

# SOURCES OF INFORMATION AND REPORTING

## TRUSTED SOURCES

Community members trust trained human and animal health care workers as credible sources of information about rabies.

medical & nursing staff

“If a dog bites me and I go to the hospital, if the doctor says because of the bite I have got a rabies then I will accept, or because of a bat, I have got rabies, then I will accept because he is a medical person.”

animal health workers\*

\*Includes “community animal health officers”, “livestock officers”, and “veterinary officers”

“We always adhere to his (CAHW) advices and all has been working well for our animals.”

“What happens here before now is that, we will eat any animal that dies even if we don't know what killed it but now that they [veterinary officers] have taught us that it is not good to do such a thing and above all we now have people to consult, so we have now stopped doing that.”

## PERCEPTIONS ABOUT ANIMAL HEALTH WORKERS

CREDIBLE PRAISE HELPFUL  
APPRECIATE POSITIVE  
KNOWLEDGEABLE  
GOODWORK VALUED RESPECT DIGNITY

While participants acknowledged a chronic absence of AHWs in their communities (unless a need was generated from a specific incident), a historical trust in these workers remained among older community members and leaders based on past recollections of their presence and work in the communities.

### AHWS ARE VALUED

“We use to praise them for the good work they are doing. We use to say “this people know their work very well because they are providing treatment for our animals and they are getting well,” so they know their work. We use to praise them.”

### ABSENT AHWS

“Before, we use to have the health workers for the animals who were coming here to treat the animals and offer pieces of advice on how to take care of the animals and we pay them small amount, but they are not coming again.”

## REPORTING

### PEOPLE WITH ANIMAL INJURIES WERE MORE LIKELY TO REPORT IT TO A HEALTH FACILITY

TO WHOM SHOULD YOU REPORT A BITE OR SCRATCH FROM AN ANIMAL?

56% CHW (FOR HUMANS)



33% AHW

50% FHW\* (FOR HUMANS)



42% COMMUNITY LEADER

56% OWNER OF THE ANIMAL



“If there is any bite in this area, the first thing to do is to go to the hospital. It is not a matter of delay. We do not have anything that is preventing us, even if it is a snakebite we report it.”

\*facility-based health worker

## WHAT SHOULD YOU DO IF YOU HAVE A BITE OR SCRATCH FROM AN ANIMAL?



**9% REPORT TO AHW**

*“We don’t know where to report and secondly there is no office for rabies in the area, which prevents us from reporting cases of dog bite.”*

## TO WHOM SHOULD YOU REPORT AN ANIMAL THAT LOOKS SICK?

Community members report sick livestock to AHW to get treatment for sick animals, to prevent the spread of illnesses to other animals in the flock, and to thus protect their source of livelihood.

**18 % CHW**

**13 % CAHW**

**11 % FHW**



**21% COMMUNITY LEADER**



**28% OWNER OF THE ANIMAL**

*“Well, like for me, because I rear goats, so whenever we take notice of an outbreak, I call him [AHW] to come and he will come and observe them and sometimes find the one having the sick and advice to remove it for that moment.”*

## BARRIERS TO REPORTING SICK ANIMALS AND ANIMAL BITES

### TREATMENT COSTS

*“Some people, it is because of poverty, they don’t have money to go to the hospital, thinking of they are going to ask you to pay enough money, you will then prefer use salt and endure the pain or whatever aftereffect.”*

### TRANSPORTATION COSTS

*“Transportation is an impediment restraining people from reporting for animal bites in the community. We have people here that cannot afford the transport to pay from the community to Makeni hospital, which is really a stumbling block for them.”*

### COMMUNITY RELATIONSHIPS

*“In this community we have family ties such that when cases of dog bites occurs, we try hard to find resolutions. In most cases the chiefs are involved in ensuring that cases are amicably settled at community level for a peaceful coexistence. The community is small; therefore everybody is a neighbor and reporting becomes a problem.”*

### ACCESS TO SERVICES

*“Some people are living in far areas, especially those in the “worehs.” There are some “worehs” you cannot find close to this place, so when something happens there, it will be very difficult for those people to report because of the distance, and even if they report, the veterinary officers will find it very difficult to trace those places.”*

## RECOMMENDATIONS

Development of a centralized mechanism for surveillance, monitoring, and reporting that supports coordinated inter-sectoral collaboration and communication between human and animal health professionals to strengthen surveillance and disease monitoring.

Encourage active involvement of community members in epidemic control and surveillance by supporting reporting of suspected cases early and to the correct channels.

Improving community-level reporting by establishing focal points among community leaders, community-based AHW, and respected members of the community, and building capacity for reporting diseases.

Awareness campaigns that incorporate the benefits of reporting into health messages may encourage increased adherence to reporting guidelines by community members.