targets for the participation of different genders.** Carefully monitor this and address any barriers.
- **'Swap shoes'.** Ask men to 'walk in the shoes of women' and women to 'walk in the shoes of men' to see things from each others' point of view.
- **Encourage full and equitable participation.** Give women and men equal opportunities to answer questions, lead discussions, or present group feedback. Make everyone aware of this.
- **Include activities that encourage women to speak out.** Allow more time for women who may be shy or afraid to express themselves.
- **Include positive role-models of both genders,** for example, in the facilitation team, and amongst the experts and stakeholders who are invited to join the events. The Malawi project adopted this principle to promote positive reinforcement for both women and men.
- **Make gender bias visible** and help participants to explore and understand where gender bias or prejudice comes from, and to explore values and attitudes related to gender and power. If some participants continue to disrespect others or discriminate on the basis of gender, facilitators may need to speak to them in private.
- If gender dynamics are leading to conflict or hostility amongst participants, **remain calm, stop everyone, breathe, and take a short break** or do an ice-breaker to de-escalate negative emotions.

- **Invite a gender expert or organisation to help address gender issues.**
Remember, the same briefing process as mentioned previously applies to any expert who comes into Conversation Events, for whatever purpose.

Gender sensitivity applies to both men and women, as seen in the example below.

Example from a Responsive Dialogues project

In the **Malawi** project, men spoke about having a strong preference for self-medication and buying antibiotics from drugstores. Time and the impact on the household of not being able to work were critical aspects affecting their health-seeking behaviour.



As a man, you are the breadwinner, and when you think of Queens (government health facility) and the long queues, you may simply decide to just go and buy medicines due to the productive roles men engage in. (Male participant of Conversation Event, Malawi)



How to manage timing and pacing?

The quality and outcomes of the deliberations depends on sufficient time and monitoring the pace of the Conversation Events. How you time and pace each session and the Conversation Events as a whole depends on the participant group and local context.

Running Conversation Events to time

During the preparation phase, Conversation Events will have been scheduled with the communities at times that they agree are most suitable for them to meet. However, flexibility is key. Circumstances may change, and if the scheduled timing does not work, the members of the facilitation team need to adjust their own schedules to fit the community's schedule. Similarly, if sessions take longer to complete, or if the community would like another session, this may be added during the course of the Conversation Events – provided that the entire group agrees to it and can find a suitable time to attend, and provided that the project has the budget and resources for this.

Running sessions to time

This is always a challenge and while it is important to cover all the sessions, giving adequate time for all participants to really take part and steer the outputs can mean that some sessions run over time.

Break-out sessions

In some cases where there are break-out sessions, it is possible that different groups take different amounts of time to carry out a task. A good idea is for each small group to appoint a timekeeper. Always check with the group before calling a session to a close and consult with co-facilitators about when and how to stop a session.

Sessions may finish quicker

Although this is less common, it can happen, for example, if a presentation was particularly clear. However, sometimes this is a sign that no one understood anything, or that there is something else going on in the community which is preventing participants from giving their full attention to the session. Similarly, if the 'power' in the room is dominated by one person, others may simply 'switch off' and discussions may not be as rich as intended.

Try to find out why a session is not running to time and adjust the agenda accordingly. If there are adjustments to the agenda on the day, or more time needs to be scheduled, share this with the participants and jointly agree on how this can be done.

There are some tactics that you can use to help a group keep to time better. Some of these relate to managing power and gender dynamics, which have been covered above. A few other tips are presented below. However, despite the best management tips, be prepared to adjust the agenda and change the session plans if the participant groups want to do so.

Participatory facilitation tips

- **Agree with the group about starting sessions on time** and where appropriate, the 'penalty' for late-comers. For example, in the Zambia project, participants in Lusaka agreed that any late-comers had to 'do a dance' – and they held everyone to account, including one of the core implementation team who showed up late because he was organising lunch!
- Check that the **agenda is detailed and realistic in terms of the time** and has allowed for in-depth discussion and deliberation. Share the agenda and timings with participants and agree any changes with them.
- **Keep to the timing of breaks/refreshments and start and end times** of each Conversation Events to avoid participant fatigue and discomfort.
- **Keep monitoring timing and pacing** so that the team can identify the need for any extra Conversation Events earlier in the process, rather than later.
- **Enlist a co-facilitator or one of the participants to assist with monitoring time and pace.** Time-keeping tasks can be shared and rotated around different people who will all feel a sense of responsibility to time-keeping.
- **Write down questions/issues which keep coming up and which cannot be resolved or finished in a session, for future discussion or resolution.** Check this 'parking lot' list at the end of the session or Conversation Event/s to see if any of the issues are still outstanding, and decide on how to take them forward.
- **Always check with a break-out group how much time they need.** Balance the needs of different break-out groups. If a group needs to wrap up and leave before their discussion or activity/task is finished, explain what the consequences of leaving early are. For example, they might need to work on the task in their own time between Conversation Events and be ready to give feedback first in the next Conversation Event.
- **Decide which sessions in the Conversation Events are critical and cannot be dropped** and work out any re-adjustments around them. As an example, in the Zambia project, due to various resource and budgetary constraints, the core implementation team needed to combine sessions in a creative way so as to cut six Conversation Events to four Conversation Events. They needed to adapt and adjust the programme without losing any key content or shortcutting processes, bearing in mind the constraints they were facing.





A facilitator adapting and adjusting the programme in a creative way to ensure that no key content or processes are lost.

Photo: Startaê Team, Unsplash.

Checklist of guidance in this module

Tick completed activities/tasks and those that still need completion.

Activities	Yes	To do
The participatory facilitation of Conversation Events is prepared in advance		
Challenges encountered in Conversation Events are identified		
How to encourage and balance participation is planned		
How to manage power is planned		
How to manage gender sensitivity is planned		
How to manage time and pace of Conversation Events is planned		



7 FACILITATING 'STAGES' OF CONVERSATION EVENTS

MODULE



This module presents a selection of participatory facilitation processes and activities to guide participants through the critical 'stages' of Conversation Events, from building on participants' knowledge and understanding, to introspection and sharing of experiences, reflections, and ideas, to co-creating locally relevant solutions.

This module provides guidance on the following:

- Stage 1: Facilitating input and evidence on antimicrobial resistance (AMR) and One Health
- Stage 2: Facilitating the exploration of lived experiences of AMR
- Stage 3: Facilitating the process of ideation
- Stage 4: Facilitating the process of co-creation and prototyping
- How to ensure continuous improvement?
- How to monitor facilitation?

NOTE

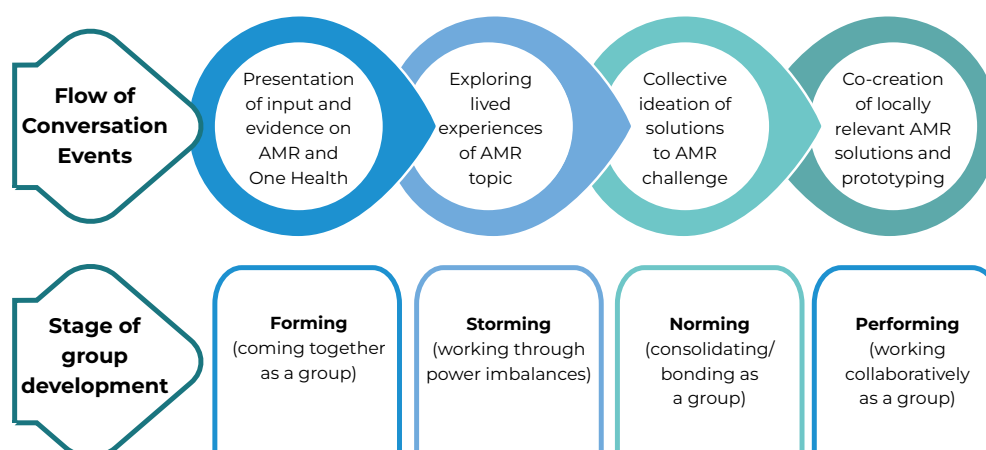
The module supports [Module 4, Planning Conversation Events](#), and should be read together with it.



As you facilitate the Conversation Events with each participant group, you might notice certain patterns of behaviour that the group itself displays at different stages as it develops, as shown in the diagram below.

This model of group development and the dynamics that groups show at different stages was proposed by the psychologist, Bruce Tuckman. [Ideas on how to manage these dynamics](#) are provided in the sections that follow.

The flow of Conversation Events and the stages of group development



NOTE

Although there is a certain 'flow' to the Conversation Events, it is still important to adapt the design of them for your context. See [Module 4](#) for more on planning and designing Conversation Events to suit each participant group and context.



Stage 1: Facilitating input and evidence on AMR and One Health

The first few sessions of the Conversation Events set the scene, environment, and mood for the sessions and Events that will follow. This will influence how subsequent sessions are perceived and received by participants.

In the initial Conversation Event, the group is still in the process of forming and getting to know each other, and participants might be hesitant to participate. The facilitation team may observe that there is a certain degree of formality, fear, and anxiety, as participants' roles and expectations are still unclear.

The facilitation team's role is to create a respectful and inclusive environment that builds trust so that everyone feels comfortable to share their opinions, experiences, and discuss potentially sensitive, emotional topics together. This is an ongoing process and can be reinforced by, for example, using specific ice-breakers and other interactive activities to develop meaningful rapport between the facilitation team and participants, and between participants themselves.

Participatory facilitation tips



- **Guide participants to set ground rules** for respectful communication, and to commit to adhering to these. Write up the rules; keep them up on the wall at each Conversation Event, and refer to them when necessary. Ask the group to decide on what happens if the rules are broken.
- **Clearly define the purpose and aims of the Conversation Events as a whole.** Explain the activities and processes that will be used to meet the aims. Clearly explain the aims of this Conversation Event and the agenda that will be followed.
- **Encourage equitable participation.** Validate diverse viewpoints and model active listening. Give each participant your full attention. Be completely present to what's happening.
- **Use interactive activities** that engage different senses to stimulate thinking and discussion.
- **Plan what information to introduce** in a sensitive yet informative and engaging manner.
- **Use small group work to build rapport** between different participants, and give sufficient time for discussions to really unfold.
- **Regularly sum up key points.** This allows participants to reflect on what is being said, and demonstrates that their contributions are being heard and understood.
- **Explain that external people may join** at various times to present information, listen and learn from participants, and with the groups' permission, participate in co-creating solutions. Explain the role that stakeholders could play in taking solutions forward. Discuss any challenges, feelings, and fears the group might have around external people being invited into the group, and ways of managing these.

In the initial Conversation Event, input and evidence about AMR is presented. If this is done by an external expert, introduce the person and facilitate discussion. Make sure that everyone has an opportunity to ask questions and check that participants have understood the input. A good way to check understanding is for participants to discuss in pairs or small groups what they understood, what they still need to know/ask, and then to report back to plenary. See [Module 6](#) for more on briefing experts.

Examples from Responsive Dialogues projects

Many Responsive Dialogues projects used the **Drug Bag activity** in the initial Conversation Events to help participants explore antibiotic misuse in their context, which could lead to AMR problems. This activity allows participants to 'see' and 'hear' about antibiotics, and to actually touch them, and share their experiences of medicine usage in their own settings. See [Section 6](#) for the resource, *Examples of Participatory Activities for Conversation Events* for an example of the Drug Bag activity.



Participants engaged in the Drug Bag activity in Malawi.
Photo: Eleanor MacPherson.

By the end of the first set of Conversation Events, participants should understand and be comfortable with what Responsive Dialogues are, how they will run, and what the main topics will be. All expectations should be clear.

Stage 2: Facilitating the exploration of lived experiences of AMR

By this time in the process, participants will have a general understanding of the Conversation Events and be familiar with each other. Detailed and complex information about AMR is introduced in a step-wise fashion that allows participants to relate the information to their own lives and that of the communities they are part of.

Example of a Responsive Dialogues project

In the **Zambia** project, the facilitator, who was a healthcare worker, presented input on antimicrobials and AMR. He used both words and visuals to present the information in a way that participants could relate to.

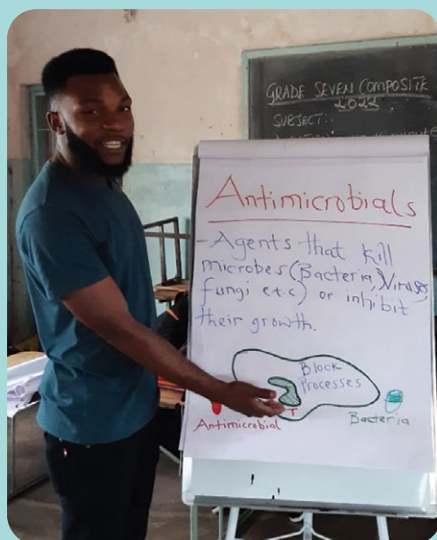


Photo: Jo Zaremba.

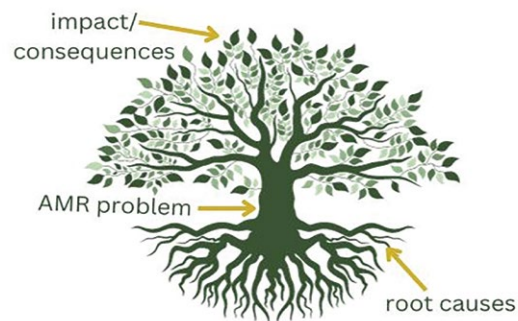
Sessions may become more lively as the group is busy establishing ways of working together which might include debate, exchange of opinions, and disagreement or conflict. See [Module 6](#) for more on addressing facilitation challenges.

It may be helpful to allow some time for individual reflection, as well as for sharing experiences in small groups. Include a mixture of presentation and facilitation styles which will engage a range of participants – from those who are more extrovert, to introvert people. Leave time and space for participants to ask questions, explore topics in their own words and ways, and interact with different participants in the group. If more or new information is introduced, try and make sure that it addresses participants' questions and builds on previous information – and does not confuse or overwhelm participants!

One of the core activities or discussions during this stage involves exploring the issues – or problems – as well as what the causes and drivers behind these problems are. Include activities that help people see this 'causality' visually – such as the Problem Tree Analysis (see below).

Examples from Responsive Dialogues projects

Many of the country projects used the **Problem Tree Analysis** to help participants identify what is the AMR problem, what are the root causes of that problem, and what are the consequences/impact. See [Section 6](#) for the resource, *Examples of Participatory Activities for Conversation Events* for an example of the Problem Tree Analysis.



PROBLEM TREE ANALYSIS

Participatory facilitation tips

- **Allow space for emotions.** Lived experiences can be distressing and painful to share, especially for those who have witnessed and/or cared for children, relatives, and friends experiencing the stress of illness and death. Remember that AMR also impacts many people's livelihoods, as livestock die or need to be culled. This calls for sensitive and empathic facilitation. It's important not to rush the sharing of these experiences.
- **Show empathy and caring.** Ask for help if a situation gets too uncomfortable for you. Another participant or a co-facilitator may be able to provide a participant with emotional support. If someone gets upset, allow them time to leave the group/room if they need to, and make sure someone caring is with them.
- **Listen and paraphrase.** Allow everyone to speak. Sensitive ask probing and clarifying questions.
- **Continue to build trust** as the group works through the 'storming' stage of development. This may mean working in smaller groups separated along gender, age, or in other ways that are most conducive to building trust. It may also mean managing challenges that arise as participants begin to voice diverse opinions, and assisting the group work through and shift power imbalances. See [Module 6](#) for more on addressing these challenges.

At the end of this stage, ensure participants are clear about any reflection with other community members that will be expected before the next Conversation Event is convened.

Stage 3: Facilitating the process of ideation

Participants should now be familiar with the AMR challenge, and should be starting to think about how it relates to their context, as well as why it is important to actually do something about AMR. The sessions now **move away from problems, towards finding ways to address these problems** and the root causes discussed in earlier sessions. Approaches are used that really open up participants' creativity and encourage contributions from everyone – no matter how 'wild or crazy' they are.

Allow time for participants to **build on each other's ideas**. When one idea is exhausted, move the conversation along to another idea. Make sure that everyone in the group has a chance to share their ideas and complement or thank every idea. At brainstorming stage *all* ideas are valid. Encourage participants to consider **gender and inclusivity issues** in their ideation. Allow this ideation process to continue until participants start running out of ideas, but keep the option open to keep adding ideas.

Once participants have listed all their ideas, help them to organise them through clustering or **running prioritisation activities**. Ask further probing questions about each idea to help the group filter out those that are impossible or difficult to implement, those that are practical, and those that are practical and easy to implement (see example below).

Prioritising ideas

Difficult to implement (not feasible)	Very practical (feasible)	Easy to implement (feasible)

Ensure that all ideas and solutions are captured and stored safely so that they can be used and transformed into actions and interventions. Take notes and photograph the flipcharts. See [Module 8](#) for more on documenting and analysing Conversation Events.

It may be helpful to discuss the process for the next stage with participants and seek their input about whether or not to invite any other stakeholders to the co-creation session and if so, whom. These could include media specialists that could help to draw up realistic plans for local awareness-raising campaigns or local health officials who may be able to help identify touch-points where policies can incorporate messages from Conversation Events.

By the end of this stage, there should be an agreed set of three to five ideas that can be worked into prototypes or solutions. Invite participants to reflect on these ideas before the next Conversation Event.

Stage 4: Facilitating the process of co-creation and prototyping

This final stage involves creative processes as well as very practical thinking to **generate solutions that are locally and contextually relevant** and can be the foundation for impact. Local solutions, at community level, could involve households or key community groups or NGOs, while other solutions, such as policy recommendations, will involve high-level stakeholders and have a longer timeline.

Co-creation takes time, so think about how to divide participants into smaller groups to work on different solutions and, potentially, design part of these solutions. Allowing people to select the 'solution' they want to work on and then work on the solution they are most interested in, may help generate more detailed plans. For instance, some people may be naturally creative and come up with drawings/songs/enactments of a solution, while others will be better at identifying resources, funding requirements, actual activities, and steps involved.

Some Responsive Dialogues projects suggest **bringing in additional or new stakeholders** who can already help with the process of co-creation. For instance, inviting media specialists who can help draw up realistic plans for a local awareness-raising campaign; or local health officials who may be able to help identify touch-points where policies are translated into plans and who could incorporate messages from the Conversation Events into these plans.

If, with participants' permission, you have invited stakeholders into the co-creation process, who will be helpful in implementing solutions, be sure to brief them properly so that they do not dominate the discussions or hijack them to achieve their own agendas. See [Module 6](#) for more on briefing stakeholders.

Example from a Responsive Dialogues project

In the **Malawi** project, the co-creation phase had trial sessions where an additional mix of local and national policy-makers/stakeholders were invited to review the solutions earmarked for co-creation prior to the actual co-creation meeting with more key stakeholders.

Facilitate the **prioritisation of promising AMR solutions**, collectively analysing why each solution is important, and what contribution or impact it could make in the community. See [Section 6](#) for the resource, *Examples of Participatory Activities for Conversation Events* for more on prioritising ideas and solutions. In this way, participants begin to narrow down several solutions until they reach a decision about one or parts of one solution to take forward. For each solution, ask probing questions, such as:

- Is this solution really community-based and is it possible for your community implement this alone?



- What would the community think about it? Which 'champions' or other stakeholders could take it up?
- Is this solution valuable for informing national level policies?
- Are there solutions which can be applied at the regional (provincial/district/administrative) level?
- What resources will you need to implement this, for example, people, equipment, money?
- Where could you get these resources?
- Would additional stakeholders be helpful to develop these ideas into more concrete solutions?
- How can we involve them in the co-creation process?

Assist participants to plan out how a solution will be taken forward, for example, using artistic tools to design visual or audible specific solutions, such as messages or a radio broadcast, or a particular policy recommendation. Planning templates like the one below can be helpful to guide participants through the different aspects that need to be considered to translate ideas into pragmatic solutions. Also, allow space to reconsider ideas that turn out to not to be practical and even drop them!

Planning template

Idea/solution	Steps/activities to carry out the solution	Who is needed to carry this out? Which stakeholders?	Resources needed and who will provide them?	Change that solution will make/generate

It is important to remind ourselves to include gender as part of the guidance or criteria that participants use to select ideas and then prioritise and vote on solutions. (Gender consultant to Zambia Responsive Dialogues project)



Funding is a key resource and it is important to **identify potential sources of funding and resources** in the co-creation process. This could be local church or school funds (for instance, to develop and produce posters about antibiotic use), community or NGO funds (for instance, local challenge funds), as well as in-kind resources (for instance, 'free air time' at a local radio station). This is a good time to review the AMR ecosystem ([see Module 1](#)) and to introduce the idea of key stakeholders who could help identify sources for community level funds. If these sources require a formal application procedure, introduce this in the Conversation Event and let participants agree who would be involved in the application/proposal process.

Examples from Responsive Dialogues projects



In the **Malawi** project, promising and practical ideas and solutions were initially decided by the participants as a group before they went into smaller groups to begin to narrow down the solutions. Participants had first ranked the AMR problems based on their potential scale/severity, and this ultimately served as criteria for deciding which ideas and solutions were needed to address the AMR challenges.

In the project in **Zambia**, each participant individually voted on the top two solutions they felt were most feasible. From this process, the top five to six solutions created the 'Prioritised solutions' list. The facilitation team created the following criteria to guide participants' prioritisation process:

- Is the idea affordable?
- Does this idea have a specific target community?
- Has this solution identified the right partners/stakeholders?
- Does this solution have the right activities and timelines?
- Is this solution impactful?
- Is this solution scalable?

The most feasible solutions were disseminated on radio and TV.

Support participants to make the identified co-created solution or an aspect of it as real as possible through **prototypes**. A prototype is like an early model of a solution. It may involve visualising an intervention or strategy or role-playing an aspect of the solution. The prototype should be tangible or demonstrable, it should only include basic elements (low-fidelity), and have low or no costs.

GLOSSARY

Prototypes: To use tools, such as paper models, role-plays, mock-ups of flyers, and so on to make solutions as real as possible. The aim is to use these on a small scale to evaluate specific features of the co-created solution.



Each solution requires a different prototyping process. For example, participants may work in small groups on their prototype, and then share their work and developments with others, who provide them with feedback to make improvements to enhance the solution. Experts and stakeholders might also play an important advisory role in this process.

The prototyping indicates whether to move forward with the solution, develop it further, or dismiss it and begin the prioritisation process again with another co-created solution.

By the end of this stage, participants have narrowed down their identified solutions, and decided on one solution or parts of one solution to take forward, with the help of identified key stakeholders.



Example from a Responsive Dialogues project

In the **Malawi** project, solution prioritisation depended on what was promising and practical. Promising meant that a solution was addressing a critical issue and was likely to have impact, whereas practical meant necessary resources (including social demand) were available.

Some of the identified and prioritised solutions included increasing AMR and proper antibiotic usage awareness, strengthening regulatory frameworks, increasing health system capacity (including diagnostic and essential supply capacity), supporting farmers working in cooperatives (to boost capital and access better markets), and researching organic farming techniques (to reduce antibiotic dependence).

Each solution contained specific details about what was needed to make the solution work. Of these, raising awareness was most practical and immediately implemented through the Ministry of Health incorporating the AMR messages from the Conversation Events into the national AMR awareness campaign, and through the participants and local leaders sharing with peers and wider communities. The rest of the solutions were shared with stakeholders in a dissemination workshop. See [Module 12](#) for more on dissemination.

How to ensure continuous improvement

At each stage of the Conversation Events, seek feedback from participants and use this input to make adjustments to subsequent Conversation Events so that they more effectively and appropriately lead to achieving their purposes and goals. This critical part of Conversation Events allows participants time and space to reflect and comment on what was presented and covered (content), as well as how it was presented – including the deliberative processes and activities used. See [Section 1](#) for more on the [Monitoring and Evaluation \(M&E\) Framework](#).

Through their feedback, participants become co-creators of subsequent Conversation Events and sessions; and facilitators receive important observations and input about what went well and what did not, which they can then use for the improvement of the next Conversation Events and sessions. This feedback loop is the basis for the iterative and ongoing improvement of Responsive Dialogues.

For this continuous feedback loop to work effectively, the team needs to build in enough time to collect input from participants and to make the necessary adaptations to the agenda and session plans, leading to ongoing improvement.

Feedback on key issues may be collected verbally and/or in writing. It might include questionnaires, feedback forms, reflections on 'ah ha' moments, and/or journals. Facilitators can include any activities and tools that will help to encourage full and equitable participation, especially of those participants who may be shy or afraid to express themselves.

REMEMBER

Time is built in between each Conversation Event so that participants can reflect on their experience and share information with others, and so that they can informally gather responses to feed back into subsequent Conversation Events. This is another way of ensuring continuous improvement of Conversation Events and of Responsive Dialogues. See [Module 4](#) for more.



Example from a Responsive Dialogues project

In the **Thailand** project, during and after each Conversation Event, participants provided feedback, which fed into the next Conversation Event. Some feedback, for example, resulted in adding an extra Conversation Event where needed, and even asking one participant from one Conversation Event to participate in another Conversation Events Set, as an 'expert'.



Some key issues on which to receive feedback:

- **Content:** For example, how relevant is the input, evidence, materials, and resources to participants' experience of AMR? Is it sufficient (too much/too little)? Is it provided in a locally relevant manner?
- **Power dynamics:** For example, how power imbalances are addressed and managed between:
 - Facilitators and participants
 - Participants themselves
 - Experts and participants
 - Stakeholders and participants.
- **Quality of participation:** For example, how do facilitation, processes, and activities ensure inclusivity and equitable participation by all?
- **Valuing of participants' contributions:** For example, do participants feel that their contributions are valued, listened to, and considered in the deliberation process?
- **Time:** For example, is there sufficient time for presentation, interpretation, questioning, dialogue, reflection, and feedback from participants?
- **Co-ideation and co-creation:** For example, is the process of joint participatory generation of ideas and solutions inclusive, participatory, and realistic?

How to monitor facilitation?

The core implementation team uses their M&E Framework to outline questions to ask about the process of facilitating the Conversation Events, how these questions should be asked, and who will ask them. For example, if an external, independent person is used to monitor the facilitation, make sure that they are briefed and if in the room, properly introduced to participants. If any questionnaires or surveys are used, be clear that these are for monitoring purposes only, and not, for example, as a 'test' of any sort and that all responses are anonymised. Remember to always seek permission from the participant group for any additional people or activities which they may not be expecting. See [Section 6](#) for the *Example: Questions Used to Monitor Facilitation* and *Example: Question Guide for Follow-up Evaluation*.



Checklist of guidance in this module

Tick completed activities/tasks and those that still need completion.

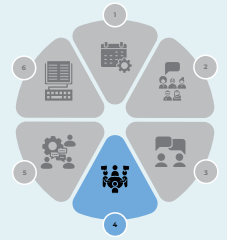
Activities	Yes	To do
The facilitation team understands the type of participatory facilitation activities to use in each 'stage' of Conversation Events		
Participant feedback and continuous improvement of Conversation Events is planned		
Facilitation processes are monitored		



Photo: Thailand Responsive Dialogues project.

8 MODULE

DOCUMENTING AND ANALYSING CONVERSATION EVENTS



Throughout all the Conversation Events it is important to systematically capture the valuable information and insights arising. Different types of information may be captured using different mechanisms (see [Modules 4 and 5](#)). This module focuses specifically on the information that facilitators capture, and how this and other material, including recordings and photographs, can be used to help with the ongoing analysis of Conversation Events.

This module provides guidance on the following:

- Why document and analyse Conversation Events?
- How to collate, organise, and store information?
- How to analyse information?

Why document and analyse Conversation Events?

Documenting Conversation Events provides important information for understanding and unpacking the local and lived realities of antimicrobial resistance (AMR) challenges, for designing and running subsequent Conversation Events and sessions, and for gathering evidence for policy-makers or other decision-makers. It is also a major part of overall monitoring and evaluation.

All co-facilitator's should take part in documenting Conversation Events, even if there are other note-takers or photographers, because all co-facilitators need to be able to recount what they heard or learnt from any session and contribute to the analysis. To ensure a comprehensive record of the sessions, it may be helpful to allocate tasks amongst the co-facilitators so that some focus on capturing the actual proceedings and others on observations and reflections.

NOTE

When you document what was said in an organised way, you don't just remember what happened, you also find important things that were said and see connections and patterns you might have missed. This helps you to understand what people really meant and discover new ways of looking at things.



How to capture and organise proceedings?

The table that follows presents methods for the effective capturing of proceedings in Conversation Events, and for organising ideas and thoughts. Choose methods that align with your preferences and the tools you're most comfortable using. You

will probably use one or two of the methods in any of the Conversation Events and allocate tasks to several co-facilitators. The most important thing is to capture the information, observations, processes used, ideas, potential action items, and any insights that might emerge, in a way that makes it easy to review and share later on. Reflections after Conversation Events can yield additional insights.

Ways of capturing proceedings and organising ideas

Paper and pen	Use a notebook or loose sheets of paper to jot down key points, ideas, and actions, as well as observations, such as people's emotional reactions to what is being said and how involved they are. See Section 6 for ideas on a <i>note-taking system</i> .
Photos, visuals, PowerPoint Presentations	Take photos of whiteboards, diagrams, sticky notes, and visual aids used during the Conversation Events, or save the hard copies. These can help jog your memory and provide context when reviewing your notes later. NOTE: Any pictures of participants need their consent if they are to be used later on in documents or presentations. See Module 3 for more on consent.
Digital voice/audio recordings	Use a digital voice recorder to record a session or to capture detailed discussions and ideas. Use the recording to supplement your written notes, rather than transcribe verbatim what was said, as this is time-consuming. It is useful to jot down on paper the time that something important is said so that you can easily locate it in the recording when you are analysing the discussions. For example, <i>Participant A spoke about . . . @30 minutes</i> .
Structured templates	Create a template to fill out during or after the Conversation Event. It may include sections for key takeaways, action items, follow-up tasks, and other relevant information.
Mind-mapping tools	Mind-mapping helps visually organise ideas and concepts, and makes use of text as well as diagrams, colours, shapes, and so on, to show relationships and patterns.
Journaling	In some Conversation Events participants may be requested to do 'homework' which may include journaling to reflect on a discussion or issue. With the permission of the participant, capture what is journaled and use it in your analysis.
Coding notes	Use some form of coding to highlight and easily identify your own observations or interpretations versus what actually is said, or a quote from a paraphrase, a decision, idea, question, and so on. Note down relevant words people use, for example, when AMR or antibiotics are first introduced, how are these terms used? For example, people often refer to 'getting AMR' or 'having AMR' as if it is a disease or illness. As AMR becomes clearer, do participants change the way they refer to AMR? How? Similarly, in some contexts, the term 'antibiotics' is used interchangeably with 'medicines', regardless of what the medicine is. Note down how the language used changes over time.





Example from a Responsive Dialogues project

In the **Malawi** project, feedback sessions took the form of facilitator debriefings with the core implementation team. After a Conversation Event, facilitators shared with the team how the day went, highlighting key successes/learnings and challenges. The team and facilitators would then together work out plans and strategies for the next Conversation Event. Feedback for each set of Conversation Events was captured as written notes which were ultimately analysed together with other data captured using audio recordings (which were later transcribed) and flipcharts. Qualitative analysis approaches were used, such as thematic analysis, to make sense of the data.

Event 2: Deliberating AMR drivers & possible solutions

- Three macro areas:
 - Unregulated access to antibiotics
 - Managing prescription requirements and business demands
 - Health system inefficiencies
 - Communication between patients & provider
 - System bottlenecks (stockouts, providers lacking training on what AMR is, lack of diagnostic capacity, staff shortage)
 - Relationship between animal and human health
- Used Problem Tree analysis to generate understanding about contributing factors & consequences to support solution formulation



Malawi Responsive Dialogues project, PowerPoint Presentation.

Photo: Raymond Pongolani.

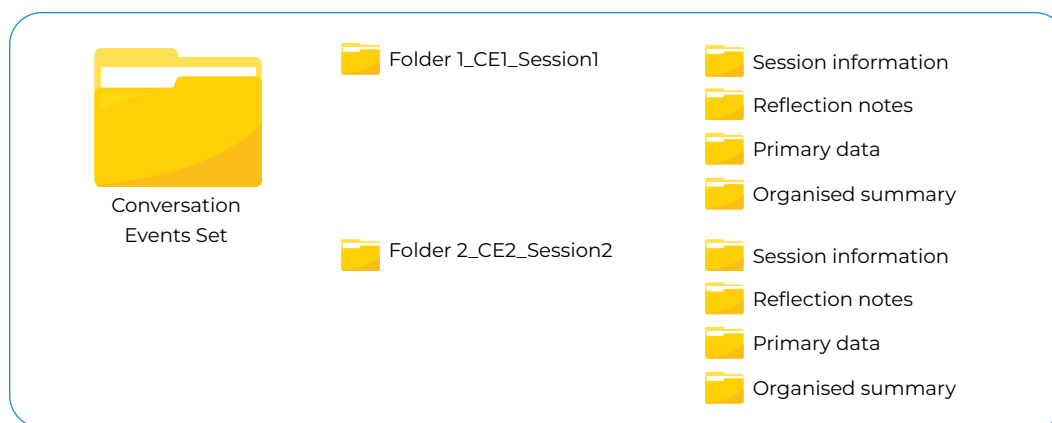
How to collate, organise, and store information?

After the Conversation Events, collate and organise the information gathered in the different formats so that there is a detailed record of proceedings that can be used to feed back into the next Conversation Events, or used later in the Responsive Dialogues process as evidence to inform post-Conversation Events activities.

Organising tips



- **Develop a logical and efficient system** to organise and store the information from each Conversation Events Set in folders, as shown in the diagram that follows. Some of the information will be in an electronic format but non-digital materials can be organised in a similar way. In each folder, name the documents carefully so they are easily accessible for future use.
- **Handle all data in a way that guarantees confidentiality and security of personal information.** Use password protection of electronic data and locked storage for non-digital materials to ensure security of information. Only project staff should have access to the data.
- **Back up electronic data** on a storage cloud interface.



Organise information in manageable folders.

How to analyse information?

Analysing the findings from the Conversation Events as a facilitation team helps to maximise learnings. You might also want to sub-contract someone with qualitative research skills to assist with the analysis of information. Here are suggestions on how to conduct the data analysis:

- **Gather the team:** Assemble all facilitators who were part of the Conversation Events.
- **Reflect on the Conversation Events:** Spend time together reflecting on how the Conversation Events went. After some initial reflections about practical arrangements – timing, venue, refreshments, and so on, ask all co-facilitators how they felt and what they heard, saw, and learnt.
- **Interrogate the data:** Share all the gathered data, both written and visual, and search for meaning and patterns, supplementing this with audio recordings, as required.
- **Identify key findings:** As a team, identify the most important findings, observations, and insights that have emerged. Highlight specific points that were particularly meaningful or had a strong impact. Encourage facilitators to share their thoughts, impressions, and any additional insights they gained.
- **Organise into themes:** Group similar key findings and insights into thematic categories. These themes should encapsulate the main ideas that arose from the Conversation Events. For example, if you discussed a community health initiative, themes might include: Awareness Campaigns, Resource Allocation, Stakeholder Engagement.
- **Discuss implications and actions:** Discuss what the findings mean for the Responsive Dialogues project. Consider how the insights might influence ideas, solutions for piloting, for future scaling up, and for policy decisions or strategies. These will vary depending on the stage of the Conversation Events, will feed into subsequent Conversation Events, or will be used as evidence for post-Conversation Events activities.

Example from a Responsive Dialogues project

In the **Zambia** project, feedback sessions were held at the end every Conversation Event as a way of evaluating the sessions, as well as improving the next session.

A rapid analysis of each Conversation Event was conducted by the community engagement expert, which included key quotes and learning points, themes, or messages that the team identified in the reflection session, and photographs.

Summary presentations of each Conversation Event were also done as a way of documenting and sharing project progress with the funders. These summaries helped to facilitate the analysis process. Notes and audio recordings/pictures were also helpful during this process.



Write a short summary

The core implementation team should compile a short report or summary of the Conversation Events Set which captures the key findings and reflections. This is a useful way of organising findings and feeding into subsequent Conversation Events Sets and into the overall analysis of the Conversation Events Set/s.

The report can be in the form of a Word document or a PowerPoint Presentation. The basic structure might include sections such as:

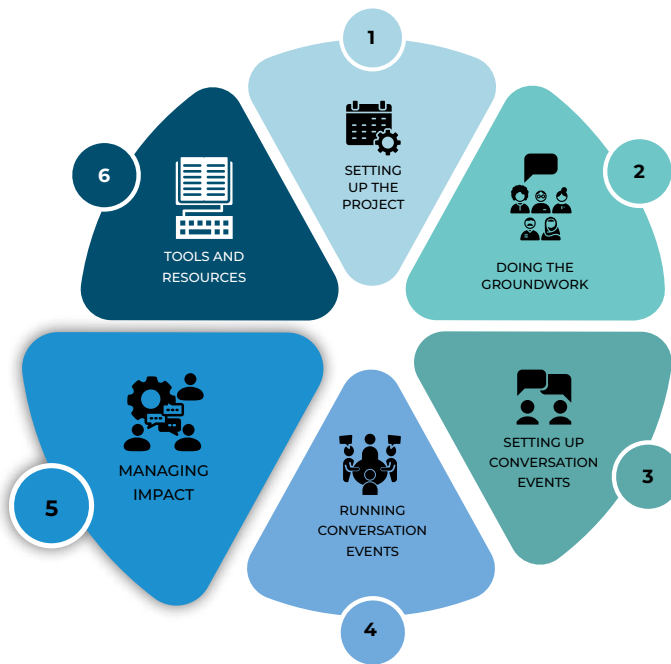
- Background
- Key findings
- Reflections
- Conclusions
- Recommendations

Checklist of guidance in this module

Tick completed activities/tasks and those that still need completion.

Activities	Yes	To do
Why to document and analyse Conversation Events is established		
Collating, organising, and storing of information is planned		
A process for analysing and making sense of the information is planned		
Writing a short report/summary is planned		





SECTION 5

MANAGING IMPACT

Ideally, projects are able to take Responsive Dialogues through to the intervention and/or the policy space. However, no matter the exit point for the specific project, a basic aim is to always lay the foundation for sustainability through establishing relationships with community, stakeholders, policy-makers, and/or funders, who can assist with taking the outcomes forward. See the [Introduction](#) for more about entry and exit points.

Sooner or later, the Responsive Dialogues project will come to an end. Hopefully, this has been clearly communicated to participants so that everyone is well-prepared for this. More importantly, through the relationships that have been built up throughout all the processes, the learnings from the project can be taken forward.

This section provides guidance on the following:

Module 9: Evaluating evidence and options for impact

Module 10: Piloting co-created solutions

Module 11: Disseminating evidence to a wider audience

Module 12: Translating evidence into policy recommendations

9 EVALUATING EVIDENCE AND OPTIONS FOR IMPACT

MODULE



This module focuses on evaluating all the evidence once all Conversation Events have been completed, discussing the evidence with the community and with stakeholders, and deciding on how to take the findings from the Responsive Dialogues project forward.

This module provides guidance on the following:

- What is involved in evaluating the evidence?
- How to compile a structured report?
- How to share evidence and options for impact?

What is involved in evaluating the evidence?

After Conversation Events Sets are completed, the core implementation team, and a few selected stakeholders (if possible), review all the data collected from the beginning of the Responsive Dialogues project through to the end of the Conversation Events Sets. The evidence is then analysed, learnings are highlighted, and options for impact are discussed.

The steps below are a recommended process for gathering and evaluating evidence from the Conversation Events Sets. The same process, with some adaptation, can be used for evaluating evidence from the entire Responsive Dialogues project.

Step 1: Gather and review data from Conversation Events Sets

- Gather and review all documentation and material from the various Conversation Events Sets. See [Module 8](#) for more on documenting evidence.
- Map the content, processes, participants, and all other relevant information collected and analysed in each Conversation Events Set. See [Module 1](#) for suggested mapping methods to adapt.

Step 2: Assess evidence

- Assess the evidence you have. Evidence includes written notes and documents, photos, visuals, PowerPoint presentations, digital audio recordings, structured templates, mind-mapping tools, and so on. See [Module 8](#) for more.

- Assess whether you need more evidence and how you will obtain it. This may include interviews with participants, community members, or facilitators, re-running some more Conversation Events, or conducting further research. See [Section 1](#) (M&E Framework) for suggested data collection methods.

Step 3: Analyse and make sense of the evidence

- Use visualisations and mapping tools to help make sense of all the information gathered, such as drawing causal pathways between root causes and drivers of antimicrobial resistance (AMR) and mapping these to solutions. See [Module 1](#) for more on causal pathways.
- Interrogate the data from each Conversation Events Set. Compare the original aims and objectives with the outcomes or results achieved. Were the aims and objectives achieved in each Conversation Events Set? If yes, what helped or facilitated their achievement? If not, what happened? What was missing/different? What were the challenges?
- Compare the evidence from each Conversation Events Set. Look for patterns, connections, similarities, and differences. What was common to all of them? What was different?
- Identify the key findings, observations, and insights that emerge across the Conversation Events Sets.
- Group similar key findings and insights into thematic categories. For example, Participant groups and context; Facilitation team; Processes and approaches; Co-created solutions; Challenges; and Stakeholder engagement.
- Highlight specific findings and insights in each thematic category that are particularly meaningful or have a strong impact. Identify envisaged approaches for influencing AMR policies and strategies at local, regional, and national levels.
- Retain the voices of participants and stakeholders through quotations and recordings.

See [Module 8](#) for more on documenting and analysing the Conversation Events. See the [Introduction](#), *Developing a Monitoring and Evaluation Framework*.

How to compile a structured report?

Create a structured report that captures the essence of the findings and reflections of the Responsive Dialogues as a whole. This is useful not only for organising findings but also for presenting feedback to stakeholders. It could also form the basis of documents for wider dissemination.

Depending on the members of the core implementation team and the facilitators, you could assign roles for writing different parts of the report, or use a collaborative approach. Each person could take responsibility for writing up specific themes or sections based on their expertise or interest. Consider presenting some information as tables and figures and include quotes, anecdotes, or examples from the Conversation Events that illustrate the points you are making. See [Section 6](#) for a *Suggested Structure for the Report*.



How to share evidence and options for impact?

Share the evidence that emerges from your analysis with the wider stakeholder group and with participants who participated in the Conversation Events. Discuss the possible options for impact and agree on the way forward. It is especially important to get input from stakeholders and participants so that they can guide and take ownership of the next steps of the Responsive Dialogues project.

Potential next steps might include:

- Moving into another Responsive Dialogues cycle
- Piloting potential solutions and then scaling up (see [Module 10](#))
- Disseminating evidence to a wider audience (see [Module 11](#))
- Translating evidence into policy recommendations (see [Module 12](#)).

The core implementation team documents the way forward, including who has agreed to take responsibility for ensuring that the options/activities are implemented.

Depending on the project objectives and the funding, some of these options may fall within the scope of work of the existing Responsive Dialogues project. For example, piloting of a co-created solution may be an option for some Responsive Dialogues projects where a prototype that was tested yielded positive outcomes. See [Module 7](#) for more on prototyping.

Future **ownership** of the options may be taken up by others. This could include 'champions' or people with a specific interest and involvement in AMR. If ownership for options/activities falls outside the scope of the existing project, then all relevant information is handed over to the future owners so that maximum benefit is derived from the evidence and learnings from the Responsive Dialogues project. Additional funding may need to be raised to carry out some of the options.

GLOSSARY

Ownership: A key dimension of co-creation – those who participate in the co-creation process have a right to own the outputs/solutions of that process. Taking ownership may happen incrementally over a period of time, as participants take more and more control. With the right of ownership, comes the responsibility to act on the ownership, i.e. to invest in the process and provide input at each stage.

One of the most appropriate ways to share findings and outcomes is by convening a Stakeholder Feedback Workshop. This could be a standalone event or piggy-backed onto another AMR/other event, as explained in the country example that follows. See [Section 6](#) for the guidelines, *Organising and Running a Stakeholder Feedback Workshop*.





Example from a Responsive Dialogues project

After the conclusion of the Conversation Events in the **Zambia** project, the core implementation team held a management meeting to discuss the final feedback on the Conversation Events. They reviewed new information using a PowerPoint presentation. The team then collaboratively delved into analysing the data, which included coding qualitative data, and cleaning and organising data.

The Responsive Dialogues project was evaluated using the project specific monitoring and evaluation (M&E) tool and this was included in the project’s final report.

The findings from the data analysis were presented to the final Stakeholder Dissemination Workshop which was convened immediately after the ReAct Africa Conference 2023, in Lusaka. Thereafter, a policy brief was developed and shared with key policy-makers and actors.



The final Stakeholder Dissemination Workshop in the Zambia Responsive Dialogues project.
Photo: Posh Media.

Checklist of guidance in this module

Tick completed activities/tasks and those that still need completion.

Activities	Yes	To do
Evidence is gathered, analysed, and evaluated		
Evidence is shared with stakeholders and the community		
Options for the next steps in the project are discussed		



10 MODULE PILOTING CO-CREATED SOLUTIONS



The purpose of a pilot is to show feasibility rather than to deliver a specific goal. Piloting the co-created solutions that have been prototyped by participant groups during the Conversation Events (see [Module 7](#)) helps to test them on a small scale, before scaling them up more widely. The results of piloting will reveal what elements might need adaptation or changing, and what this means in terms of financial, material, and human resources.

This module looks at the piloting process and how to analyse the pilot so that the findings can feed into scaling up, sustainability, and policy recommendations. It highlights who may carry out the pilot and the importance of advocating at an early stage, with funders and other sources for financial support of and beyond piloting.

This module provides guidance on the following:

- What are the benefits of piloting a co-created solution?
- Who will carry out the pilot?
- How to plan the piloting?
- How to collect and analyse data?
- How to share the findings of the pilot?
- How to advocate for resources for piloting and beyond?

What are the benefits of piloting a co-created solution?

Piloting a co-created solution yields various advantages. For example, it allows you to do the following:

- Assess the solution's **viability** and effectiveness in addressing local AMR challenges
- Verify the solution's **feasibility**
- Confirm outcomes of small-scale testing
- Identify necessary resources for scaling-up
- Enable timely amendments or reject the solution, if necessary
- Create a budget for future scalability
- Demonstrate implementation on a larger scale with refinements
- Provide evidence for gaining support from key stakeholders, including policy-makers

GLOSSARY

Viability: The ability of something to be sustainable.

Feasibility: The possibility and ability of something being done.



Who will carry out the pilot?

If solutions are to be sustainable and move towards scalability, it is important that the core implementation team or the facilitators do not take on the primary responsibility for the piloting.

Ownership for local solutions is critical and should be as local as possible, even if this involves lobbying or advocating for policy change. Those taking on ownership could include participants of the Conversation Events, community leaders/ stakeholders from Conversation Events and piloting setting, and stakeholders, including representatives from health and agriculture departments, NGOs who can support the piloting, and local and national policy-makers. However, in some ICARS projects, pilots may be carried out and funded by ICARS.

Example from a Responsive Dialogues project

In the **Zambia** project, the team did not pilot the co-created solutions, however they did learn that some of the co-created solutions were piloted by community participants and healthcare facility staff. The team continues to share the co-created solutions with stakeholders and partners with the hopes of these being scaled to national level.



How to plan the piloting?

There are fairly standard steps involved in planning a pilot, and you can use a framework or template for guidance. Remember that as the piloting of the co-created solutions is part of the Responsive Dialogues process and builds on the outcomes of the Conversation Events, this should be reflected in the various sections of the piloting plan. See [Section 6](#) for the *Template: Pilot Plan*.



How to collect and analyse data?

In the pilot, collect data about various aspects of the solution, including the process followed and the impact the pilot had, for example, how it changed attitudes, knowledge, and/or behaviour.

Some pilot projects collect data at specific time points, for example, prior to the pilot (baseline data), during the pilot (midline data), and after the pilot (endline date). This helps to enrich the approach to the outcomes and guides the course correction required during the piloting stage.

Consider how to involve participant groups, local, and other stakeholders in analysing the outcomes of the pilot. This is an opportunity to seek out and use inputs from all those who have participated. It empowers and acknowledges local community stakeholders, while enriching local ownership of the project, as well as equitable decision-making and partnerships.

Key questions to guide the analysis and refine the solution:

- How did collaboration, consultation, communication, and trust work in the pilot between participants, communities, and stakeholders? How could this be strengthened for scale-up?
- How did everyone perceive the outcomes of the pilot? What worked well? Why? How relevant was the solution to the local context?
- What problems/challenges were encountered? Why? How did those involved work to solve these problems?
- What needs to be changed or refined prior to scale-up?
- How can you use this opportunity as an iterative process to pursue more sustainable solutions?
- What assets, strengths, and resources in the community were used? How can these be enhanced for the scale-up?
- How can you use everything that you have learnt to plan and facilitate the scale-up, with long-term goals and commitments?

See [Section 6](#) for *The Analysis Phase* which lists further questions to guide the analysis.



How to share the findings of the pilot?

On completion of the piloting, share the findings (outcomes and process) with all stakeholders involved in the Responsive Dialogues project, including participants, communities, and others. A Stakeholder Feedback Workshop is a key opportunity to discuss this, but use other forums, including regular AMR meetings, to share this information. See [Module 9](#) for more about *Organising and Running a Stakeholder Feedback Workshop*.

Based on the analysis, in collaboration with participants, stakeholders, government officials, and policy-makers, decisions will be made regarding the feasibility and viability of the co-created solution: either it is deemed unfeasible, requiring no further scaling; feasible without modification, allowing for immediate scaling; or necessitating contextualisation, adaptation, or modification before scaling-up.

How to advocate for resources for piloting and beyond?

While the funds of some Responsive Dialogues projects will cover the piloting of some co-created solutions, and even the next steps to scalability, in practice many projects will not have enough funding. Innovative approaches to piloting, particularly low resource solutions, include partnering with the community or with NGOs that may provide resources and funding. If the piloting shows that the solutions should be scaled up, then it may be necessary to advocate with funders and other sources for further funding.

Planning tips



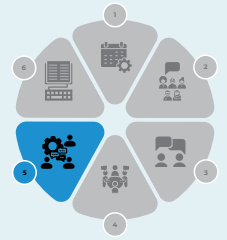
- Encourage local **communities to take ownership** and implement co-created solutions.
- **Demonstrate the impact** of the co-created solutions (and the Responsive Dialogues approach) in discussions or meetings with local partners and potential funding sources.
- Build a **broad base** of support from several funders and technical partners. Keep communicating with them throughout the project to maintain their interest and to give feedback on progress.
- **Allocate some of the Responsive Dialogue project budget** to planning the piloting and scale-up.
- **Invite selected funders** to the Stakeholder Feedback Workshop, and actively follow up with them afterwards. Take potential funders to field sites.
- Clarify who will take **ownership** of the scale-up.

Checklist of guidance in this module

Tick completed activities/tasks and those that still need completion.

Activities	Yes	To do
The benefit of piloting co-created solutions is understood		
Who will be involved in carrying out the pilot/s is identified		
A pilot plan is developed		
The outcomes of the pilot are analysed		
Pilot findings are shared with others		
Resources for piloting and beyond are advocated for		





Once evidence from the Conversation Events has been shared with stakeholders (including participants of the Conversation Events), disseminate the evidence to a broader audience so that they can learn about Responsive Dialogues – the processes and outcomes. This might include, for example, the general public, policy-makers from across the One Health spectrum, NGOs, and AMR researchers.

This module provides guidance on the following:

- Why, who, and when to share evidence?
- How and what evidence to share?
- How to identify resources required to share evidence?

Why, who, and when to share evidence?

Sharing information and evidence about the Responsive Dialogues project is an opportunity for others to learn about the processes and their impact. This can assist your project and others to gain support for future projects. It is something that should be considered at the beginning of your project. It may be helpful to develop a dissemination plan that charts the who, what, how, and when of sharing evidence. A table could be drawn up for this purpose and responsibilities allocated amongst team members.

Dissemination plan

Who (audience)	What (message)	How (approach)	When (timing)	By whom (person responsible)

We disseminated our findings to our key stakeholders in a workshop, and thereafter we generated a policy brief to share with key policy-makers. (Zambia Responsive Dialogues project)



In addition to the stakeholders involved in the Responsive Dialogues project, there are several different audiences who can benefit from understanding the evidence and learning. Depending on the audience, you may share the evidence at different times.

Who to share evidence with and why

Audience	How they can benefit from the evidence
Civil Society Organisations/NGOs	They can use the evidence to generate support for an issue and to improve the impact of their work.
Policy-makers, government departments, researchers	They will hear the voices of those most affected by AMR and their co-created, concrete, and practical solutions to address the challenges of AMR.
General public	This is an opportunity to raise their awareness of AMR.
Wider research community	They can learn from the findings.

How and what evidence to share?

How you share evidence, the methods you use to share it, and what you share, depends on the audience you want to target.

Presentations at conferences and other AMR forums

AMR conferences and forums are useful platforms to present the evidence and learnings from the Responsive Dialogues project and the pilots of co-created solutions. They provide excellent opportunities for raising awareness and getting feedback from other researchers and project implementers.

Local conferences and forums are usually fairly accessible, and the core implementation team could present the project at various stages during implementation. At global conferences, more substantive project findings are expected and this is likely to be towards the end of the Responsive Dialogues project.

Policy briefs (policy recommendations)

See [Module 12](#) for more on writing policy recommendations.

Publications – academic journals

Disseminate the learnings from the project to researchers by publishing in recognised academic journals – international peer-reviewed, or regional or country-level journals. The project processes and findings will be of interest to this community.



Example from a Responsive Dialogues project

The **Thailand** project published a study protocol on the Wellcome Open Research website. For the full paper, see: Poomchaichote T, Osterrieder A, Prapharsavat R et al. “AMR Dialogues”: a public engagement initiative to shape policies and solutions on antimicrobial resistance (AMR) in Thailand [version 2; peer review: 2 approved]. Wellcome Open Res 2021, 6:188 (<https://wellcomeopenresearch.org/articles/6-188>).



Posters/leaflets

Posters and leaflets are useful ways of disseminating findings amongst community members and the general public, although it is important to take literacy levels and language into consideration. In many settings the use of culturally sensitive graphical illustrations will be useful.



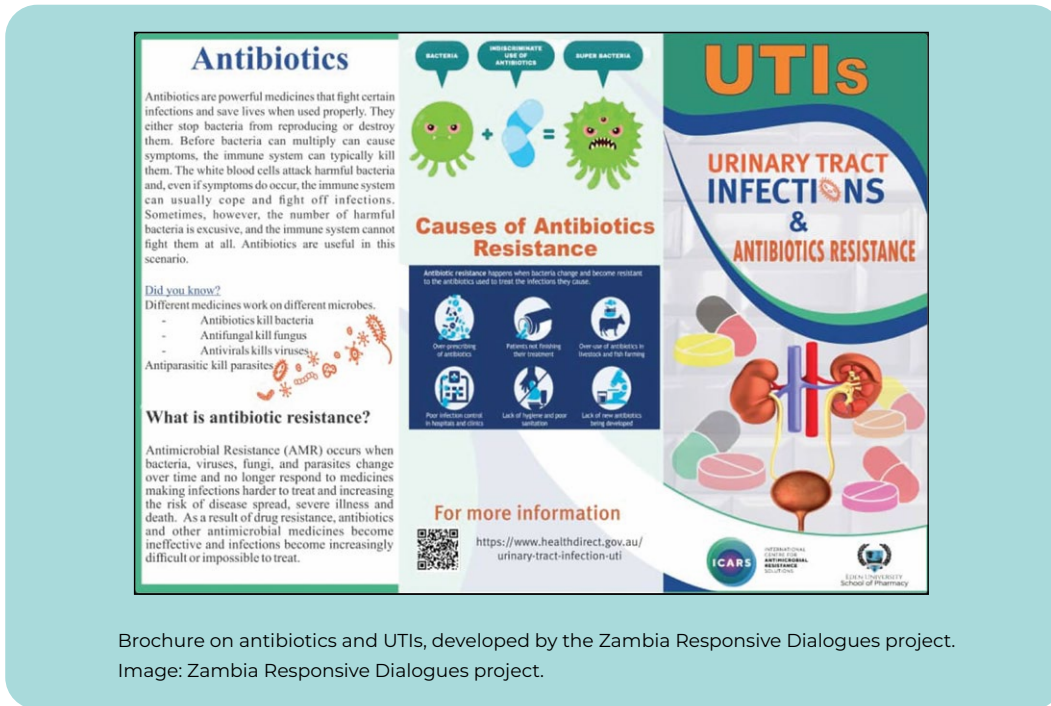
Examples from Responsive Dialogues projects

The **Thailand** project developed a booklet as feedback to the participants of the Conversation Events.

In the **Zambia** project, over 500 brochures that explained Urinary Tract Infections (UTIs) and AMR were distributed to a wider community during the Conversation Events across the five sites. These were distributed via community participants and healthcare facility staff. (See example that follows.)

The project also created a key messages document that outlined important information participants wanted to relay to the communities. This document was shared with a journalist who covers AMR news from the national TV station, Zambia National Broadcasting Cooperation (ZNBC). Project staff and AMR experts were further interviewed by the journalist and aired on the ZNBC's main news.

Lastly, the project staff shared key findings and community AMR recommendations on a live radio programme that was streamed on Facebook and Youtube.



Brochure on antibiotics and UTIs, developed by the Zambia Responsive Dialogues project.
Image: Zambia Responsive Dialogues project.

How to identify resources required to share evidence?

To effectively disseminate and share your findings and outcomes, you will need people with different communication and organisational skills, as well as adequate financial resources.

It is advisable to build these requirements into your project plan right at the outset of the project. See [Section 1](#) for more on setting up a Responsive Dialogues project.

Checklist of guidance in this module

Tick completed activities/tasks and those that still need completion.

Activities	Yes	To do
The importance of sharing feedback and outcomes with others is understood		
Examples of ways to share feedback and evidence are identified		
Resources required to share feedback and evidence are identified		



12 MODULE

TRANSLATING EVIDENCE INTO POLICY RECOMMENDATIONS



This module focuses on one of the central aims of Responsive Dialogues – to facilitate inclusive policy-making that takes into account public perceptions and local realities in the area of AMR. It involves translating the community-driven learning and evidence to advocate for policy-makers to implement new AMR policies or to tailor existing AMR policies into contextually relevant policies.

This module provides guidance on the following:

- What is ‘evidence’ in the context of Responsive Dialogues?
- What evidence is presented to policy-makers?
- When to feed evidence into policy-making processes?
- How to engage key stakeholders in taking recommendations forward?
- How to communicate policy recommendations?

What is ‘evidence’ in the context of Responsive Dialogues?

Getting a policy recommendation accepted by policy-makers depends on many factors. When a recommendation is based on strong **evidence**, is cost-effective to put into practice, and takes account of international and national best practice, as well as public opinion, it has a better chance of being accepted. So, when developing policy recommendations, it's a good idea to connect the results and evidence from Responsive Dialogues with the work, evidence, and research of others in the field.

What evidence is presented to policy-makers?

There are several types of evidence to consider in your policy recommendations, with the first two types below being those generally generated through Responsive Dialogues.

- **Practice-informed evidence:** This is knowledge gained from individuals and organisations with experience in addressing specific issues. This might include research evidence, lived experiences, and the voices of participants from communities. It can be found in formal documents and evaluations, as well as in informal settings, such as meetings and consultations.

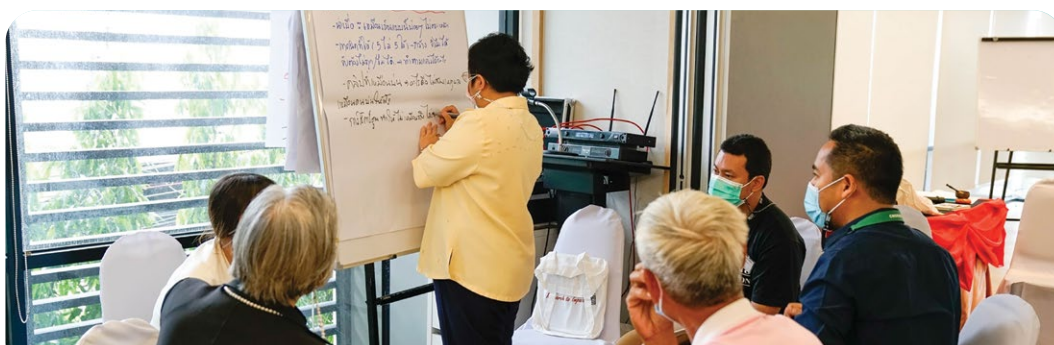


Photo: Thailand Responsive Dialogues project.

Example from a Responsive Dialogues project

In the **Thailand** project, practice-informed evidence was co-developed with input from AMR experts, stakeholders attending workshops, and the Bangkok Health Research and the Ethics Interest Group.

Some of the research evidence and practice-informed evidence resulted in the following issues being identified: low public awareness on AMR; the need to increase knowledge/understanding of AMR; further research needed into effective communication and the target audiences; content of media information not including optimal outcomes for all target groups; and too much jargon used.

- **Citizen or participatory evidence:** This is evidence held by communities/ citizens, based on their direct experiences and understanding of their challenges. It may be shared in Conversation Events, stakeholder consultations, or community meetings. However, its influence is sometimes limited by more powerful actors framing or marginalising it.
- **Data:** This is factual information that may be qualitative (verbal or descriptive) or quantitative (measured and analysed statistically).

Examples from Responsive Dialogues projects



In the **Thailand** project, the following factual data/background data from Thailand's National Strategic Plan on AMR, framed the challenges of AMR in Thailand:

"The use of antimicrobials in Thailand in the human, animal, plant, and environment sectors is one of the highest in the world. It has contributed to approximately 88 000 cases of antimicrobial resistance (AMR) in humans each year, with a 40% death rate, and an economic impact equivalent to US\$1,200 million" (Thailand's National Strategic Plan on AMR 2017–2021).

In the **Zambia** project, as part of the project outputs, a policy brief was generated and distributed to policy-makers with key co-created policy recommendations.

- **Research evidence:** This is formally produced evidence, using comprehensive and rigorous processes, and adhering to quality principles, for example, evidence from scientific research. It includes peer-reviewed academic work, think-tank papers, evaluations, and other well-researched materials.

What evidence will get policy-makers' attention?

Policy-makers are busy people and want to know that recommendations presented to them are based on evidence that is:

- **Accurate:** Explains the research that has been done to ensure the accuracy of evidence.
- **Objective:** Describes processes used in the Responsive Dialogues approach to produce inclusive and unbiased evidence from multiple sources.
- **Credible:** Explains who was involved in producing the recommendations to ensure its trustworthiness and credibility.
- **Generalisable:** Shows that the evidence is not limited to specific cases and how it can be scaled-up and generalised.
- **Relevant:** Determines and explains how timely, topical, and applicable the recommendations are to the policy-making process.
- **Reproducible:** Shows how the recommendations can be reproduced by others, in other contexts. This adds to the credibility and reliability of the recommendations.
- **Available:** Ensures that the evidence is accessible to all policy-makers and of a high quality, for example, that it was monitored and evaluated.
- **Rooted:** Explains how the recommendations are firmly grounded in real-world situations and experiences.
- **Practical:** Shows how the policy recommendations are feasible and affordable.
- **Cost-effective:** Explains how the costs involved in accessing and using the evidence are worth the potential benefits.
- **Brief:** Policy-makers do not have time to wade through pages and pages of documents!

When to feed evidence into policy-making processes

Policy recommendations need to be communicated at the *right* time in the policy-making process to the *right* policy-makers. While policy-making generally follows a sequence of stages, occasionally multiple stages happen at the same time (see the flow chart that follows).

See the [Section 1](#), *Cross-cutting themes* for more on inclusive policy-making.



Key stages in the policy-making process

Problem identification:

Policy-makers identify problems, issues, needs, and challenges that must be addressed through policy development. This may involve asking experts and stakeholders to provide input and to analyse data.

Setting the policy agenda:

Policy-makers determine which issues to prioritise in the policy agenda. This involves political considerations, public opinion, and the alignment of needs with broader societal goals.

Policy analysis:

Policy-makers are involved in analysing potential policy options (solutions) and their potential impacts; and in examining the feasibility, cost-effectiveness, and ethical implications of different policy approaches.

Policy development:

Policy-makers develop the specific policies that will be implemented to address the identified needs or issue/s. This may involve collaboration among government agencies, service providers, researchers, advocacy groups, and other stakeholders.

Policy implementation:

Policy-makers ensure that the policies that are developed are implemented. This may involve setting up the necessary infrastructure, allocating resources, and co-ordinating efforts to execute the policies effectively.

Policy evaluation:

Policy-makers assess the outcomes and effectiveness of the implemented policies. This may involve monitoring key performance indicators and analysing data to determine whether the policies have achieved their intended goals.

Policy adjustment:

Based on the evaluation results, policy-makers may modify, refine, or update the policies to improve their effectiveness or address any unintended consequences.

Example from a Responsive Dialogues project

The **Thailand** project was timely and relevant, as the Thailand National Strategic Action Plan on Antimicrobial Resistance (TNSAP) 2017–2021 was to be updated for the next five-year period. So, one of the objectives of the project was to provide recommendations to the TNSAP, specifically for Strategy 5 of the policy (public knowledge and awareness of appropriate use of antimicrobials). See *Recommendations for the Thailand National Strategic Action Plan 2023–2027*, which were developed as a result of the Thailand Responsive Dialogues project.



How to engage stakeholders in taking recommendations forward?

A diverse set of stakeholders are involved in policy development. Each plays a different role and has varying levels of influence in shaping and implementing policies. Who you target depends on the level of government you want to influence (local, regional, national, or international) and the nature of the policy being developed.

Although it is critical to target the key policy- and decision-makers from the One Health sectors, other stakeholders have power and influence and should be included in the processes. See [Module 2](#) for more on stakeholder engagement.

How to communicate policy recommendations?

Policy briefs are used to make recommendations. These briefs use practice-informed findings, arising out of research evidence, lived experiences, and the voices of communities/citizens. They are short, accessible forms of communication to engage informed, non-specialist actors, such as policy-makers in the One Health sector of government ministries.

NOTE

Other names that essentially fall into the category of policy briefs are policy memos, position papers, position briefings, and fact sheets.



“The purpose of the policy brief is to convince the target audience of the urgency of the current problem and the need to adopt the preferred alternative or course of action outlined and therefore, serve as an impetus for action” (Young and Quinn, 2017).

Two key questions to consider as you plan your policy brief:

- **What is the purpose of a policy brief?** The purpose can range from changing policy to raising awareness. The purpose will determine the target audience of the recommendations.
- **What does a policy-maker want from a policy brief?** Policy-makers want relevant solutions to policy problems. A policy brief should lay out realistic, evidence-informed solutions.

Key features of policy briefs

- **Provide a ‘hook’:** Lead in with your conclusion so that policy-makers can quickly decide whether the work has relevance for them. Keep the report short and to the point.
- **Provide a clear structure:** For example, include a title, date, summary or overview, headings and sub-headings, introduction/background, recommendations, conclusions, acknowledgements, and appendices.
- **Make it accessible:** Write in plain language without jargon, terms, or acronyms. Make it clear, accessible, and easy to read.
- **Highlight the benefits:** Focus on the practical, positive benefits that the recommendations will bring. Identify the target audience the policy recommendation is aimed at. Explain how their lives will be improved by the policy recommendations. Emphasise any wider, societal benefits, such as positive economic or environmental outcomes. Explain the integration of the One Health approach.

Structure and content of a policy brief

The structure and format of a policy brief is shaped by the aim, the target audience, and the information to be presented. The table below outlines what to include in some of the key sections.

Key sections of the policy brief	Questions for consideration	Possible responses
Purpose of policy brief	<i>What is the purpose of the policy brief? What aspect of the AMR policy is it aiming to address?</i>	Aim to convince policy-makers that there should be an AMR policy, or that the existing AMR policy needs to change/be updated.
Audience of policy brief	<i>Who is the policy brief aimed at? What will they need to know? Are they likely to be open to the recommendations or resistant to them?</i>	The audience is policy-makers who are not necessarily AMR experts or familiar with community engagement. They need scientific/technical information, as well as contextual information to understand the issue properly. They will probably need to be convinced about the issue, and might be resistant to a change in policy for various reasons.
Content of policy brief	<i>What information do you need to include to get the message across convincingly to the audience?</i>	Include focused information about: purpose of the brief; background/context of the issue; description and scope of the issue; research done, including methods used; implications of the research; recommendations based on the research; summary of main points; statement of key message; references; and contact details of the writers/experts.



Key sections of the policy brief	Questions for consideration	Possible responses
Structure of policy brief	<i>How could you structure this information, so it is clear and concise for the audience?</i>	<p>The briefing should have at least the following components, in this order:</p> <ul style="list-style-type: none"> Title of the policy brief Executive summary/summary of main points and statement of the key message – a Call to Action Introduction/identification of the problem/description of the background or context of the problem Policy alternatives or summary of key research done on the issue, methods used, and relevant results; the implications of the research for policy/practice Policy recommendations based on implications of the research References for research, and contact details of writers/experts for follow-up
Language of policy brief	<i>How should you write the brief to convince the audience of the importance of the issue and action to be taken?</i>	<p>Write in clear, concise, plain, and direct language. Avoid jargon.</p> <p>Use active, not passive verbs.</p> <p>Include questions to focus attention.</p> <p>Use shorter sentences for impact.</p>
Format of the policy brief	<i>How can you make the brief easy to read and interesting to look at?</i>	<p>Keep the brief short (about 1 500 words, 4 pages); use strong headings, and bullet points or tables to clarify; highlight key points in boxes or sidebars; use graphics where possible; don't crowd too much onto a page.</p>



See [Section 6](#) for *Template: Policy Recommendations*; and *Evaluation Criteria/Indicators – by policy issues*.



NOTE

In some countries, the government may have a preferred template for policy recommendations.

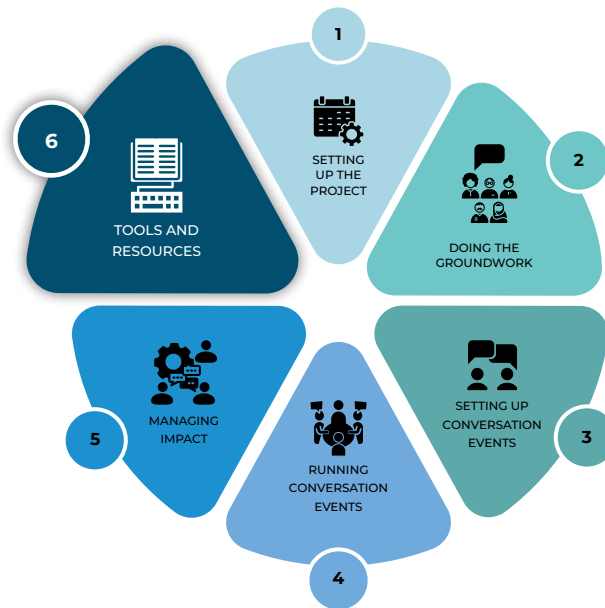


Checklist of guidance in this module

Tick completed activities/tasks and those that still need completion.

Activities	Yes	To do
What is meant by evidence in the context of Responsive Dialogues is understood		
Different types of evidence are identified		
The right time in the policy-making stages to present policy recommendations is identified		
Key stakeholders to take recommendations forward are identified		
Policy recommendations are written and communicated to policy-makers		





SECTION 6

TOOLS AND RESOURCES

CHECKLIST OF ACTIVITIES AND OUTPUTS IN RESPONSIVE DIALOGUES

SECTION 1 SETTING UP THE RESPONSIVE DIALOGUES PROJECT

- Responsive Dialogues Scoping Statement
- Checklist of Core Implementation Team – Roles and Skills Required in Responsive Dialogues
- Note-taking System
- Example: Budgeting Tool
- Monitoring and Evaluation Framework for Responsive Dialogues
- Evaluation Criteria/Indicators – by Phase
- Example: M&E Data Collection Methods

SECTION 2 DOING THE GROUNDWORK

Module 1 Mapping the AMR Ecosystem

How to find AMR policies, frameworks, and action plans

Module 2 Engaging Stakeholders

Organising and running a Stakeholder Workshop

SECTION 3 SETTING UP CONVERSATION EVENTS

Module 4 Planning Conversation Events

Example: Suggested steps to design Conversation Events Sets

Template: Suggested steps for design process

Example: Extract from agenda for Conversation Events

Template: Agenda for Conversation Events

Example: Session Plan for an introductory session

Template: Session Plan

Module 5 Preparing for Conversation Events

Logistics Checklist

Monitoring Form for materials used in Conversation Events

SECTION 4 RUNNING CONVERSATION EVENTS

Module 7: Facilitating 'Stages' of Conversation Events

Examples of Participatory Activities for Conversation Events

Example: Questions to use to Monitor Facilitation

Example: Question Guide for Follow-up Evaluation

SECTION 5 MANAGING IMPACT

Module 9 Evaluating Evidence and Options for Impact

Suggested structure for report

Organising and running a Stakeholder Feedback Workshop

Module 10 Piloting Co-created Solutions

Template: Pilot Plan

The analysis phase

Module 12 Translating Evidence into Policy

Recommendations

Template: Policy recommendations

Evaluation Criteria/Indicators – by policy issues

FURTHER READING

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			
Facilitate each stage of Conversation Events <ul style="list-style-type: none"> • Introduce, give input, and explore AMR topic • Collectively define relevant AMR problem areas to work on • Generate ideas and possible solutions (ideation) • Prioritise ideas and co-create solutions • Prototype co-created solution/s 			
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			

1

SECTION

SETTING UP THE RESPONSIVE DIALOGUES PROJECT

Responsive Dialogues Scoping Statement

Project name	
Project sponsor	
Project manager/lead	
Date of project approval	
Scope description	<i>[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.]</i>
Project deliverables (outcomes)	<i>[List the main deliverables or outcomes of the project. For example, community engagement, co-creation of AMR solutions, and policy recommendations.]</i>
Constraints	<i>[List any constraints that may affect the project, for example, not having a skilled materials developer, or an external person to monitor and evaluate.]</i>
Assumptions	<i>[List any assumptions that the project is based on, for example, the core implementation team has experience with facilitating community engagement.]</i>

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

Roles	Skills required and responsibilities	Tick
Project leader	<ul style="list-style-type: none"> Managing the project – leads project schedules, and budget Networking and high-level stakeholder engagement and ongoing relationship building Engaging the public/communities Liaising with funders; overall oversight for project and reporting Leading and managing the team 	
Project manager	<ul style="list-style-type: none"> Working with project leader to ensure that the project is implemented according to project plan, schedule, and budget Co-ordinating various team members Communicating with people inside and outside the team Maintaining all project records including M&E records, evidence, and synthesising documents 	
Administration and financial support	<ul style="list-style-type: none"> Providing administrative support Reporting to project manager Overall project budgeting (e.g. human, financial, other resources) Budgeting for groundwork, Stakeholder Workshops, Conversation Events, facilitation, training, mentoring, and running Conversation Events, materials, M&E, feedback, and dissemination Preparing financial reports and releasing funding internally 	
Operational logistics	<ul style="list-style-type: none"> Organising Stakeholder Workshops, meetings, Conversation Events, other events, dissemination events, and follow up Keeping ongoing and up-to-date records of all documentation 	
Stakeholder/ community engagement	<ul style="list-style-type: none"> Inputting AMR expertise Engaging key stakeholders and keeping them informed throughout (national and community levels) Engaging with and keeping communities informed Connecting at local community level 	
Lead facilitator	<ul style="list-style-type: none"> Designing and planning Conversation Events Sets and Conversation Events and sessions Assisting with developing and adapting materials Facilitating Conversation Events/assisting with this Briefing, training, mentoring, and guiding other facilitators Documenting and analysing Conversation Events Reporting back to all stakeholders and communities on Conversation Events 	
Monitoring and evaluating/ research expertise	<ul style="list-style-type: none"> Capturing data/recording and documenting processes of every meeting and all evidence Storing data safely Analysing data Synthesising outcomes and recommendations Feeding this back to assess directions and adaptability 	



Roles	Skills required and responsibilities	Tick
Communicating and disseminating outcomes	<ul style="list-style-type: none"> • Ongoing communication with all stakeholders, communities, participants, funders, and so on • Writing academic pieces, including policy briefs/ publications • Developing policy recommendations • Engaging other policy dissemination skills (e.g. media, social media, networks, etc.) 	
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.

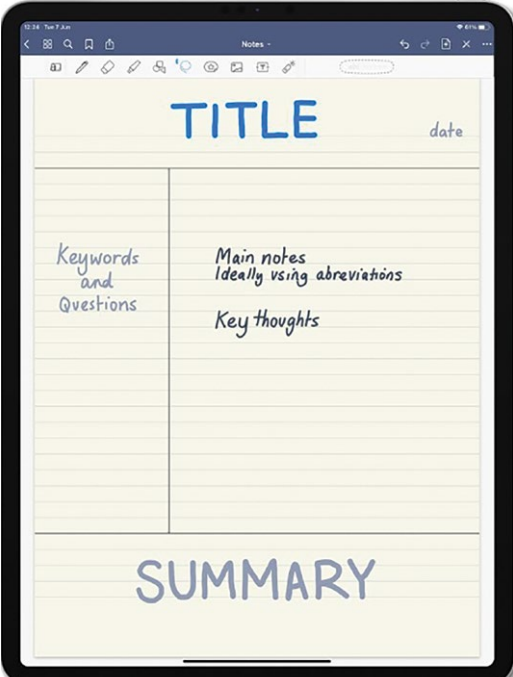
Reduce: After the meeting, sum up the information into key words and questions.

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

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	BUDGET												
2	TERMS OF EXPENDITURE				USD		UNITS (Days)		TOTAL USD		BUDGET JUSTIFICATION		
3	Human resources												
4	Core implementation team:												
5	Project leader												
6	Lead facilitator												
7	Community engagement expert												
8	M&E expert												
9	Admin & financial assistance												
10													
11	Sub-contracting others												
12	Organisations												
13	Consultants												
14	Experts												
15	Local facilitators												
16	Others												
17													
18	Ethics application												
19													
20	Materials development												
21	Experts												
22	Translators												
23	Editors/proofreaders												
24	Illustrations/photographs												
25	Design and typesetting												
26	Printing												
27													
28	Outputs												
29	Facilitator's Guide												
30	Pamphlets												
31	Publications (journal articles)												
32	Video/podcasts												
33	Dissemination reports												
34	Policy recommendations												
35													
36	Costs of Events (stakeholder workshops, Conversation Events, Learning Events, Dissemination Events)												
37	Venues												
38	Foods												
39	Accommodation												
40	Transport and travel												
41	Compensation for money spent by participants												
42	Subsistence costs												
43													
44	Communication												
45													
46	Resources, materials, equipment												
47													
48	Piloting												
49													
50	Contingency												
51													
52	SUB-TOTAL												
53													
54	TOTAL												
55													

Monitoring and Evaluation Framework for Responsive Dialogues

Monitoring and Evaluation Framework for Responsive Dialogues	
Focus	<i>[What will be monitored and evaluated?]</i>
Responsible	<i>[Key people responsible for M&E in the project or external to the project]</i>
Evaluation criteria (indicators)	<i>[List the criteria you will use to measure outcomes]</i>
Key questions	<i>[What do you want to know – using each indicator?]</i>
Resources needed	<i>[Resources and time needed to co-ordinate and carry out M&E, including developing tools and instruments, carrying out the M&E, analysing and synthesising data, and presenting information]</i>
Data capture methods	<i>[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; post-Conversation Events follow-up discussions (email/online check-in), project documents (applications, project plans, etc.)]</i>
Data analysis	<i>[How will you analyse and synthesis the data?]</i>
Results presentation and dissemination	<i>[How and with whom will you share your findings?]</i>

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	Events are accessible to all selected participants.
	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).

2

SECTION

DOING THE GROUNDWORK

Module 1 Mapping the AMR Ecosystem

How to find AMR Policies, Frameworks, and Action Plans

<p>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</p>	<p>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.</p>
<p>Government health and agriculture departments</p>	<p>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.</p>
<p>National health agencies</p>	<p>These agencies may have specific divisions or programmes focused on AMR. They often develop and publish AMR national policies, frameworks, and action plans.</p> <p>Search for relevant documents or publications on their websites.</p>
<p>National AMR co-ordination bodies</p>	<p>Many countries have established national bodies or committees dedicated to co-ordinating efforts to combat AMR. These bodies often develop and oversee the implementation of national AMR policies and action plans.</p>
<p>Research and academic institutions</p>	<p>These institutions study AMR and may publish reports on national AMR policies and frameworks.</p> <p>Check the websites of reputable institutions in the country or search academic databases for relevant research papers.</p>

<p>National AMR reports and publications</p>	<p>National health departments/agencies may publish periodic reports or publications on AMR, which may include policy updates and action plans.</p> <p>Look for official reports on AMR surveillance, antimicrobial use, or infectious disease control, as these documents often contain policy-related information.</p>
<p>International organisations</p>	<p>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.</p>
<p>Online databases and platforms</p>	<p>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).</p>

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 co-own 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.

3

SECTION

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

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

Template: Suggested steps for design process

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

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

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	Introduce and explore AMR
Date	17 March 2022
Session name/number	Introduction to Responsive Dialogues on AMR
Purpose of the session	To introduce Responsive Dialogues on AMR
Objectives	Introduce Responsive Dialogues and set expectations; agree on the 'ground rules'; introduce how the Conversation Events and sessions will run; build an atmosphere of trust
Participants	20 women from the local townships
Outputs or outcomes	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
Materials needed	Registration sheets, name badges, folders, note-pads, sticky post-it notes, pens, printed copies of Responsive Dialogues leaflet in English and Chichewa, questionnaires
Preparation	Flipcharts, PPTs
Snacks	Mints, sweets, bananas, bottles of water
Room set-up(s)	Circle of chairs; facilitators sitting amongst the participants; flipchart behind facilitator; note-taker positioned well
Monitoring	Identify who will take notes, pictures, video, audio record; who will monitor and take verbal feedback from participants
Roles:	
Facilitators	3 facilitators
Experts	Drugstore owner, research nurse co-ordinator, AMR intern
Other roles	Visual artist

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

Session outline		
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: <i>[welcome and introductions]</i>	
	Icebreaker: <i>[process]</i>	
	Introduction to the session: <i>[process]</i>	
	Recap and feedback on task to do at home: <i>[process]</i>	
	Introduce the topic: <i>[process]</i>	
	Input: <i>[process]</i>	
	Activity: <i>[process]</i>	
	Input: <i>[process]</i>	
	Activity: <i>[process]</i>	
	Reflection and review: <i>[process]</i>	
	Wrap up and overall summary: <i>[process]</i>	
	At home: <i>[process]</i>	

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 facilitators, 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

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

4 SECTION

RUNNING CONVERSATION EVENTS

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?

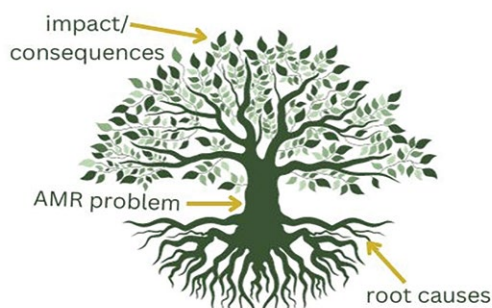
Links between animal and human health

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

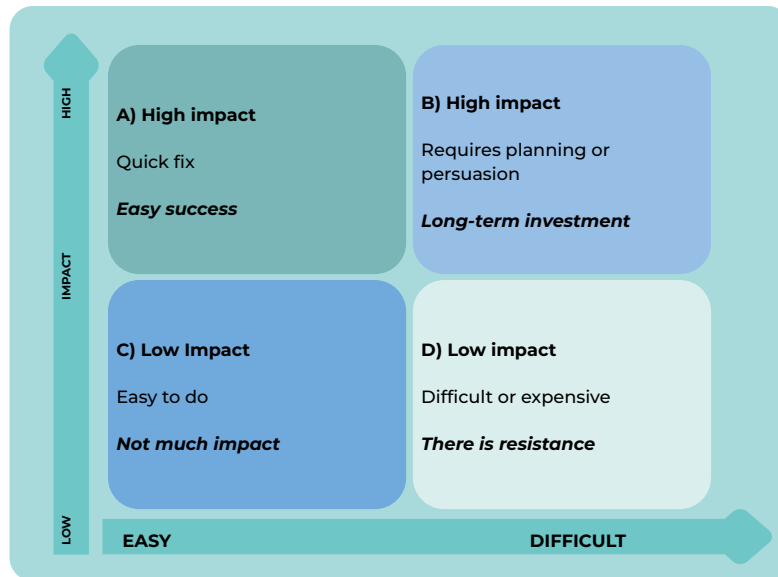
Steps in the process

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 post-it 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 long-term 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.



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.



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?

5 SECTION

MANAGING IMPACT

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.



Questions 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 style="list-style-type: none"> Are individuals from the future implementers involved in the design and implementation of the pilot? Does the project have mechanisms for building ownership in the future implementing organisation? 			
2. Does the co-created solution address a persistent local AMR challenge (identified by stakeholders and participants)? <ul style="list-style-type: none"> How can we build capacity within communities to align the AMR and One Health agenda with their needs? Is the co-created solution based on sound evidence and preferable to alternative approaches? 			
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? <ul style="list-style-type: none"> What do we mean by 'community' in practice? How do definitions of 'community' engage, or ignore, complex issues around, for example, gender and intersectionality? How do social, cultural, political, geographic, and other contexts impact Conversation Events? 			

Questions 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 style="list-style-type: none"> • Is there a plan to share findings and insights from the pilot during implementation? • What metrics/indicators will be used to define success and failure? • How can we learn from failures in our current contexts? • What contextual factors appear to underpin success/failure? • 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:

<p>2.2 Recommendation 2</p> <p>Aims: 1. <i>[explain]</i> 2. <i>[explain]</i></p> <p>Where the evidence was collected/who was involved:</p> <p>Target audience:</p>
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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 <i>It is challenging to develop appropriate policies, and to turn policies and strategies into practical actions.</i>	What do policy-makers expect from Responsive Dialogues and do Responsive Dialogues deliver this?	<ul style="list-style-type: none"> Was there a clear purpose/rationale for running the Responsive Dialogues? Were clear objectives set and met through the Responsive Dialogues?
	How do Responsive Dialogues support the development and implementation of NAPs/AMR policies?	<ul style="list-style-type: none"> How did the participants/public's understanding of infection risk and antibiotic use change? Did the Responsive Dialogues result in practical, actionable solutions?
	How do you ensure that AMR is addressed across the One Health spectrum?	<ul style="list-style-type: none"> How involved were stakeholders from across the One Health spectrum? How did different stakeholders' perceptions and behaviours to different sectors change?
Involvement <i>AMR is a cross-sectoral issue, requiring a One Health response.</i>	Who should participate in the Responsive Dialogues process and what role(s) should they play?	<ul style="list-style-type: none"> (Which) stakeholders were involved from across the One Health spectrum? How were stakeholders identified, contacted, and engaged?
	How do you motivate different stakeholders / policy/decision-makers to engage in the Responsive Dialogues process/AMR policy-making?	<ul style="list-style-type: none"> (How) were participants selected and how inclusive was this process? How diverse was the participation? Were any relevant stakeholders excluded? Why? How? Who has seen the results and how have the results been used?
Value for money <i>Resources, including money and time, to develop and implement policies on AMR are limited.</i>	Are Responsive Dialogues 'value for money' compared to other policy processes?	<ul style="list-style-type: none"> How much did the Responsive Dialogues cost? How long did the process take? What was the cost/time breakdown? What was the level of planning/buy-in/commitment (people, time, resources) to run the Responsive Dialogues?
	What does it take (time, money, resources) to run Responsive Dialogues and where will these resources come from?	<ul style="list-style-type: none"> Were the right resources (time, skills, materials, funding) identified and organised? Were the Responsive Dialogues adequately and properly planned? Was the timing/accessibility/location of the Conversation Events right?
Information <i>There are different levels of understanding about AMR and its causes.</i>	What evidence/information/messaging is needed about AMR to run the Responsive Dialogues?	<ul style="list-style-type: none"> How robust was the evidence on AMR that was used/presented in Responsive Dialogues? Were the right experts involved? How was material presented?
	How do you (best) present evidence to the public and other stakeholders?	<ul style="list-style-type: none"> How well did stakeholders understand their role? Were the main topics/issues prioritised?

Policy need/ challenge area	What do policy-makers want to know?	Possible evaluation questions
<p>Contextually relevant</p> <p><i>Policy needs and solutions for AMR differ.</i></p>	<p>How relevant are Responsive Dialogues outcomes to local contexts?</p>	<ul style="list-style-type: none"> • Was AMR sufficiently researched/ mapped and did this inform the Responsive Dialogues? • Were different 'communities' engaged and how did their context, understanding, and outcomes differ?
<p>Governance</p> <p><i>Society doesn't understand or trust the experts or policy-makers.</i></p>	<p>What governance structure is needed to set up and run effective Responsive Dialogues?</p>	<ul style="list-style-type: none"> • Were governance, co-ordination, and management arrangements clear and appropriate? • Were the dialogues open but also anonymous? • How were people 'listened' to and their inputs valued?

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