

Collaborating on messages and solutions for rabies awareness:

Sharing ownership of rabies prevention

Global Alliance for Rabies Control / University of Glasgow / Ifakara Health Institute



What was the project hoping to achieve?

A collaborative team from the Global Alliance for Rabies Control, Glasgow University and the Ifakara Health Institute in Morogoro, Tanzania, was asked to deliver rabies prevention messages to children in a group of villages in rural Tanzania.

They hoped to reach some of the young people in schools, but identified that a significant proportion of young people were not at school, and were likely to be found in places where they ran a daily risk of being bitten by dogs.



KAP survey, Southern Tanzania

Background research drew on previous project data. For example, a recent KAP (knowledge, attitudes and practice) survey in the region had identified that, although many people were aware of rabies and its consequences:

- Only 10% of people in rabies-endemic areas were aware of the need for immediate washing of bite wound
- Low income groups with lower levels of education had more limited knowledge - were therefore most at risk from rabies.
- Rabies prevention worked best when the whole community was involved, not just isolated groups.



This told the project team that

- wound washing was a priority message.
- they had to find a way of reaching children from poorer families, who were probably not at school.
- a broad sector of the community should be involved in delivering the campaign messages, to make sure they were put into action and sustained.

How could these young people be engaged in rabies prevention?

Reaching children in schools meant collaborating with teachers and education authorities.

To reach the young people who were not at school, the team conducted a multi-stage stakeholder analysis



Understanding the community

- STAGE 1 – Interactive workshop

Project team drew up an initial list of people who needed to be involved in implementing the rabies prevention messages in the area and in reaching the children

Representatives of as many of these groups as possible were invited to a full-day workshop to help identify:

- A full list of people who needed to be consulted and involved at community, professional and government levels.
- What might discourage each of these people from being involved.
- What might incentivise them to become involved.



The workshop revealed information about potential collaborators in the community

It identified the groups who could help reach children who were not at school, such as farmers and grandparents

It also identified groups who might have an interest in rabies prevention in the community. Some had a professional connection with health or veterinary matters, others did not.

In order to design an awareness campaign in six specific villages, the research team needed to take this information a stage further.



Stage 2 – Processing the initial information

Stakeholder	MAIN priority 6= high; 5= moderate; 4= low	SECONDARY priority - 3= high; 2= moderate; 1= low	Overall priority for consultation (highest is 9)	If consulted, form of consultation (workshop, informal interview, household survey; intervention itself)
	Ability to reach /influence non-school youth	Ability to influence rabies prevention measures in village		Criteria: We need to use judgement here, on the basis of the scores, and the person's relevance to the project (the consequences for children)
1. Village level				
Head of balozi / village leader	5	3	8	Informal interview; possibly workshop
Retired professionals living in village	5	1	6	
Community health workers (volunteers)	6	3	9	Structured interview; invite to workshop
Religious leader	5	3	8	

From this initial information, a stakeholder analysis prioritised the people who needed to be consulted and involved in the activities in each village, and how this could best be done

Stage 3 – designing the main consultation

A household survey was conducted in as many households as possible in each of the villages, to ascertain how many children in the household were at school, and where they were likely to be at different times of day if they were not.

Consultation meetings were arranged with the people in each village who had been identified as most likely to help us reach these young people, and who could have an influence on them.



Consultation meetings in each village

Before these workshops, the people who attended were asked some questions about rabies and dog bites, to ascertain what they already knew.

During the workshops, they were given more information, and asked about how, when and where best to reach the out-of-school young people, and which of the participants would be prepared to help us organise an awareness day.

They were also asked to help word the messages for the young people, and look at the best media for delivering them.

After the workshop, the participants were asked the same questions as they were asked at the beginning, to look at how their knowledge and attitude towards rabies had changed. This would be repeated a year later, to see how much things had changed in the village in terms of rabies prevention.



Community ownership

This helped:

- Design messages and materials
- Identify where best to engage with the young people who were not at school, and enlist local help in doing so.
- Engage key people in the community in longer-term action against rabies.



Conclusions

Consulting and engaging the whole community helps to:

- identify and understand key issues and stakeholders
- develop appropriate messages and delivery for a longer term solutions
- give the community part ownership in rabies prevention, and develop support where it is needed.



It is important to understand that this consultation stage can take longer than the campaign itself, but it is essential if there is to be long-term benefit.

Thanks to everyone who has taken part in this campaign
Asante sana

