

Mentoring Hand book for One Health Programme Kerala

**(Guidelines for setting up and management of
mentoring in one health programme – Kerala)**

**Department of Health & Family Welfare
Govt. of Kerala**

Kerala.HEALTH

MESSAGE FROM HEALTH MINISTER

One Health is gaining acceptance worldwide because of the emerging needs with regard to epidemic outbreaks and other communicable health hazards. In India, various states are in the process of initiating One Health programmes and most of them are in planning stage.

Kerala state, as a policy, decided to initiate One Health programmes. Initially the programme will be piloted in 4 Pamba river basin districts – Kottayam, Pathanamthitta, Idukki and Alappuzha and later, based on the learning from pilot phase, will be expanded to other districts in the state. The Govt. of Kerala has launched One Health programme in May 2022 and set up the governance and management systems – both at state and district levels – to roll out the programme. Implementation through Panchayat Raj Institutions(LSGBs) is the key strategy adopted for operationalization of One Health programme in the state.

Center for One Health Kerala (COHK) and District Programme Management Units are established as part of system setting up to design, plan and implement One Health programmes in the state. A series of consultations were held at multiple level to finalise the design of the programme. The programme is visualized as a collaborative venture of various departments in the state. Department of health and family welfare will be the lead department managing the programme at state level. Department of Local self-governance will be a key department to support the programme implementation through PRIs.

To support the programmes many innovative capacity building programmes have been planned and provided inputs to various departments. But the very nature of the PRI level One Health functions and the community mentors/volunteers associating, demand sustained ongoing support to effectively implement programme at PRI level. This mentoring system is developed to address those concerns with regard to the sustained inputs to improve the quality of One Health programme implementation at state, District and LSG levels.

We hope that this handbook generates a greater interest in supporting One Health initiatives and encourages more programme managers to adopt it to state level systems.

Ms. Veena George

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FOREWORD

Kerala has an established Public Health system which aims to provide a wide range of quality health care – primary, secondary and tertiary – to its people. Considering the present situation, where epidemic outbreaks has severe impacts in the society, the state has decided to design public health programmes adopting One Health approach with the support of World Bank. The government believe that, with this comprehensive approach, effective systems will be established to prevent and control epidemic outbreaks in the state and also become a role model for the country.

Kerala is the first state to initiate One Health programme in the country, under the leadership of **Smt. Veena George, Honorable Minister for Health and Family welfare**. The one health programme is included as one of the key components of Nava Kerala Karma Paddathi (NKKP 2/ADRAM) and launched the programme by **Honorable Chief Minister of Kerala Shri. Pinarayi Vijayan** in May 2022.

Kerala has adopted a unique approach in establishing One Health Programme in the state. The programme is designed and planned in consultation with various departments and implemented in collaboration with the Local Self Governing Department. The distinctive features of PRI systems prevailing in Kerala will be an added advantage to implement the programme in an efficient manner.

Mentoring is identified and incorporated as one of the key strategies in rolling out one health programme at multiple levels. The district and PRI institutions will be provided with handholding support on a continuous basis to ensure the efficient implementation of the programme.

This mentoring handbook prepared by Mr. Satheesh Chandran, Technical Consultant, World Bank, will provide guidance to the governance people/programme managers to plan and establish mentoring system at multiple levels to support One Health programme in the state.

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ACRONYMS

AMR	Anti-Microbial Resistance
BCC	Behavior Change communication
CB	Capacity Building
CBO	Community Based Organization
CBS	Community based Surveillance
CDC	Centers for Disease Control and Prevention
CDS	Community Development Society
CHC	Community Health Centers
CMIS	Computerized Management Information system
COHK	Center for One Health Kerala
CSO	Civil Society Organization
CV	Community Volunteers
DHA	District Health authorities
DHS	Director of Health Services
DMO	District Medical Officer
DPSU	District Programme Support Unit
DoH&FW	Department of Health & Family Welfare
EBS	Event based Surveillance
FBO	Faith Based Organization
FHC	Family Health Center
GoK	Government of Kerala
HKS	Haritha Karma Sena
IBS	Indicator based Surveillance
ID	Infectious Diseases
IEC	Information Education and Communication
ISM	Indian System of Medicine
KILA	Kerala Institute of Local Administration
LSGB	Local Self-governance Body
LSGD	Local Self-governance Department
MGNRES	Mahatma Gandhi National Rural Employment Guarantee Scheme
NGO	Non-Governmental Organization
NHM	National Health Mission
OH	One Health
OHM	One Health Mentor

OHP	One Health Programme
PCM	Panchayat Level Community Mentors
PH	Public Health
PHC	Primary Health Care Centers
PHL	Public Health Lab
PRI	Panchayat Raj Institutions
PS	Principal Secretary
RP	Resource Persons
SHSRC	State Health Systems Resource Center
VC	Video call/conference
WB	World Bank

An overview of mentoring Handbook

- Purpose** ⇒ A handbook to provide technical/facilitation guidelines in setting up mentoring system to support One Health programmes in Kerala. The second part of this toolkit consists of learning modules which can be used for the induction training of the selected One Health mentors. The third part of this toolkit is reading materials which shall be used as reference materials for technical and conceptual clarifications – by both mentors and programme managers.
- Who will use it** ⇒ The handbook shall be used by state level policy makers, programme managers (district and PRI level), consultants and mentors.
- When to use this** ⇒ The first part of this handbook shall be used for setting up stage and its management. Second part is for capacity building of mentors and third part is for ongoing reference for technical and conceptual clarifications.
- Who else need to be involved** ⇒ The primary objective of the handbook is to provide guidelines on setting up and management of mentoring systems at district level. Other than the COHK team, the programme managers at district and PRI levels and DPSUs need to be involved in the processes on a need based manner.
- Limitations of the handbook** ⇒ One handbook is not an answer for an ongoing mentoring. Especially in a programme like OH where so many factors influence the implementation of the same and it may vary from place to place. There could be many approaches to effective mentoring. This handbook suggests approaches which could be modified according to the need of the state, district and PRI level intervention management.

How to use this handbook



The state and district teams need to be thorough with the handbook before every mentoring training. It would also be useful for each mentor to have a copy of the handbook (translated into local language). In successfully carrying out the mentoring in a PRI, the mentors need to work closely with the governance people and officials of the particular PRI. **This handbook and guidelines are dynamic in nature. This is open for Need-based reviews and modifications on a periodical basis. As per the changing demands of the programme the mentoring systems also shall be streamlined as and when it is required.**

Structure of the Handbook

The handbook consists of 3 parts:

<p>Part 1</p>	<p>Part 1 focuses on systems for mentoring – its setting up and management.</p> <ul style="list-style-type: none"> ⇒ Description and guidelines on establishing mentoring system ⇒ Description of guidelines on management of mentoring systems. ⇒ Description of guidelines on governance of mentoring programme in the state
<p>Part 2</p>	<p>Consists of one introductory session on facilitators guidelines and 2 learning modules.</p> <ul style="list-style-type: none"> ⇒ Introduction on adult learning and guidelines for facilitation. ⇒ Learning module 1 – for 3 days residential training - On OH mentoring with more focus on district level mentors for OH implementation facilitation which includes support to PRI level community mentors and soft skills. ⇒ Learning module 2 – one day training - On mentoring and essential soft skills needed for PRI level mentoring
<p>Part 3</p>	<p>Consists of two types of materials (compilation of already available materials and newly developed guidelines).</p> <ul style="list-style-type: none"> ⇒ Reference materials (such as handouts) linked to each learning sessions in the modules. ⇒ Presentation materials prepared for each learning sessions for both the modules

Framework of handbook

This handbook is developed based on adult learning principles. The learning environment of mentors will be framed based on the adult learning principles and it will be implemented in a participatory manner. It is suggested to start from what they know – both knowledge and experience – and end with how they can do it.

Introduction

3.1 Background

Kerala experienced recurrent outbreaks of zoonotic diseases during past decade including NIPAH virus, H1N1 and Kayasanur forest diseases. In addition, the state experiences frequent recurrent outbreaks of Chikungunya and Dengue. The ongoing COVID – 19 pandemic has clearly demonstrated the vulnerabilities of the state for future pandemics. Some of the key factors leads to enhance state vulnerability for pandemic, especially zoonotic diseases are:

- ◆ High level of population density
- ◆ Large number of nonresident citizens and international travel (over 18 million international arrivals taking place every year)
- ◆ Aging population whose life expectancy is 10 years higher compared to rest of India
- ◆ Two third of population aged 45 years or above suffering from comorbidities
- ◆ Large forest cover

These inherent challenges get further compounded by inadequate diagnostic capacities at district level both for surveillance and effective management of infectious diseases cases. One Health approach critical for containing zoonotic diseases is also in its nascent stage.

One Health programme

One health programme is a universally accepted concept to improve the quality of living in the world. The aim of the concept is to “Achieve optimal human health outcomes recognizing interconnection between people, animal, plants and their shared environment” – by CDC. Three key features of One Health programme are:

- ◆ Sustained community surveillance of unusual events that could trigger zoonotic diseases
- ◆ Early detection of contributory factors
- ◆ Sustained need based participatory interventions

In Kerala, the government has decided to initiate One Health programme to promote healthy living of people in the state. A collaborative multisectoral and transdisciplinary approach at local, district and state levels including private sector to prevent, identify and effectively respond to human diseases of animal and plant origin, needed for the same.

3.2 Programme implementation in Kerala

The One Health programme in Kerala is planned as part of the NKKP2 and will be implemented in all the districts of the state. As a first phase the programme will be initiated in 4 Pamba basin districts – Kottayam, Idukki, Pathanamthitta and Alappuzha along with RKI. Later it will be expanded to rest of the 10 districts. The governance mechanisms and management systems of NKKP2 will be utilized for the effective implementation of One Health programme in the state.

A **comprehensive approach** will be adopted at multiple levels for surveillance, detection and interventions which focus not only human health but animal as well as environmental health. The developed systems at multiple levels will be vigilant enough to identify or detect pandemics which transmit from animals and other environmental sources. Hence the programme will address all the health issues covering human, animal and environmental interface.

Coordination of various departments at state and district levels are very critical in rolling out the programme. A state level governance committee involving all the concerned departments will be formed and this committee will provide appropriate facilitation in setting up district level One Health committees. The nodal officers of NKKP2 in association with DMO will accelerate the implementation processes at district levels.

Capacity building is another major component in the programme and it has to be provided at multiple levels to strengthen the community surveillance, early detection and initiating interventions. Kerala Institute of Local Administration (KILA) will be identified as the nodal agency for planning, designing and providing capacity building support to the Local Self Governing Bodies (LSGBs). The existing systems in the LSGBs also will be strengthened to support the implementation of the programme at PRI level – both urban and rural. In addition, a two level mentoring system also will be introduced to implement the One Health programme with the support of PRIs.

Communication strategies need to be developed in such a way that it reaches out the people and create a wider understanding about the importance of the One Health programme and encourage active participation in the programme. This has to be planned and implemented in association with various departments so that people in various strata are reached with appropriate messages. Both the community leaders including elected representatives and officials who are into programme management also provided with adequate and appropriate information about the programme and its implications to be effective agents of change.

System strengthening by rejuvenating diagnostic processes – both for human and animal, equipping health care centers and building capacities for analyzing the data and make decisions to provide effective response (at multiple levels) are some of the key components in the programme. The programme is visualized as an ongoing surveillance, detection and intervening system which effectively monitors the cause of outbreaks, analyze it and ensure an effective response. An **integrated IT based system** is very essential in implementing the programme.

World Bank recently approved a multi-sector Resilient Program for Results operation which aims to enhance Kerala's resilience against the impacts of climate change and natural disasters, including disease outbreaks and pandemics. While this result based program programme has focus on Pemba Basin, several of the innovations proposed are state-wide and include enhanced One Health surveillance at community and district levels, strengthening public health laboratories at district level and enhancing data triangulation by IT enabled Prevention of Epidemic and Infectious disease (PEID) cells located in all medical colleges.

3.3 Key departments need to be involved in the programme are:

- ◆ Health & Family welfare
- ◆ Local Self Governance Department - LSGD (Urban, rural and KILA)
- ◆ Agriculture and Animal Husbandry
- ◆ Forest and environment
- ◆ Food safety
- ◆ Fisheries and aqua culture
- ◆ Department of labour (to address migrant issues)
- ◆ Disaster management

Social Justice and Tribal development

Concept of Mentoring

4.1 Concept of mentoring

Mentoring, which is derived from Greek and means enduring, is defined as a sustained relationship between a resource provider and a resource seeker. It is further described as “a supportive learning relationship between a caring individual who shares knowledge, experience and wisdom with another individual/institution who is ready and willing to benefit from this exchange, to enrich their professional journey to achieve the visualized goals”. Through continued involvement, the resource provider offers support, guidance, and assistance as the resource seeker goes through a difficult period, faces new challenges, or works to correct earlier problems.

There are two types of Mentoring – Natural Mentoring and Planned Mentoring. Natural Mentoring occurs through friendship, collegiality, teaching, coaching, and counseling. In contrast, Planned Mentoring occurs through structured programs in which Mentors and participants are selected and matched through formal processes.

The literature reviews show that, the number of mentoring programs worldwide has grown dramatically in recent years. This popularity results in part from compelling testimonials by people, who have themselves benefited from the positive influence of resource person who helped them endure social, technical, managerial, or personal crises. The Mentor, who is the backbone of the Mentoring System, aims to:

- ✦ Facilitate the exploration of needs, motivations, desires, skills and thought processes to assist the individual/institutions in making real, lasting desired change.
- ✦ Use questioning techniques to facilitate client’s own thought processes in order to identify solutions and actions rather than takes a wholly directive approach
- ✦ Support the client in setting appropriate goals and methods of assessing progress in relation to these goals
- ✦ Use participatory methods to understand the client’s situation
- ✦ Creatively apply tools and techniques which may include one-to-one or one to group training, facilitating, counselling & networking.
- ✦ Encourage a commitment to action and the development of lasting personal growth & change.

- ✦ Maintain unconditional positive regard for the client, which means that the mentor is at all times supportive and non-judgemental of the client, their views, lifestyle and aspirations.
- ✦ Ensure that clients develop personal competencies and do not develop unhealthy dependencies on the mentoring relationship.
- ✦ Evaluate the outcomes of the process, using objective measures wherever possible to ensure the relationship is successful and the client is achieving their personal goals.
- ✦ Encourage clients to continually improve competencies and to develop new developmental alliances where necessary to achieve their goals.
- ✦ Work within their area of personal competence and manage the relationship to ensure the client receives the appropriate level of service and that programmes are neither too short, nor too long

Mentoring is a learning process, both for the mentor and mentee. The duration of the processes is based on how it is visualized and the mentoring goals are fixed. In a common scenario mentoring is sought when the mentee

- ✦ are keen to maintain the pace of their learning
- ✦ want to build and follow through demanding personal learning plans
- ✦ want to explore a wide range of issues as they emerge and become important to them
- ✦ when face the obstacles in achieving the desired goals

In such a given situation, mentoring process can help the needy people to achieve their desired goals. Mentoring facilitates the mentee to un tap their potential, fine tunes and develop skills, eliminates specific performance problems and improve their knowledge levels and technical capacities with regard to the issue or work.

Mentoring as a planned programme in the state

Mentoring is not a new concept, it is being used in India from a long time in different projects. But there is no successful mentoring experience documented so far. Mentoring is fully dependent on one person that is the mentor. The reason for mentoring process to be not successful is because mentors did not practice it in the right spirit. A lot of effort should be put in on the part of mentors. A programme is not able to function effectively due to various reasons such as lack of a proper environment etc. Mentor should be able to assess the situation/environment and provide handholding support in addressing it and make the programme more effective.

A mentor need not have answers to all the questions but should be willing to share what s/he knows. A mentor should never look at the person or institution but the focus should be on the programme. Mentor should never get into conflict with the organization. It is very important that none of the experience should be personalized. Mentor should go with the expectation that there would be conflicting situation, unfriendly personnel and environment and should be able to manage them.

Important aspects of mentoring are:

- ★ Rapport building Ability
- ★ Positive Attitude
- ★ Maintaining sustained relations
- ★ Open for learning and sharing

Important tool in mentoring is relationship. It is important to build a good relationship with elected representatives, officials, organization and community. If a good relationship is not developed then the work cannot be carried out effectively. Everything in mentoring relies on developing a good relationship and the impact of mentorship depends on relationship.

Spoon feeding doesn't help in mentorship. It is important to create a learning environment for a good impact of the mentoring. Impact chain of the mentoring has to be planned. Mentor should build the capacity of the team to achieve the output of the programme. Mentoring is a practical process. It is guiding/supporting the person to reach her/his goal or desired situation.

The mentoring programme visualized under One Health is to provide sustainable ongoing capacity building and facilitation support to PRIs in implementing One Health programme. The main objectives of the mentoring programme are:

- ★ To set up a mentoring support system at district and PRI (LSGB) level to address capacity building and facilitation needs of PRI governance people, officials and community mentors with regard to implementation of one health programmes
- ★ To provide ongoing support to PRI governance people, officials and community mentors and Volunteers so as to ensure quality implementation of one health related initiatives
- ★ To improve the performance of sustainable community based surveillance and early responses in PRIs to address various epidemic outbreaks

The mentoring programme is not an alternative system for existing public health systems in the state, it is a supplementary system which will provide need based capacity building and facilitation support in planning and management of One health initiatives at district and PRI levels. It will ensure sustainability in ongoing need-based facilitation and assistance to effectively plan and implement one health programme in LSGBs in the state. DME, PIED Cells, DHS, COHK, DPSUs and PRIs team have to play a joint role in managing the mentoring system so as to enhance its effectiveness.

A 3-tire mentoring programme is planned for Kerala which consists of

- ★ ***One Health mentors (DLM) to support PRIs and Community Volunteers***
- ★ ***Community Mentors at Ward level (PCM)***
- ★ ***Community Volunteers (CV) at ward level***

5.2 Structure of mentoring system

The mentoring system is planned in 5 phases

<i>Phase 1</i>	<i>Preparatory phase</i>	Planning mentoring in consultation with the state level programme managers and district level teams, Identification of potential one health mentors, induction training of done health mentors and briefing meetings with district and PRI authorities
<i>Phase 2</i>	<i>Planning phase</i>	Consultation with PRIs and planning for community mentors enlisting and their trainings, planning and facilitating for community volunteers enlisting and training, planning for CBS setting up
<i>Phase 3</i>	<i>Initiation phase</i>	Enlisting and Training of community mentors and further training of community volunteers by community mentors. Facilitation support to PRI and PCM to start community surveillance

Phase 4	Review phase	Periodical monitoring of mentoring as per the guidelines, state and district level periodical mentoring reviews, final evaluation of each PRI based one health mentors, PCM and CV enlisting and training against outcome indicators. Reviews will be conducted both by internal authorities and by external experts.
Phase 5	Streamlining consolidation phase	Based on the reviews and monitoring, the gaps in the mentoring systems will be identified and measures will be taken to rectify it. Once the system is fine-tuned, it can be replicated to other places on a need-based manner.

5.3. Governance of mentoring programme

Mentoring in One Health is not a standalone programme. It is an integral part of the programme implementation management system and mentors will be attached to multiple level agencies. COHK, DPSU and PRIs have a major stake in planning and implementing mentoring and management of mentoring. The entire mentoring programme will be planned and implemented by the COHK team in consultation with District authorities, DPSUs and PRIs in the initial phase.

The implementation committee formed at the district level to govern the one health programme at district level will oversee the mentoring initiatives. A core group committee will be formed for the purpose of immediate governance of the programme. The committee will be constituted by COHK in consultation with district authorities. The committee consists of the following members:

- ★ DMO
- ★ COHK team lead and CB specialist
- ★ District Nodal officers of One health
- ★ DPSU team lead and CB specialist
- ★ DD PRI and DD urban affaires
- ★ One state level and 2 PRI representatives
- ★ 2 one health mentor
- ★ Two community mentors

It also can have special invitees on a need-based manner. The meeting of the governance committee will be conducted once in 2 months. The governance committee also will review the progress of the programme once in a quarter against the output plans. COHK team lead will be convener for the committee.

The convener of the committee will be responsible for conducting such meetings. Convener has to consult with both DoH&FW and COHK and convene the committee. The agenda notes for such committees need to be circulated one week in advance and minutes of such meetings need to be prepared and circulated within 10 days of occurrence of the meeting.

5.4. Management of mentoring programme

The day to day management of the mentoring programme will be done by the DPSU and the district level mentors will be reporting capacity building specialist in concerned DPSUs. Otherwise it shall be to concerned PHC medical officer at PRI level and District one health nodal officer at district level.

The community mentors/volunteers will be attached to concerned PRIs and but will be mentored or facilitated by the one health mentors. The one health mentors who are enlisted at PRI level will be supporting their community volunteers on a need based manner. The one health mentors and PCMs will form social media groups and communicate through the same.

The enlisting of the One Health mentors PCMs and CVs will be completed as soon as the first round of training programmes. Prescribed formats need to be used for the enrolment of the mentors and volunteers at multiple levels. Proper documentation of mentoring activities need to be planned and completed by DPSUs using their own team members or with the support of short term consultants who shall be hired for this purpose. Specific reporting formats shall be developed for one health mentors for their activity reporting based on the programme needs.

5.5. Roles of various stakeholders

A Mentoring System is a strategic initiative that can be successfully replicated and will be cost effective in the long term. It also has the potential to reduce the resource scarcity and increase the use of potential resources within the state. The future roles of various stakeholders are given below:

1	Role of DoH&FW	<ul style="list-style-type: none"> ★ This programme is owned by DoH&FW and the governance of the programme will be vested with the implementation committee constituted at the district level for the purpose of one health programme implementation governance. As a policy, state will adopt mentoring as one of the key capacity building support system for the One Health initiatives in the state. Include the mentoring reporting and one health reporting in the MO conference (state and district). ★ COHK will submit update on mentoring processes and PRI level One health implementation progress to DoH&FW (through COHK governance committee) on a quarterly basis
2	Role of COHK	<ul style="list-style-type: none"> ★ COHK as a part of DoH&FW, will be monitoring the programme in association with DPSUs, in its setting up and implementation. It will also enhance the utilization of the system by providing appropriate feedback support to the state government on a regular basis. It will also extend support to DPSUs/PRI in assessing the mentoring programme being implemented. ★ COHK will be the supervising authority of DPSUs and DPSUs are expected to provide monthly feedback to COHK about the progress of the mentoring processes. In consultation with COHK, DPSUs shall plan refresher programmes for the district level mentors to effectively carry out mentoring at RPI level
3	Role of DPSU	<ul style="list-style-type: none"> ★ The DPSUs are the immediate managers of mentoring programme both at district and PRI levels. The one health mentors will report to DPSUs. DPSUs will provide progress update about mentoring to the district level implementation governance committee once in a month. ★ The DPSUs will play a catalyst role in providing an enabling environment for the mentors in facilitating the One Health programme implementation at PRI level. Community is the beneficiary of this mentoring programme.

		<ul style="list-style-type: none"> ★ DPSUs will be providing ongoing management and technical support to the mentors and also help the PRIs and Community mentors to access the potential and need based resources for OH programme implementation.
4	Role of PRIs	<ul style="list-style-type: none"> ★ DPSU will be networking with various institutions and individuals on a need based manner and will provide mentors to the concerned PRIs. ★ The community mentors will be enrolled with PRIs and PRIs are the custodians of mentoring and volunteering programme to enhance the implementation of One Health programme at LSGB level. It will develop an effective coordination system (PRI level committee) to collaborate with the state unit, DPSUs and Mentors. ★ The PRIs will provide complete support in implementing mentoring/volunteer programme in the concerned LSGBs. They will also give productive feedback to the DPSUs and COHK about the mentoring programme.
5	Role of Mentors	<ul style="list-style-type: none"> ★ There will one mentor for each PRI as one health mentor and will be linked to certain number of community mentors/volunteers. Their technical competencies and capacities with regard to One Health programme implementation and mentoring will be developed/strengthened among the mentors. ★ With the guidance of COHK/DPSU they will be providing appropriate support to various PRIs in planning and managing of One health programmes. Also coordinating the community volunteers in reporting information about one health related issues as well as setting responses.

Mentoring in One Health programme

6.1. Need of mentoring in One Health programme

Mentoring is identified as an integral part of One Health programme in Kerala. Two levels of mentoring are designed and planned to facilitate OH programme. The first level is district level and second level is PRI level. District level mentors will play a key role in supporting PRI level mentors and PRIs' based OH initiatives. LSG level one health mentors will play a key role in supporting ward level OH initiatives and community volunteers.

Mentoring is an ongoing support and it provides handholding support to the PRIs' team – elected representatives, officials, community mentors and community volunteers - who implements the One Health programme in the concerned LSGB. So that the team members who are involved in the implementation of activities, will get a sustainable support while managing the processes in accordance with the programme plan. The mentor will be able to support the team in overcoming the barriers to implement the programme at LSGB level as well as in community surveillance and response.

The following diagram represents the potential of mentoring in OHP



One Can provide mentoring in three ways

- Handholding support * Provide the support on a regular basis being with the team in the PRI for two alternative days. It is a handholding support in planning and implementing OH programmes in the PRI to achieve the planned outputs with regard to OH related community surveillance and response.
- * While handholding, the mentor has to demonstrate procedures/techniques or initiate processes in accordance with the protocol mentioned in the mentors' handbook. This may lead to desired outputs which will ensure effective implementation of OH programme in a sustainable manner.
- Facilitation support * Achieving targets are one of the key features of OH programme in the state. At the same time ensuring quality of outputs are also equally important – includes quality of community surveillance, motivation of community volunteers, decision making at PRI level etc. - and has to be mentored on a timely basis to achieve the same. Since it is a government programme, certain procedures need to be followed in implementing the programme. The mentors have to be oriented about the same and ensure that these procedures are followed while rolling out the programme.
- * In this situation, the mentor has to play a role of facilitator in engaging community mentors and community volunteers in performing their specific roles at PRI and ward levels. The mentor also should play a facilitator's role in ensuring PRI level to support in rolling out OH programme. The mentor also has to liaison with PRI and community mentors/volunteers to carry out community surveillance and response.
 - * The facilitation need to be provided for encouraging the community to provide adequate support to the community mentors and volunteers, as part of OH programme implementation. It shall be through organizing campaigns or community meeting or neighborhood get together.
 - * The One Health mentors also play the role of a catalyst to ensure the integration of decisions taken both at district level as well as PRI level to effectively carry out OH programmes without encouraging any conflict situations

Training support

- * The present capacity building programmes available in the state are not adequate because the programme is in the preliminary stage. In OH programme implementation, the skills and knowledge level of community mentors and community volunteers have to be updated as per the changing needs and community dynamics on a regular basis. In this situation, the mentors have to provide ongoing training support to PRIs, community mentors and volunteers on a regular basis.
- * These types of ongoing training support will help the PRI level team to overcome the barriers and enhance the pace of programme implementation in concerned PRI.

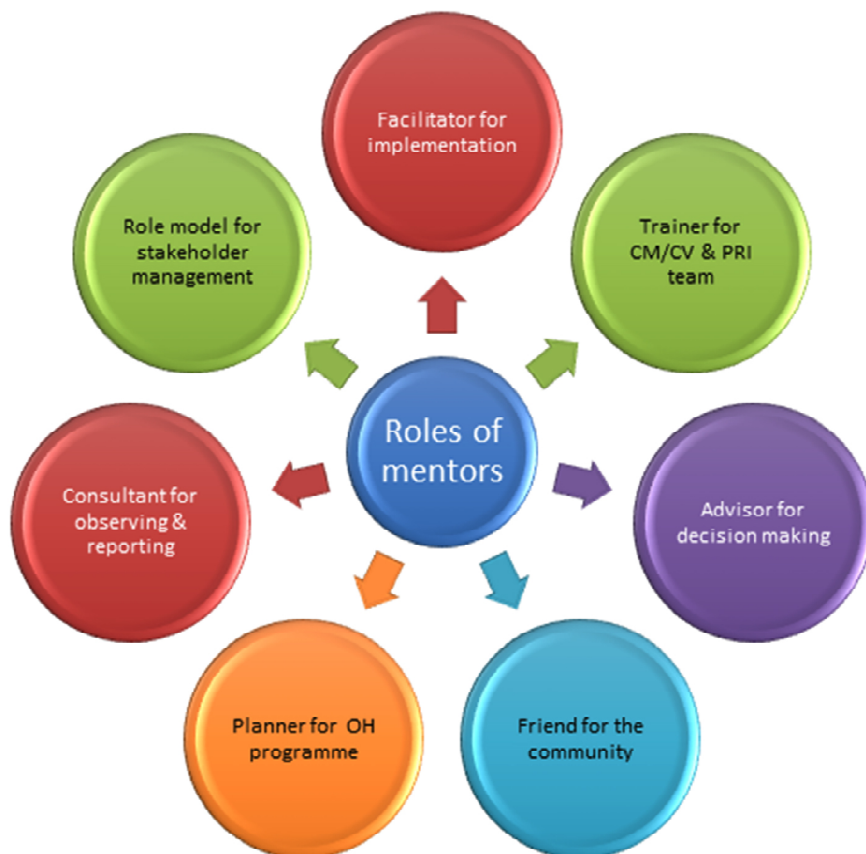
6.2. Key features of mentoring

Each mentoring is output focused and always expect a sustained support in achieving those outputs with quality. Each mentoring activity has to be planned based on adult learning principle and each support has to be extended by establishing good relations with the mentee. Objective oriented approach in a sustainable manner with good rapport with both PRI team and one health mentors are essential for the smooth implementation of the programme at LSGB level. Since the people engaged in the programme are adults or experienced people, respectable and culturally sensitive communications and interactions are expected from the district mentors.

Role of mentors are defined based on the key features of Mentoring as given below:



6.3. Roles of Mentors



The key roles the mentors have to play in OH programme are:

1	Facilitator	Mentor provides facilitation support in planning and implementing OH programme related processes in the PRI. Especially in the case of reporting and data management, as per the state guidelines, the mentor has to play a facilitator role in ensuring the quality of the data/information generated.
2	Trainer	Mentor act as a trainer on a need based manner and equip the PRI level team to implement the activities with quality and on time.
3	Role model	The mentor needs to be a role model in planning and implementing activities in the PRI. His interactions and approaches to the community and other stakeholders should be model for the people/officials involved in the processes.
4	Adviser	Mentors can give advices on a need based manner to the team in carrying out the activities as per the plan. It may help them to overcome barriers at the implementation level.
5	Friend	Mentor should be friendly with the PRI level team, community volunteers and other stakeholders. But always use the principle of controlled emotional involvement in establishing and maintaining relations.
6	Planner	The mentor should play the role of a planner, which may help the PRI level team to plan their activities as per the state guidelines and implement it.
7	Consultant	The mentor also has to play the role of a consultant where any technical clarifications on implementation of OH programme shall be done on a need based manner.
8	Reporting by mentors	The mentors need to maintain a daily diary and note down all the important observations and incidents of their mentoring visit in the diary. In addition, the mentors have to report to the DPSU authorities in the prescribed reporting template. Review meetings will be organized periodically by the DPSU.

6.4. Qualities of Mentors



The essential qualities of mentors in OH programme are:

1	Good interpersonal communicator	Communication plays an important role in managing OH programme. The mentor needs to have good interpersonal communication skills which can be used for developing good relations with community, PRI team and other stakeholders.
2	Good understanding of PRI/community dynamics	OH programme is planned to be implemented through the PRIs and with community participation. Community surveillance and responses are essential components of the programme and key to achieve the objective of the programme. Hence the One health mentors need to be familiar with the PRI level planning and administrative procedures with regard to health and development programmes' implementation. Since community participation is an important ingredient in the programme, the OM has to constantly analyze community dynamics and plan the processes accordingly. The mentor need to have good understanding about the community and PRI level dynamics, so that such situations can be managed.
3	Good organizer	The mentor needs to be good organizer which may help him to organize the community mentors, community volunteers and the PRI level. This will result into quality implementation of One Health programme in the concerned LSGB.
4	Good rapport builder	Rapport building is one of key aspect in relationship development. The mentor has to be good in rapport building so that sustainable relations will be developed which will enhance the effective programme implementation
5	Good exposure in Health-related projects – PRI level	The mentor needs to have good knowledge and practical exposure in health related or PRI related projects and its various processes. A good understanding of government procedures in planning and implementation of projects will be an added advantage in facilitating various processes with regard to OH programme.
6	Good understanding of stateguidelines on OH programme	State level guidelines are the key book for OH implementation at district and PRI levels. The information gathering and reporting have to be done according to the guidelines only. The mentor needs to have in-depth knowledge on the same. Government GOs have to be adhered for the implementation of the same.

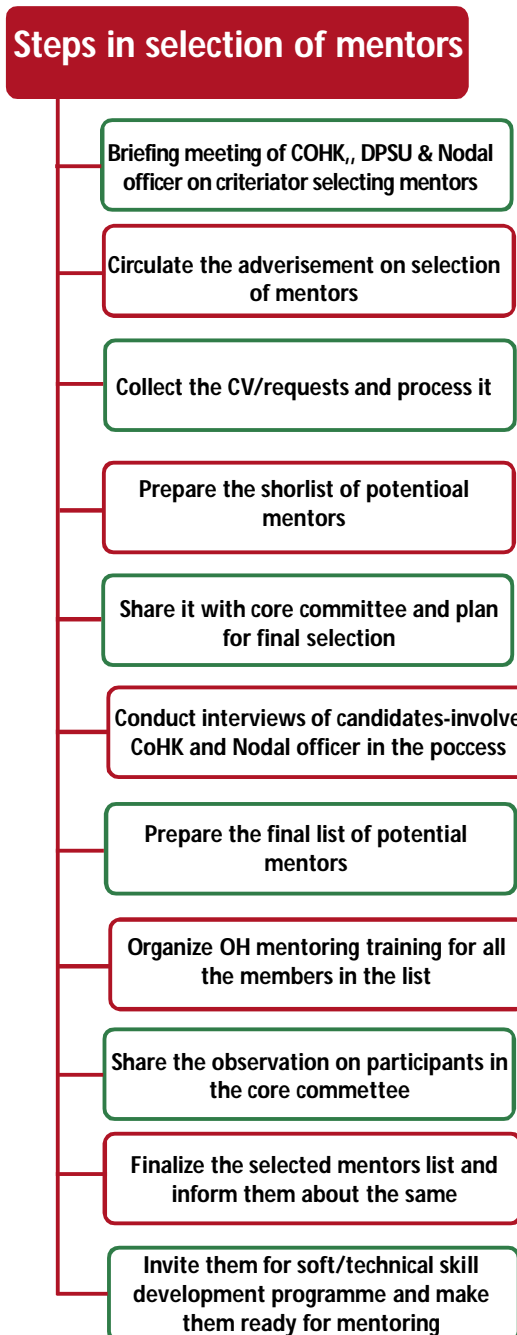
7	Good listener and counselor	<p>Listening is one of the key quality a mentor needs to have. Many people may come to the mentor with many issues and a patient listening may help to sort out the issues on a large scale. Many questions and clarifications also will be raised from both PRI team and community mentors, which need to be responded appropriately with patience. If the mentor is not aware of certain things it shall be clarified in consultation with DPSU team members on a time to time basis. No false information or clarifications shall be conveyed to anyone who is related to the programme. Sometimes the mentor has to act as a counsellor to provide counselling support to the needy using lay counselling techniques</p>
8	Unbiased and non-judgmental	<p>The mentor needs to have an open mind approach where all are seen equal. Whenever a group is addressed by the mentor it should be with an unbiased and non-judgmental approach. Mentors should avoid prejudices while mentoring the OH programme implementation. Political inclination should not be reflected in any of the actions carried out by the mentor</p>

6.5. Selection of mentors – District level

<p>Who can be a mentor</p>	<ul style="list-style-type: none"> ◆ A mentor needs to be a person who has minimum of 5 years' experience in District or PRI related health or developmental programme and its implementation. He can be either a government official from health department or an official from other partner departments. But has good knowledge about the district and LSGB level/ Primary health care programmes and its implementation. His/her attitude should be PRI/PHC friendly and sensitive to the cultural background of the community. ◆ She/he needs to be a good communicator and has the capacity to establish relations and sustain it. ◆ She or he has either degree in any discipline with 5 years' experience in above mentioned work · ◆ or 10th slandered with certificate/diploma in health-related course and 15 years of experience in the above-mentioned work- ◆ Pre-degree or +2 with more than 10 years' experience in PRI related development programmes and working with PRIs
<p>How can be a mentor</p>	<ul style="list-style-type: none"> ◆ Those who are interested or potential in mentoring shall be listed out by District nodal officers with the support of PHC MOs DPSU parent agencies or COHK. ◆ In addition, information may be passed on to other potential key persons or agencies to identify potential people who can be the mentors based on their past working experience. A core committee shall be constituted consists of state and district level officials and the core committee set up for the mentoring programme will decide on the eligibility of the candidate and short list candidates. ◆ The short-listed candidates will be invited for a one day programme and give orientation on One health programme and its requirements. Some group exercises and presentations also shall be conducted in the

<p>Who will contract and manage</p> <p>What shall mentors do</p>	<p>programme. Based on the observations in the programme, the mentors will be selected and placed with DPSU.</p> <ul style="list-style-type: none"> ◆ Later, the selected candidates will be given two types of training and will be engaged as a qualified mentor ◆ The mentors will be contracted and managed by District authorities/DPSU and will update the core committee about the progress of the programme periodically. ◆ The mentor is assigned to support PRIs in the given district to provide need based inputs and handholding for the implementation of OH programme. ◆ The mentor spends planned time with the PRI based team in the district and facilitates the processes to achieve the planned outputs/outcomes ◆ The one health mentor report to the MO of concerned PHC in the LSGB.
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6.6. Steps in Selection of Mentors



6.7. Criteria, selection and functions of Community Mentors

The community mentors are identified at ward level – 7 each from a ward in a PRI. Community mentors need to play a catalyst role between PRI system and the community volunteers in the community in managing community based surveillance and response, as part of One Health programme.

Who can be a community Mentor

Since it is in the pilot stage, it is desirable to identify people who are active in the PRI and supporting various developmental programmes in association government schemes. Some of the categories identified during the TNA are:

- Retired teachers/health staff or other department staff
- Group leaders of Haritha Karma Sena
- Anganwadi teachers
- Kudumbasree leaders associating with CDS
- MGNRES Ward mates
- Representatives of Purusha Sahaya Sangam
- Representatives of Saksharatha Samithi
- Representatives of Grandha Sala Sangam

From the above mentioned categories, potential people (both male and females) shall be identified as community mentors and enroll them for the programme

How to select and enroll the community mentors

Ensure that the district level mentors in association with PRI representatives, Ward members and primary health authorities identify and select the community mentors. Some of the processes which can be followed in enrolling the community mentors are:

- Prepare a plan for selection of community mentors at the district level – consult with district authorities including DD of LSGD and other key line department officials
- Preliminary consultations with PRI and Primary health care authorities
- Briefing them about the purpose and requirements
- Identification of key people to list down the potential community mentors

- Listing of community mentors
- Enrolling the community mentors – use the format to collect information about the community mentors
- Consulting the PRI and Primary health authorities to finalise the date for training
- Finalization of the training plan
- Conducting of the Training
- In the training, itself make a plan for community volunteers' enrollment and their training
- Brief them about reporting to PRI and local health authorities

Key functions of community mentors

- Identify the community volunteers in consultation with concerned ward members and enroll them in the programme
- Collect the details of enrolled community volunteers in the prescribed format
- Form a WhatsApp group of the community volunteers and keep interacting with the group
- Give half day training to community volunteers as prescribed in the handbook
- Be a catalyst for one health programme bridging the community and the authorities (both PRI and Health)
- Provide ongoing support to volunteers in doing community based surveillance
- Report the incidents with regard to concerned authorities on a timely basis
- Clarify doubts of community members with regard to epidemic outbreaks and its management
- Other need-based support to PRIs and community volunteers with regard to community based surveillance and response to address the outbreaks

Guidelines for facilitating Community Volunteers training

- In the self-introduction session, the facilitators should introduce themselves and give a brief about them. This will help the participants to keep up a positive approach towards the training programme.
- Introduce each session with its topic name and rationale, if needed mention about the learning objective
- Before the training, the facilitator should go through the entire training module and reference materials and be familiar with each and every aspect of the programme concept, its planning and integration related guidelines.
- The facilitator should give due respect to the participants and should respond to their queries and clarifications with due importance.

- The facilitators should follow adult learning principles rather than a student learning approach.
- Facilitators should use local language for all their communications, discussions and interactions in the programme.
- The facilitator should encourage discussions among the participants and should handle the responses very sensitively and positively.
- Please stick to the training module and focus on the issues we are going to address
- Facilitator should use simple language during the sessions and be receptive when the participants request for clarifications.
- Always prepare yourself to answer the questions of the participants. Do not bluff or give wrong information. If you do not know about a particular information please say “do not know” and tell them the source where they can access the information or you can refer some materials and give them the correct answer in the next opportunity
- The facilitator should always try to keep a link or continuity among sessions while implementing the module. It is better to give a brief on the session and how it linked to the previous one and the next one in the introductory part of the session.
- Be attentive and give due importance whenever participants respond to questions asked in the session. The participants should feel from your body language that they are given patient listening and due importance and recognition.
- Try to avoid encouraging participants to verify or evaluate another participant’s answers or opinion; always tell them to supplement the other or support the other to make it better.

Don'ts for Facilitator

- Do not increase the speed in your communication. Always speak slowly and present the information point by point in a systematic way.
- Try to keep the time when ever sessions are handled and do not let the discussions go on for a long period. If it is a sensitive issue, the facilitator shall allocate some time towards the end of the session for such discussions.
- Do not give false information or incorrect or uncertain information to the participants
- Do not generalize things by projecting some individual incidents or single case information. Generalization need to be done based on study results or practical evidences.

- Do not ask sensitive questions to participants which may challenge their capacity or integrity or knowledge level or skills levels
- ***Do not use mobile phones during the secessions. If it is after the session or before the session please go out and use it.***
- Do not behave in a manner that is unfriendly and do not be careless about responses or not being responsive generally
- Do not be rigid – which is expressed through communication or by body language
- Do not bluntly tell people that they are wrong when ever such occasions arise – do it in a polished way to make it sure that the confidence level of the participant is not affected
- Do not give information and instructions that are too confusing or not related to the topic
- Do not discuss things inappropriate to the situation or hurting individuals
- Do not make participants feel self-conscious while giving examples – always use third party names
- Do not deny opportunity for participants to share their knowledge and experience – always encourage the participants to do the same whenever it is needed or possible
- Do not use vocabulary or terms that are difficult to understand or out of context

6.8. Ethical guidelines for mentoring

Mentor is a role model in all the sense. She/He is not just a technical support person, She/he is a person who has a professional approach and is PRI/community sensitive. The mentor needs to follow the ethical guidelines given below:

<p><i>Social interaction</i></p>	<ul style="list-style-type: none"> • Always respect people and do not involve with personal life of a person whom you are mentoring. • Benon-judgmental and approach the things with an open mind • Do not indulge in personal interactions while mentoring and do not involve into serious personal relations • The space for mentoring should not be used for personal gains as material benefits or other benefits • Do not involve into any of the family matters of the mentee or the community members whom you are working with • Do not force or insist any mentee or community members to do personal favors or personal things for you. • Do not hurt the religious feelings of the mentees and community members by making comments or doing any activity • Do not take any of your friends or well-wishers to the work environment while doing the mentoring
<p><i>Professional interactions</i></p>	<ul style="list-style-type: none"> • Always follow the given guidelines in handbook. • Strictly follow the adult learning principles and respect other people's knowledge and experience. • Always start with a productive note by saying, if you do that, you may get this result. • Do not insist others to do things, but make them understand the need of doing things and support them to do it. • Do not make comments on what they do or what they get by doing things. Provide productive feedback on

	<p>processes and appreciate whenever good results are shown. Though result is not achieved, appreciate them for the efforts they have taken for the activities.</p> <ul style="list-style-type: none"> • Do not try to induce your ideas into others head, motivate them and give them opportunities to come out with ideas and do the things. • Do not accept any money from any of the PRI team members or community members who are associating with the programme . • Do not manipulate data in the work environment and do not for any false reporting. Do not create any situation where conflict of interest is reflected while doing mentoring
<i>Dress code</i>	<ul style="list-style-type: none"> • Always ware socially acceptable dresses – it should be par with social norms which prevails in the area. • Do not wear dresses like certain communities to express their identity. It should be acceptable by the mentee team and should not create any embarrassment.
<i>Don'ts</i>	<ul style="list-style-type: none"> • Do not instruct the PRI/Community team to do the things. Always guide them by demonstrating things by doing it in a scientific manner as per the OH programme guidelines. • Do not simply suggest things and keep away. Always be with them even after suggesting the things. Try to provide handholding support to complete the processes which they take up to achieve the outputs. • Do not make situation where conflicts take place. Always try to provide a conducive environment to the team so that they can think together, discuss the things and implement the things in an effective way. • Do not take up activities which have conflict of interest content. Do not practice divide and rule in any of the programme implementation situations. • Do not give a wrong answer to any questions. If the mentor is not aware of a fact, please refer it with someone else and give the answers.

7. Steps in setting up and operationalization of mentoring

<i>For whom</i>	<ul style="list-style-type: none"> • Mentoring is planned for the LSGBs and PCMs/CVs to strengthen the one health initiatives and community based surveillance at LSGB level.
<i>Allocating mentors</i>	<ul style="list-style-type: none"> • It is expected that there will be one health mentor for each LSGB in the state. • The allocation of PRIs will be done by DPSU in consultation with the district/LSGB authorities. Further official communication will be sent to concerned PRIs about the allocation. • For the trainings of community mentors/volunteers, the One Health mentors will be paired and facilitate the training programmes in the assigned PRIs. • The one health will be spending at least 20 hours in a week in LSGBs and ensure the facilitation of One health activities and support to PCMs/CVs.
<i>How to start</i>	<ul style="list-style-type: none"> • Always start from what the mentee knows and appreciate/recognize their knowledge and skill levels. • Provide them space to discuss and share – so that their inner resistance will come down and they will become open for learning
<i>How to support</i>	<ul style="list-style-type: none"> • The mentor has to follow the mentoring protocol in supporting the PRIs/PCMs assigned to them. • If they prefer any changes in the protocol, it needs to be discussed with COHK & DPSU and with their approval only it shall be changed
<i>How to report</i>	<ul style="list-style-type: none"> • The mentors are supposed to report to MOs of PHCs/DPSU of concerned district in the prescribed reporting formats. • They are not supposed to report directly to COHK or state Government. If any queries are raised by Govt. or COHK, it will be conveyed to District authorities/DPSU on the same day. The information shared by mentor need to be factual and correct

7.1. Steps in Mentoring operationalization

1. Coordination and Communication with PRIs/PCMs
The DPSU with the support of district authorities coordinate with PRI and properly communicate the mentoring programme and inform them about the allotted mentors and their working arrangements
2. Situational analysis
Assessment of both PRI level systems with regard to OHP and capacity building and facilitation needs
3. Programme planning
Develop plan for one health initiatives and capacity building based on identified needs and gaps in the PRI
4. Systems and indicator setting
Make an indicator based monitoring system to roll out the plan and engage designated people (within PRI) for manage the activities
5. Initiation and reporting
Initiate mentoring as per the plan and report it to concerned authorities periodically
6. interim/midterm reviews
COHK with the support of DPSU and district authorities conduct interim midterm reviews – both on performance of mentors as well as the programme
7. Experience sharing sessions
A district level platform need to set up to share the experience of OHM and to give the feedback. It shall be once in a month. Same way PCM/CV platform also shall be set at PRI level once in a month

8. Refresher trainings

Organize refresher trainings for the OHMs and PCMs/CVs periodically one a need-based manner. Or it shall be clubbed with Experience sharing

9. PRI coordination meetings

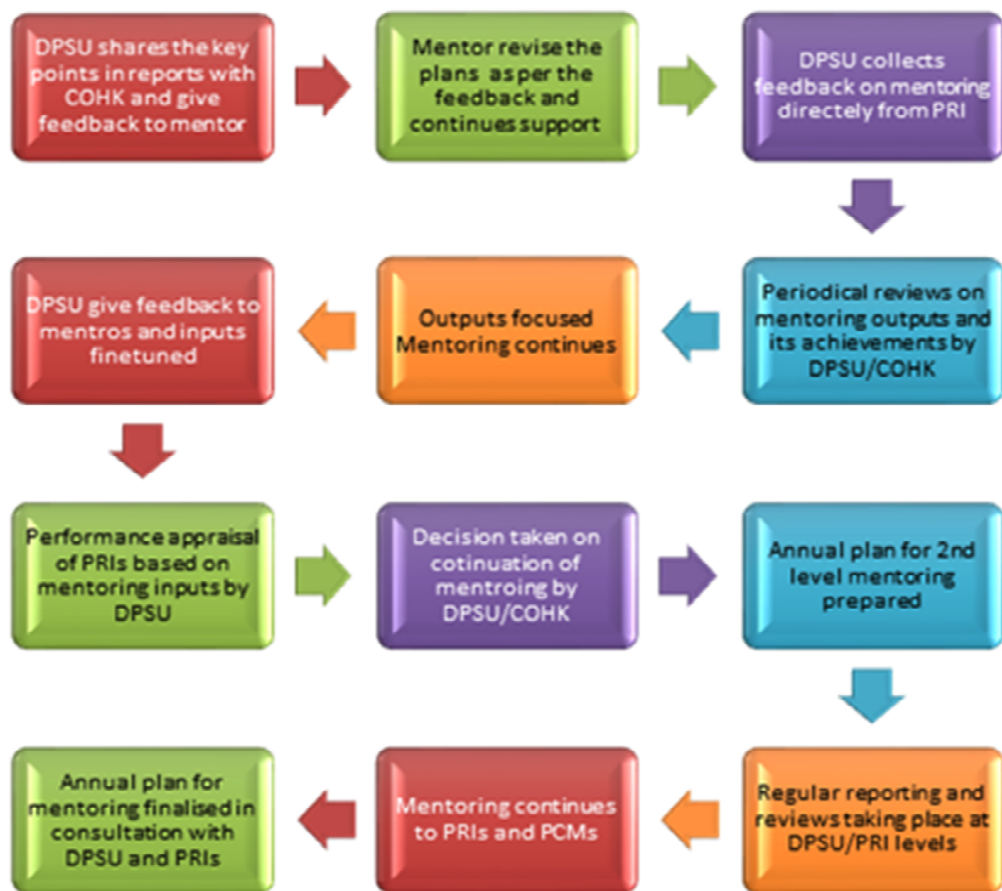
Once in a month a virtual coordination meeting shall be organized – two groups involving all the PRIs (50% in the first group and 50% in the second group). DPSU in association with District authorities/COHK shall organize the same

10. Evaluation and replanning

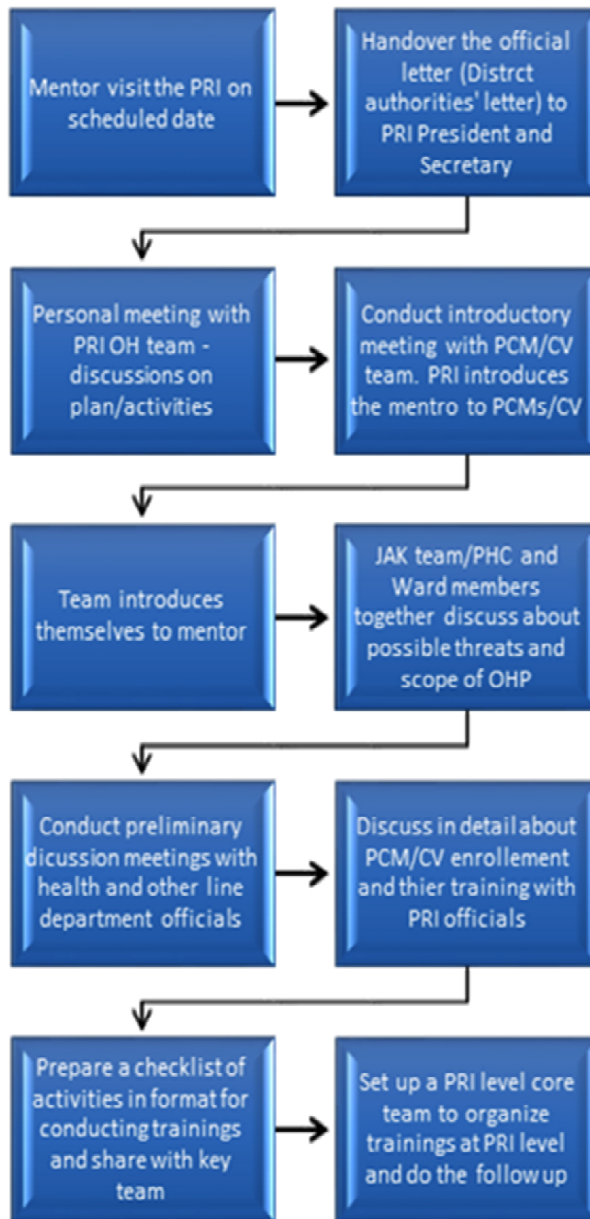
Evaluate the outputs based on indicators and re-plan the activities as per the need on an annual basis

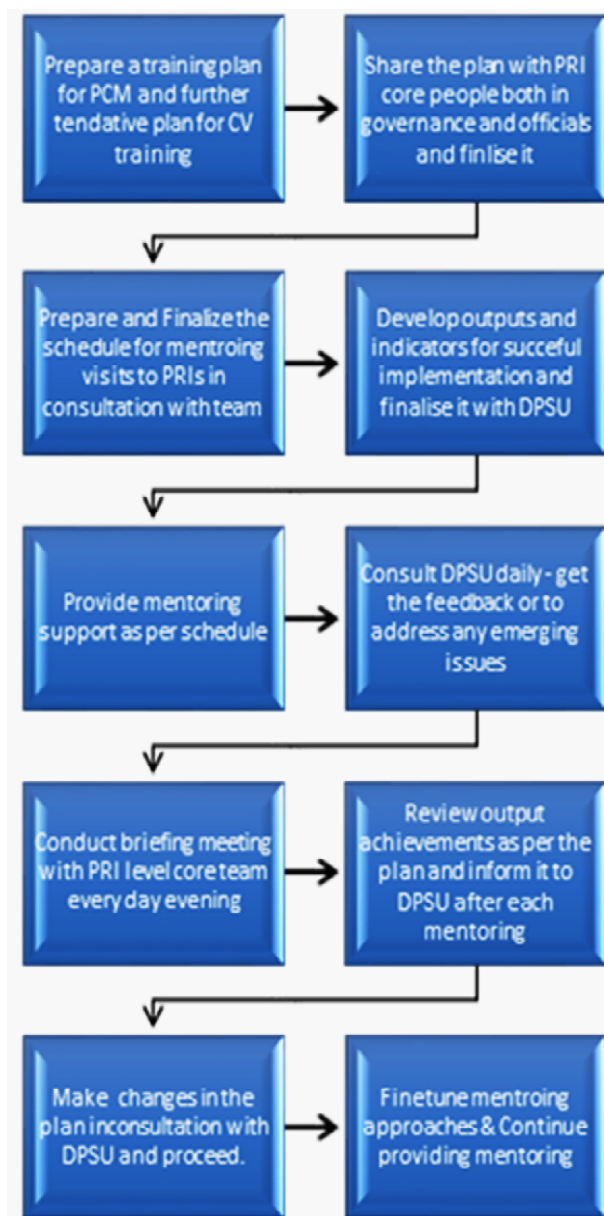
7.2. Protocol for mentoring in OHP



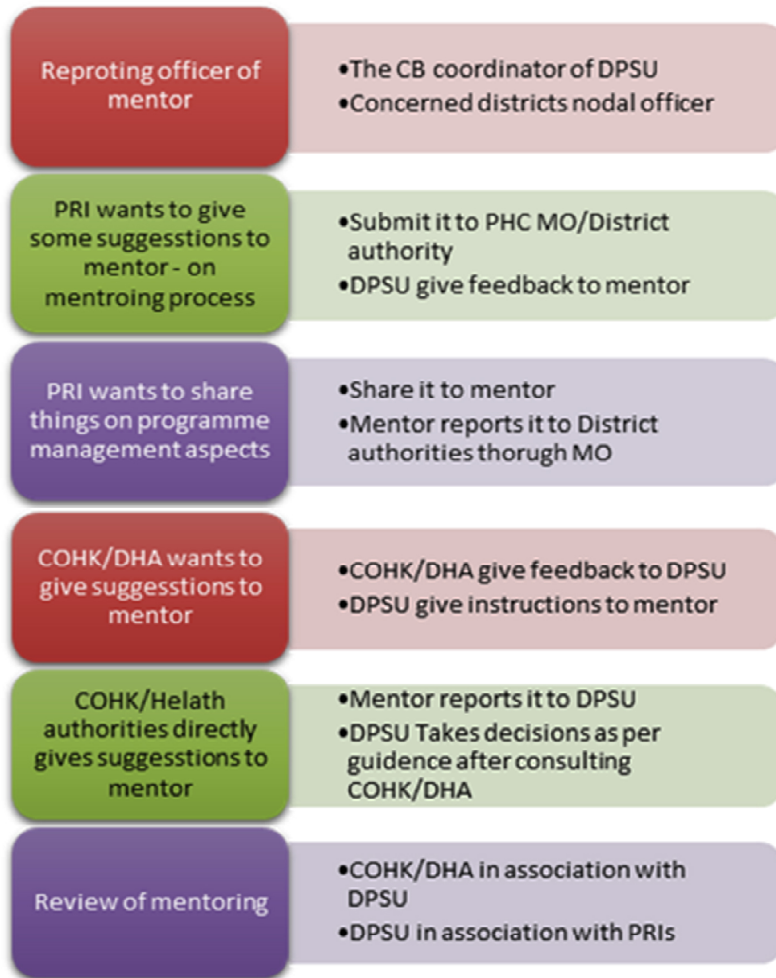


7.3. Protocol for PRI level mentoring

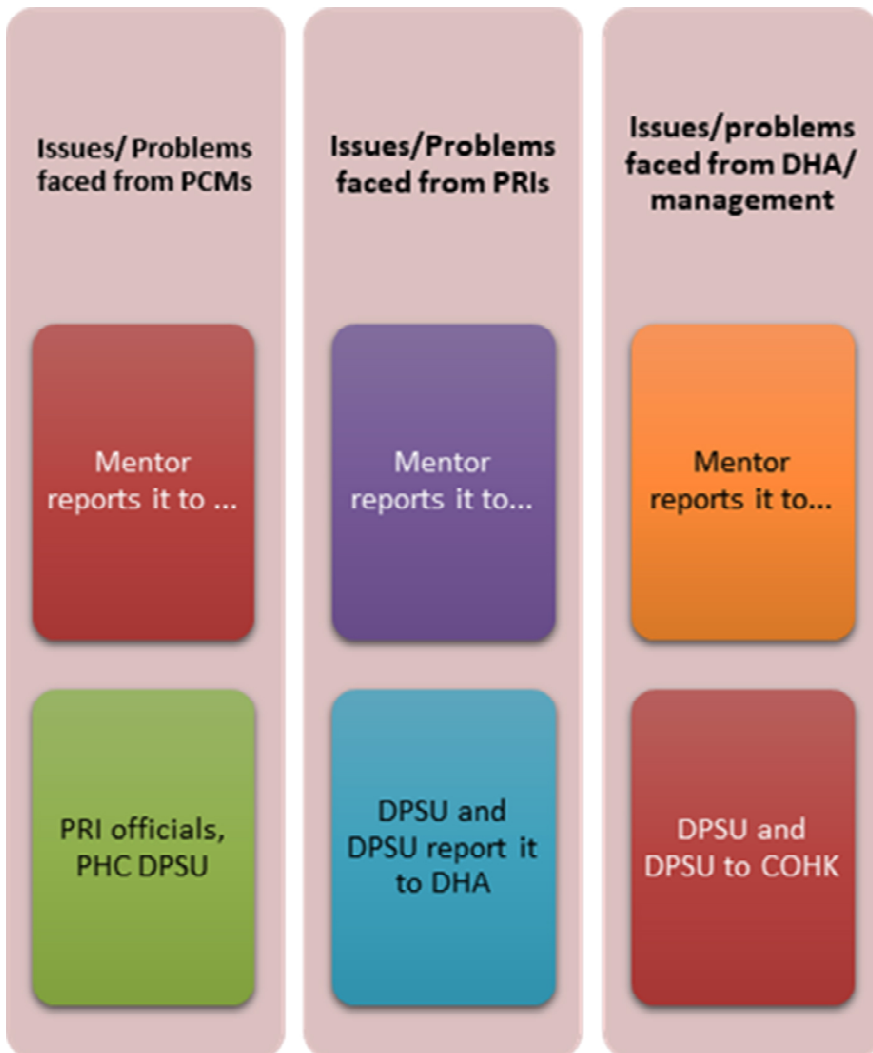




7.4. Protocol for instructions to Mentors (DLM)



7.5. Protocol for reporting on issues/problems



8. Checklist for PRI level mentoring

1.	<i>Selection</i>	<ul style="list-style-type: none"> DHA, COHK and DPSU consulted. Circulated the advertisement. Criteria followed in the selection of mentors. Shortlisted candidates provided with induction training. Final list of mentors prepared and reported to DHA/COHK
2.	<i>Enrolling</i>	<ul style="list-style-type: none"> Tor prepared and updated as per the need of the programme. The mentors issued appointment before going for mentoring. Mentors are undergone training in soft skills development. Personal files of mentors prepared which consists of their CV, copy of Id card (with residence proof) and copies of educational certificates
3.	<i>Planning</i>	<ul style="list-style-type: none"> Mentors plan as per the guidelines. Plans are shared with DPSU and then to COHK and PRI. Plans revised based on feedback and emerging needs in the work environment
4.	<i>Mentoring</i>	<ul style="list-style-type: none"> Introductory meeting conducted involving DPSU and COHK. Introductory meeting conducted with PRI team. PCMs is briefed about the purpose of mentoring visits. Mentor in consultation with PRI team prepares the mentoring schedule. Schedule shared with DPSU and got approved. Ongoing support extended based on the outputs planned
5.	<i>Monitoring</i>	<ul style="list-style-type: none"> CB specialist of DPSU or DHA nodal officer is the reporting officer for mentor in the districts. DPSU act as a catalyst between COHK, DHA, Mentor, PHC and PRI. Experience share meeting organized once in a month. Monitoring visits conducted by DHA and DPSU – periodically. Feedback on mentoring provided to mentor periodically or need based. Opinions sought from PRI team members regarding the progress/use of mentoring – periodically by DPSU
6.	<i>Reporting</i>	<ul style="list-style-type: none"> Reports submitted by mentor after each mentoring visit in the prescribed format. DPSU submits report to COHK, DHA on progress
7.	<i>Evaluation</i>	<ul style="list-style-type: none"> Evaluation conducted with the support of external experts on an annual basis to assess the processes and outputs

Part 2

***Facilitators guide and learning modules
for One Health mentors' induction
training***

April 2023

Content page

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2	About facilitators' manual & Learning modules	
4	Programme schedule for induction training	
5	Guideline for facilitators	
7	Induction training – learning modules	
9	Pre and posttest questionnaires for induction training	

Adult learning approach

Induction training is part of a complete capacity building programme and one need to plan many systems to provide ongoing support to a programme like mentoring. This training module is ONLY for inducting mentors to support One Health programme. It must be emphasized that a single training does not mean that all capacities needed for mentors have been built. No single training can provide all the capacities needed for being a mentor. The strategies for continuous capacity building need to be planned at the state level to sustain the quality of mentoring which is engaged at the PRI level.

There are many approaches to training. This could differ according to the subject of training and the people being trained. In this training programme, the approach used is Adult Training Methods. In any training the expectation is that the participants learn something. Hence, a training programme need to be conducted in such a way that the participants will learn. The section below describes how adults learn. These principles should be kept in mind and used wherever possible in the training programme district level mentors and mentors to train at PRI level.

1	More interested in problems that are relevant to them.	Handle the session in such a way that they realize that it is a problem that they face.
2	Problems are better understood when presented as practical realities.	Use examples from their own work situations – e.g. what are obstacles they faced when worked with PRIs etc. Case Stories of such experiences will also be useful
3	Information has to be practical as far as possible.	When talking about components of OH programme – use real practical situations to explain the concepts
4	Adults fear about exposing their ignorance.	When asking questions in a session, make sure that the first few questions are questions that they can easily answer. In any session, do not ask too many questions that they cannot answer
5	Adults build on what they already know and accept	Whenever possible, find out what they already know about the topic of training. Build your session on what they already know. If you find something is unacceptable to the participant do not force it on them. Give more time. Bring it up sometime later in the session or some other session or maybe even the next day.

6	Adults have a strong self-esteem and they value the self-esteem.	Never say or do anything that could injure their self-esteem – it can be related to their exposure in work environment or their personal life.
7	Adults do not like being lectured to.	Keep such information giving sessions as short as possible (say 10 – 15 minutes). If more information should be given, bring in some interactivity before going into the next 10 minutes
8	Adults value their opinion.	Always ask the participants their opinion of what is being handled in the session – e.g. in risk analysis while planning session, ask them what they think about the need for risk analysis programme planning
9	Adults like to be treated as adults!	Never talk down to any participant. Use empowering language. The trainees should take back memories of a pleasant experience after the training.
10	Adults do not like disrespect shown towards them	Always treat the participants with respect and friendliness. Provide breaks. Never have coffee/tea while the session is in progress – take a break when it is break time!
11	Adults usually have their own opinion about almost everything	Take their opinion on all issues that come up in the training session. Complement their correct knowledge and gently handle wrong perceptions by giving right answers.
12	Complement to one or a small group of people could be taken as 'insult' to the others who have not been complemented	As far as possible complement the entire group, rather pick out a single individual. Otherwise complements to all the individuals or groups on various points expressed
13	Adults usually have a wealth of experience	Whenever possible give the group opportunities to share their experience
14	Adults like to talk	The facilitator has to learn to LISTEN!

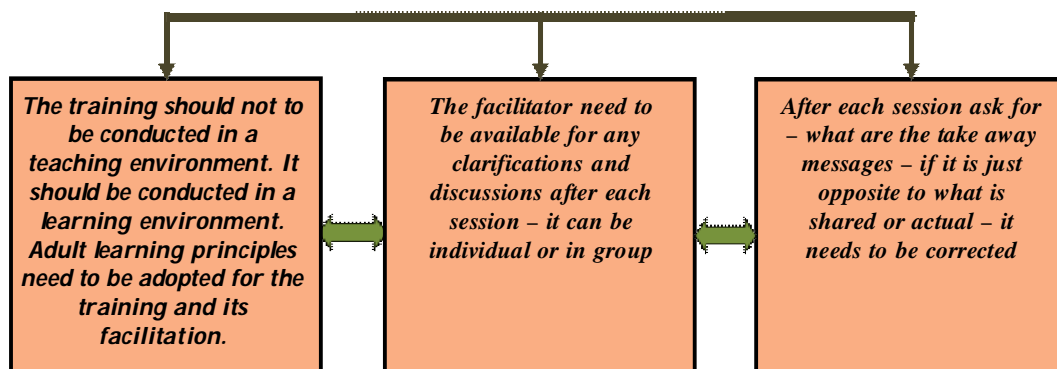
About facilitators' manual & learning modules

This manual is designed as a facilitators' manual for training the mentors selected for supporting PRIs at district level. It assists facilitators to introduce the topics and in the delivery of the training. The content is adopted from existing One Health programme guidelines in the state and other reference books. It contains information on the role of the facilitator and the suggested curriculum. The manual also includes topic-by-topic methodology (learning modules) to be used in the training's delivery. It is intended to be used by an experienced facilitator who is familiar with issues related to One Health at state and district levels. This learning modules are for conducting induction training for the district level mentors who are assigned to support PRI level One Health initiatives.

The manual has learning modules covering topics identified for capacity building of the mentors. The session plan is provided in each module and details as text. The sessions are provided in a sequential manner suggesting that session 1 should be followed by session 2 and so on. However, it is not compulsory to follow the sequence and could be planned according to the convenience and availability of the facilitators for the program.

It is suggested to follow three golden principles while facilitating the sessions as follows:

Facilitation



Programme Schedule – Induction training for Mentors – One Health

No	Time	Session name	Facilitator	Notes
1	Day 1			
1.1	10 to 10.30 AM	RegistrationPre-test	Both the facilitators	The facilitators will execute the pre-test questionnaire for 15 minutes
1.2	10.30 to 11.30 AM	Self-introduction of participants Introduction to the programme Setting up of round rules	Both the facilitators	Self-introduction shall be made by some ice breaking exercise. Why this programme and its objective Involving the participants set up ground rules. Also select volunteers to do summing up of for noon and afternoon sessions for the next day
1.3	11.30 to 11.45 AM	Tea break		
1.4	11.45 to 1.30 PM	Session 1 – Understanding One Health	One facilitator	Concept of One Health What is One Health programme and its scope Systems and strategies Key stakeholders/partners in the programme and their roles Present status of One Health programme in the state
1.5	1.30 to 2.30 PM	Lunch break		

1.6	2.30 to 4 PM	Session 2 – Adult learning principles and methods	One facilitator	The concept and need of adult learning How to build adult learning environment Methods of adult learning
1.7	4 to 4.15 PM	Tea break		
1.8	4.15 to 5.30 PM	Session 3 – Understanding community based surveillance and responses	One facilitator	The concept of CBS Key components of CBS its scope Inter linkages with animal and environmental health Key processes involved in CBS Management of CBS
1.9	5.30 to 6 PM	Summing up for the day	Both facilitators	Try to catch the key points learned
2 Day 2				
2.1	9.30 to 11 AM	Session 4 – Mentoring - concept and need	One facilitator	What is mentoring and its need Difference between mentoring, monitoring and training How to do mentoring
2.2	11.to 11.15 AM	Tea break		
2.3	11.15 to 1 PM	Session 5 – Mentoring skills	One facilitator	Qualities of a good mentor Ethical guidelines for mentors Code of ethics
2.4	1 to 2 PM	Lunch break		
2.5	2 to 4 PM	Session 6 – Planning and reporting in mentoring	One facilitator	How to plan mentoring and how to start their work in PRIs How to coordinate with various stakeholders Roles and responsibilities of mentors Need of preparing checklist Need of Reporting and its requirements after each mentoring in PRIs
2.6	4 to 4.15 PM	Tea break		

	4.15 to 5.30 PM	Session 7 – Output planning and indicator development in mentoring programme	One facilitator	Need of outputs and processes in mentoring OH programme in PRIs The links between outputs – Processes and their indicators How to fix outputs and develop indicators based on OH programme needs
2.7	5.30 to 6 PM	Summing up of the day	Both facilitators	Discuss about the key points learned in the day
3 Day 3				
3.1	9.30 to 11 AM	Session 8 – Inter personal communication skills	One facilitator	What is IPC and its essential skills Why IPC is important in OH mentoring How to improve IPC skills of community mentors and volunteers
3.2	11 to 11.15 AM	Tea break		
3.3	11.15 to 1 PM	Session 9 – Articulation skills & Reinforcement skills	One facilitator	What is articulation and its essential skills Why articulation is important in One Health mentoring How to improve articulation skills of community mentors and volunteers What is reinforcement and the essential techniques needed Why reinforcement techniques are important in OH mentoring How to improve reinforcement skills of community mentors and volunteers
3.4	1 to 2 PM	Lunch break		
3.5	2 to 4 PM	Session 10 – Advocacy & networking skills	Both facilitators	What is advocacy and networking How to plan advocacy and networking in OH mentoring How to sustain the networking relations How to train the community mentors and volunteers in advocacy and networking
3.6	4 to 4.15 PM	Tea break		

3.7	4.15 to 5.30 PM	Session 11 – Facilitation skills & Negotiation skills	One facilitator	What is facilitation and its essential skills Why facilitation is important in OH mentoring How to improve facilitation skills of community mentors and volunteers What is negotiation and its essential skills Why negotiation is important in OH mentoring How to improve negotiation skills of community mentors and volunteers
3.8	5.30 to 6 PM	Summing up for the day		Discuss about all the key points of the day
4 Day 4				
4.1	9.30 to 10.30 AM	Session 12 – Understanding PRIs and its functions	2 facilitators	Structure of PRIs Functions of PRIs Roles and responsibilities of each stakeholders Planning systems in PRIs and linkages with district administration PRIs and relations with various CSOs
	10.30 to 10.45 AM		Tea break	
4.2		Session 13 – Introducing the training module for the Community mentors	2 facilitators	The training module prepared for the training of community mentors will be introduced How to conduct each session using the attached slides and learning materials
4.5	1 to 2 PM		Lunch break	
4.6	2.30 to 4 PM	Session 14 – Conducting of mock session using training module for community mentors	2 facilitators	Two mock sessions will be conducted using the KILA module – introductory module and community volunteers training session module Make clarifications and provide inputs
4.7	4 to 4.30 PM	Summing up and post test	Both the facilitators	Give a post-test questionnaire and collect it back after participants complete it.

Selected volunteers from participants will do the recap at 9.15 AM every day.

The guidelines for facilitators

The role of the facilitator is to enable participants to develop their knowledge and understanding on issues related One Health programme management and develop skills for PRI level mentoring to provide handholding support to the PRI level OH team on a need based manner. In order to make it happen, the facilitator must provide useful information, guidance as per the reference materials and resource links. This training was designed to be delivered by facilitators who have previously viewed the training materials and who have exposure in One Health programme planning and implementation at multiple levels.

The induction training is visualized in such a way that, the role of the facilitator is not just to pass on information, but to provide a learning environment in which participants can share their experiences and become comfortable with new ideas/information. Facilitated learning is based on the notion that people learn best in an atmosphere where they interact with others, are encouraged to ask questions, exchange ideas and feel supported by the facilitators.

Facilitators are encouraged to be creative in presenting the material. It is also important to select learning techniques appropriate for the audience and time frame. However, the facilitator is encouraged to adapt or change exercises to make them more relevant to situation. The facilitators are also encouraged to use energizers involving the participants on a need based manner without losing the tempo of the learning sessions.

Adult learning principles need to be adopted for implementing the module and the processes should be carried out in a learning environment rather than a teaching environment.

Qualities and roles of facilitators

- In the introductory session, the facilitators should introduce themselves and give a brief about them.
- Introduce each session with its topic name and rationale, if needed mention about the learning objective.
- It is suggested to have either one or two facilitators for each training programme – one lead facilitator and one co facilitator. If needed more resource persons shall be invited for the programme and one among them be from the PRI.
- The facilitators shall sit together before the programme and prepare themselves to conduct the programme. There should not be any confusion or contradictions among the resource persons while facilitating the sessions. COHK should allocate at least two days for the preparatory activities for the facilitators (it should be added to their TOR).
- Before the planning session, the lead facilitators should go through the mentoring handbook and be familiar with each and every aspect of the concept and related guidelines.
- The facilitators should be familiar with OH concept and programme, community based surveillance and its implementation, reporting systems and PRI structure and functions.
- The facilitators should give due respect to the participants and should respond to their queries and clarifications with due importance.
- The facilitators should follow adult learning principles rather than a student learning approach.
- Facilitators should use local language for all their communications, presentations and interactions in the programme.
- The capacity building specialist of DPSU in concerned district shall support facilitators (DLM) to conduct the programmes. The facilitators also should ensure with the CB specialist that all the arrangements for the programme are completed well in advance.
- All the facilitators should go through the handbook thoroughly and make it sure that before the programme itself the presentations are made ready
- The facilitator should encourage discussions among the participants and should handle the responses very sensitively and positively.

- The facilitators should focus both on One Health programme planning and capacity building of community mentors in the PRI as well as the issues related to OHP implementation
- Please stick to the One Health Programme guidelines issued by government in explaining planning and implementation of programme at PRI level
- Use simple language during the sessions and be receptive when the participants request for clarifications.
- Always prepare yourself to answer the questions of the participants. Do not bluff or give wrong information. If you do not know about a particular information please say "do not know" and tell them the source where they can access the information or you can refer some materials and give them the correct answer in the next session or next day.
- Always try to keep a link or continuity among sessions while implementing the module. It is better to give a brief on the session and how it is linked to the previous one and the next one in the introductory part of the session.
- Always give patient listening to participants' views and ideas related to the sessions and topics
- Be attentive and give due importance whenever participants respond to questions asked in the session. The participants should feel from your body language that they are given patient listening and due importance
- It is better to refer modules in between the sessions and in front of the participants. Before each session, the concerned facilitator needs to be thorough with each learning modules.
- Never encourage participants to verify or evaluate another participant's answers or opinion; always tell them to supplement the other or support the other to make it better.

How to use the learning modules

Before the start of the sessions, the facilitator should convey the following points to the participants and tell them that those things need to be reinforced while implementing each session in the module.

Mentors may have to do training of the community mentors on a need-based manner and it is always better to observe the facilitation processes taking place in the induction training programme and adopt the facilitation skills during their mentoring visits to PRIs.

Whatever knowledge they gain and whichever skills they develop during the induction training need to be imparted to the one health team at PRI level including community mentors on a need based manner. This will help the OH team to improve themselves and implement the processes in an effective manner.

The learning modules are designed for 4 days' induction training for the District level mentors. The focus is on two aspects:

- Develop an understanding among District "Level mentors about the One health programme and the processes to implement it at the PRI level
- Impart essential skills to build PRI level community based surveillance and response team to address emerging needs

This will be conducted for the potential district level mentors and in a batch, ideally, minimum of 20 and maximum of 25 potential candidates will be accommodated. This shall be planned at state level and numbers may change according to the resource availability.

How to start the training

It is always better to start training by understanding the expectations of the participants and to give them an idea about the focus of the training programme. An exercise is given below to start training:

Exercise:

Why Are We Here? - Participant's Expectation and Expected Outcomes

Participants should be able to discuss what they intend to achieve at the training and what might hinder the achievement. They should state their expectations about the training and how these expectations will be used as tools in One Health programme facilitation. They may also share their fears, if any, about the training.

Methodology : Participatory discussion

Preparation/Material Required : Chart papers, markers

Activity :

Participants are given an opportunity to speak about their expectations for the training session and to state any concerns regarding mentoring that they would like to have addressed. Responses are recorded on a flip chart. Assess which expectations are likely to be met in the course of the training workshop, and which ones may go beyond its scope. At the end of the session, a review of these initial expectations could be part of the evaluation.

The facilitator provides a brief explanation of the expectations of the training team for a successful training incorporating participants' expectations. He or she explains what will happen during the training sessions in the next few days, so that participants are aware of what to expect

Don'ts for Facilitators

- Do not increase the speed in your communication. Always speak slowly and present the information point by point in a systematic way.
- Try to keep the time when ever sessions are handled and do not let the discussions go on for a long period. If it is a sensitive issue or has close links with mentoring, the facilitator shall allocate some time towards the end of the day for such discussions.
- Do not give false information or incorrect or uncertain information to the participants
- Do not focus more on the clinical aspects of communicable disease, rather focus on its impact in the individual, family and community. Try to stick to the module and handle the sessions within the scope of the programme.
- Do not generalize things by projecting some individual incidents or single case information. Generalization need to be done based on study results or practical evidences.
- Do not ask sensitive questions to participants which may challenge their identity or integrity or knowledge level or skills levels
- ***Do not use mobile phones and laptops (other than presentation) in the programme hall during the secessions. If it is after the session or before the session please go out and use it.***
- Do not behave in a manner that is unfriendly
- Do not be careless about responses or not being responsive generally
- Do not be rigid – which is expressed through communication or by body language
- Do not bluntly tell people that they are wrong when ever such occasions arise – do it in a polished manner to make it sure that the confidence level of the participant is not affected
- Do not give information and instructions that are too confusing or not related to the topic
- Do not use vocabulary or terms that are difficult to understand or out of context