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OH 4 HEAL | One Health for Humans, Environment, Animals and Livelihood

Operationalizing One Health in pastoralist settings

Module 2:
Gender, culture, and One Health

FACILITATOR GUIDE

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About HEAL

The Arid and Semi-arid areas of the Greater Horn of Africa are among the areas in Eastern Africa frequently affected by natural and man-made disasters. These areas are therefore vulnerable to recurrent drought and other emergencies such as outbreaks of infectious diseases. They are characterized by inadequate access to basic services, inadequate infrastructure, and increased competition for resources. The HEAL project is based on the assertion that, despite the huge challenges that have hit the Horn of Africa in recent years, its people, livestock, and natural resource base provide a firm foundation upon which to improve livelihoods and increase resilience. Pastoralist communities depend on the close interlinkages between rangeland, livestock, and human health. This insight and understanding provide an ideal basis to apply a One Health approach to tackle one of the key bottlenecks for pastoralists which is access to necessary services and inputs.

The HEAL project is building on this foundation by supporting a bottom-up approach that is participatory, context-specific, coordinated and integrated to reshape service delivery in the form of One Health Units (OHUs). These units will facilitate a combination of services from different disciplines in a meaningful way and will thus facilitate interactions and coordination between governmental departments, private service providers and communities. Their aim is to sustainably strengthen human, livestock and rangeland health services and support communities to develop sustainable strategies to cope with changing environments and threats related to climate change.

The HEAL project focuses on selected pastoral areas of Ethiopia, Somalia, and Kenya, which share some common characteristics in terms of climate, culture, population dynamics and challenges related to these. These countries have strong cross-border dynamics and are also linked in their historical context.

Consortium partners:	• Vétérinaires Sans Frontières Suisse (VSF-Suisse; Lead) • Amref Health Africa • International Livestock Research Institute (ILRI)
Implementation sites:	VSF-Suisse managed sites: • Moyale woreda of the Somali region (Ethiopia) • Miyo and Moyale woredas of Oromia region (Ethiopia) • Beled Xaawo and Dollow districts of Gedo Region (Somalia) Amref Health Africa managed sites: • Filtu woreda of the Somali region (Ethiopia) • Marsabit and Isiolo counties (Kenya) ILRI: working in all project sites

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Acronyms

AMREF	African Medical and Research Foundation
HEAL	(One Health for) Humans, Environment, Animals and Livelihoods
ILRI	International Livestock Research Institute
MSIP	Multi-Stakeholder Innovative Platform
OH4HEAL	One Health for Humans, Environment, Animals and Livelihoods
OHU	One Health Unit

Introduction

This facilitator guide is intended to help trainers deliver **Module 2: Gender, culture, and One Health** of the HEAL training package. The Module aims to develop the capacity of One Health practitioners in exploring and understanding sociocultural and gender issues and consider these aspects in the planning, implementation, monitoring, and evaluation of One Health interventions. The Module has both theoretical and practical sessions. A complete grasp of the content will take four days of training time (see the training program in **Annex 1**).

Training objectives and intended learning outcomes

The training objectives are to:

- discuss the concept of culture and related terms and why culture matters in One Health in pastoralist communities;
- explore concepts of multiculturalism and cultural responsivity in One Health and why these are important;
- explore contributions of a gender perspective and gender analysis to the One Health approach;
- outline the basic principles of gender analysis in a One Health context; and
- examine multiple opportunities and constraints that women, men, boys, and girls face in contributing to and benefiting from One Health interventions.

By the end of the Module, learners will be able to:

- appreciate the values of cultural diversity, relativism, and responsivity in a One Health context;
- apply concepts of cultural diversity and relativism as analytical tools in One Health practices;
- strive for cultural diversity as a source of exchange, innovation, and creativity in One Health practices;
- frame the concepts of culture and One Health within the veterinary and human healthcare context in pastoralist settings;
- demonstrate ability to assess and integrate culture and gender issues in One Health practices in on pastoralist communities; and
- demonstrate culturally competent knowledge, skills, and attitudes in working across disciplinary, organizational, and cultural boundaries in a One Health context.

Module content

- Culture, values, norms, beliefs
- Socialization and agents of socialization
- Ethnocentrism, cultural diversity, relativism, responsivity, competence
- Gender roles, norms, relations
- Gender stereotypes and inequalities
- Gender integration approaches in One Health

Training program overview

The training program is meant to guide you on how you can sequence and time the learning activities to deliver the Module. Depending on specific context (such as time or group size), you can adapt it to suit to your training options. **Annex 1** provides a suggested training program for this Module.

Training approach and process

Before you deliver the Module

It is important that you familiarize yourself with adult learning approach to deliver the Module. The delivery of the Module will adopt experiential, problem-based and reflective learning approaches. Adult learning is enhanced when training participants define their learning goals and expected utility of the lessons learned. Before the training, you should encourage participants to define their learning objectives and how they will apply the knowledge and skills from the training. It is expected that participants will be motivated and responsible for their own learning when they know what they are expected to do and what standards they are expected to achieve.

You will apply active training methods throughout the training process. Learning management tools such as learning logs and reflections on learning experiences can ensure that learners work actively and reflect on key lessons and insights and relate these to their work and life experiences throughout the training process. Reflection questions allow learners to pause and reflect from time to time on what they have learned, relate it to their experience, and think how they can apply it in their work.

Before the training, you must read and understand the participant material and familiarize yourself with the step-by-step instructions to deliver the learning activities contained within this facilitator guide.

Adult learning principles and applications

As a training facilitator, you should understand learning theories and adult learning principles to give context for the instructional activities and processes that will be used to deliver the Module. Active learning theories and adult learning principles will be contextualized and applied in the development and sequencing of learning activities and processes to deliver the learning topics of the Module.

Some principles, guidelines, and applications are shown below:

Emphasize benefits of learning. Adult learners need to know how the training relates to their immediate work and will help them reach their goals.

- Have each participant develop learning goals (expected learning achievements) for the training to direct their attention and action. Participants are likely to apply training when they have a clear understanding of what knowledge and behaviors are required after the training to improve work performance.
- Encourage participants to write down specific actions (learning responsibility and intention to apply learning) that they will take in response to the training.

Create a supportive learning environment. Convey respect for individuals and the belief and value in the learning process. Draw on previous experiences of participants.

- Call each participant by name throughout the training
- Listen to each person's questions and viewpoints
- Always be courteous and patient

- Assure individuals that mistakes are part of the learning process
- Encourage participants to support one another in the learning endeavor
- Ensure that the physical space is as comfortable as possible

Make training content coherent and relevant. Begin with the basic and build on each part in sequential order when presenting training content. Learning activities and materials should be designed based on learning objectives and work context of participants and address their needs and training expectations. Be sure that content and activities can be applied to participants' real-life situations.

- Provide an overview of the intended learning outcomes
- Relate each new topic to previous topics
- When presenting new material, present overall concept first
- Provide examples of concepts that are relevant to participants' work.

Thinking, feeling, and acting. Learning is more effective when it involves thinking (knowledge), feeling (emotions), and acting (doing). Learning objectives, content, activities, and materials must address different learning domains and styles.

Training methods

Not all people learn the same way; there are many different learning styles. Individual learning styles are influenced by personality, education, experience, culture, and sensory and cognitive preferences. The training uses a variety of participatory methods including plenary and small group discussions, role plays, and case studies. These activities are designed to elicit and build on participants' experiences and knowledge, promote discussion and reflection on key issues, provide hands-on practice of content learned, and help participants learn from each other.

Catering to different learning styles requires varying the training methods. Puzzles, problem-solving exercises, questions, and writing activities are ways to keep participants focused on tasks. Watching video demonstrations (seeing), listening to audio (hearing) and participating in hands-on exercises (doing) are ways to diversify activities.

The choice of training methods depends on the learning domain (knowledge, attitudes, and skills) and the learning style of participants (visual, auditory, and kinesthetic). Engage participants in small groups for tasks requiring interaction using, for example, role-play and problem-solving activities. Delivery of information and overviews can be done in large groups using PowerPoint presentations.

Examples of training methods used in the HEAL training package include:

- Small group discussions
- Brainstorming
- Interactive presentation
- Role-plays
- Case study analysis
- Interactive audio-visual materials

Using small groups in a training environment. Small group work is good for sharing ideas, collaborative problem solving, and complementary skill sets. You can use different techniques to break participants into small groups. Depending on the number of groups you wish to form, you can count participants or ask them to count out loud, for example, 1-5 if you wish to form 5 small groups. If the group composition is important, then you can form groups comprising people from different sectors, gender balance, or roles. The ideal group size is 4-6 people. If the group is too small, it is more difficult to generate ideas. If the group is too large, there is a chance some people will become passive. Leave a group together if they can achieve their objective. Change the group only if they are unable to work together. Give clear, detailed instructions for exercises. Provide guidelines on how to proceed through each exercise. Put the instructions in writing if the exercise is complex.

Using role-plays as a training method. Role-plays are a great way to act out a problem situation for the purpose of further discussion, analysis and problem-solving. The basic method is as follows:

- *Identify an issue.* Before a role-play, gather participants and introduce a hypothetical issue they may encounter during their work. Make sure participants clearly understand the problem you are trying to address and what you want to accomplish during the activity. You can also engage participants in a discussion to help them think about the issue and consider what they might do in the situation.
- *Describe a specific scenario.* Choose a scenario for your participants to act out. Describe it thoroughly, providing specific details to make the role-play session as realistic as possible. Consider using scenarios that participants might experience in their work.
- *Assign roles.* Once you have established a scenario, assign roles to participants for the various characters involved in the scene.
- *Have participants act out the scenario.* Ask participants to act out the scenario and create different strategies for resolving the situation. As the facilitator, you can suggest a variety of strategies for handling situations or have participants develop innovative solutions and actionable plans on their own.
- *Reflect and provide feedback.* The discussion can help participants gain a deeper understanding of the social dynamics that relate to the work situation and how they can address it in a real-life situation.

Structure and sequence of learning activities

This facilitator guide provides you with structured learning activities to facilitate logical progression of learning. Learning logically progresses from simple to complex concepts and generalizations. For this, learning activities and processes need to be presented in logical sequence so that learning is meaningful and enhanced. While there is flexibility in how the learning activities are presented, the structure below is generally followed to develop instructional activities in this Facilitator guide:

- Activity title
- Activity introduction
- Challenge scenario or problem situation to put the learning activity into context and create motivation for learning. Adult learners need appropriate level of challenge to learn. For example, having them to work on a case study, problem scenario, etc.
- Brainstorming ideas to identify and build on previous knowledge of participants
- Group activities (case studies, role-plays, videos) to develop skills, critical thinking or influence attitudes followed by group presentations and reflections.
- Introducing new knowledge building on previous knowledge through interactive presentations

- Learning integration and reinforcement through summary of main learning points and messages
- Review questions to aid learners to extend and connect the learning with real-life situations

Facilitation tips

- Create an engaging learning environment. Adults learn in context and by activity. Make the learning process engaging and meaningful by building on their experiences and connecting the learning with their work context.
- Question. Use appropriate level of challenge and questions to help participants reflect on their learning experience and connect it with their work.
- Listen deeply. Suspend your own perspective and judgement to truly understand participants' thoughts and feelings.
- Practical sessions. Describe how practical activities would be organized (tasks, reflection questions, reporting back in plenary, etc.)
- Clarify/validate/probe
- Summarize and synthesize the main learning points and messages

Monitoring learning progress

Tips for monitoring the learning process during training events:

- Prepare and display intended learning outcomes and agenda for each training day.
- Use feedback groups, recap sessions, and satisfaction rating charts (mood meters) to monitor and document learning progress and get feedback from participants.
- Summarize what has been covered in each training day. Review daily objectives and agenda written on the flipcharts.
- Review participants' feedback and address major issues.
- Display flipchart results on the wall of the training room. Date and number the flip charts for easy documentation.
- Take pictures of flipchart results, small group discussions and presentations to illustrate the training process and outputs in the training report.

Reflection and feedback gathering methods can be used to obtain feedback from participants and learn about their reactions to the learning content and process. You can use methods such as self-learning management tools, recap and reflection sessions, question/feedback board, mood meter and end of training survey to measure learning, get feedback, and enhance meaningful engagement and application of lessons.

Place flipchart papers titled 'Feedback/question/comment' on the walls of the training room and encourage participants to provide feedback and comments, ask questions, etc. during the training.

Learning logs. At the beginning of a training event, encourage participants to keep learning logs and daily reflections to promote a deeper level of learning and insight-making. Suggest to the participants that they should keep a daily reflection of their learning experience, key learning points, and ideas about how they will apply the learning. This will ensure participants' self-organization and ownership of the learning process to enhance their learning experience and increase the chance of learning application.

Conduct a pre-training assessment. Distribute the pre-training self-assessment tool in **Annex 2** and ask participants to assess the level of their knowledge and skills before the training. Ask them to be as objective as possible in their assessment as it will help them monitor their learning performance in the training. Aim to analyse the data and present the results during the recap session.

Explain that the purpose of the pre-training self-assessment is to:

- provide participants with an idea of the level of knowledge and skills they already have before the training, and how well they have performed in each training topic at the end of the training
- provide facilitators with an idea of the different levels of knowledge and skills among the participants and help them devise ways to cater for individual learning differences
- establish a baseline to measure the level of learning achievement of training participants at the end of the training course

Training follow-up action plans

Training follow-up action plans help provide participants with mentoring support to implement the knowledge and skills acquired during the training, continue the learning process, and assess training outcomes.

At the end of a training event, have participants develop action plans to put the knowledge and skills gained from the training into action. It is important to identify opportunities and constraints for knowledge and skills application and devise strategies that support participants to apply the training.

Allocate sufficient time for action plan development, presentation, and feedback at the end of a training event. It is a good practice to have supervisors/officials attend presentations of action plans to signify recognition and commitment to follow-up on the action plans.

Day 1. The role of culture in One Health

Overview

Day 1 will be devoted to setting the scene and creating an engaging environment for the training. The opening and introductory session allows participants to get acquainted with each other, to discover commonalities they share, and to begin the networking process. The day will also engage participants in understanding the basic concepts of culture, values, norms, and beliefs and how culture influences one's identities and behavior. Using active learning methods, you will invite participants to explore their own culture, and how they were socialized to become members of a community, or society. You will then invite them to consider how this influences their behavior and choices focusing on health of humans, animals, and the environment in pastoralist settings. You will use small group work, role-plays, videos, and reflective discussions to explore participants' understanding of culture and its application in a One Health context.

Key questions: What is culture? What cultures do we identify with, and why does it matter in One Health?

Training objectives and intended learning outcomes

The training objectives of this topic are to:

- define culture and explain why culture matters in One Health
- recognize the role of the family as a primary agent of socialization
- describe how the concepts of culture and One Health are framed within the pastoralist context and why they are important
- describe concepts of cultural diversity, relativism, and responsivity in a One Health context and why they are important.

By the end of the topic, learners will be able to:

- explore their own attitudes, values, beliefs, and biases and explain how this can affect their ability to work in multicultural and transdisciplinary teams in a One Health context.
- explore the relationship between the individual and society drawing on the concepts of socialization, culture, and social identity.
- develop a culturally competent approach in understanding the interconnectedness between animal, human and environmental health.
- demonstrate self-reflective practices for continual learning by assessing and recognizing their own values, beliefs, attitudes, and experiences in One Health.

Learning content

- Culture, norms, values, belief systems
- Socialization and agents of socialization
- Ethnocentrism and its consequences
- Cultural diversity and competence

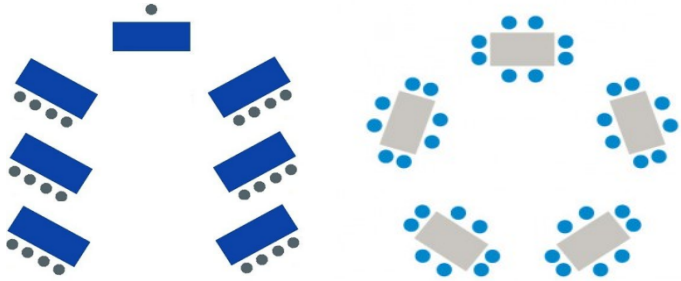
Learning methods and materials

- Brainstorming
- Interactive presentation
- Small group discussions
- Role plays
- Self-reflections

Getting started: Room setup, participant introduction, objectives and learning management

60 minutes

Seating arrangements. The physical environment in a training room can make or break active learning. No room setup is ideal but there are many options to choose from. Chairs and tables can be easily rearranged to create different setups. The type of searing arrangement you choose depends on your goals, activities, and space and furniture available. Examples of good seating arrangements include using tables evenly spread out throughout the training room.



Pre-training preparation. Before you start the training, write training objectives, intended learning outcomes, training agenda, ground rules and pedagogical principles on flipchart papers and display them on the wall of the training room. Writing these on flipchart papers provides a visible reminder of what participants hope to gain from the training. This can also help focus the training and give participants a baseline from which to evaluate the training once it is complete.

Participant introductions. What happens in the start can set the tone for the rest of the training process. There are different ways for participant introductions depending on the size of the group and space availability and time. Use appropriate exercise for participant introductions.

Write the following on a flipchart paper. Give participants 10 minutes to introduce and interact one another.

- Go around and meet a participant whom you do not know.
- Introduce yourself. Share your experience as a One Health practitioner.
- In plenary, share what you have learned about your partner.

You could also ask participants to stand in a circle in or outside the training room. Using a taking object, such as a paper ball or something else, you can start introducing yourself and throw the ball

to any participant. The participant catching the ball introduces him/herself and throws it to another participant until all participants introduced themselves.

Learning expectations and intention to apply lessons. Using flipchart paper or PowerPoint, share the training objectives and intended learning outcomes. Go through the participants' learning expectations against the training objectives to manage expectations. Explain the training approach to set expectations for active participation and sharing during the training.

Write and explain the below didactic principles on a flipchart:

- Ownership of the learning process and self-guidance
- Co-creative learning process
- Appreciation as a basic attitude
- Learning from and with each other
- Experiential and reflective learning

Explain that the training will use experiential, problem-based, reflective, and collaborative learning approach and that participants will draw on their experiences and reflect on and connect new learning with their work situations.

Program overview. An overview of the training program lets participants know what to expect. Distribute the training program and go through it highlighting break times.

Ground rules. Ask participants to identify what they could do to meet their learning expectations. Write down ground rules on a flipchart and tell participants that these will guide group interaction and time management for the duration of the training.

Examples of ground rules:

- Be punctual
- Be prepared
- Respect the views of others. Every idea counts
- Phones on silent mode
- No side conversations
- Active participation
- Keep an open mind
- Build connections

Learning activities

Activity 1: Understanding culture and related terms in a One Health context

45 minutes

Brainstorming ideas. On a flipchart paper, draw a circle and write 'culture' inside it. Then, ask participants to name what comes to their mind when they see or hear the word 'culture'. Encourage them to identity words, expressions or objects that describe culture.

Write down participants' responses on a flipchart paper.

Work with participants to identify the key elements in the brainstorming results.

In pairs, using the keywords or expressions from the brainstorming results, ask participants to define culture. Ask pairs to share their definitions of culture. On a flipchart, write down key words or phrases.

Using PowerPoint, show the picture on the right.

In pairs, ask participants to discuss the picture.

In plenary, ask pairs to share their understanding of the picture.

Ask participants: '*Can we define culture by any one thing*?'

Then, encourage participants to revisit their definition of culture. Ask them to identify key elements in their definitions and reflect on the key elements.

Using PowerPoint, give a presentation on the concept of culture and how values, norms and beliefs are culturally determined and influence the behavior of people. Mention that culture is a multifaceted, intersectional concept that each of us will understand, define, and experience differently. Culture encompasses many things and influences our choices as individuals, households, and groups in many ways.

Activity 2: Socialization and why it is important

45 minutes

Introduce the activity by asking: '*How do we learn about our cultures*?'

In an interactive discussion, ask participants to think of their childhood life and reflect on how they have learned what is right or what is wrong in their cultures? For example, how have they learned how to behave as boys and girls in their cultures?

Write down their reflections and highlight the main points.

Tell participants that you are going to play a video about socialization (**Video 1** in **Annex 3**). Before watching the video, let them read the below discussion questions.

1. What do you understand by socialization?
2. What are the agents of socialization?
3. Why do you think socialization is important? What could be the drawbacks?
4. How does socialization shape the way we think and behave?

On a flipchart, write down their responses and reflect on the main points.

Using PowerPoint, give a presentation on socialization, its importance, and agents of socialization. Mention that socialization is how culture is learned. It is the process of internalizing the norms, values, beliefs, and ideologies of society. It is through teaching culture to new members that society perpetuates itself.

Activity 3: Ethnocentrism and its consequences

90 minutes

Using PowerPoint, show the picture below and ask participants what it means to them. Invite them to share stories of similar situations they might have encountered. Ask them: '*Have you ever made assumptions or judgments about other cultures based on your own norms, values, or beliefs*?' If yes, where, when and what was the consequence of such judgment?

Ask participants to share what they would feel if they were the man in the picture and what their responses could be to the reaction of the woman.

Continue the discussion by asking participants to describe what they think is the consequence of the woman's reaction. Ask them to explain the effect of such behaviour in working with people of different cultures and disciples in a One Health context at different levels.

Discussion questions:

1. What does the picture mean to you?
2. Have you ever made assumptions or judgments about other cultures based on your own norms, values, or beliefs?' If yes, where, when and what was the consequence of such judgment?
3. What would you feel if you were the man in this situation and what could your response be to the reaction of the woman?
4. How would the behavior displayed in the picture affect one's ability to work with people of different cultures and disciples in a One Health context at different levels?

Using PowerPoint, give a presentation on ethnocentrism and its consequences, inviting participants to give examples or share stories. Mention that we live in a world of vast cultural diversity. Every group of people from different cultures has different beliefs and actions. Ethnocentrism is the use of one's own culture as a yardstick for measuring other cultures generally leading to a negative evaluation of those cultures. Explain that ethnocentrism can lead to prejudice and discrimination and limit one's ability to work in culturally diverse contexts and groups.

Activity 4. Cultural diversity and cultural competence

60 minutes

Using interactive discussion, explore participants' understanding of the following related terms:

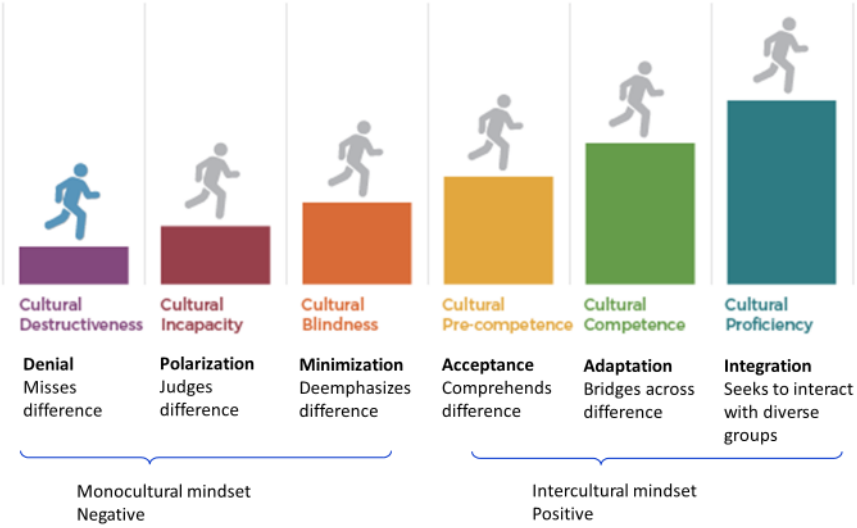
- Cultural relativism
- Cultural diversity or multiculturalism
- Cultural responsivity
- Cultural competence

On a flipchart, write down participants' responses and identify commonalities among the terms.

Then, ask participants to reflect on how an understanding of cultural diversity can help them work with people of different cultures and disciplines. Let them work individually and then share their reflections in pairs or trios. Ask a few pairs to share their reflections.

Write down the reflections on a flipchart and highlight the main points.

Using PowerPoint, show the below picture and discuss that cultural competence is a developmental process happening along a continuum.



Then, distribute the handout in **Annex 4** and ask participants to first individually read and then discuss it in pairs or trios to further their understanding.

Voting with the feet. On the floor of the training room, display paper labels with each level of cultural competence along the continuum. Make sure that there is enough space between the paper labels.

Ask participants to stand around the paper labels. Let them indicate where they fall along the continuum of cultural competence by standing on the paper labels of their choice. Then, ask them to chat among themselves about why they stand on a particular paper label.

In plenary, ask groups to describe which level of cultural competence along the continuum they are now, which level of cultural competence they would aspire to reach and why.

On a flipchart, write down their reflections and highlight the main points.

In small groups of 4-6 people, ask participants to reflect on the questions below:

Refection questions:

- What are the practical implications of cultural competence for you as a One Health practitioner?
- How does socialization, including your disciplinary culture, influence your ability to work across different cultures and disciplines in a One Health context?
- What could you do to develop the required mindsets, skills, and behaviors to work across disciplinary, organizational, and cultural boundaries in a One Health context?

Provide flipcharts and markers so each group can record their discussion results.

In plenary, ask groups to share their results.

On a flipchart, write down and highlight the main points.

Using PowerPoint, summarize the main learning points and messages. Mention that multiculturalism is key to achieving a high degree of cultural diversity and inclusion. Multiculturalism encourages the integration of various cultures and the mutual exchange of ideas and viewpoints. Communication, sharing ideas and collaboration across levels (e.g., from community to service providers, policymakers to researchers) can lead to new opportunities, innovations, creativity, and more productive working relationships. Understanding culture and how it influences one's perspectives, beliefs and behaviour helps One Health practitioners work across different cultural and disciplinary boundaries and explore multiple perspectives of different stakeholders to achieve optimal health outcomes for humans, animals, and the environment. Working in a multicultural and transdisciplinary context requires One Health practitioners to have open-mindedness, self-critical awareness, and reflective and co-learning behaviour.

Day 2. Culture and gender concepts in One Health

Overview

The day will be devoted to engaging participants to explore culture and gender concepts and how they intersect. Building on their experiences and using case studies and examples, you will engage participants to explore intersection of culture and gender concepts focusing on One Health in pastoralist settings.

Key questions: What role do culture and gender concepts play in the way One Health practitioners conceptualize and practice? Why is it important for One Health practitioners to be aware of the diverse cultural and gender perspectives and beliefs of different stakeholders in One Health in pastoralist settings?

Training objectives and intended learning outcomes

The training objectives of this topic are to:

- explore how culture shapes behavior and relationship with others
- critically reflect on one's behaviour to develop awareness of self and others
- develop one's cultural competence through critical self-awareness and practical actions.

By the end of the topic, learners will be able to:

- show sensitivity in their interactions with groups of different cultural backgrounds
- develop more self-awareness and knowledge of others
- recognize the intersectionality of gender with culture in One Health
- identify and address gender issues in One Health in pastoralist communities
- take actions to develop their cultural and gender competence.

Learning content

- Role of cultural beliefs in One Health
- The iceberg model of culture
- Becoming culturally competent One Health practitioners
- Basic concepts of gender in One health

Learning methods and materials

- Narrative stories
- Interactive discussion
- Reflective discussions using videos and illustrations
- PowerPoint presentations

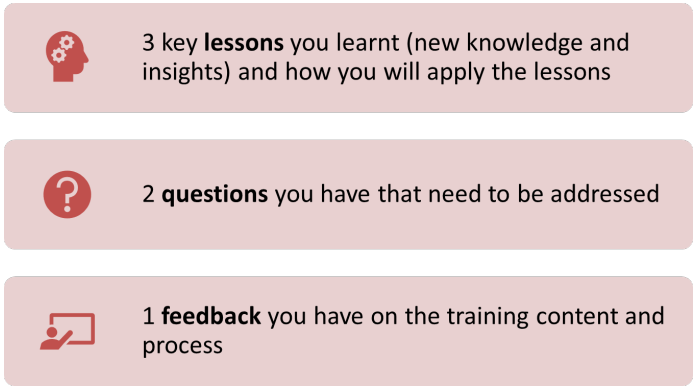
Learning activities

Activity 1: Recap of the previous day.

30 minutes

There are different ways of doing a daily recap. One way is to use a feedback team. Participants may volunteer to provide daily recaps and feedback on the training content and process. Feedback teams are useful ways to co-manage the training process and use participants' creativity in providing feedback and capturing lessons. If you opt for using feedback teams, make sure that they are clear with the task.

Another way is to use reflection questions. You can use this in different ways to add interactivity.



Ask participants to reflect on and document their key lessons from the previous day individually. Then, in plenary, ask them to share their responses.

On a flipchart, write down the daily recaps and highlight the main points. Know that daily recaps are useful ways of summarizing key lessons and engaging participants in reflective practices to deepen their learning experiences, enhance reflection and increase learning application.

After you have completed the recap, introduce participants to the new topic by sharing the schedule for the day and intended learning outcomes.

Activity 2: The influence of cultural and religious beliefs in health care

60 minutes

In this activity, you will invite participants to explore how culture influences people's perceptions and beliefs about human, animal and environmental health and their practices by drawing on experiences and giving examples.

Using a narrative story, ask participants to go back to their childhood and think of a time when they were sick. Encourage them to reflect on how their parents and communities thought and acted about the sickness. Extend the discussion by inviting participants to give examples of how culture plays a role in human, animal and environmental health focusing on pastoralist settings.

Expand the discussion to animal and environmental health. Ask participants to think and report on a disease event that happened to an animal in their household. How did it affect the environment? What does health seeking behaviour for veterinary care like in your household?

Write down their reflections on a flipchart and highlight the main points.

Then, ask participants to watch **Video 2** on cultural and religious beliefs and reflect on the questions below in pairs.

Reflection questions:
- What is happening in the video?
- Why did the woman refuse to remove her hijab?
- What would you do if you were the doctor or the patient in this situation?
- What did you learn from the video about the role of culture in One Health?

Ask pairs to share their reflections on the above questions. On a flipchart, write down the reflections and highlight the main points.

Alternatively, you can engage a group of participants in a role-play demonstrating the role of culture in human, animal, and environmental health in pastoralist communities. Consider gender, age, tradition, belief, livelihoods, and practices in the role-play.

Activity 3. The iceberg model of culture

90 minutes

Explain that a blind spot is something we do not see about ourselves that others do see. There is always a gap between the self we think we present, and the way others see us. What we think we know about ourselves is what is seen from the outside (what we say and do) but our blind spot is hidden in our attitudes, beliefs, and values (biases and thoughts that are unavailable to introspection).

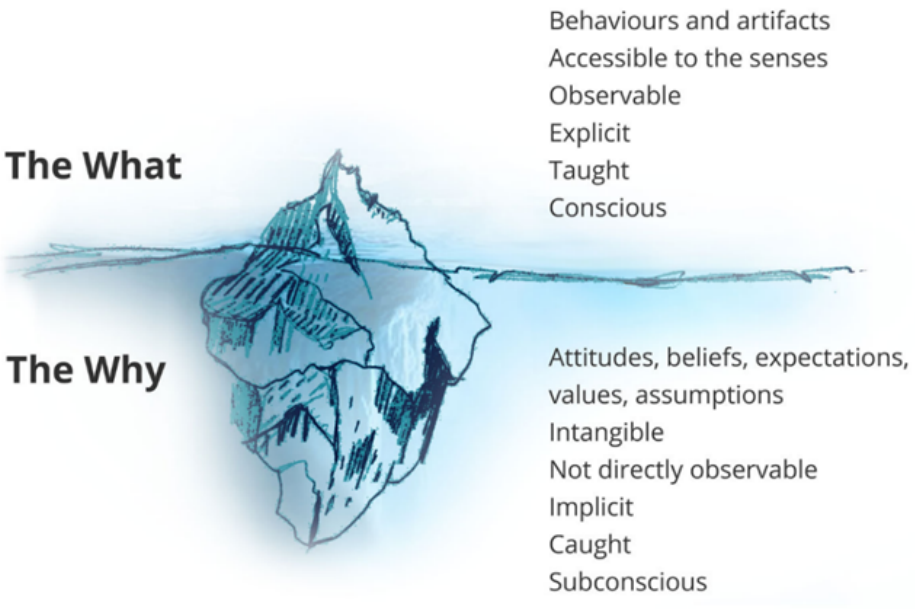
Ask participants to share if they have given feedback on someone's blind spot or have received feedback on their blind spot.

Ask participates to watch **Video 3** on similarity or affinity bias. Then, reflect on the following questions.

Reflection questions
- What is the problem? Why does it arise?
- What is the consequence?
- Why is cultural diversity important for people and society?
- How can we create an inclusive environment?

In pairs, ask participants to reflect on their experiences of similarity biases.

Using PowerPoint, show the image below:



Ask participants to work in pairs to discuss the below questions.

Discussion questions:
- What did you learn from the picture?
- How does it help you develop self-awareness?
- What is the implication of understanding yourself and others in working with culturally diverse individuals and groups in One Health?

Ask pairs to share their responses. On a flipchart, write down their responses and highlight the main points.

Using PowerPoint, give a summary presentation on the influence of culture on perceptions and behaviors of people. Uncover the influence of deep culture inviting participants to give examples. Mention that perceptions of One Health practitioners about others and how others also perceive them can influence processes of collaboration and health outcomes for humans, animals, and the environment.

Activity 4. Becoming culturally competent One Health practitioners in pastoralist settings

90 minutes

Distribute the cultural competence self-assessment checklist (**Annex 5**).

Ask participants to explore their level of cultural competence using the questions below.

Reflection questions:
- How can the cultural competence self-assessment tool help you know yourself?

- How can it help you recognize what you can do to become more effective in working with culturally diverse groups in a One Health context?

In small groups, ask participants to discuss how they can become culturally competent One Health practitioners.

In plenary, ask groups to share their results. On a flipchart, write down the group results and highlight the main points.

Mention that self-reflection can be a useful starting point and ongoing activity to help build cultural competence. Building knowledge of one's own assumptions, perceptions, and understandings of other cultures can assist in understanding different cultural perspectives.

Activity 5. Arguments for gender integration into One Health

40 minutes

Introduce the activity by inviting participants to watch **Video 4**.

Then, in small groups, ask participants to discuss why gender matters in One Health, giving examples from their experiences. Provide flipcharts and markers so each group can record their discussion results.

Discussion questions

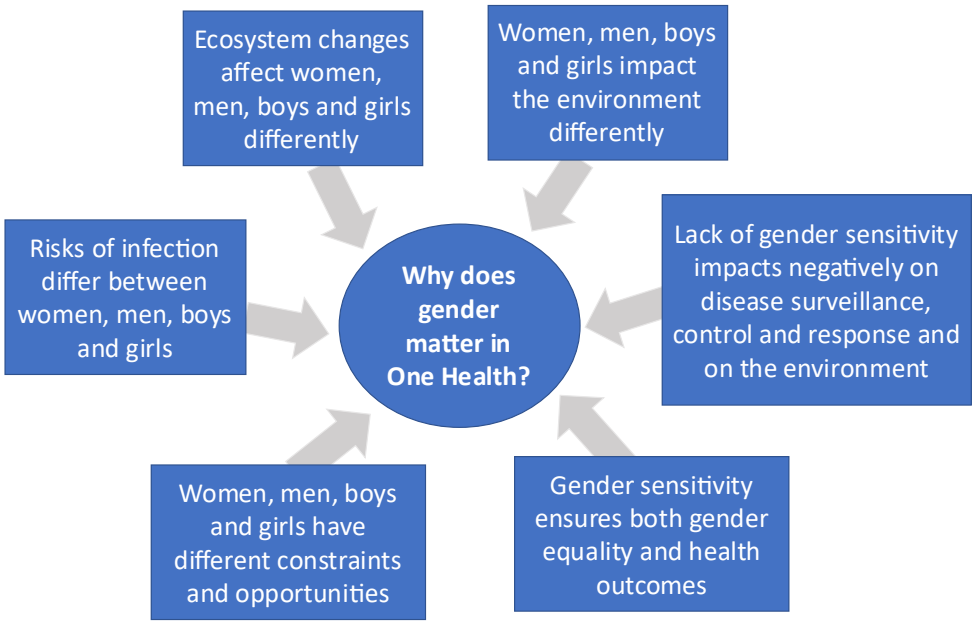
- Why is it important to consider gender in One Health?
- What are the gender issues in One Health in pastoralist settings?

Ask groups to place their flipcharts on the walls of the training room. Then, ask participants to walk around the flip charts and read what the other groups have done. Ask them to write down 1 piece of feedback (question or comment) on a sticky note and leave it on the flip chart for the group to consider after the feedback session.

Allow the groups some more time to discuss the feedback received by others and make modifications as needed.

In plenary, ask groups to share their results. Write down their responses on a flipchart and highlight the main points. Discuss the arguments for integrating gender in One Health asking participants to give examples. Mention that there are justice and efficiency arguments for gender integration into One Health.

Using the illustration below, discuss the arguments for gender integration into One Health.



Activity 6. Differentiating gender and sex

20 minutes

Place paper labels of '*sex*', '*gender*' and '*not sure*' on the floor of the training room. Make sure that there is enough space between the paper labels for participants to stand.

Ask participants to stand around the paper labels and tell them that you will read statements aloud. If they think the statement refers to '*sex*', let them stand on the paper labeled '*sex*', and so on.

Demonstrate and make sure that they are clear with the task.

Read aloud the following statements.

1. Women are good at handicraft work.
2. Men are not careful drivers.
3. Women are emotional, but men are rational.
4. Women give birth and breastfeed.
5. Women are not as good as men in leadership and decision-making.

Ask participants to chat about why they stood on a particular paper label among themselves.

Then, ask a few participants to reflect in the plenary.

Thank participants and ask them to take their seats.

Then, ask them to label the columns in the below table.

Column title?	Column title?
Biological attributes	Culturally constructed
Given by birth	Learned through socialization
Universal and unchanged	Culture-specific and can be changed

Confirm that the left column refers to '*sex*' while the right column refers to '*gender*'.

Activity 6. Summary of key learning points and messages

15 minutes

Revisit the learning outcomes and summarize the main points. Ask participants if they have any questions which have not been addressed.

Using PowerPoint, present a summary of the main learning points and messages.

- Culture can influence how people perceive and act about human, animal, and environmental health problems.
- Culture can also influence how female patients or livestock keepers interact with male animal health workers or doctors.
- The gender of the veterinary or human healthcare provider can influence women's access and use of One Health services.
- Culture can influence people's health-seeking behaviour and choice of a service provider (e.g., traditional vs biomedical, public vs private) human and animal health service providers.
- It is important that One Health practitioners are aware of the role of culture in their services and be culturally competent in working with culturally diverse individuals and groups.
- People are born male or female but learn how to behave as men, women, boys, and girls from their society through the process of gender socialization.
- Gender is a social and cultural construct that encompasses several domains.
- Culture plays a significant role in shaping gender identity and behavior by providing social norms and expectations for how individuals should express and perform their gender.
- Different cultures deal differently with gender roles in society.
- Gender intersects with many other social identities and must be analyzed in an intersectional manner to better understand the different opportunities and risks of women, men, boys, and girls in a One Health context.
- Inequalities are not only based on gender alone but also on the interplay of several identities such as age, ethnicity, education, marital status, etc.
- Women, men, boys, and girls have different roles, needs, opportunities, and risks in One Health practices (e.g., veterinary and human healthcare, environmental protection).
- The gender division of labor can shape mobility, access to information, ability to participate, and consultation and networking in One Health.

Day 3. Gender perceptions, gender analysis and integration into One Health

Overview

The day will focus on exploring and understanding gender concepts, attitudes, and perspectives of participants, and how it is important in One Health. It also introduces them to some gender analysis tools and approaches to gender integration into One Health. Using active learning methods, you will help participants explore their own gender attitudes, how their gender attitudes and perspectives influence how they work with women and men stakeholders, and how this can influence One Health interventions and outcomes.

Key questions: How does gender perception affect how One Health practitioners work with men and women clients?

Training objectives and intended learning outcomes

The training objectives of this topic are to:

- identify the roles, activities, and tasks of women and men in animal, human, and environmental health;
- discuss the effect of different roles, activities, and tasks of women and men on their relationships and life choices in a One Health context;
- discuss the importance of gender sensitivity in the planning and implementation of One Health interventions; and
- explain how gender intersects with multiple social identities and forms the lens through which One Health practitioners perceive gender and power dynamics.

By the end of the session, learners will be able to:

- develop and apply critical analytical skills as they explore how gender and One Health intersect;
- conduct gender analysis to identify and address gender-based constraints of women and men in One Health interventions;
- design and implement One Health interventions that promote equality and empowerment for women and men; and
- analyse how the risks of infection and the response capacity differ between women and men due to their gender roles in livestock, human and environmental health management.

Learning content

- Exploring gender attitudes, perceptions, and biases
- Gender roles and needs
- Gender analysis in One Health
- Gender integration approaches in One Health

Learning methods and materials

- Brainstorming

- Interactive presentation
- Small group discussions
- Role plays
- Self-reflections
- Scenarios/case studies

Learning activities

Activity 1. Recap of the previous day.

30 minutes

Write the below reflection questions on a flipchart:

- What was new for me?
- What has become clear(er) to me?
- What will I apply in my practice?
- What are my questions?

Explain that the day will start with a recap of the previous day. This will be done by means of a '**gallery walk**'. Explain that they will walk around the room reviewing the flipchart outputs from the previous day with one or two colleagues. While revisiting the learning outputs from the previous day, they should reflect upon the questions.

Allow 10-15 minutes for the gallery walk, depending on the intensity of the discussion. Then request the participants to return to their seats. Ask them if they would like to share their insights.

On a flipchart, write down their reflections on the above questions. Highlight the main points and answer any questions or comments.

After you have completed the recap, introduce participants to the new topic by sharing the schedule for the day and intended learning outcomes.

Activity 2. Exploring own gender attitudes, perceptions, and biases

60 minutes

Ask participants to tear off a sheet of paper from their notebooks and draw either a farmer, a veterinarian, a medical doctor, or an environmentalist.

When they are done with drawing their picture, ask them to post their pictures on the wall of the training room. Provide them with a masking tape.

Ask participants to stand and tour around the pictures. Let the picture owner explain her/his picture. While participants describe their pictures, observe their reactions, and note the wording or expressions they used.

In plenary, engage participants in reflections and question their own gender attitudes, stereotypes, and biases and how these influence the way they work with women and men community members in One Health.

Reflection questions:
- How many of the pictures illustrate women?
- How many of the pictures illustrate men?
- What words and expressions did you use to describe your pictures?
- What does this say about your gender attitudes and how you work with women, men, boys, and girls in One Health approach?

Ask participants to watch **Video 5** on unconscious bias.

Then, reflect on the below questions.

Reflection questions:
- What are the problems?
- What are the consequences?
- How does the video reflect your work situation?
- How can we address gender biases in One Health practice in pastoralist communities?

Using PowerPoint, give a presentation on gender and related concepts asking examples from participants. Mention that gender intersects with many other social identities and must be analyzed in an intersectional manner to better understand the different opportunities and risks of women and men in a One Health context. Inequalities are not only based on gender alone but also on the interplay of several identities such as age, ethnicity, education, marital status, etc.

Intersectionality principles:
- Women and men are not homogeneous groups
- Human beings have multiple identities that interact with each other
- Social identities cannot be explained based on a single identity such as gender
- The relational importance of social identities differs across contexts and between different aspects

Implications:
- Need to unpack the general categories of men and women – diversity
- Need to collect demographic and social information
- Identify relevant social identities and their importance

Activity 3. Gender roles and needs

30 minutes

Divide participants into small groups. Ask groups to identify what women, men, boys, and girls do in their communities in healthcare, livestock husbandry, and food and nutrition security. Ask each group to focus on a specific domain (healthcare, livestock husbandry, and food and nutrition security).

Then, ask participants to identify what women, men, boys, and girls need to carry out their gender roles.

In plenary, invite groups to share their results. Record their responses on a flipchart.

Facilitate discussion using the below questions.

Discussion questions:
- Do you think that gender roles are the same across all cultures? Why?
- Who has more workload – women or men? What is the effect of this workload?
- What needs to change with what women and men currently do in your communities?
- How do gender roles influence the risks and opportunities of women, men, boys, and girls in relation to healthcare, livestock husbandry, and food and nutrition security?

Using PowerPoint, give a presentation on gender roles and needs. Discuss the triple roles of women, women's workload, and its consequences on their mobility. Discuss the practical and strategic needs of women and men. Mention that women and men have different roles, needs, opportunities and risks in veterinary and human healthcare.

Role play on community gender perceptions

Ask volunteers (5 participants) to act out a situation on gender perceptions of pastoralist communities. Make sure that they understand the scenario and the task well.

Scenario: A household in which the husband and wife both share domestic responsibilities of cooking and childcare and livestock management. They are both comfortable in their situation, but the husband is subjected to ridicule by the community for helping his wife manage the household tasks.

Task: Prepare a 5-minute role-play on how the husband and wife can change the community's mindset (Roles: husband, wife, 3 community members)

Reflection questions:
- What is the problem? What are the underlying causes of the problem?
- Does the role-play reflect the situation in your community?
- What can you do to influence community perceptions about gender roles?

Using the below illustration, discuss the importance of gender role analysis.

Activity 4. Gender analysis tools

60 minutes

Brainstorming ideas. Identify what participants understand by 'gender analysis' and why it is important in One Health.

Using PowerPoint, discuss *what*, *why*, *how*, *when* and *who* questions of gender analysis focusing on healthcare, livestock husbandry and food and nutrition security in a One Health context. Mention that gender analysis uses different methods to understand the relationships between women and men, their access to resources, their activities, and the constraints they face relative to each other. Explain that different gender analytical frameworks and tools exist that can be adapted and used in different contexts.

Small group discussion. Break participants into small groups. Then, distribute the gender analysis tools in **Annex 6** and ask the groups to use the tools to answer the following questions.

Discussion questions:

- What roles do women, men, boys, and girls have in livestock management, human health care and environmental protection in pastoralist communities?
- What resources and benefits do they have access to and control over?
- What opportunities and constraints do they have?

In plenary, ask groups to share their results and reflect on their learning experiences. Mention that women and men in pastoralist communities often have different roles which can expose them differently to zoonotic health risks. For example, women are more inclined to handle manure/milk and birthing animals (i.e., faeces and birthing fluid contact), and men are more inclined to participate in slaughter (i.e., blood contact).

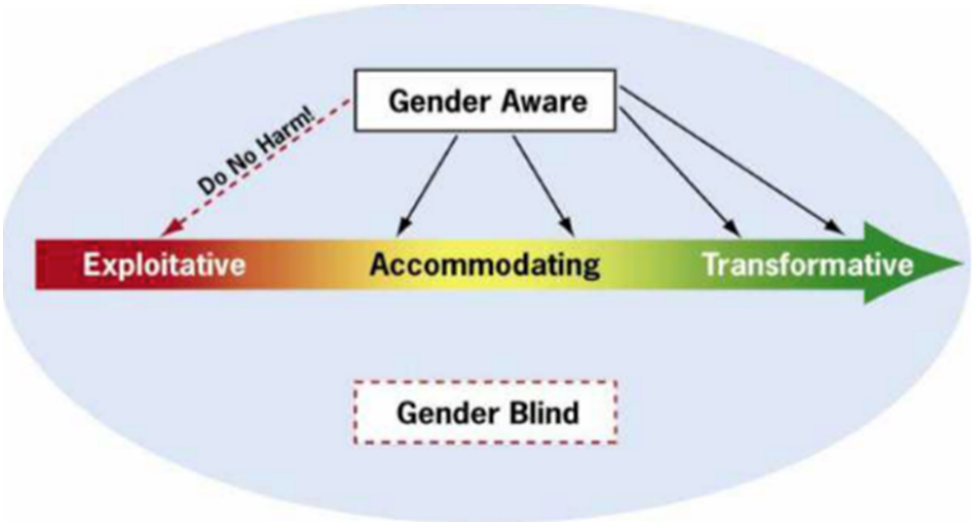
Note to Facilitator: In Activity 6, you can use specific scenarios for each of the gender analysis tools. You can have groups work on both the gender analysis tools or you can assign one gender analysis tool to each group. Alternatively, you can use a common case and ask groups to work on the same task and see how the results vary among the different groups. This can help facilitate further discussion and reflection in the plenary.

Activity 5. Gender integration approaches and their potential consequences

90 minutes

Brainstorming ideas. Find out what participants understand by '*gender integration'*. What does '*to integrate*' mean? Then, what is '*gender integration*'?

Using the illustration below, describe the gender integration continuum. Mention that it is a conceptual framework that categorizes development approaches by how they treat gender norms and inequalities.



Then, distribute the description of gender integration continuum in **Annex 7**. Ask participants first to read it individually and then work in pairs to share their understanding.

Voting with the feet. Where do your OHUs lie along the continuum of gender integration?

Place cards on the floor in a line, roughly two meters apart, with one gender approach written on each card. Ask participants to stand around the cards and indicate where their OHUs lie along the continuum of gender integration by standing on a specific card or between cards.

Ask participants to chat among themselves about why they stood on a particular card.
In the plenary, invite some groups to reflect on their learning experience.

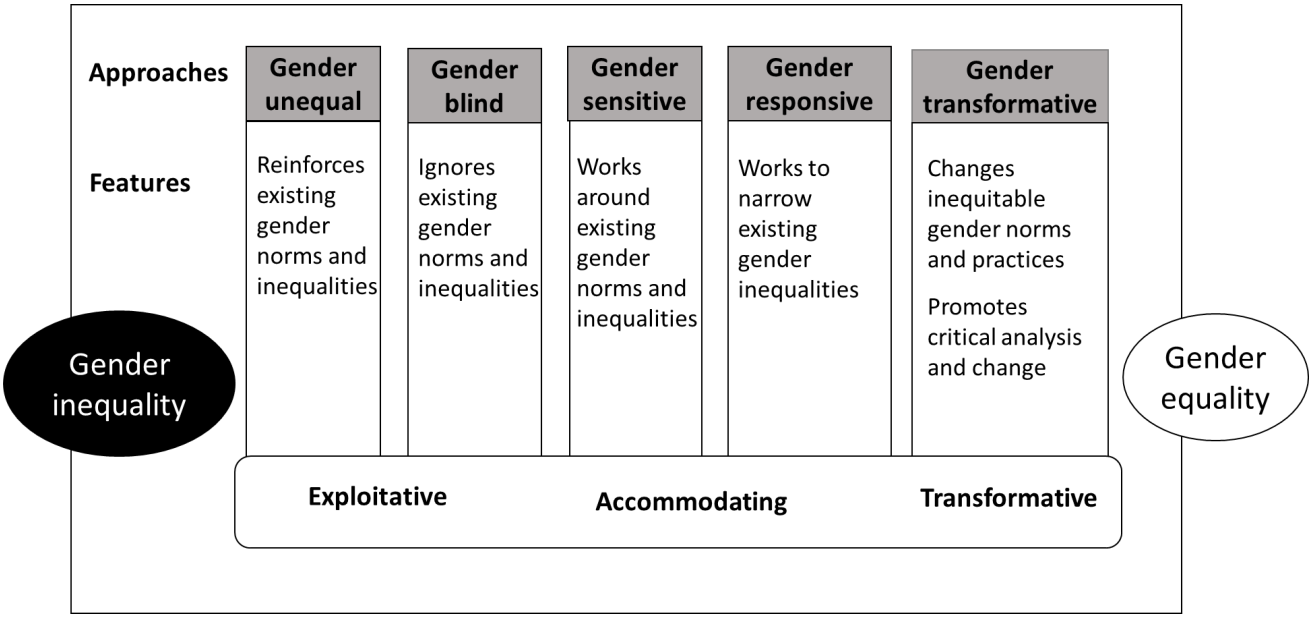
Reflection questions:
- Do your OHUs reinforce or transform gender norms and inequalities?
- Which level of gender integration would you aspire to reach? Why?
- What challenges you may face in reaching this level of gender integration?

Break participants into small groups. Distribute the case study in **Annex 8** and ask groups to determine where they would locate it and why along the gender integration continuum.

In plenary, ask groups to share their results. On a flipchart, write down their responses and highlight the main points.

Using PowerPoint, give a summary presentation on gender integration approaches. Discuss key features of gender transformative approaches, including:
- Meaningful participation and collaboration
- Critical analysis, awareness, reflection, and change
- Intersectionality: integration of multiple identities (gender, socio-economic status, age, ethnicity, marital status, religion, literacy, etc.)
- Challenge gender norms, promote positions of social and political influence for women and men in communities and address power inequities between persons of different genders
- Address multi-leveled power hierarchies in communities that impede women and men's ability to make decisions

- Go beyond just including women as participants or beneficiaries
- Strive to shift constraining community perspectives and social relationships towards perspectives of equality that allow both women and men to achieve their full potential within society.



Activity 6. Summary of main learning points and messages

20 minutes

Gender analysis provides a lens through which One Health practitioners can explore and assess the differences between the roles that women and men play, the varying levels of power they hold, their differing needs, constraints and opportunities and the impact of these differences on their lives.

A gender analysis uncovers gender relations and inequalities by asking:

- Who does what?
- Who has what?
- Who decides?
- Who gains?
- Who loses?

Effective gender analysis can identify:

- Social relations (normative roles, duties, and responsibilities)
- Activities (a division of labour within the household and community)
- Access and control over resources, services and decision making
- Gender needs both practical (current, immediate), and strategic (what needs to change)

Activity 5. Action plan and evaluation

15 minutes

In groups by district, encourage participants to make action plans to apply the training. Explain that action plans are a commitment to applying the training and serve as the basis for providing mentoring support.

Provide flipcharts and markers so each group can record their action plans.

Ask groups to place their flipcharts on the walls of the training room.

Ask participants to review and vote on the most comprehensive action plan and discuss whether it is something they should consider implementing in their district.

Then, distribute the training survey in **Annex 9** and ask participants to provide feedback on the training content and process.

Finally, close the training program with positive energy.

Further reading

Bertakis, K. D. 2009. The influence of gender on the doctor–patient interaction. *Patient Education and Counseling*, 76(3):356–360. https://doi.org/10.1016/j.pec.2009.07.022

McLeod, A., Galiè, A. and Baltenweck, I. 2021. Gender-responsive animal health research: A framework and checklists for ILRI researchers. ILRI Manual 48. Nairobi, Kenya: ILRI. https://hdl.handle.net/10568/114709

Mehta-Bhatt, P. and Nyangaga, J. 2011. Pedagogy and adult training: A trainer's manual. ILRI (International Livestock Research Institute), Nairobi, Kenya. https://cgspace.cgiar.org/bitstream/handle/10568/5403/TrainersManual_content.pdf

Mulema, A. A., Kinati, W., Lemma, M. et al. 2021. Gender capacity development guidelines for trainers. ILRI Manual 43. Nairobi, Kenya: ILRI. https://hdl.handle.net/10568/113767

Mulema, A. A., Kinati, W., Lemma, M. et al. 2021. Gender capacity development participants' pack. ILRI Manual 44. Nairobi, Kenya: ILRI. https://hdl.handle.net/10568/113762

Njuki, J., Waithanji, E., Bagalwa, N. and Kariuki, J. 2013. Guidelines on integrating gender in livestock projects and programs. Nairobi, Kenya: ILRI. https://hdl.handle.net/10568/33425

Partners in Health. 2011. Training of Trainers: A manual for training facilitators in participatory teaching techniques. ACME Books, Inc. https://www.pih.org/practitioner-resource/training-of-trainers

Annexes

Annex 1. Training program overview

Time	Activities	Objectives
Day 1. Concept and role of culture in One Health		
8:30-9:00am	Registration	Keep participant record
9:00-9:40am	Introductory session	Create a conducive learning environment
9:40-10:00am	Activity 1. Understanding culture in One Health	Develop cultural awareness and knowledge
10:00-10:30am	Health break	Facilitate networking and interactions
10:30-12:00am	Activity 1. Understanding culture in One Health Activity 2. Socialization and its importance	Develop cultural awareness and knowledge Understand how culture is learned and its effect on behavior
12:00-1:30pm	Lunch break	Facilitate networking and interactions
1:30-3:00pm	Activity 3. Ethnocentrism and its consequences	Recognize how ethnocentrism leads to prejudice, discrimination, and exclusion
3:00-3:30pm	Health break	Facilitate networking and interactions
3:30-4:45 pm	Activity 4. Cultural diversity and competence	Recognize and accept cultural differences Recognize the importance of diversity and inclusion Seek culturally acceptable ways of working with diverse groups

Time	Activities	Objectives
Day 2. Culture and gender concepts in One Health		
8:30-9:00am	Activity 1. Recap and daily agenda	Sense-making and deeper learning through personal reflections and relating learning with one's experience Manage expectations
9:00-10:00am	Activity 2. The influence of cultural and religious beliefs in health care	Explore how culture influences people's perceptions, beliefs, and practices about health
10:00-10:30am	Health break	Facilitate networking and interactions
10:30-12:00pm	Activity 3. The iceberg model of culture, recognizing biases and self-awareness	Explore surface and deep culture Critical reflection on one's behaviour to develop awareness of self and others
12:00-1:30pm	Lunch break	Facilitate networking and interactions
1:30-3:00pm	Activity 4. Becoming culturally competent One Health practitioners	Critical self-awareness and practical actions to develop one's cultural competence
3:00-3:30pm	Health break	Facilitate networking and interactions
3:30-4:45pm	Activity 5. Why does gender matter in One Health? What are the arguments for gender integration into One Health? Activity 6. Differentiating sex and gender	Recognize the role of gender in One Health Create understanding for sex- and gender-based analysis

Time	Activities	Objectives
Day 3. Gender perceptions, gender analysis and integration into One Health		
8:30-9:00am	Activity 1. Recap and daily agenda	Sense-making and deeper learning through personal reflections and relating learning with one's experience Manage expectations
9:00-10:00am	Activity 2. Exploring own gender attitudes, perceptions, and biases	Recognize how culture shapes gender relations and practices Examine how gender perceptions and cultural messages can affect human behavior
10:00-10:30am	Health break	Facilitate networking and interactions
10:30-12:00pm	Activity 3. Gender roles and needs Activity 4. Gender analysis tools	Recognize that women, men, boys, and girls have different roles, needs, opportunities and constraints in One Health Develop skills for gender analysis and planning
12:00-1:30pm	Lunch break	Facilitate networking and interactions
1:30-3:00pm	Activity 5. Gender integration approaches and their potential consequences	Understand different approaches to gender integration into One Health
3:00-3:30pm	Health break	Facilitate networking and interactions
3:30-4:00 pm	Activity 6. Action plan and evaluation	Identify actions for applying the lessons Feedback on learning content and process

Annex 2. Pre- and post-training self-assessment

Please assess your level of knowledge and skills in the training content based on a scale of five (1 = Very Low, 5 = Very High)

Training topics	Level of knowledge and skills				
	1 Very Low	2 Low	3 Medium	4 High	5 Very High
Concepts of culture and its role in One Health					
Agents of socialization, its importance and drawbacks					
Ethnocentrism and its consequences in One Health practice					
Cultural competence and its role in One Health practice					
Gender analysis and integration into One Health					
Overall, how do you rate your level of knowledge and skills in culture, Gender and One Health?					

Annex 3. Links to videos

Video 1. Introduction to Sociology - Socialization
https://www.youtube.com/watch?v=2K-zTQRdGCU

Video 2. Cultural and religious beliefs
https://www.youtube.com/watch?v=8QSqXKtx3zg&t=4s

Video 3. Blind spots: Broaden Perspectives
https://www.youtube.com/watch?v=HbBTM8bJt8Q

Video 4. Why gender matters for One Health
https://www.youtube.com/watch?v=pIfid_UDcHU

Video 5. What is unconscious bias
https://www.youtube.com/watch?v=J7zoskUxU28

Annex 4. Description of level of cultural competence

Level of cultural competence	Description
Cultural destructiveness	Genocide or ethnocide; exclusion laws; cultural/racial oppression; forced assimilation
Cultural incapacity	Disproportionate allocation of resources to certain groups; lowered expectations; discriminatory practices, unchallenged stereotypical beliefs
Cultural blindness	Discomfort in noting differences; beliefs/actions that assume the world is fair and achievement is based on merit; treat everyone the same: ignores cultural differences
Cultural pre-competence	Delegate diversity work to others, e.g., cultural programs asked to be led by those of that background; quick fix, packaged short-term programs; inconsistent policies and practices; practitioners are sensitive to minority issues, but these are not an organizational priority.
Cultural competence	On-going education of self and others; support, modeling, and risk-taking behaviors; a vision that reflects multi-culturalism, values diversity, and views it as an asset: evidence of continuing attempts to accommodate cultural change; careful attention to the dynamics of difference, realizing that equal access is not equal treatment
Cultural proficiency	Interdependence; personal change and transformation; alliance for groups other than one's own; follow-through social responsibility to fight social discrimination and advocate for social diversity

Source: https://www.ecald.com/resources/cultural-competence-assessment-tools/cultural-competence-continuum/

Annex 5. Cultural Competence Self-Assessment Checklist

This self-assessment tool is designed to explore individual cultural competence. Its purpose is to help you consider your skills, knowledge, and awareness of yourself in your interactions with others. Its goal is to assist you to recognize what you can do to become more effective in working and living in a diverse environment.

Read each entry in the Awareness, Knowledge, and Skills sections. Place a checkmark in the appropriate column which follows. At the end of each section add up the number of times you have checked that column. Multiple the number of times you have checked “Never” by 1, “Sometimes/Occasionally” by 2, “Fairly Often/Pretty well” by 3, and “Always/Very Well” by 4. The more points you have, the more culturally competent you are becoming.

The rating scale is there to help you identify areas of strength and areas that need further development to help you reach your goal of cultural competence. Remember that cultural competence is a process, and that learning occurs on a continuum and over a lifetime. While you complete this assessment, stay in touch with your emotions and remind yourself that learning is a journey.

Source: adapted from http://www.coloradoedinitiative.org/wp-content/uploads/2015/10/cultural-competence-self-assessment-checklist.pdf

Awareness		Never	Sometimes/ occasionally	Fairly often/ pretty well	Always/ very well
Value diversity	I view human differences as positive and a cause for celebration.				
Know myself	I have a clear sense of my own ethnic, cultural, and racial identity.				
Share my culture	I am aware that to learn more about others, I need to understand and be prepared to share my own culture.				
Be aware of areas of discomfort	I am aware of my discomfort when I encounter differences in religion, language, and ethnicity.				
Check my assumptions	I am aware of the assumptions that I hold about people of cultures different from my own.				
Challenge my stereotypes	I am aware of my stereotypes as they arise and have developed personal strategies for reducing the harm they cause.				
Reflect on how my culture informs my judgment	I am aware of how my cultural perspective influences my judgment about what is 'appropriate', 'normal', or 'superior' behaviors, values, and communication styles.				
Accept ambiguity	I accept that in cross-cultural situations, there can be uncertainty and that uncertainty can make me anxious. It can also mean that I do not respond quickly and take the time needed to get more information.				
Be curious	I take any opportunity to put myself in places where I can learn about differences and create relationships.				
		1 pt x	2 pt x	3 pt x	4 pt x

Knowledge		Never	Sometimes/ occasionally	Fairly often/ pretty well	Always/ very well
Gain from my mistakes	I will make mistakes and will learn from them.				
Assess the limits of my knowledge	I will recognize that my knowledge of certain cultural groups is limited and commit to creating opportunities to learn more.				
Ask questions	I will really listen to the answers before asking another question.				
Acknowledge the importance of difference	I know that differences in culture, ethnicity, language, etc. are important parts of an individual's identity.				
Understand the influence culture can have	I recognize that cultures change over time and can vary from person to person, as does attachment to culture.				
Commit to life-long learning	I recognize that achieving cultural competence involves a commitment to learning over a lifetime.				
Know my limitatios	I continue to develop my capacity for assessing areas where there are gaps in my knowledge.				
		1 pt x	**2 pt x**	**3 pt x**	**4 pt x**

Skills		Never	Sometimes/ occasionally	Fairly often/ pretty well	Always/ very well
Adapt to different situations	I am developing ways to interact respectfully and effectively with individuals and groups.				
Challenge discriminatory behavior	I can effectively intervene when I observe others behaving in a discriminatory manner.				
Communicate across cultures	I can adapt my communication style to effectively communicate with people who communicate in ways that are different from my own.				
Seek out situations to expand my skills	I seek out people who challenge me to maintain and increase the cross-cultural skills I have.				
Become engaged	I am actively involved in initiatives (small or big) that promote understanding among members of diverse groups.				
Act respectfully in cross-cultural situations	I can act in ways that demonstrate respect for the culture and beliefs of others.				
Practice cultural protocols	I am learning about and putting into practice the specific cultural protocols and practices which are necessary for my work.				
Act as an ally	My colleagues consider me an ally and know that I will support them in culturally appropriate ways.				
Be flexible	I work hard to understand the perspectives of others and consult with my colleagues about culturally respectful and appropriate courses of action.				
Be adaptive	I know and use a variety of relationship-building skills to create connections with people who are different from me.				
		1 pt x	**2 pt x**	**3 pt x**	**4 pt x**

Annex 6. Gender analysis tools

Gender role analysis

Gender roles	Women/girls	Men/boys
Productive roles		
Activity 1		
Activity 2		
Reproductive roles		
Activity 1		
Activity 2		
Community management roles		
Activity 1		
Activity 2		

Access and control analysis

Assets and resources	Access		Control	
	Women	Men	Women	Men
Grazing land				
Watering points				
Livestock				
Veterinary drugs				
Livestock information				
Health care facilities				
Income from livestock sales				
Community leadership				

Context analysis

Influencing factors	Constraints	Opportunities
Community norms and practices		
Demographic factors		
Institutional structures		
Economic factors		
Political factors		
Access to information and training		

Annex 7. Continuum of gender integration and example of their use in livestock development

Continuum of gender integration	Definition	Practical development examples
Gender blind	Lacks information on women and men's roles, participation, access and control to resources, power relations between them and other gender aspects	A livestock intervention rolled out without acknowledgement that men and women have different roles, knowledge and power depending on the livestock species (e.g., women may not benefit equally with men from high-value livestock such as cattle)
Gender aware	Deliberately examines and addresses anticipated gender-related outcomes during both design and implementation	A livestock intervention that acknowledges women and men have different roles, knowledge, and levels of power and designs the project accordingly by creating 'safeguards' in case the intervention will likely benefit men (e.g., promoting livestock intensification generally benefits men, but livestock diversification can benefit the whole family).
Gender exploitative	Intentionally or unintentionally reinforces or takes advantage of gender inequalities and stereotypes in pursuit of project outcome, or whose approach exacerbates inequalities	A livestock intervention that intensifies dairy production increases women's workload but does not provide buffers or safeguards that offset the additional time needed to perform dairy tasks.
Gender accommodating	Acknowledges but works around gender differences and inequalities to achieve project objectives. May result in the short-term realization of benefits and outcomes for women but does not attempt to reduce gender inequality or address the gender systems that contribute to differences and inequalities.	A livestock intervention that holds extension meetings at a time of day when women can attend (e.g., after serving morning meals/domestic duties) but does not address whether women can benefit from the livestock on par with men.
Gender transformative	Seeks to transform gender relations to promote gender equality by i) fostering critical examination of inequalities and gender roles, norms, and dynamics, ii) recognizing and strengthening positive norms that support equality and an enabling environment, iii) promoting the relative position of women, girls, and marginalized groups, and transforming the underlying social structures, policies and broadly held social norms that perpetuate gender inequalities.	A livestock intervention that recognizes existing inequalities in the dairy cattle system (men prioritized in terms of ownership and women overburdened with workload for dairy cattle) and seeks to challenge and transform harmful norms at community level that may be locking women and men into positions of inequity (e.g., holding meetings with the entire family that questions how tasks, responsibilities, resources, and knowledge can be more equitably shared in a household).

Annex 8. Gender integration case study

Case study: Women don't climb trees in Ethiopia

Source: KIT, Agri-ProFocus and IIRR. 2012. Challenging chains to change: Gender equity in agricultural value chain development. KIT Publishers, Royal Tropical Institute, Amsterdam.

Ethiopia is the largest honey producer in Africa. Demand for honey is rising. There is great potential for increasing both production and quality. Many hives are made of hollow logs hanging in trees or are kept in a shed, and processing methods are frequently crude. Women help with honey production, but climbing trees is problematic. 'Dangerous! Far away from home!' said the men. Illiteracy and lack of business skills also limit women's opportunities as entrepreneurs and leaders in the honey sector.

Oxfam GB's program aims to increase women's involvement in beekeeping and honey production. It established and facilitated a stakeholders' forum to discuss problems and find ways to overcome them. At the start of Oxfam GB's honey program, fewer than 1% of honey-cooperative members were women. But beekeeping holds promise for women. It needs relatively little capital, does not rely on land or expensive inputs, and helps cushion families during emergencies. Keen to promote the honey industry, the Amhara regional government offers farmers loans through cooperatives so they can buy modern hives. But women rarely benefit, as relatively few are members of the cooperatives. Zembaba is the only beekeepers' union in Amhara.

The Zembaba union along with partner NGOs provided training and extension services to women beekeepers, introduced modern hives, and encouraged women to join cooperatives. Oxfam and Ambrosia PLC, the largest honey processor in Ethiopia, established a training and demonstration centre in a village called Rim, a major honey-producing area. Groups of women beekeepers visit the centre to improve their skills. Oxfam had supported the Zembaba union to set up an enterprise to produce and sell beehives on credit. The union helped 440 women beekeepers organize themselves into 22 self-help groups, which enable their members to save money regularly and lend it out to each member in turn. Oxfam also started a functional literacy program to teach the women how to read and write, and to give them the skills they need to manage their organizations and their hives. To make it easier for the women to deliver their honey, the cooperatives established collection centres in convenient places. Women bring the honeycombs in a bucket or container to the collection centre, where staff (most of whom are local women) check the quality, weigh it, and pay the producer. Information on prices and quality is posted at collection centres. Ambrosia buys raw honey from the cooperatives under contract. The cooperatives and the Zembaba union have amended their bylaws to allow more than one person in a household to join. That means women can be full members along with their husbands. As a result of these interventions, the honey business has expanded, and more women now harvest and market honey. Productivity has risen from 5-10 kg/hive/year to 20-30 kg. The old, male-dominated traditional honey value chain has been transformed: it is now more organized, better linked to the market, and involves both men and women. The community's perception of women's role in beekeeping has changed. Women now make up 45% of the cooperative members, and some have taken leadership positions.

Annex 9. End of training survey

Please rate your level of satisfaction in the training on a 1 to 4 scale.

Training content and process	Rating scale			
	1 Dissatisfied	2 Somehow satisfied	3 Satisfied	4 Highly satisfied
The learning outcomes were practical and relevant for my work.				
The learning outcomes were clearly defined and easy to understand.				
The training content was relevant and useful to my work.				
Training content was well organized with good examples and case studies.				
The methods and materials used to deliver the content were appropriate and effective.				
Emphasis was placed on learning and applying new knowledge and skills.				
The balance between presentations and practical sessions was adequate.				
Adequate time was allotted for practical sessions and discussions.				
Instructional delivery was logical and easy to understand.				
The facilitator(s) used effective examples, illustrations, and cases to enhance learning and reflection.				
The facilitator(s) summarized the main learning points and messages to reinforce learning and application.				
I have gained adequate knowledge and skills and felt confident to integrate gender and culture in One Health.				
I would recommend the training to my colleagues and other people.				
Overall, I rate my satisfaction with the training content and process as:				

What aspects of the training could be improved?