

2019 | Facilitator Guide

ONE HEALTH LEADERSHIP



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This is a product of the One Health Central and East Africa (OHCEA) for health professionals' training with support from the United States Agency for International Development (USAID).

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Course Developed by

Dr Theoneste Ntakirutimana

Environmental Science and Engineering Specialist
Senior Lecturer/ Environmental Health Sciences,
College of Medicine and Health Sciences
University of Rwanda, Rwanda

Eng. Jean Marie Vianey Ntibazamushobora

Software Engineering Specialist
Assistant Lecturer/Health Informatics
College of Medicine and Health Sciences
University of Rwanda, Rwanda

Dr Richard Mugambe

Environmental Health Specialist
Lecturer, School of Public Health
Makerere University, Uganda

Dr Jemimah Odumah BVM, PhD

Professor
University of Nairobi, College of Veterinary Medicine
Kabete Campus, Kabete, Kenya



OHCEA
8 Countries
16 Universities
24 Institutions



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Preface

This module is One of the 16 One Health Training Modules developed by the One Health Central and Eastern Africa Network (OHCEA). OHCEA is an international network, currently of 24 institutions of higher education in public health, veterinary sciences, pathobiology, global health and environmental sciences. These are located in 16 universities in 8 countries in Eastern, Central and Western Africa regions.

The universities currently forming OHCEA are: Universite des Montagnes and University of Buea (Cameroon), University of Lubumbashi and University of Kinshasa (DRC), Jimma University, Addis Ababa University and Mekelle University (Ethiopia), Moi University and University of Nairobi (Kenya), Université Cheikh Anta Diop (Senegal), Muhimbili University of Health and Allied Sciences and Sokoine University of Agriculture (Tanzania), University of Rwanda and University of Global Health Equity (Rwanda), Makerere University and Mbarara University of Science and Technology (Uganda).

The OHCEA network's vision is to be a global leader in One Health, promoting sustainable health for prosperous communities, productive animals and balanced ecosystems. OHCEA seeks to build capacity and expand the human resource base needed to prevent, detect and respond to potential pandemic disease outbreaks, and increase integration of animal, wildlife and human disease surveillance and outbreak response systems.

The overall goal of this collaboration is to enhance One Health policy formation and implementation, in order to contribute to improved capacity of public health in the region. OHCEA is identifying opportunities for faculty and student development as well as in-service public health workforce that meet the network's goals of strengthening One Health capacity in OHCEA countries.

The 16 modules were developed based on One Health core competencies that were identified by OHCEA as key elements in building a skilled One Health workforce. This network is supported by two United States University partners: Tufts University and the University of Minnesota through the USAID funded One Health Workforce Project.

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This module was made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of the One Health Central and Eastern Africa (OHCEA) university network under the Emerging Pandemic Threats 2 One Health Workforce Project and do not necessarily reflect the views of USAID or the United States Government. USAID reserves a royalty-free nonexclusive and irrevocable right to reproduce, publish, or otherwise use, and to authorize others to use the work for Government purposes.

OHCEA extends her gratitude to those who participated in earlier works that informed the development of this module as well as reviewers and editors of the module. Sections/parts of the materials for this course were adopted from RESPOND SEAOHUN One Health Course Modules:
<https://seaohunonehealth.wordpress.com/ecosystem-health/>

General Introduction

Training the Current and Future Public Health Workforce Using a One Health Approach

There is abundant evidence that no single sector or department can sufficiently manage the challenges of public health in any country, region or continent. Experiences from the fight against Ebola and the highly pathogenic avian influenza in the past few years demonstrated the effectiveness of multi-sectoral, multiagency approaches and the need for specific training targeting multi-sectoral and multi-disciplinary public health professionals not limited by national or regional borders in dealing with public health threats. In response to this challenge, the One Health approach has been advocated as the global framework for strengthening collaboration and capacities of the sectors and actors involved in health service delivery.

One Health Central and Eastern Africa (OHCEA) is a network of universities in Central, Eastern and Western Africa which are collaborating to build One Health capacity and academic partnerships between the member institutions in the region and with governments. The overall goal of this collaboration is to enhance One Health policy formation and implementation, to contribute to improved capacity of countries to respond to any emerging pandemics in the region.

OHCEA seeks to expand the human resource base needed to prevent, detect and respond to potential pandemic disease outbreaks, and increase integration of domestic animal, wildlife and human disease surveillance and outbreak response systems. OHCEA has identified One Health core competencies and developed modules based on the identified competencies that are key to delivering knowledge and skills to a multidisciplinary workforce and building a framework on which One Health curricula can be designed and implemented. They combine human health, animal health, infectious disease management with principles of ecology, social and environmental sciences.



One Health is defined as the collaborative effort of multiple disciplines working together locally, nationally, and globally to attain optimal health for people, animals and the environment www.AVMA.org



The One Health paradigm emerged from the recognition that the well-being of humans, animals and the ecosystem are interrelated and interdependent and there is a need for more systematic and cross sectoral approaches to identifying and responding to global public health emergencies and other public health threats arising at the human animal ecosystem interface.

A total of 16 modules have been developed including One Health soft skills such as communication, culture, leadership, gender and core technical skills such as ecosystem health, infectious disease epidemiology, One Health concepts and outbreak response. The modules are intended to:

- create a framework for One Health curriculum.
- improve workforce capacity to prevent, detect and respond to threats posed by infectious diseases and zoonosis.
- generate a shift in countries' workforce culture and training structure.
- enable working across sectors and disciplines for a stronger and more effective public health sector.
- allow universities to be key drivers of the future workforce as they forge partnerships and drive change.
- combine human health, animal health and infectious disease with principles of ecology and environmental sciences.

The modules can be used at both pre-service and in-service levels as full courses, workshops or integrated into course materials for professionals who impact disease detection, prevention and response, allowing them to successfully function as an integral part of a larger, multi-disciplinary, team of professionals. This is key to creating a stronger sustainable Public Health workforce.

Each module contains a Facilitator Guide, Student Guide, PowerPoint slides and a folder of resources/ references for users. These modules are iterative and are continuously being revised.

These 16 modules were developed by collaborative efforts of multiple disciplines and teams of people from seven different OHCEA partner countries with the support of two US university partners namely Tufts University and University of Minnesota. A team of 66 people were engaged in the development of these modules. All the materials represent contribution by the faculty and leadership of the OHCEA network institutions and the technical and managerial support of the OHCEA Secretariat.

The modules were built off previous One Health modules developed by SEAOHUN-network: [https:// seahunonehealth.wordpress.com/ecosystem-health/](https://seahunonehealth.wordpress.com/ecosystem-health/) with addition of more Africa-specific materials, examples and case studies relevant and applicable to the region. Each module was reviewed by OHCEA network faculty including US university partners with technical expertise as well as partners with field experience that allows for One Health application and appreciation of the local African context.

For any inquiries, please email: OneHealthModules@ohcea.org or wbikaako@ohcea.org

Module Developers and Reviewers

1. Dr Richard Mugambe,
Makerere University, SPH
2. Dr Hellen Amuguni,
Tufts University
3. Dr Christine Muhumuza,
Makerere University, SPH
4. Dr Diafuka Saila Ngita,
Tufts University
5. Prof. Anthony Mugisha,
Makerere University, COVAB
6. Dr Innocent Rwego,
University of Minnesota
7. Prof. Elizabeth Kyewalabye,
Makerere University, COVAB
8. Dr Larissa Minicucci,
University of Minnesota
9. Dr Terence Odoch,
Makerere University, COVAB
10. Dr Japhret Kitaa,
University of Nairobi
11. Dr Lawrence Mugisha,
Makerere University COVAB
12. Dr Omer Njajou,
Universite de Montagne
13. Ms Juliana Bbuye,
Makerere University School of
Education
14. Dr Jemimah Oduma,
University of Nairobi, VET
15. Prof. Peter Gatongi,
Moi University, SPH
16. Dr Gaymary George Bakari,
Sokoine University, VET
17. Prof. James Mbaria,
University of Nairobi, VET
18. Ms Agnes Yawe,
OHCEA Secretariat
19. Prof. Andrew Thaiyah,
University of Nairobi, VET
20. Dr Tsegabirhan Kifleyohannes,
Mekelle University, VET
21. Dr Charles Nkuranga,
University of Rwanda, VET
22. Mr Timothy Wakabi,
OHCEA Secretariat
23. Prof. Mannaseh Nzayimanirah,
University of Rwanda, SPH
24. Dr Irene Naigaga,
OHCEA Secretariat
25. Dr Theoneste Ntakirutimana,
University of Rwanda, Env. Sci.
26. Dr Gilbert Kirui,
University of Nairobi, VET
27. Dr Etienne Rugigana,
University of Rwanda, SPH
28. Ms Jackline Sitienei,
Moi University, SPH

29. Prof. Hailu Degefu,
Jimma University, VET
30. Dr Endale Balcha,
Jimma University, SPH
31. Prof. Abebaw Asfaw,
Mekelle University, VET
32. Dr Joanne Kisaka,
Makerere University, SPH
33. Dr Fesahaye Alemseged
Tesfamichael,
Jimma University, SPH
34. Prof. Joel Nkiama Konde,
University of Kinshasa, SPH
35. Dr Asfaw Yohannes Tekle,
Jimma University, VET
36. Prof. Justin Masumu,
University of Lubumbashi VET
37. Prof. Kimpanga Diangs,
University of Kinshasa, SPH
38. Dr Yosseff Deneke,
Mekelle University, SPH
39. Prof. Idi Ngona,
University of Lubumbashi, VET
40. Dr Samuel Mamuya,
Muhimbili University, SPH
41. Dr Peninah Nsamba,
Makerere University, COVAB
42. Prof. Emmanuel Batamuzi,
Sokoine University, VET
43. Prof. Kiyombo Mbela,
University of Kinshasa, SPH
44. Prof. Donath Tarimo,
Muhimbili University, SPH
45. Prof. Tona Lutete,
University of Kinshasa, SPH
46. Prof. Mahangaiko,
University of Lubumbashi, VET
47. Prof. Brigitte Bagnol,
Tufts University
48. Prof. Malangu Mposhy,
University of Lubumbashi, VET
49. Prof. Amuli Jiwe,
Insititue Demedical Techniques,
Kinshasa
50. Ms Winnie Bikaako,
OHCEA Secretariat
51. Niyati Shah,
USAID Washington
52. Mr Musa Sekammate,
Ministry of Health, Uganda
53. Dr Patrick Ntantu,
Public Health Expert
54. Dr Fred Monje,
Field Epidemiologist
55. Prof. Mariano Lusakibanza,
University of Kinshasa,
Pharmacy
56. Dr Sarah Ssali,
Makerere University, Gender
Studies

57. Richardson Mafigiri,
Infectious Disease Specialist,
Ministry of Health, Uganda
58. Dr Deo Ndumu,
Ministry of Agriculture, Animal
Industry and Fisheries, Uganda
59. Ms Rebecca Racheal Apolot,
Field Epidemiologist
60. Dr Angella Musewa,
OHCEA Fellow
61. Ms. Milly Nattimba,
OHCEA Secretariat
62. Ms. Elizabeth Alunguru,
OHCEA Secretariat
63. Dr Juvenal Kagarama,
OHCEA Secretariat
64. Dr Monica Musenero,
EpiTeam International, Uganda
65. Dr Charles Muchunguzi,
Mbarara University of Science
and Technology
66. Sam Wanjohi
Environmental Health
Specialist

Module Overview

The world today is faced with more and more complex challenges that require a multi-disciplinary approach towards their mitigation. These challenges include, among others, the recent outbreaks of Ebola and other hemorrhagic diseases, avian influenza, Zika virus and yellow fever. These call for a concerted effort to combat the recurring public health threats through the One Health approach led by competent leaders. To become effective global health leaders, public health specialists need the skills and competencies that enable them to work with multiple disciplines and sectors. One Health needs leaders who are able to manage a broad range of complex issues and integrate, negotiate and evaluate collaborative partnerships. Issues of leadership and responsibility will need to be addressed in a way that fills collaboration gaps, reduces duplication and avoids exacerbating divisions and isolation.

One Health is defined as the collaborative effort of multiple disciplines working together locally, nationally and globally to attain optimal health for people, animals and the environment. The One Health paradigm emerged from the recognition that the wellbeing of humans, animals and ecosystems are interrelated and interdependent. Therefore, there is need for more systematic and cross-sectoral approaches to identifying and responding to global public health emergencies and other health threats arising at the human-animal ecosystem interface.

The One Health concept is therefore a worldwide strategy for expanding interdisciplinary collaborations and communications in all aspects of health care for humans, animals and the environment. The synergism achieved will advance health care for the 21st century and beyond by accelerating biomedical research discoveries, enhancing public health efficacy, expeditiously expanding the scientific knowledge base, and improving medical education and clinical care. When properly implemented, it will help protect and save untold millions of human and animal lives in present and future generations.

One Health Leadership is inclusive, participatory and horizontal, and focuses on capitalizing on ideas and skills of multidisciplinary teams of people to combat any infectious disease threats. The merit and productivity of a good One Health leader is dependent on the quality of their interactions with multiple collaborators. A good One Health leader is also conscious that the processes, means by which objectives are carried out, must encompass teamwork, professionalism and emotional intelligence.

This Leadership Module introduces the concept of One Health leadership and the goal is to graduate multidisciplinary teams capable of initiating a shared vision; create, inspire, and motivate teams across sectors and execute a role through teamwork and professionalism.

Target Audience

This One Health Leadership Module can be used by undergraduate and postgraduate learners, middle cadre trainees, and in-service personnel from multiple disciplines and sectors (private, NGOs and civil society). It can be adapted for continuous professional development by health organizations such medical and veterinary associations, nursing, public health, environmental scientists and biotechnologists.

Training Goals

The purpose of this Leadership Module is to enable participants to:

- i) develop skills and knowledge to be effective agents of gender responsive One Health approaches.
- ii) develop visionary and strategic leadership qualities.
- iii) increase awareness of various methods of communication in building One Health teams and understanding risk communication strategies during disease outbreaks.
- iv) increase exposure to and improve cross-sectoral and inter-professional collaboration on disease surveillance and outbreaks and build effective teams.
- v) inculcate principles of change management in building effective One Health teams.
- vi) create an understanding of the various stakeholders involved and carry out stakeholder analysis and prioritization.

Training Objectives

After completion of the training, the participants should be able to:

- i) discuss what leadership is and how cultural and sectoral lenses impact our perceptions of effective leadership.
- ii) describe the skills, knowledge and behaviors that make one an effective leader in One Health initiatives.
- iii) demonstrate leadership through mutual respect between different professionals through networking and team building.
- iv) negotiate, advocate and lobby for One Health policies and actions.
- v) demonstrate techniques for empowering others to take leadership action through One Health approaches.
- vi) recognize what “engendered leadership” means in the One Health context and apply those skills in their daily work.
- vii) assess communication channels and systems when promoting collective action.
- viii) form multidisciplinary teams and promote collaborative actions.
- ix) demonstrate techniques for managing change in promotion of One Health actions including the design of gender-sensitive emergency response plans.

How to Use the Guide

This One Health Leadership module contains a Facilitator Guide, Student Guide, PowerPoint presentations and a folder of resources/references for users. The Facilitator Guide is divided into three sections namely (i) Introduction to the training module; (ii) detailed training sessions comprising: instructions for the facilitator on conducting the training and when and how to use the slides and resources; and session notes to guide the facilitation; (iii) Bibliography.

You should use this Facilitator Guide together with the PowerPoint presentations and resources as you carry out the training.

Training Program Structure

Session	Session Topic	Duration
1.	Introduction to Leadership, One Health and Gender Concepts & Competencies	420 minutes
2.	Effective Communication Skills for One Health Teams	420 minutes
3.	Teamwork and Team Building for One Health Teams	420 minutes
4.	Change Management Process in One Health Teams	420 minutes
5.	Engaging and Empowering others to Take Action in One Health Leadership: Stakeholder Engagement	420 minutes

Materials

- i) “Lost in the Mara” Case Study
- ii) “Panic in Rwanda” Case Study
- iii) Case Study of Virunga National Park, DRC by Alec Crawford and Johannah Bernstein
- iv) Cellotape
- v) Flip charts
- vi) Karatu case study
- vii) Leadership quotes
- viii) Markers
- ix) OH-SMART toolkit
- x) Participant’s Guides
- xi) Plain sheets of paper
- xii) PowerPoint presentations
- xiii) Pre-test
- xiv) Registration sign-in sheet

- xv) Social Styles questionnaire
- xvi) Sticky notes of different colors
- xvii) Tape
- xviii) Training agenda
- xix) Video – Inspiration-Leadership
- xx) Video - One Health: from Idea to Action
- xxi) Video - One Health from Concept to Action
- xxii) Video clips from Big Bang Theory
- xxiii) Video on the Heart of Change
- xxiv) Video: “The Danger of a Single Story” by Chimamanda Ngozi Adichie TED Global 2009
- xxv) YouTube on “Outrage causes hazard perception”
- xxvi) YouTube video on conflicts
- xxvii) YouTube video on teamwork

SESSION 1: Introduction to Leadership, One Health and Gender Concepts & Competencies

Duration: 420 minutes

Session Overview

The opening session provides a synopsis of the workshop's goals, the week's agenda, and gives the participants an opportunity to learn more about each other's background, disciplines, and skills. Key gender, One Health and emerging pandemic threat (EPT) terms and concepts are introduced as participants explore the different roles men and women play in the health and health care of a family. The session also introduces strategic leadership and the personal leadership journey.

Session Objectives

By the end of the session, participants should be able to:

- i) explain the concept of One Health.
- ii) identify basic gender principles and related concepts including sex, gender, gender roles, gender equity, gender equality and life cycle.
- iii) identify basic principles and related concepts including the role of interdisciplinary teams and a focus on the human, animal and ecosystem interdependence in responding to an EPT.
- iv) apply the knowledge, attitudes, skills and habits of effective leadership in One Health domain.

Duration	Activity Type	Facilitator Instructions
10 min	Plenary	Let participants sign the OHCEA attendance register
-	Plenary	Explain logistics (e.g. breaks, meals, etc.) If the short course is residential, check on housing/ accommodations
-	Plenary	Welcome Remarks Provide welcome remarks
	In pairs	Participant Introductions In pairs: i) have participants introduce themselves including: their name, where they are from and their type of work and position.


		<p><i>ii)</i> let participants prepare a 1-minute introduction of their partner to the class.</p> <p><i>iii)</i> let participants present their partner to the class.</p>
30 min		<p>Set up:</p> <p>i) Have two flipcharts in the front of the room: one titled “Expectations” and the other “Concerns.”</p> <p>ii) Give each participant two different colored sticky notes.</p> <p>iii) Ask participants to write down their expectations for the short course on one of the sticky notes (specify color) and their concerns about the course on the second sticky note (specify color).</p> <p>iv) Have participants place their expectations sticky notes on a flipchart titled “Expectations” and their concerns sticky notes on the other flipchart titled “Concerns”</p> <p>v) Organize the sticky notes per common themes.</p>
		Explain the agenda for the week.
	Plenary	<p>Goals of the Training</p> <p>i) Explain the goals of the short course, highlighting the expectations that will be met over the week and those that will not be met.</p> <p>ii) Comment and address the concerns.</p>
	Plenary	<p>Introduction of OHCEA</p> <p>i) Explain that this course is developed by OHCEA.</p> <p>ii) Explain what OHCEA is.</p>
15 min	Guest Speaker	<p>Official Opening of the Workshop</p> <p>i) In advance, be sure the speaker is prepared to address the participants.</p> <p>ii) Share with the speaker the goals of the short course, the desired outcomes and what you would like the speaker to emphasize in her/his address.</p> <p>iii) Introduce and invite the guest speaker to “officially open the course.</p>

	<p>Discovery Activity</p>	<p>What is One Health?</p> <p>i) Begin the session by having the participants watch the following videos:</p> <p><i>One Health: from Concept to Action by CDC</i> https://www.youtube.com/watch?v=TG0pduAYESA</p> <p><i>One Health: from Idea to Action:</i> https://www.youtube.com/watch?v=gJ9ybOumITg&t=4s</p> <p>ii) Briefly discuss the two videos with the participants</p> <p>iii) Have each participant take 5-7 minutes to think about and write down on separate sticky notes the answers to the following questions:</p> <ol style="list-style-type: none"> 1. Define One Health approach. 2. Identify two examples of One Health in practice. 3. Identify two to three advantages to multiple disciplines working together to promote One Health. <p>iv) Have them display these sticky notes on the wall in three separate sections. Then in a plenary review the following:</p> <ol style="list-style-type: none"> 1. What are the common things identified? 2. What are the differences? 3. Is there anything that surprised anyone? <p>v) Come up with participants' single definition of what One Health is.</p>
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25 min	PowerPoint Presentation	<p>Introduction to One Health Concepts</p> <ul style="list-style-type: none"> i) Use PowerPoint presentation (PPP No. 1) to introduce One Health, the interdependence between humans, animals and the environment, One Health core competencies and why disciplines need to work together. The presentation answers the questions: Why One Health? Why now? ii) Debrief the session by asking participants to reflect on what One Health is and any questions they may have related to the PowerPoint presentation. iii) As part of this presentation, discuss One Health core competencies, and how leadership is a key competency required for one to be an effective One Health change maker.
25 min	Small Group Discovery Activity	<p>What does it Mean to be Gender Sensitive?</p> <ul style="list-style-type: none"> i) Divide participants into four groups. ii) Provide each group with a separate activity. iii) Allow them 5 minutes to review the provided statements and then have them discuss it and present their findings to the rest of the participants. iv) Each group should be able to respond to the following questions: <ul style="list-style-type: none"> 1. Can you identify any gender related actions in these activities? 2. What should be done to address the gender issues?
20 min	PowerPoint Presentation	<p>Definition of Basic Terms</p> <ul style="list-style-type: none"> i) Do a fifteen-minute PowerPoint presentation on the definitions of the following basic terms: gender, sex, reproductive and productive roles, equality, equity. ii) Also introduce the concept of gender and power dimensions. iii) After this introduction, have participants play the Gender Game to differentiate between sex and gender
15 min	Watch Video	<p>Introduction to Leadership</p> <ul style="list-style-type: none"> i) Have participants watch the following video on YouTube: https://www.youtube.com/watch?v=CBi5E5OMKic

		<p>ii) Through guided discussion, have each participant identify at least 2 leadership skills portrayed in the video.</p> <p>iii) They should write these skills on sticky notes and share with the rest of the participants.</p> <p>iv) In the video, what attributes did they see that they thought were not good leadership? Discuss these.</p> <p>v) Have participants complete the following tasks:</p> <ol style="list-style-type: none"> 1. Identify one leader that you admire. Write down what their leadership role is and 2 or 3 skills or attributes that make them an effective leader to you. Write this on a blue sticky note. 2. Identify one leader that you do not admire. Write down what their leadership role is and 2 or 3 skills or attributes that make them an ineffective leader to you. Write it on a different colored sticky note and put it on the wall. <p>vi) All participants will go around the wall and read what has been written.</p> <p>vii) Initiate a discussion on what leadership is not. Identify at least five things that are not good One Health leadership attributes/skills: e.g. the capacity to employ force or coercion.</p> <p>viii) Ask participants:</p> <ol style="list-style-type: none"> 1. If you were to choose an animal that best describes what good style of leadership is, what would it be? Give reasons for your answer. 2. What characteristics does it display that reflect good leadership style? <p>ix) Give a brief presentation that defines what leadership is and is not.</p> <p>Tip: Other definitions of leadership (from leaders in the leadership field):</p> <ul style="list-style-type: none"> ▪ Leadership is a process of social influence, which maximizes the efforts of others, towards the achievement of a goal (Kevin Kruse, <i>Forbes</i> magazine). ▪ Leadership is the art of leading others to deliberately create a result that would not have happened otherwise. (Search Inside Yourself [SIY] Leadership Institute) ▪ Leadership is the capacity to translate vision into reality (Warren Bennis).
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		<ul style="list-style-type: none"> ▪ Leadership is influence – nothing more, nothing less (John Maxwell). ▪ Leadership is an opportunity to serve. It is not a trumpet call to self-importance (J. Donald Walters). <p>Tip: What Leadership is NOT!</p> <ul style="list-style-type: none"> ▪ Seniority/experience ▪ One’s position or title ▪ Management <p>Note: For the original article on this concept, see “What is Leadership?” by Kevin Kruse, at www.forbes.com.</p>
30 min	PowerPoint Presentation	<p>Leadership and One Health Domains and Competencies</p> <ul style="list-style-type: none"> i) As part of this presentation (PPP No. 2), discuss the competencies expected of a good leader in the context of One Health initiative. ii) Provide a quick overview of the domains and competencies and describe what it means to demonstrate each of them. <p>Tip: The One Health leadership domains include:</p> <ul style="list-style-type: none"> ▪ Shared Vision, Strategic and Critical Thinking ▪ Decision Making, Collaborative Solutions, Team Commitment <p>Tip: The leadership competencies include:</p> <ul style="list-style-type: none"> ▪ Promotion of mutual respect between different (professional) corporations for superiority or inferiority complex. ▪ Development of an integrative vision and strategic thinking. ▪ Ability to motivate and delegate. ▪ Resource mobilization, networking and team building. ▪ Multi-tasking and public relations. ▪ Demonstration of decisiveness in One Health relevant situations. ▪ Demonstration of effective teamwork. ▪ Ability to maintain composure, and appropriately react to a situation.

		<ul style="list-style-type: none"> ▪ Demonstration of the capacity to assess and control one’s emotions or stress response. ▪ Negotiation skills and lobbying. ▪ Ability to mobilize, coach and mentor others. ▪ Ability to manage and resolve conflict. ▪ Ability to introduce and manage change. ▪ Motivate diverse disciplines towards One Health goals. ▪ Influence One Health stakeholders. <p>Note: For the original article on this concept, see “What is Leadership?” by Kevin Kruse, at www.forbes.com.</p>
20 min	Pair and Share	<p>Definition of Leadership</p> <p>i) Give participants 5 to 10 minutes to come up with their own definition of what leadership is. They should then turn to their neighbor and share their definition of leadership. Each paired group should come up with at least 5 words they would use to describe leadership.</p> <p>ii) After sharing, create a wordle using all the words the participants had for leadership. (This can easily be created using online tools as below.)</p>  <p>iii) Ask the participants to share definitions, and encourage them to note down the similarities and differences among the definitions.</p> <p>iv) Ask the following questions and record the responses on a flipchart or whiteboard:</p> <ol style="list-style-type: none"> 1. What similarities exist among the definitions? 2. Were there terms/concepts/ideas that were repeated multiple times? 3. What differences exist among the definitions?
15 min	Small Group Work	Exercise on Definitions of Leadership

		<ul style="list-style-type: none"> i) In small groups, have participants create a new definition of leadership based on their discussions in the previous exercise. Their definition can be a maximum of 32 words. Let them write their definition on a flipchart or whiteboard. ii) After each group has completed writing their definitions, let the members walk around the room and review the work completed by the other groups. Ask them to vote on their favorite definition by leaving a tally mark next to it. If anonymous voting is more appropriate, all participants can write their answers on a piece of paper. iii) After everyone has voted, tally the results and congratulate the winner. Ask others to share why this definition stands out (or, if the votes are close, why the other definitions are good as well). Focus on similarities and differences among the definitions. Emphasize that while there is no single definition of leadership, there are a lot of things that can be agreed on as typical of leadership. iv) Provide leadership quotes to participants. v) Facilitate a discussion on these quotes in class and what the participants think they mean. vi) Let them search through the Internet and find great quotes about leadership that they like. Have at least 5 participants share the quotes they found and why they like them.
20 min	Discovery Activity	<p>What is One Health Leadership?</p> <ul style="list-style-type: none"> i) State that One Health needs leaders that are able to manage a broad range of complex issues and integrate, negotiate and evaluate collaborative partnerships. Issues of leadership and responsibility will need to be addressed in a way that fills collaboration gaps, reduces duplication and avoids exacerbating divisions and isolation. ii) Give participants the “Panic in Rwanda” case study. iii) Explain that this case study will enable them to begin to apply the principles of One Health approach in the management of a conflict in a scenario that covers a local and international issue, and has political and economic implications for a country. Participants should begin to identify what kind of leadership qualities are needed to work

		<p>across disciplines and negotiate conflict of this nature.</p> <p>iv) Provide the following questions that participants shall discuss and respond to concerning the case study.</p> <ol style="list-style-type: none"> 1. Discuss human and wildlife conflict in Rwanda and in the other East African countries and how this should be managed. 2. What are the possible effects of furadone (pesticide) on animals, humans and the environment? 3. Considering the information provided by the tourists and how it affected Rwanda, how would you communicate or control the flow of information in this scenario? 4. What kind of team should be mobilized to respond to and work with the community to establish and control the suspected outbreak? List the members of the team and their roles. 5. With an international crisis of avian influenza, how should the Rwanda team manage this situation? 6. How does the extinction of the lion affect the ecosystem? 7. What interventions should be put in place for this situation? 8. What is the role of the community and how should they be involved? 9. What can they learn about One Health leadership from this case study?
15 min	Lecture	<p>i) As a summary of this section, present a few key leadership challenges often faced in the One Health context:</p> <ul style="list-style-type: none"> ▪ Necessary coordination across multiple sectors and disciplines. ▪ Integrated nature of One Health issues. ▪ Collective action is often needed to make a difference. ▪ One Health issues impact and are impacted by social, political and economic considerations. ▪ Action can take place at many levels – local, state, regional and global. <p>ii) Ask participants: “Based on what you have learned about One Health-related challenges and your own</p>

		experience, what knowledge, attitudes, skills and habits does a One Health leader need in order to be effective?” Ask them to jot down notes individually.
	PowerPoint Presentation	<p>KASH and One Health Leadership Domains</p> <ol style="list-style-type: none"> i) Give a brief PowerPoint presentation (PPP No. 4) on knowledge, attitudes, skills and habits (KASH) of a One Health leader and the One Health leadership domains. ii) Provide a quick overview of the domains and describe what it means to demonstrate each of them. iii) One Health leadership domains include the following: <ul style="list-style-type: none"> ▪ Shared vision and strategy ▪ Communication ▪ Teamwork and team building ▪ Change management
10 min	PowerPoint Presentation	<p>Self-awareness and Social Styles</p> <ol style="list-style-type: none"> i) Begin this session by explaining that a good leader understands the characteristics of his One Health team, is aware that people are different and have different characters, and that different sectors and departments have different cultures. ii) Give a PowerPoint presentation (PPP No. 5) on self-awareness. <ol style="list-style-type: none"> i) Inform participants that they shall engage in an activity on social styles which allows them to understand different leadership styles or people’s character to improve team relationships.
25 min	Activity 1	<p>Social Styles</p> <ol style="list-style-type: none"> i) Ask participants to complete the questionnaire on social styles following the instructions given. [Social Style Questionnaire] ii) Let them choose the statement that they think most accurately expresses how other people see them at work. If they think that neither statement reflects how they are perceived by others, let them choose the one that more closely describes how others perceive their behavior. On some items, they may think some people would see them as described by one statement while other people might see them as described by the other statement. For those items, let the

		<p>participants select the statement that represents how the majority might view them.</p> <p>iii) When they have completed the questionnaire, let them add up the total number of x's in each column from both pages and enter in the TOTALS space provided below: (max total = 9)</p> <table border="1" data-bbox="646 464 1208 583"> <thead> <tr> <th colspan="4" style="text-align: center;">TOTALS</th> </tr> <tr> <th style="text-align: center;">Column 1</th> <th style="text-align: center;">Column 2</th> <th style="text-align: center;">Column 3</th> <th style="text-align: center;">Column 4</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><i>The "Greens"</i></td> <td style="text-align: center;"><i>The "Reds"</i></td> <td style="text-align: center;"><i>The "Blues"</i></td> <td style="text-align: center;"><i>The "Yellows"</i></td> </tr> </tbody> </table> <p>iv) Discuss these different social styles and how they can work together as multi-sectoral teams. This activity is very interesting because people discuss what they think their social styles are.</p>	TOTALS				Column 1	Column 2	Column 3	Column 4	<i>The "Greens"</i>	<i>The "Reds"</i>	<i>The "Blues"</i>	<i>The "Yellows"</i>
TOTALS														
Column 1	Column 2	Column 3	Column 4											
<i>The "Greens"</i>	<i>The "Reds"</i>	<i>The "Blues"</i>	<i>The "Yellows"</i>											
	<p>Activity 2</p>	<p>Give participants the following instructions:</p> <p>i) Find someone with a different style than you. Ask them these questions:</p> <ol style="list-style-type: none"> 1. What communication style works best for you? (formal, informal, fast, slow, face-to-face, verbal, written) 2. How do you like to get information (details, summary, facts, and people)? <p>ii) Switch roles and let them ask you the same questions.</p>												

Facilitator's Notes for Session 1

What is OHCEA?

One Health Central and Eastern Africa, in short OHCEA, is an international network of 24 institutions of higher education in Public Health and Veterinary Sciences, Pathobiology, Global Health and Environmental Sciences. These are located in 16 universities in 8 countries in Eastern, Central and Western Africa regions.

The universities currently forming OHCEA are: Universite des Montagnes and University of Buea (Cameroon), University of Lubumbashi and University of Kinshasa (DRC), Jimma University, Addis Ababa University and Mekelle University (Ethiopia), Moi University and University of Nairobi (Kenya), Université Cheikh Anta Diop (Senegal), Muhimbili University of Health and Allied Sciences and Sokoine University of Agriculture (Tanzania), University of Rwanda and University of Global Health Equity (Rwanda), Makerere University and Mbarara University of Science and Technology (Uganda).

OHCEA network's vision is 'to be a global leader in One Health, promoting sustainable health for prosperous communities, productive animals and balanced ecosystems'. OHCEA seeks to expand the human resource base needed to detect and respond to potential pandemic disease outbreaks, and increase integration of animal, wildlife and human disease surveillance and outbreak response systems, through innovative pre-service and in-service programs. The network's overall aim is to effect positive and sustained change to address complex global health challenges through trans-disciplinary, One Health approaches. Universities play a critical role in the education and training of current and future One Health workforce. In addition to their traditionally conceived 'educational' role (knowledge transfer), universities undertake primary 'research' (generate new knowledge), as well as 'outreach services' (translate or extend knowledge).

Introduction to One Health

There are many different definitions of One Health by different health organizations, but for the purpose of this course, we will adopt the American Veterinary Medical Association (AVMA) definition of One Health (www.avma.org). AVMA defines One Health as the integrative (collaborative) effort of multiple disciplines working together locally, nationally, and globally to attain optimal health for people, animals, and the environment. Together, the three make up the **One Health** triad, and the **health** of each is inextricably connected to the others in the triad.

Concept of One Health

The common theme of One Health is multiple disciplines working together to solve problems at the human, animal and environmental interface. Collaborating across sectors that have a direct or indirect impact on health involves thinking and working across silos and enhancing resources and efforts while valuing the role each different sector plays. To improve the effectiveness of the One Health approach, there is a need to create a balance and a greater relationship among existing groups and networks, especially between veterinarians and physicians, and to amplify the role that environmental and wildlife health practitioners, as well as social scientists and other disciplines play to reduce public health threats.

One Health Developments

In less than 10 years, One Health has gained significant momentum. It is now a movement that is moving fast. The approach has been formally endorsed by the European Commission, the US Department of State, US Department of Agriculture, US Centers for Disease Control and Prevention (CDC), World Bank, World Health Organization (WHO), Food and Agriculture Organization of the United Nations (FAO), World Organization for Animal Health (OIE), United Nations System Influenza Coordination (UNSIC), various universities, NGOs and many others.

The current One Health movement is an unexpected positive development that emerged following the unprecedented global response to the highly pathogenic avian influenza. Since the end of 2005, there has been increasing interest in new international political and cross-sectoral collaborations on serious health risks. Numerous international meetings and symposia have been held, including major initiatives in Winnipeg (Manitoba, Canada, March 2009), Hanoi (Vietnam, April 2010), and Stone Mountain (Georgia, US, May 2010), as well as five international One Health scientific congresses, the last of which took place in Saskatoon, Canada in June 2018.

Gender Concepts

Discovery Activity 1: What does it mean to be gender sensitive?

Group 1:

In this community, there is conflict between the people and the national parks because the community is collecting medicinal plants and firewood from the national parks, an area that is protected. The wildlife has also been destroying the villagers' crops and killing their domestic animals. The national park management decided to create awareness about the role of wildlife by delivering a training and awareness program primarily through night classes.

The awareness program is held primarily through night classes which limits women who are care providers for children from attending. In some communities, women are not even allowed to go out at night. The park authority does not consult the community members on its plans. Because most of the people who collect medicinal plants and firewood are women, they should be a key stakeholder in the decision-making.

Group 2:

There is an outbreak of avian influenza in this community. The government decides that to completely eradicate this disease, they will slaughter all birds, be they ducks or chicken. They decide to compensate all the farmers with more than 50 birds. Backyard poultry farmers are not compensated because most of them do not have more than 50 birds.

In this scenario, most backyard poultry farmers and people who keep less than 50 birds are women. If they are not compensated and yet they have lost their birds, they lose their livelihoods. Because of this policy, whenever the women detect any sick birds, they quickly slaughter them and take them to the markets for sale, thereby spreading the disease and exposing more people.

Group 3:

The government in the country you work in wants to target farmers for training in poultry production and management on avian influenza prevention and control. They ask the animal health workers in the communities to identify people for training. Since men are the heads of households and the decision-makers, they are selected to attend the training.

In most communities that were affected by avian influenza, the poultry caretakers were women. The women should have therefore been a key target for disease prevention training. However, since they are not part of the leadership circle in many communities, they are not involved in identifying trainees and cannot voice their opinion. Therefore, even if the men are trained, they will not deliver the message to the women and the disease will still continue to spread.

Group 4:

There is an outbreak of brucellosis in this community. Humans have been presented at the health center with undulating fevers. They also have increased abortions among their animals. The disease is transmitted through contaminated milk and milk products. The department of human health decides to create awareness by informing people through the radios that they should boil their milk and cook the meat thoroughly. They are puzzled when the outbreak continues.

In this community, women do not generally listen to the radio. In fact, most radios are owned by men, and they usually listen to the news communally when they have men's gatherings between 2 pm and 5 pm at the marketplace. Women are not allowed in these gatherings. This is also the time when they are busy completing other household chores like collecting firewood.

Leadership Quotes

- ❖ But of the best leaders, when their task is accomplished the people remark: "We have done it!" (Lao Tzu, *Tao Te ching*).
- ❖ Ultimately, leadership is not about glorious crowning acts. It's about keeping your team focused on a goal and motivated to do their best to achieve it, especially when the stakes are high and the consequences really matter. It is about laying the groundwork for others' success, and then standing back and letting them shine (Chris Hadfield).
- ❖ I am not afraid of an army of lions led by a sheep; I am afraid of an army of sheep led by a lion (Alexander the Great).
- ❖ No man will make a great leader who wants to do it all himself or get all the credit for doing it (Andrew Carnegie).
- ❖ If you look to lead, invest at least 40% of your time managing your ethics, character, principles, purpose, motivation and conduct (Dee Hock in Waldrop" Dee Hock on Management).

Case Study: Panic in Rwanda

In Rwanda, herdsmen frequently graze their animals in the Akagera National Park. Thus, their cows are attacked by wildlife species such as lions. This constantly causes conflict between the communities and wildlife park management. In many incidents when domestic animals are killed, the farmers respond by using *furadone*, a pesticide used to poison and kill the animals: incidents that could lead to extinction of lions. In one such incident, when a cow of one of the villagers was killed, *furadone* was applied on the dead cow so that any wild animal that ate the meat would die.

During the ensuing days, multiple species of wild animals including lions, hyenas and many birds like vultures that scavenge were found dead. Tourists going through the park found very many dead vultures (birds that scavenge). They immediately panicked and reported this to the game warden as possible cases of avian influenza. Since these deaths coincided with a worldwide outbreak of avian influenza, the story was picked up by the newspapers and magnified, thus causing a real panic in the country.

Economically, Rwanda depends very heavily on tourism industry and the mention of avian influenza outbreak in Rwandan national parks was immediately going to stall the country economically. Politicians and high level government officials mobilized a

team of experts to investigate the cause of death in the park and to work with the community to develop a prevention strategy.

Analytical Questions on the Rwanda Case Study

Have participants discuss the following questions:

1. Discuss human and wildlife conflicts in Rwanda and in the other East African countries. How should these conflicts be managed?
2. What are the possible effects of *furadone* (pesticide) on animals, humans and the environment?
3. Considering the information provided by the tourists and how it affected Rwanda, how would you communicate or control flow of information in this scenario?
4. What kind of response team should be mobilized to work with the community to establish and control the suspected avian influenza outbreak? List the members of the team and their roles.
5. With an international crisis of avian influenza, how should the Rwanda team manage this situation?
6. How does the extinction of the lion affect the ecosystem?
7. What interventions should be put in place for this situation?
8. What is the role of the community? How should the community be involved?
9. What can they learn about One Health leadership from this case study?

Social Styles

Social style is the world's leading *behavioral style model*. It has been used by thousands of organizations to improve leadership performance and sales results. Social style is powerful because it is easy to understand and to apply with others. It makes one's relationships more effective. Years of research into workplace success have shown that people are one of four social styles, each with their own preferred way of acting, thinking and making decisions. Understanding those preferences allows you to determine the best way to interact with anyone.

Each style represents itself through people's daily interactions. At surface level, each style is closely linked to whether an individual tends to assert himself or respond to others in social settings, and whether he/she tends to display emotion or secure control in group settings.

Understanding social styles:

- i) builds our self-awareness around how we like to communicate.
- ii) provides clues as to why we find some communication situations difficult.
- iii) helps us to appreciate differences.
- iv) equips us to recognize different styles and to adapt to connect more effectively.

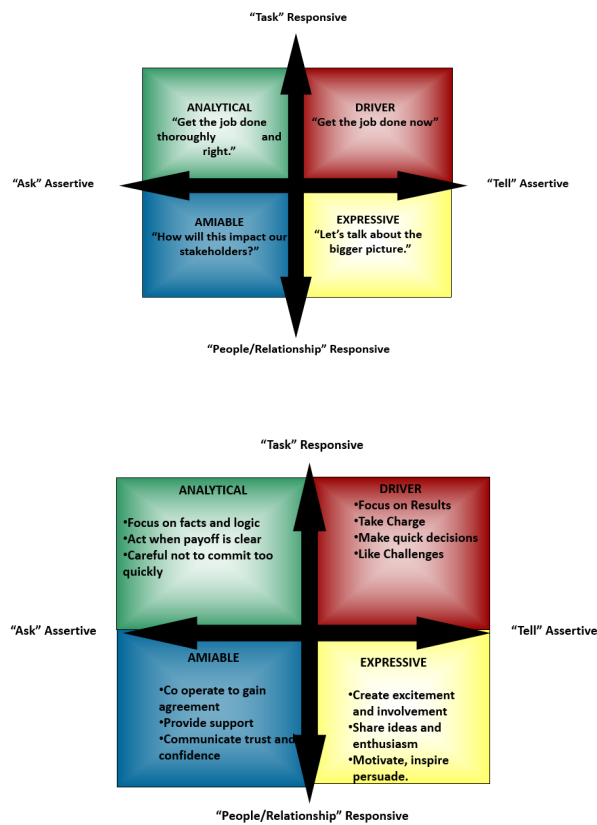
Self-awareness: The ability to recognize and understand your moods, emotions and drives as well as your effect on others.

Self-regulation: The ability to control or redirect disruptive impulses and moods: the ability to think before acting and to suspend judgment.

Empathy: The ability to understand the emotional make up of other people and to be sensitive to their emotional needs.

Social Style Questionnaire

Behavioral Inventory Guidelines:



What Makes Them Tick: Social Styles – Characteristics

<p>Analyticals – The “Greens”</p> <ul style="list-style-type: none"> ✦ Dislike rapid change ✦ Dislike personal attention ✦ Accuracy ✦ Task focused – method and detail ✦ Serious, orderly and persistent ✦ Cautious ✦ High standards ✦ Like clear org structures ✦ Neat and tidy ✦ Decide when information is complete and have taken time to reflect 	<p>Drivers – The “Reds”</p> <ul style="list-style-type: none"> ✦ Tangible results ✦ Shape their own world ✦ Task focused – getting it done now ✦ Control and dominance ✦ Assess benefits and risks ✦ Emotion averse ✦ Independent and strong willed ✦ Cool, calculating and competitive ✦ Love a challenge ✦ Can be impatient ✦ Work independently ✦ Entrepreneurial
<p>Amiables – The “Blues”</p> <ul style="list-style-type: none"> ✦ Relationships ✦ Build trust ✦ Personal worth measured by response from others ✦ Supportive, approachable ✦ Aggressive behavior switches them off ✦ Steady, agreeable ✦ Relaxed ✦ Decide after careful consideration ✦ Change in small doses ✦ Criticism and conflict averse ✦ Informal and welcoming 	<p>Expressives – The “Yellows”</p> <ul style="list-style-type: none"> ✦ Acknowledgement and recognition ✦ Fast-paced manner ✦ Relationship driven ✦ Like to join in ✦ Enjoy visibility ✦ Visionaries ✦ Enthusiastic, charismatic ✦ Optimistic - glass is half full ✦ Detail averse ✦ May jump to conclusions ✦ Like open friendly environments ✦ Quick to say yes to an exciting opportunity

The Social Styles questionnaire gives you **18 pairs of statements**, each with a numbered box.

Choose the statement in each pair that you think most accurately expresses how other people see you at work. If you think that neither reflects how you come across to others, choose the one that *more closely describes* how others perceive your behavior. On some items you may think some people would see you as described by one statement while others might see you as described by the other statement. For those items, select the statement that represents how a majority might view you.

Each statement has a word in it that suggests a comparison: more, less, fewer, etc. In each case, think in terms of “more than”, “less than”, “fewer than” *half the population*.

Example

Indicate your choice by drawing an X in the white box to the left of the statement in each pair that best describes how you think others see you. Be sure to select one statement from each of the pairs.

	1	2	3	4	Statement
1					More likely to lean backward when stating opinions
					More likely to sit up straight or lean forward when stating opinion
2					Less use of hands when talking
					More use of hands when talking
					Demonstrates less energy

3					Demonstrates more energy
4					More controlled body movement
					Less controlled body movement
5					Less forceful gestures
					More forceful gestures
6					Less facial expressiveness
					More facial expressiveness
7					Softer spoken
					Louder voice
8					Appears more serious
					Appears more fun-loving and casual
9					More likely to ask questions
					More likely to make statements
10					Less inflection in voice
					More inflection in voice
11					Less likely to exert pressure for action
					More likely to exert pressure for action
12					Less likely to show feelings / emotions
					More likely to show feelings / emotions
13					Less comfortable expressing opinions
					More comfortable expressing opinions
14					More task oriented conversations
					More people oriented conversations
15					Slower to address / resolve problem situations
					Quicker to address / resolve problem situations
16					More oriented toward facts and logic
					More oriented toward feelings and opinions

17				Slower paced
				Faster paced
18				Less likely to use small talk or tell stories / anecdotes
				More likely to use small talk or tell stories / anecdotes

SCORING

When you have completed the questionnaire, please **add up the total number of x's in each column** from both pages and enter in the TOTALS space provided below: **(max total = 9)**

TOTALS

Column 1	Column 2	Column 3	Column 4
<i>The "Greens"</i>	<i>The "Reds"</i>	<i>The "Blues"</i>	<i>The "Yellows"</i>

Rank Order Your Colours (highest to lowest)

1. **First Colour:**
2. **Second Colour:**
3. **Third Colour:**
4. **Fourth Colour:**

References

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SESSION 2: Effective Communication Skills for One Health Teams





Duration: 420 minutes


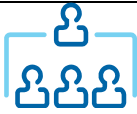


Session Overview



This session provides information on the various communication channels to One Health teams. It teaches participants the techniques of communication as a leader.







Session Objective

By the end of this session, participants should be able to demonstrate an increased understanding of and improved skills in active listening, negotiation, risk communication, key messaging, executive summation, documentation and influence.

Duration	Activity Type	Facilitator Instructions
5 min	 Facilitator Preparation	Introduction to Communication i) Introduce participants to the module, emphasizing the importance of communication. ii) Emphasize the competencies of active listening, negotiation, risk communication, key messaging and influence.
20 min	 Small Group Challenge	Divide participants into groups of five and have them list down on sticky notes all the methods of communication.
20 min	 Large Group Activity	Using the flipcharts, list down all methods of communication as listed by the groups. Rank the methods in terms of importance as cited by participants.
25 min		Active Listening i) Let participants watch the following video clips from big bang theory:

Duration	Activity Type	Facilitator Instructions
		<p>https://www.youtube.com/watch?v=vkSwXL3cGUg&list=PLLTRx2n5eYMXHcpnIrwDNBpHf4YVmjUp</p> <p>https://www.youtube.com/watch?v=6TeOGJP5vGA</p> <p>ii) Briefly reflect on the video and discuss some of the problems you recognize in the clips and some possible solutions to those problems.</p> <p>iii) Give a brief PowerPoint presentation (PPP No. 6) on active listening. Please note that the PPT has an inbuilt exercise on active listening as the lecture progresses.</p>
15 min	 <p>Small Group</p>	<p>Listening Game</p> <p>i) Divide participants into groups of three).</p> <p>ii) Instruct each group to choose one member who will listen (observer), while the other 2 carry out a conversation. The observer notes the active listening skills that are being applied and reports back to the group.</p> <p>iii) Ask group members then to change roles.</p>
	 <p>Large Group Activity</p>	<p>Debrief: Note that in the present day, people are becoming extremely busy and listening skills are changing. There is a belief that a video clip should not be more than 3 minutes because participants lose interest. In class, discuss some of these modern-day issues affecting listening skills and how to deal with them.</p> <ol style="list-style-type: none"> 1. Is active listening still applicable or should it be done differently? 2. What ideas have participants come up with?
45 min		<p>Negotiation Skills in One Health</p> <p>Introduce negotiation skills to participants (PPP No. 7).</p>
		<p>Read the following case study to participants:</p> <p>MEAs, Conservation and Conflict: A Case Study of Virunga National Park, DRC by Alec Crawford and Johannah Bernstein, October 20</p>

Duration	Activity Type	Facilitator Instructions
30 min	 <p>Small Group Activity</p>	<p>Brainstorming</p> <ul style="list-style-type: none"> i) Divide participants into 5 groups as follows: Villagers of Vitshumbi; hippo poachers; park rangers, charcoal traders; and Government of DRC. ii) Let each group brainstorm and identify what their needs are, why they do what they are doing and what they would like to see happen. iii) Ask each group to write their needs and opinions on flipcharts. They should elect a representative who will state their key position and a solution to the problem. iv) Bring all the groups together to the table. v) At this point, give the PowerPoint presentation (PPP No. 6A) on negotiation. As you give this presentation, the groups should continue to identify their bargaining stages, concessions and agreements. At the end of the presentation, give the groups 10 minutes to write these down and then come to the negotiating table. vi) Give all the groups time to lay out their views and negotiations, and have them try and reach an agreement on reducing the conflicts in the community and deaths of wildlife. vii) Debrief: How easy is it to negotiate? Aside from this instance, ask members of each group to discuss instances where they needed to negotiate and the methods they used. How did they prepare? How did they bring everyone on board?
	Brainstorm	Brainstorm with participants some solutions to the Virunga problem.
25 min	 <p>Small Group Activity</p>	<p>Practicing Negotiation Skills</p> <ul style="list-style-type: none"> i) At the end, have participants in groups of three; one observer and two negotiators. ii) Let the group raise an issue and practice negotiation skills.

Duration	Activity Type	Facilitator Instructions
10 min	 Small Group Challenge	<p>Risk Communication</p> <p>Have participants in groups of five. Ask them do the following exercise:</p> <p>i) You are the spokesperson for the National Anthrax Taskforce leading a government response to an outbreak in hippos and buffalo in Nakuru National Park. Following the initial press release about the outbreak, you are misquoted in international media; misinformation which may cause undue concern or alarm especially to tourists.</p> <p>ii) As the spokesperson, how should you address inconsistent messages about the outbreak?</p>
12 min	 Video	<p>Have participants watch YouTube video on “Outrage causes hazard perception”: https://www.youtube.com/watch?v=QhPWYlqd7qg</p>
25 min	 Lecture	<p>Give a presentation on Risk communication (PPP No. 8).</p>
5 min	 Large Group Discussion	<p>Have participants discuss their perception of risk communication.</p>
15 min	 Lecture	<p>Key Message Development</p> <p>Divide participants into groups of 5 members and present the case: There is a reported Ebola outbreak in a certain district.</p> <ol style="list-style-type: none"> 1. Who would you communicate to? 2. What messages would you give to the audience? 3. To whom would you communicate?
20 min	 Large Group	<p>Have participants discuss any other issues on communication.</p>

Duration	Activity Type	Facilitator Instructions
	Activity	

Facilitator Notes for Session 2

Active Listening

Active listening is a way of listening and responding to another person that improves mutual understanding. Often when people talk to each other, they do not listen attentively. They are often half listening to, half thinking about what is being said due to distraction by something else. When people are engaged in a conflict, they are often busy formulating a response to what is being said. They assume that they have heard what their opponent is saying many times before; so rather than pay attention, they focus on how they can respond to win the argument.

Active listening is a structured form of listening and responding that focuses the attention on the speaker. The listener must take care to attend to the speaker fully, and then repeat, in the listener's own words, what he or she thinks the speaker has said. The listener does not have to agree with the speaker – he or she must simply state what they think the speaker said. This enables the speaker to find out whether the listener understood. If the listener did not, the speaker can explain more.

Active listening has several benefits. First, it forces people to listen attentively to others. Second, it avoids misunderstandings, as people must confirm that they do understand what another person has said. Third, it tends to open people up, to get them to say more. When people are in conflict, they often contradict each other, denying the opponent's description of a situation. This tends to make people defensive, and they will either lash out, or withdraw and say nothing more. However, if they feel that their opponent is attuned to their concerns and wants to listen, they are likely to explain in detail what they feel and why. If both parties to a conflict do this, the chances of being able to develop a solution to their mutual problem becomes much greater.

Negotiation Skills in One Health

Negotiation is a method by which people settle differences. It is a process by which compromise or agreement is reached while avoiding argument and dispute. In any disagreement, individuals understandably aim to achieve the best possible outcome for their position (or perhaps an organization they represent).

Case Study: MEAs, Conservation and Conflict: A case study of Virunga National Park, DRC by Alec Crawford and Johannah Bernstein, October 2008

The fishing village of Vitshumbi lies on the southern shore of Lake Edward in the Democratic Republic of Congo (DRC), about 25 km west of Ugandan border and 200 or so south of the Equator. Economic life in the village revolves around the local fishery, and both the fishery and the village fall within the boundaries of Africa's oldest park, Virunga National Park (Parc National des Virunga, PNVi).

Vitshumbi pre-dates the park, having been settled before its creation in 1925, when PNVi was first established as Albert National Park by the country's colonial administrators. More recently, the people of Vitshumbi have experienced several turbulent changes. Over the past 20 years, violent conflicts, both local and regional, have engulfed the area, and rebel groups, park guards and armed forces often fight for control of the surrounding territory.

The village itself has developed dramatically as more and more fishers and their families arrive in town to vie for an increasingly small slice of the fishery pie. Public services have all but dried up, with most coming not from the state but from humanitarian organizations working in the area. The formal economy is stagnant. Poaching has increased.

In late December 2006, a fleet of four motorized pirogues arrived in Vitshumbi, each carrying 20 men armed with AK-47s. The rebels had not come to intimidate the villagers, but were there to target the lake's hippo population. Conflict had erased most of the Congolese wildlife authority's control in this part of the park.

As per the newspaper reports, by nightfall, with no protection, 74 of the animals had been dragged out of the water and hacked into large pieces, their meat and ivory quickly shipped off to markets. While in the 1970s tens of thousands of hippos had maintained the ecological balance of the lake, by late 2006, only a few hundreds remained.

Seven months later, on July 22, 2007, rangers working in the park's southern sector heard gunshots as night fell. The next day, patrolling the sector by foot, rangers came across the executed bodies of three members of the Rugendo family, a habituated and well-known group of endangered mountain gorillas. More bodies would be found in the next few days, and by the end of the summer, 10 gorillas in all were dead, but none killed by poachers.

Only 720 of the animals remain in the world, so the loss was significant. Eventually, the murders would be tied to the perpetrators of the region's lucrative but illegal charcoal trade, and a warning to those conservationists trying to break up that trade and protect the park resources and habitats being destroyed. Rebels, soldiers and corrupt members of the Institut Congolais pour la Conservation de la Nature (ICCN) would be implicated, though none have yet been held accountable.

SESSION 3: Teamwork and Team Building for One Health Teams

Duration: 420 min


Session Overview




This session provides enlightenment on the importance of teamwork and team building so as to develop effective One Health teams. Participants will learn how to define teams, identify individual roles and tasks, and form strategy, groups and group dynamics.






Session Objectives


By the end of the session, participants should be able to:

- i) understand team dynamics and systems thinking.
- ii) describe the techniques of empowering others to take leadership actions in One Health.
- iii) apply the techniques of empowering others to take leadership actions in One Health.
- iv) apply the concepts of collaboration and team formation dynamics in One Health.
- v) develop an attitude of self-awareness with respect to team dynamics.
- vi) implement effective communication habits critical to team success.

Duration	Activity Type	Facilitator Instructions
10 min	 Lecture	Introduction to Teamwork and Team Building i) Introduce the topic on teamwork and team building and define the terms, "team building" and "teamwork" (PPP No. 9). ii) These are two distinct concepts. Team building focuses on the formation of groups, while teamwork concentrates on the function of groups; both are vital for success. Understanding the basics of team building and teamwork can increase one's

		effectiveness as either a leader or a valued member of a group.
40 min	 Video	<p>Techniques of Empowering Others to Take Leadership Actions in One Health</p> <p>Have participants watch a YouTube video on teamwork: https://www.youtube.com/watch?v=xevQ2yTyK9Y</p>
	 Role-play	<p>After watching the video:</p> <ul style="list-style-type: none"> i) Divide participants into 3 groups. ii) Give each group 10 minutes to generate an idea and develop a role-play/skit on team work. iii) Let the teams present their role-plays to the rest of the class. The role-plays should only last at most 3 minutes. Discuss the role-plays and key themes identified that make a good team. iv) Summarize the section by talking about teamwork and the qualities expected of an efficient One Health team. v) Discuss the concept of teams. <p>Points for discussion:</p> <ul style="list-style-type: none"> 1. What happened? What did you notice about how teams prepared? 2. What were the leadership dynamics? (e.g. were there discussions about who would lead? Did different people assume leadership at different times?) 3. What did the leader(s) do that was effective? Not as effective? 4. As a team member, how did she/he communicate to the leadership her/his personal needs and opinions? 5. Did you feel you were competing with the other teams to be the first? Or did the teams collaborate? 6. What will you do differently next time as a leader? As a follower?
10 min	 Small Group Activity	<ul style="list-style-type: none"> i) Have participants discuss teamwork skills portrayed in the video and list them down. ii) Let them indicate the skills that they have applied before while working in teams.

20 min	 Lecture	Give participants a PowerPoint presentation (PPP No. 9) on teamwork and team building.
45 min	 Small Group	Exercise i) Have participants work in groups and do the exercise “Lost in the Mara” to demonstrate teamwork. ii) Have a discussion on how teams overcame obstacles in the trip.
5 min	Lecture	Understanding One Health Wicked Problems and Inculcating Systems Thinking Introduce the term “wicked problem”.
10 min	 Small Group Activity	Wicked Problems i) Divide participants into groups of 5 members. ii) Let them list down problems they consider wicked. iii) Have them discuss why they think the problems are wicked. Wicked problems do not have: <ul style="list-style-type: none"> ▪ a single definition since so many interests are involved. ▪ a final answer since their resolution always brings a fresh set of issues. ▪ absolute for right or wrong, but only a reference to a goal or standard. ▪ a general solution since their context is all-important in their creation.
45 min	 PowerPoint Presentation	Present a PowerPoint lecture on wicked problems (PPP No. 9)
15 min	 Small Group	Importance of Teamwork and Team Building Divide participants into 3 groups and have them brainstorm the following question: Why is teamwork and team building so critical to the success of One Health?

5 min	 Discussion	Let participants discuss teamwork and teambuilding.
10 min	 Small Groups	<p>Creating a Shared Vision</p> <p>Exercise 1: Let participants form groups of three people (county or class teams), and:</p> <ol style="list-style-type: none"> 1. Identify and document their personal vision for a One Health response to disease outbreak/other challenge. 2. Discuss their statement with colleagues from their county/class to come up with ONE statement (shared vision) that will be presented to the large group (Plenary) in less than 1 minute.
40 min	 Lecture	<p>Challenge Model</p> <p>Make a presentation on the shared vision and strategy: Challenge model and how it impacts on leadership (PPP No. 11).</p>
30 min	 Small Group	<p>Identifying Root Causes and Developing Measurable Indicators</p> <p>Exercise 2: Maintain the groups of three people and ask them to refer to their shared vision developed in groups as they conduct this exercise.</p> <p>Based on a shared vision developed in your group (Exercise 1) work through the Challenge Model to:</p> <ol style="list-style-type: none"> i) identify a measurable result (5 minutes). ii) describe the current situation (10 minutes). iii) describe the challenge (10 minutes). iv) list root causes and obstacles and then identify priority actions (5 minutes).
15 min	 Large Group Discussion	<p>One Health Leadership Challenge Sharing</p> <ol style="list-style-type: none"> i) Have each group share their approaches and then, as a class, discuss their similarities and differences. ii) Summarize the activity and discussion.

Facilitator Notes for Session 3

Wicked Problem

A **wicked problem** is a **problem** that is difficult or impossible to solve because of complex, contradictory, and changing requirements that are often difficult to recognize. The use of the term "**wicked**" here has come to denote resistance to resolution rather than evil.

SESSION 4: Change Management Process in One Health Teams

Duration: 420 minutes



Session Overview








The session provides an account of the change management process and imparts an understanding of the change process model, conflict recognition and management.

Session Objectives

By the end of the session, the participant should be able to:

- i) demonstrate knowledge of the change management process.
- ii) apply change management process model in a practical context.
- iii) identify why conflict arises in an organization and the conditions leading to conflict.
- iv) define elements and stages in the conflict process.
- v) demonstrate ways to deal with conflict situations: response styles and conflict resolution behavior.

Duration	Activity Type	Facilitator Instructions
15 min	 Small Group	Introduction to the Change Management Process Divide participants into 3 groups and have them brainstorm the following questions: <ol style="list-style-type: none"> 1. What is change? 2. What drives change?
10 min	 Large Group	Report <ol style="list-style-type: none"> i) Ask groups to present to the plenary. ii) Use flipchart to list answers to the exercise above and have the class agree on the commonalities in their definitions.

Duration	Activity Type	Facilitator Instructions
30 min	 Lecture	Change Management Process Make a PowerPoint presentation on the change management process and people factors (PPP No. 12).
10 min	 Large Group Discussion	Facilitate a discussion on change model.
10 min	 	Conflict Management i) Introduce the subject of conflict. Conflict: a serious disagreement or argument, typically a protracted one between people with opposing opinions or principles (PPP No. 13). ii) Let participants cite examples of conflict in life.
10 min	 Video	Let participants watch a YouTube video on conflicts: https://www.youtube.com/watch?v=YG20NIsPXRw
20 min	 Large Group Discussion	In a plenary, let the class discuss ways of resolving conflicts.
20 min	 Lecture	Make a PowerPoint presentation on conflict management (PPP No. 12).
15 min	 Role-play in Small Groups	Role Playing Conflict Divide participants into groups of three to conduct a role-play of a conflict and manage it in class.

Facilitator Notes for Session 4

Introduction to the Change Management Process

What is Change Management?

Change management is the processes, tools and techniques for managing the people-side of change. Change management is a method for reducing and managing resistance to change when implementing change.

Simple Principles to Achieve Change

- i) Change management entails thoughtful planning and sensitive implementation.
- ii) At all times involve and consent support from people within the system.
- iii) Understand where you/the organization is at the moment.
- iv) Understand where you want to be, when, why, and what measures will be put in place to get you there.
- v) Plan and develop achievable measurable targets.
- vi) Communicate, involve, enable and facilitate involvement from people, as early and openly and as fully as is possible.

Some Rules for Effective Management of Change

- i) Consultation with, and involvement of the people affected by the changes.
- ii) If you force change on people, normally problems arise.
- iii) Change must be realistic, achievable and measurable.

These aspects are especially relevant to managing personal change. Before starting organizational change, ask yourself: What do we want to achieve with this change? (END RESULTS)

Factors to Consider in Change Management

- i) Why and how will we know that the change has been achieved?
- ii) Who is affected by this change? How will they react to it?
- iii) How much of this change can we achieve ourselves? What parts of the change do we need help with?

ABC of making change work

A = Creating a climate for change
B = Engaging and enabling others
C = Implementing and sustaining change

- **Increase importance** - Inspire people to move, make objectives real and relevant.

- **Build the guiding team** - Get the right people in place with the right emotional commitment, and the right mix of skills and levels.
- **Get the vision right** - Get the team to establish a simple vision and strategy, focus on emotional and creative aspects necessary to drive service and efficiency.
- **Communicate for buy-in** - Involve as many people as possible, communicate the essentials, simply, and to appeal and respond to people's needs.
- **De-clutter communications** - make technology work for you rather than against you.
- **Empower action** - Remove obstacles, enable constructive feedback and lots of support from leaders - reward and recognize progress and achievements.
- **Create short-term wins** - Set aims that are easy to achieve - in bite-size chunks. Manageable numbers of initiatives. Finish current stages before starting new ones.
- **Don't let up** - Foster and encourage determination and persistence - ongoing change - encourage ongoing progress reporting - highlight achieved and future milestones.
- **Make change stick** - Reinforce the value of successful change via recruitment, promotion, new change leaders.
- **Weave change into culture.**

Change Leadership Characteristics & Supporting Behaviors

- i) Leadership Characteristics: Examples:
 - Getting honest input from others
 - Active listener
- ii) Supporting Behaviors - examples
 - Not violating another's trust
 - Physically attending to what others are saying

Conflict Management

What is Conflict?

Conflict can be defined in different ways, but it basically occurs when there is a disagreement between two or more people or groups who perceive their concerns to be incompatible. At an individual level, conflict is any situation where your concerns or desires differ from another person's concerns or desires. Since you are a human being and you work with other human beings, at some point you will have disagreements and differences of opinion, or you may find yourself in stressful situations where for example, you are competing for scarce resources or for control of a situation.

The causes or sources of conflict vary. They may include for example:

- i) Personal differences, for example different values, ways of behaving, worldviews, personality differences.
- ii) Incompatible goals, for example ethical issues which are in conflict with the mission and goals of the organization.
- iii) Communication problems, for example lack of flow of information between governing body and human resources for health (HRH).
- iv) Task interdependence, for example the degree to which interactions between parties must be coordinated in order for them to perform adequately.
- v) Different or unclear role expectations, for example roles are not clearly defined so it is unclear who is responsible for what.
- vi) Power differentials, for example conflict of interest between the governing body and medical staff.
- vii) Organizational structure, for example ambiguity in structure, leadership, information and direction.
- viii) Limited resources, for example budget constraints or departments competing over limited resources.
- ix) Physical, social, cultural, economic and political circumstances can each play a role in and be a source of conflict.

Conflict is neither good nor bad. However, it can become constructive or destructive, depending on how it is dealt with. It is constructive, for example when it exposes underlying latent problems and issues, leads to creative problem-solving and more honest communication, and stimulates growth or negatively impedes productivity, cooperation, quality, service, morale or working relationships. When conflict gets to this level, it costs both the individual and the organization. It manifests in wasted energy, time and money, poor service, poor decisions, lack of cooperation or creativity. For example, in the health sector, some theorists argue that one reason why health care is in such crisis is because of workplace conflict which is avoidable or preventable, and which has driven up the costs of care.

The Stages of Conflict

Conflict is a dynamic process. It changes and goes through different stages. This is important to know so that you can pick up conflict early and make an appropriate intervention before it becomes deep-rooted and entrenched. The stages of conflict are described in different ways by different theorists. For example, according to Cook & Hunsaker (2001), the stages are as follows:

Stage 1: Latent conflict - antecedent conditions/precursors (sources of conflict)

- Interdependence between parties.
- Different goals.

Stage 2: Perceived conflict

- Aware of a problem.
- Incompatibility is perceived.
- Tension begins.

Stage 3: Felt conflict

- Emotionally involved.
- Focus on differences.
- Opposing interests.

Stage 4: Manifest conflict

- Conflict behaviors: disagreeing, verbal attacks, ultimatums.

Stage 5: Conflict outcome

- Functional: positive outcomes, creative problem solving, complacency avoidance.
- Dysfunctional: negative outcomes, aggression and hostility, inability to cooperate.

The Five Conflict Handling Modes

Competing

- Quick Action
- Unpopular decisions
- Vital issues
- Protection

Accommodating

- Showing reasonableness
- Developing performance
- Creating good will
- Keeping “peace”
- Retreating
- Low importance

Avoiding

- Issues of low importance
- Reducing tensions
- Buying time
- Low power / control
- Allowing others
- Symptomatic problems

Compromising

- Moderate importance
- Equal power – strong commitment
- Temporary solutions
- Time constraints
- Backup

Collaborating

- Integrating solutions
- Learning
- Merging perspectives
- Gaining commitment
- Improving relationships

Four Paradigms of Human Interaction: You Lose; You Win; I Win; I Lose

Managing conflict constructively: the behaviors

- i) Surfaces unacknowledged differences in perspectives on work issues that may be preventing achievement of goals
- ii) Tolerates hostility
- iii) Demonstrates an openness to others' views
- iv) Manages anger in themselves and others effectively
- v) Chooses an effective conflict management style to resolve the conflict
- vi) Demonstrates an ability to manage crucial conversations effectively and achieve “win-win” outcomes

Crucial Conversations

- i) Change happens one conversation at a time. “We can only change one conversation at a time”
- ii) “The path to organisational change is personal change”
- iii) Conversations that:
 - Surface assumptions
 - Clarify responsibilities
 - Identify and remove barriers
 - Provide meaningful and honest feedback on actions.
 - Create possibility
 - Common purpose - “What is important to me and you”
 - Current reality vs pretence - “You know the way we say ... in reality we ...
 - Impact of pretence - “When we do that this happens ...”
 - Cost - “The cost of that ... to the organization ... to me personally”
 - Creating future possibilities - “What I want to happen is...” “How do you think we could change this?”
 - Commitment to change: what you will do and what you would like them to do - “I want to commit to ... could you ...?” ... CREATING POSSIBILITIES

SESSION 5: Engaging and Empowering Others to Take Action in One Health Leadership: Stakeholder Engagement

Duration: 420 minutes


Session Overview



This session provides information on the importance of engaging all stakeholders in One Health teams, how to prioritize stakeholders and carry out a stakeholder analysis.


Session Objectives



By the end of this session, participants should be able to:






- i) understand perspectives of different stakeholders on complex issues.
- ii) identify and apply techniques for engaging, empowering and influencing others to take collective action in different One Health leadership issue scenarios.


Duration	Activity Type	Facilitator Instructions
30 min		<p>Introduction to Stakeholder Engagement (PPP No. 14)</p> <ul style="list-style-type: none"> i) Task participants to read the Karatu case study. ii) Facilitate them to analyze the case study by having a discussion based on the ensuing questions: <ol style="list-style-type: none"> 1. What is the problem? 2. Who is affected? 3. Is there a social, economic, political angle to this? 4. What key One Health issues can be identified? 5. Are there any policy implications? 6. What measures can be taken to protect the affected? 7. Can you give similar examples from your own background/work? 8. How did you deal with it? 9. As a One Health leader, how can you mitigate this problem?

Duration	Activity Type	Facilitator Instructions
30 minutes	 <p>Brainstorm</p>	<p>Stakeholder Mapping</p> <ol style="list-style-type: none"> i) Brainstorm with participants to unfold the concept of stakeholders and stakeholder mapping. ii) Introduce the OH-SMART tool to participants. The OH-SMART toolkit was developed by the University of Minnesota in collaboration with the United States Department of Agriculture and from work done by Professor Jodi Sandfort of the University of Minnesota on Field Policy Analysis. iii) Refer to the website below. https://www.vetmed.umn.edu/centers-programs/global-one-health-initiative/one-health-systems-mapping-and-analysis-resource-toolkit iv) Inform participants that they shall engage in an activity that shall use this tool.
	 <p>Small Group Activity</p>	<p>One Health Stakeholder Analysis</p> <p>Form Groups</p> <p>Provide sticky notes to the groups and guide them through the following instructions:</p> <ul style="list-style-type: none"> • On a sticky note, write the name of a stakeholder or player in the Karatu study scenario. Write one name per note. Write as many stakeholders as you can think of. Identify them by their roles. Consider their gender as well, especially at the community level. • Line the sticky notes on the plain sheet of paper in terms of their origin: international, national, regional or local. • Using a red marker, draw a circle around those stakeholders with lots of power and authority. • Draw a square around those players with the most interest in the activity or who are impacted the most. • Using a red marker, draw arrows that show flow of decision-making (power and authority) from one stakeholder to another. • Using a green marker, draw arrows that show the flow of resources (funding) from one stakeholder to another.

Duration	Activity Type	Facilitator Instructions
		<ul style="list-style-type: none"> • Using a blue marker, draw arrows that show communication flow from one stakeholder to another. • Have the groups discuss the map and the following questions: <ol style="list-style-type: none"> 1. Who has power and authority? 2. Who do you think should have power and yet does not? 3. Who is being left out of the different arrows and yet considered important? How do you include them? 4. Can you identify any gender differences in power, communication flow and resource flow?
20 min	 <p>Small Group Activity</p>	<p>Karatu Emergency Stakeholder Meeting</p> <ol style="list-style-type: none"> i) Form two groups. ii) Give the groups the following task: With the above scenario, you have been asked to select and coordinate a team to discuss a response to the problem in Karatu, including developing an intervention plan. The first step of this process is a stakeholders’ meeting to be held at the Ministry of Health (MoH) national headquarters. iii) Ask the two groups to undertake the following task: <ol style="list-style-type: none"> 1. Identify a maximum of 10 individuals who will attend the meeting. 2. Justify why each member is critical to the response. (i.e. role, expertise, responsibilities, etc. 3. Discuss who should chair the stakeholders’ meeting and why? 4. Relate the above case study to policy and governance. 5. Develop an intervention strategy and present to the class.


Duration	Activity Type	Facilitator Instructions
15 min	 <p>Small Group Discussion</p>	<p>Challenges Facing the Stakeholders in Developing an Intervention</p> <p>i) Ask the groups to briefly reflect on the One Health approach in the case study and why there is a need to involve different stakeholders.</p> <ol style="list-style-type: none"> 1. What challenges do the stakeholders face in implementation considering that they are coming from different disciplines? 2. List some of these challenges: <i>inadequate distribution of resources across the ministries, different groups are used to working in silos, powerful political interests, economic dynamics of the communities and conflicts of interest (politicians & other government leaders with shares in pesticides industry).</i>
		<p>Debrief:</p> <ol style="list-style-type: none"> 1. Briefly reflect on the One Health case study and key points that were important. 2. What key concept was learnt?
35 min	 <p>Plenary Reflection</p>	<p>Stakeholder Engagement Data Presentations</p> <p>i) Welcome participants back and have them share their summary of findings from their stakeholder analysis.</p> <p>ii) Allow time for comments and Question & Answer and then process their experiences by asking the following questions:</p> <ol style="list-style-type: none"> 1. What made you successful in completing this exercise? 2. What, if anything, hindered you in this exercise? Consider: <ul style="list-style-type: none"> - Leadership skills necessary to get the team organized. - Questioning skills necessary to gather relevant data. - Listening skills necessary to understand stakeholders' statements. 3. What have you learned about understanding stakeholder issues?


Duration	Activity Type	Facilitator Instructions
30 min	 Lecture	Influencing Stakeholders: Techniques for Engaging, Empowering and Influencing Stakeholders i) Give a lecture by sharing some of the common techniques for engaging, empowering and influencing stakeholders.
15 min	 Class Activity	ii) For each technique mentioned above, discuss the following questions with participants: <ol style="list-style-type: none"> 1. What are the implications for leadership when using this method? 2. What works in your culture? 3. How have you watched other leaders engage, empower and influence others effectively?
	 Video	Note: If you have time, share John Kotter video on the Heart of Change.
30 min		Stakeholder Analysis and Strategy Planning Reconvene the working groups and ask them to use the information they have just learned to complete the following tasks: <ol style="list-style-type: none"> 1. Create an importance/impact grid for the issues and stakeholders that you identified earlier in class. 2. Based on your stakeholder analysis and the data you collected, develop a strategy on how to move forward. 3. Consider what elements of engagement, empowerment and influencing will be needed. Build on what we have discussed, but include your own ideas as well.
15 min		Have each group briefly share their conclusions from the activity and ask classmates to offer feedback on the analyses and feasibility of the approaches.
10 min		After all groups have delivered their reports, have each participant reflect on the following questions and write down notes in their Participant's Guides.

Duration	Activity Type	Facilitator Instructions
	Individual Reflection	<ol style="list-style-type: none"> 1. Reflecting on your own leadership style, which elements of your style have been helpful in your group work? What aspects have you had to adjust? 2. How did the One Health leadership core competencies play a role in your work throughout the session? 3. What key lessons are you taking away about working with stakeholders? 4. How does your training in this module apply to One Health issues?
30 min	 Video	<ol style="list-style-type: none"> i) Conclude this session by watching the video: “The Danger of a Single Story” by Chimamanda Ngozi Adichie TEDGlobal 2009; Filmed June 2009. ii) The single story creates stereotypes, and the problem with stereotypes is not that they are untrue, but that they are incomplete. They make one story become the only story” - Chimamanda Ngozi Adichie. iii) After watching this video, discuss with the class how it relates to One Health and multiple disciplines working together; and that to achieve global health security, there is a need to open our minds to other views. iv) Have the participants brainstorm the many ways in which they have let the “single story” dictate their actions form their personal lives. v) Give examples of how single stories can interfere with collaboration and are responsible for different disciplines working in silos. vi) Discuss how good leaders and managers need to avoid being biased: the single story and to identify the strengths of their whole team. vii) Observe that people often want to chalk up divergent opinions to “different perspectives” rather than investigate the accuracy of a story. Adichie moves us away from this kind of reduction because she helps people to see that the danger of a single story lies not about a different perception of the facts, but about the story and storyteller’s legitimacy and authenticity. This is true in attempting to break the silos that prevent

Duration	Activity Type	Facilitator Instructions
		<p>multi-sectoral teams from working together and collaborating effectively.</p>
		<p>Effective One Health Leadership and Management in a Complex Emergency: Planning for an Emergency Response to an Infectious Disease Outbreak</p> <p><i>i)</i> Introduce the topic using the notes below. <i>ii)</i> Present the “Ebola outbreak in Luwero” scenario. <i>iii)</i> In groups of 10, let participants respond to the scenario in the following manner:</p> <p>Step 1</p> <p>Create a budget for this emergency response:</p> <p>i) Identify and price the key resources that you will need. ii) Identify key personnel and logistics required to respond to this emergency. iii) Develop a timeline of your activities to respond to the emergency. iv) Present your budget and timeline.</p> <p>Step 2</p> <p>i) You have received information from the Ministry of Health informing you that you only have 20,000 dollars because the 30,000 dollars was a commitment from one of the international organizations and the funds have not come through. You still need to respond to the emergency. ii) Re-budget and identify priority resources that you will need and what you will eliminate to work with the 20,000 dollars that you now have. iii) Identify other resources that you can mobilize.</p> <p>Step 3</p> <p>i) Just as you finish budgeting and are getting ready to leave for the field, you are informed that your contact health personnel on the ground, a</p>

Duration	Activity Type	Facilitator Instructions
		<p>local doctor and two nurses at the local hospital have died of Ebola.</p> <p>ii) Present a plan on how you are going to go ahead and respond to this emergency without the local team.</p> <p>Step 4</p> <p>i) Your logistics coordinator informs you that the personal protective equipment (PPE) you ordered will not arrive for the next 48 hours.</p> <p>ii) What will you do in this case to manage this situation and ensure that you are responding?</p> <p>Step 5</p> <p>i) You believe that you have everything sorted out and in place. You are now on your way to the village. On the way, you receive information that the villagers are attacking any medical or emergency response personnel because they believe that the disease was deliberately brought into their community. Two members of your team who had gone earlier have died, and the rest have fled the village.</p> <p>ii) Develop a plan on who is/how you are going to deal with this new scenario. Your goal is to ensure that the disease is contained and therefore you cannot turn away.</p> <p>Step 6</p> <p>i) When you are in the village, you hear the local politician telling the community members that they should burn down the houses of all the Ebola victims to ensure that the disease does not spread anymore.</p> <p>ii) What do you do in this situation?</p> <p>iii) Who can you reach out to help you solve the problem?</p> <p>Pointers: “What should be included in an emergency communication plan?” Possible answers include:</p>

Duration	Activity Type	Facilitator Instructions
		<ul style="list-style-type: none"> • <i>Assigned roles and responsibilities including primary decision-maker/emergency coordinator and back-up</i> • <i>Emergency contacts (e.g. police, fire department, doctors)</i> • <i>Contact list of all personnel</i> • <i>Phone/e-mail trees</i> • <i>Employee evacuation plan</i> • <i>Website and/or phone/voice mail emergency messaging plan</i> • <i>System to account for all personnel</i> • <i>Stakeholder communication plan including clients, regulatory agencies, etc.</i> • <i>Media communication plan</i> • <i>Training and summary booklets/brochures/cards</i> <p>Step 7</p> <ul style="list-style-type: none"> i) You have worked tirelessly for the last two weeks and have now contained the outbreak. However, because of the outbreak, the country has been hit with an economic crisis. ii) What do you do to monitor the situation? iii) How do you evaluate to see if you handled everything in the right manner? iv) Develop/put in place a risk assessment plan and a preparedness plan for another outbreak. v) What are the key challenges facing this community and the country after the outbreak has been contained?
Time	 <p>Large Group Discussion</p>	<p>The Project Management Triangle</p> <ul style="list-style-type: none"> i) Debrief participants. As you debrief the participants, keep them focused on the following: <ol style="list-style-type: none"> 1. Why? – Why are we doing this initiative? 2. What? – What is the work that needs to be performed to successfully complete the initiative? What are the major products/deliverables? 3. Who? – Who will be involved and what will be their responsibilities within the initiative? How will they be organized?

Duration	Activity Type	Facilitator Instructions
		<p>4. When? – What is the timeline and when will milestones be completed?</p> <p>5. Where? – Where is the One Health initiative taking place (e.g. the location)?</p> <p>ii) These questions are critical in defining the limiting constraints on an initiative, or the scope, resources and schedules available in an emergency. The combination of these elements is referred to as the Project Management Triangle mentioned previously, and understanding the relationships between the elements helps managers make better choices and trade-offs. These elements are often competing and termed the ‘triple constraints’ of a project. Changes in any part of the triangle impact the other parts. For example, increasing the scope typically means increased time and increased cost, or a tight schedule could mean increased costs and reduced scope, or a tight budget could mean increased time and reduced scope.</p>
20 min	 <p>Large Group Discussion</p>	<p>Discussion and Way Forward</p> <p>i) Let participants discuss their reflections in the plenary.</p> <p>ii) Summarize key messages and conclude the module.</p>
10 min		<p>Final Evaluation/Post-test</p> <p>Have participants complete the final evaluation test on survey monkey or hard copy of evaluation test.</p>
20 min		<p>Closing Session</p> <p>Invited guest or lead facilitator closes the training and issues certificates to all participants.</p>

Facilitator Notes for Session 5

Karatu Case Study: What a Pest!



Karatu district is located in Arusha region, Tanzania. It is known for its agricultural activities and people practice irrigated farming. Among the major drawbacks that farmers face are pests. As a means to overcome such problems, farmers indiscriminately use pesticides to protect their crops. This practice has been reported to be associated with many problems to humans, domestic, wild animals and the environment.

Cases of abortions in humans and animals are quite high in the district and are associated with pesticide poisoning. Skin diseases and infertility are also rampant especially to people working in horticultural farms. Incidences of fish and aquatic bird mortalities especially Lesser flamingos (*phoenicopterus minor*) are quite high and all are linked with pesticide poisoning. For example, in 2004, up to 45 000 Lesser flamingos died at Lake Manyara which is being fed by rivers draining from the agricultural fields.

Studies have shown high levels of pesticide residues in milk, beef and local chicken eggs. A case control study conducted in pregnant women who go to deliver at Mount Meru Hospital in Arusha showed that they had very high levels of pesticide residues in breast milk and abdominal fats. Meconium and umbilical cord blood from new-born babies also had high levels of pesticides. Studies further showed that there were high

levels of pesticides in water collected from Lake Manyara and different rivers around irrigated farms.

Efforts have been made by the government of Tanzania to overcome the problem. The Tanzania Ministry of Agriculture has conducted seminars led by extension workers to educate farmers on safe use and management of pesticide advocating for an integrated pest control system but the problem still exists and is getting worse.

Stakeholder Mapping

A good leader and manager needs to know the stakeholders in their issue/problem/event and begin to identify gaps and solutions to the stakeholders working together. This stakeholder analysis and mapping tool is simple and addresses that issue.

Planning for an emergency response to an infectious disease outbreak

In this section, participants will be able to plan for an emergency, identify, and manage challenges that occur in any emergency. They should also be able to explain the financial and logistical complications experienced in an emergency. It challenges participants to proactively adjust work plans when faced with common management-related challenges such as budget reductions, loss of critical personnel or other resources, or reduced timelines, when managing a One Health initiative.

Ebola Outbreak in Luwero Scenario

You have just been informed that there is a suspected Ebola outbreak in Luwero village, in western Uganda bordering, Rwanda. A total of 14 people have died and 26 others in the village are reportedly sick. There is only one health center in the area manned by one local doctor and two nurses. The Government is putting you in charge of the emergency response. You have been given a budget of 50,000 dollars to mobilize a team to prepare and respond to this emergency.

Examples of Recent Calls to Action

Climate Change: World Bank urges collective action to reduce disaster risk through climate change adaptation.

The World Bank Sector Director for Sustainable Development in the East Asia and Pacific Region (EAP), John Roome, told the 4th Asian Ministerial Conference on Disaster Risk Reduction that Asia's poor will pay the highest cost of disasters sparked by climate change and rapid urbanization, with the bulk going on improving and adapting infrastructure, coastal zones and water supply and flood protection. He

called for breaking the link between urban poverty, squatter areas and disaster risk reduction through community-driven development programs, and promoting sound land-use, investing in early warning systems and making risk information widely available.

www.preventionweb.net/english/professional/news/v.php?id=16119

OHCEA EVENT EVALUATION – LEADERSHIP TRAINING

Facilitators: _____

Dates: _____

OHCEA supported you to attend the **Leadership** training. Please take a few minutes to fill out the following confidential questionnaire. Your responses will help us better understand the value of this event and improve future programs. Thank you!

Please circle your response to each of the following

1. This event met my expectations.
 - a) Strongly disagree
 - b) Disagree
 - c) Agree
 - d) Strongly agree
 - e) Don't know

2. This event was relevant to my personal interests.
 - a) Strongly disagree
 - b) Disagree
 - c) Agree
 - d) Strongly agree
 - e) Don't know

3. This event was relevant to my professional interests.
 - a) Strongly disagree
 - b) Disagree
 - c) Agree
 - d) Strongly agree
 - e) Don't know

4. The information presented was new to me.
 - a) Strongly disagree
 - b) Disagree
 - c) Agree
 - d) Strongly agree
 - e) Don't know

5. The amount of information provided was:
 - a) Not enough
 - b) About right
 - c) Too much

6. This event helped clarify my understanding of “One Health.”
 - a) Strongly disagree
 - b) Disagree
 - c) Agree
 - d) Strongly agree
 - e) Don’t know

7. The pre-event logistics were well organized.
 - a) Strongly disagree
 - b) Disagree
 - c) Agree
 - d) Strongly agree
 - e) Don’t know

8. The event itself was well organized.
 - a) Strongly disagree
 - b) Disagree
 - c) Agree
 - d) Strongly agree
 - e) Don’t know

9. Overall, I found this event to be worthwhile.
 - a) Strongly disagree
 - b) Disagree
 - c) Agree
 - d) Strongly agree
 - e) Don’t know

10. I intend to take actions in my work because of what I have learned at this event.
 - a) Strongly disagree
 - b) Disagree
 - c) Agree
 - d) Strongly agree
 - e) Don’t know

11. Describe what, if any, actions you will take in your work because of this event.

12. What were the strengths of this event?

13. What can be done to improve this event?

14. What single most important lesson did you learn from this event?

15. Please write any additional comments you may have about this event.

16. Did you present at this event?

- a) Yes
- b) No

16a. If yes, what was the topic of your presentation?

17. What is your *primary* area of work?

- a) Nursing

- b) Human Medicine
- c) Veterinary Medicine
- d) Wildlife Medicine
- e) Public Human Health
- f) Public Veterinary Health
- g) Other (please specify): _____

18. Which sector do you represent?

- a) Government
- b) Private sector
- c) Education
- d) Non-governmental organization (NGO)
- e) Research
- f) Other (please specify): _____

19. What is your sex?

- a) Male
- b) Female

20. Nationality: _____

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