RABIES FREE INDIA (KERALA) - EFFECTIVENESS ASSESSMENT PROGRAMME

An insight into the efficacy of a holistic programme to minimize human-dog conflict

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ABOUT FIAPO

FIAPO (Federation of Indian Animal Protection Organisations) is India’s leading animal protection body. As a collective voice for the animal protection community in India, FIAPO unites all animal protection organisations nationwide to exchange ideas, build expertise and take action to strengthen the animal rights movement in the country. FIAPO works with over 160 member organisations, 200 supporter organisations and over 1000 activists in more than 70 cities across India. They are the largest Federation in the country and one of the largest movement-building organisations in the world.
INTRODUCTION

I. Introduction to human-dog relations

Dogs have long been man’s best friend. In India particularly, ‘street dogs’, ‘free-roaming’ dogs or ‘indies’ have long given us companionship, warmth and love. They make great friends with children and adults alike, are the best guards for our communities against outsiders and intruders, and are integral to our urban and rural ecosystems.

II. Human-dog conflict

While making excellent friends and guards, our relations with dogs have unfortunately not always been peaceful. Just like an occasional situation of conflict with the odd human, there sometimes arise such situations with street dogs as well.

With an unchecked increase in the number of people and street dogs in an area, there are bound to be strained relations between the two. Some of the serious issues that people face are dog bites and the fear of canine-transmitted rabies. People and governments have historically relied on methods such as displacement and killing of dogs to get rid of these problems. Such solutions, while gratifying the sentiments of the local populace, have had little impact on the state of conflict between people and dogs in the area, as they are ineffective in controlling bites or rabies. Dogs continue to migrate from one area to another, thus occupying the space hitherto occupied by the earlier dogs. As long as the causes and not the symptoms of conflict are not eradicated, human-dog conflict will continue to exist. It is thus imperative for us to address the key causes of this conflict – increase in human and dog populations, improper waste management and lack of awareness on dog-bite and rabies prevention.
III. Animal Birth Control as a solution to the problem (pictures of ABC camps with Kollam SPCA)

So far, the main solution devised to tackle human-dog conflict has been the mass sterilization of street dogs or Animal Birth Control (hereinafter 'ABC'). This programme has the backing of the ABC (Dogs) Rules, 2001. This legal document forms the backbone for the mass sterilization of street dogs, in order to systematically reduce the density of street-dog population, thus minimizing conflict with humans. State and local governments and animal husbandry departments now recommend this as the standard method for human-dog conflict resolution in the country.

While sterilization is known to reduce hormonal aggressions in dogs, it has been observed that it does not completely erase human-dog conflict. This is because ABC does not address issues such as rabies incidence, dog bites, lack of public awareness and improper garbage disposal. While it forms a key component in making a long-term difference to human-dog conflict, ABC cannot be seen as an all-encompassing solution to managing it in the present.

IV. Need for a holistic solution (pictures of education and counselling)

There is a dire need to address people’s lack of awareness on how to behave around dogs, and their fear of dog bites and rabies. There is also a need for the mass vaccination of street dogs against rabies, for proper garbage management, and for properly monitored ABC programmes.

FIAP0, through its Rabies Free India campaign, has been attempting to do exactly that. Using the multi-stakeholder model, we are working with government authorities, animal activists and the media to ensure that the different aspects of conflict are addressed separately. In this way, we continue to advocate for ABC as a long-term solution for the population control of street dogs, while we simultaneously propagate other solutions - making the approach holistic. We are currently working with the governments of 4 states - Kerala, Punjab, West Bengal and Assam for the following interventions:
• **Scientific, state-run ABC**: While some districts have district-level monitoring committees for ABC, we believe that there is a need for a state-level watchdog, to ensure adequate funding for the state's ABC programme, uniformity of procedure across districts, appropriate coordination between local government and animal husbandry departments for proper execution and monitoring of the project at the state-government level. To this end, we are actively engaging the local self-government and the animal husbandry departments for the creation of a state-level monitoring committee for ABC in Kerala.

• **Mass anti-rabies vaccinations for street dogs**: Street dogs in India are usually vaccinated against rabies only once, if at all, during their surgeries for sterilisation. Re-vaccination programmes are seen as difficult to execute by government authorities - but are essential in our fight against rabies, if we are to contain the virus within the animal. We are urging animal husbandry and local government departments to run separate and organised anti-rabies vaccination programmes for street dogs.

• **Education on dog-bite and rabies prevention**: School children are the future of tomorrow, and form the largest group that has interactions with street dogs. They are also the most unlikely to have been given information on dogs’ body language, on how to behave around dogs, on post-bite care, on what rabies is and how we can prevent it. Government education departments have granted us permission to conduct such education programmes in government schools across states.

• **Counselling of victims of dog bites**: There is a need for patients who have been bitten by dogs to be given adequate information and support in relation to post-bite care and rabies prevention. This is to ensure that the victims feel adequately listened to, and prepared for any such cases in the future. This is crucial to ensuring healthy relations between dog-bite victims and their families, and street dogs. Government health departments have supported us in the setting up of centres for the counselling of patients who have been bitten by dogs.

We believe that the confluence of these four prongs forms a holistic approach to human-dog conflict management in the country.
Trivandrum district has had a well-functioning ABC programme for years. A comprehensive ABC programme is being undertaken within the Trivandrum city limits – by the Trivandrum Corporation. It is also being undertaken by the Trivandrum District Panchayat in rural areas outside of Trivandrum city. In addition to the ABC programme, education and counselling on dog-bite and rabies prevention were started in Trivandrum District in May 2017. A separate ARV programme was being undertaken by Trivandrum Corporation, but is unfortunately no longer in force now. Therefore, Trivandrum district currently has an active ABC, education and counselling programme, that are all happening simultaneously – as a holistic approach to minimizing negative interactions between humans and dogs.

Central to the ABC, education and counselling programmes is the fact that they are all run by the Kerala government. FAPO and its partner organization in Kerala – People for Animals (PFA), Trivandrum are providing on-ground support for the education and counselling programmes.

For education and counselling on dog-bite and rabies prevention, the Kerala education and health departments led the way forward. As a pilot, the education department approved compulsory education on dog-bite and rabies prevention in all government schools across the state. The sessions were conducted on the following topics:

- ABC and its importance
- Understanding a dog’s body language, and dos and don’ts around dogs
- Post dog-bite care
- What rabies is, how it spreads, and how it can be prevented.

The sessions were conducted in an interactive manner - where the students could engage in role-play and learn about minimizing negative interactions with street dogs. The education sessions were conducted in accordance with the guidelines for education that FAPO and PFA Trivandrum jointly developed.

Similarly, the health department approved compulsory counselling for victims of dog bites in 3 key hospitals in Trivandrum district - Government Hospital - Trivandrum, Government Hospital - Neyyattinkara and Taluk Headquarters Hospital -Varkala. The counselling sessions gave the patients the following:

- Information on what rabies is, how it spreads and how it can be prevented
- Understanding a dog’s body language, and dos and don’ts around dogs
- Emotional support to heal from the incident, and to leave the hospital with a neutral or positive attitude towards street dogs
The sessions were conducted in an informative and empathetic manner, with due regard for patient’s wellbeing. The counselling sessions were conducted in accordance with the guidelines for counselling developed by PFA Trivandrum and FIAPo.

To assess the impact of ABC, as well as education and counselling on dog-bite and rabies prevention on level of conflict in the district, two effectiveness studies were conducted – one for students in schools, and one for patients in hospitals. The results of these assessments are given below.
Rabies Free India’s effectiveness assessment study looked at the attitudinal shifts of students and patients after education and counselling respectively. Our key findings from the study are presented below:

- There has been a 44.2% improvement in students’ knowledge about rabies after the education session, while the programme reaffirmed almost all of the pre-existing positive notions that students had about dogs. This is a significant jump in the knowledge of the students who participated in the programme – and a noteworthy development in efforts to dispel myths about the disease.

- After the education session, no student believed that killing of dogs was a solution to rabies. The education programme was thus able to promote a compassionate attitude towards street animals, and scientific temper towards rabies control. All students who underwent the programme now believe in the peaceful co-existence between humans and street dogs!

- Most striking was the almost-100% positive shift in the way students would react to an approaching dog. While almost all students would run away from an approaching dog prior to the education session, almost all students would stand still and just let the dog sniff them after the session. Thus, after the education session, almost all students were confident in being next to a dog, as they were well-versed in a dog’s body language, and in dos and don’ts around dogs. This is a significant shift towards reducing accidentally provocative behaviour towards dogs, and thus a leap forward in dog-bite prevention.

- There was almost a quarter-fold increase in the patients’ awareness about rabies and how it spreads after the counselling, while there was a whopping 100% improvement in the patients’ awareness about ABC and its importance.

- Our findings from the education and counselling programmes points to the understanding that the students and patients were well aware about post-bite medical options available to. Thus our programmes reaffirmed this information to them.
Methodology:

Education: In order to assess the effectiveness of our education programme, students who were participating in the programme were made to undertake a survey. This survey was required to be filled by them before the session, to assess their attitudes and knowledge pre-session. Immediately after the session, the students were made to undertake the same survey. The two surveys were compared and the change in the attitudes and level of knowledge were recorded. The results depict the effectiveness of the education programme.

Counselling: In order to assess the effectiveness of our counselling programme, our counsellors made assessments of patients’ attitudes and knowledge levels on dog-bite and rabies prevention. The first survey was filled in by the counselor (on behalf of the patient) immediately after the dog bite. The assessment was done only for patients who were in the hospital for their first vaccination as part of the post-rabies prophylaxis. These assessments formed the baseline of what the patients thought before getting counselled. After 8-10 days, the counselor determined the attitudes of the patient again, through a phone call or an in-person visit. This assessment post-counselling was recorded as well. The change in the metrics before counselling, and after 10 days of counselling was recorded as the impact that the counselling had on each patient.

I. EDUCATION

Sample size and demographics:

<table>
<thead>
<tr>
<th>School</th>
<th>Number of Students</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>GHSS Kattilli</td>
<td>114</td>
<td>11 and 12, science</td>
</tr>
<tr>
<td>GHSS Nehru Junction Pallithura</td>
<td>37</td>
<td>11 and 12, science</td>
</tr>
<tr>
<td>GHSS Chempazhanthy</td>
<td>74</td>
<td>11 and 12, 7 from science + 67 from commerce</td>
</tr>
<tr>
<td>GHS Mannathala</td>
<td>23</td>
<td>10</td>
</tr>
<tr>
<td>GHS Nalanchira Parottukonam</td>
<td>22</td>
<td>10</td>
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<tr>
<td>GHSS Manvl</td>
<td>44</td>
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<td>GHSS Srikaryam</td>
<td>58</td>
<td>10</td>
</tr>
<tr>
<td>GHSS Peroorkada</td>
<td>45</td>
<td>11 and 12, science</td>
</tr>
<tr>
<td>GHSS Azhoor</td>
<td>277</td>
<td>10, 11 and 12 (science)</td>
</tr>
<tr>
<td>GHS Azhoor</td>
<td>77</td>
<td>11 and 12, commerce</td>
</tr>
<tr>
<td>GHS Pallithura</td>
<td>111</td>
<td>10</td>
</tr>
<tr>
<td>GHS Kadakkal</td>
<td>24</td>
<td>11, humanities</td>
</tr>
<tr>
<td></td>
<td>Total = 906</td>
<td></td>
</tr>
</tbody>
</table>
What happened before and after our education sessions?
1. **Knowledge about rabies and how it is caused:** 265 students believed that rabies is caused by bacteria from the saliva of an infected animal, whereas 635 students believed that it is caused by a virus from the saliva of an infected animal. After the education, all the students knew that rabies is caused by a virus from the saliva of an infected animal. Thus, 55.98% of the students knew that rabies is caused by a virus from the saliva of an infected animal. After the session, 100% of the students recalled this fact. There has thus been a massive improvement of 44.02% in this knowledge after the session was conducted.

![Graph showing knowledge about the cause of rabies before and after education](image)

2. **Killing as a solution to rabies control:** Prior to the education, 38 students, or a miniscule 4.19% believed that the only way to prevent rabies was by killing all dogs, while 868 students, or 95.81% did not believe this. After the education session, no student believed that the only way to prevent rabies is by killing all dogs, a reduction in 4.19% from before the session.
3. **Attitudes towards dogs**: Prior to the education, a whopping 903 students, or 99.67% believed that dogs were friendly and should co-exist with humans, while the remaining believed that they were a nuisance or that they should be left alone. Not much changed after the education session, with 904 students, or 99.78%, believing that dogs were friendly and should co-exist with humans. There has barely been a change in the attitude of students towards dogs before and after the session, so our education programme reaffirmed the positive attitude of students towards street dogs. As confirmed with our previous report assessing the attitudes of Kerala’s public towards street dogs, a negligible percentage of students believed that dogs were a nuisance, or that they should be displaced or killed.
4. Knowledge about ARV and PEP: Prior to the education and after it, all 906 students knew that ARV for dogs and PEP for dog-bite victims could help prevent rabies. Therefore, the education session reaffirmed that fact.

5. Physical reactions to dogs: Prior to the education session, if a dog slowly approached the students, 898 of them, or 99.11% felt like they would run away from the dog, 0.22% felt like they would throw a stone at the dog, and 0.66% felt like they would pet the dog. After the education session, all 906 students, or a whopping 100% would stand still and let the dog sniff them. There seems to be a humongous positive shift of almost 100% in how a student would react to a dog approaching him/her before and after the education session. Prior to the session, almost all the students would react in a way so as to potentially provoke a dog to bite him/her, whereas the post-education behaviour is calm, and would ensure that the dog would leave the student alone. This seems to be the most positive outcome of the session. Crucial to avoiding a dog bite is understanding a dog’s body language, and how to behave around it. A 100% betterment in this understanding of how to behave around a dog will indeed go a long way in preventing dog bites, and in maintaining positive relations between people and dogs.
II. COUNSELLING

Sample size and demographics:
The total sample size of patients was 52. Of these, 15 were patients of street-dog bites, while 37 were patients of pet-dog bites. 18 patients were counselled in General Hospital - Varkala, and 34 were counselled in General Hospital - Trivandrum. Dog-bite patients from General Hospital - Neyyattinkara are directed to General Hospital - Trivandrum for post-bite treatment, so no counselling happened at Neyyattinkara.

What happened before and after our counselling sessions?

1. Knowledge about rabies and how it is caused: Prior to the counselling, 40 patients, or 76.92% knew what rabies was and how it spreads, while 12 did not. After being counselled, all 52 patients knew that rabies was caused by the rabies virus from the saliva of an infected animal. There has thus been a significant positive shift of 23.08% in the knowledge of the patients about rabies after the counselling.

![Before counselling vs After counselling diagram]

2. Knowledge about ARV and PEP: Prior to as well as after the counselling, all patients knew about PEP and how many vaccinations to get to prevent rabies. Thus, there seems to be a high level of awareness amongst the people as to the medical options available to them for rabies prevention, and our counselling programme reaffirmed this fact.

3. Attitudes towards dogs: Just before the counselling, all of the patients were angry and wanted to hurt dogs. Despite being counselled, 86.54% people thought that all dogs were rabid, and the rest felt neutrally about dogs. While there has been a 13.47% decrease after counselling in the number of people who feel negatively about dogs, much remains to be done in changing their negative sentiments towards dogs. From the experience of our counsellors, it was much easier for patients to learn of new factual rabies-related information than to change their attitudes with respect to dogs.

4. Knowledge about ABC: Prior to the counselling, not even 1 person knew about ABC, or as to whether dogs were sterilized in their area. After being counselled, 100% of the patients knew what ABC was, and that a notched ear meant that the dog had been sterilized. There has thus been a 100% increase in information about ABC and its significance, thus validating the programme’s ability to share vital information with the public. Also, now that people are informed about the programme, there is a dire need to scale up the programme to areas that have hitherto not had access to it.
I. EDUCATION

The conclusions drawn above form a qualitative endorsement for education programmes on dog-bite and rabies prevention, and their ability to shape the level of awareness of school students. Here are our inferences:

• **Significant increase in knowledge about rabies:** The education programme has had a very significant positive shift in the level of knowledge of the patients about what rabies is and how it spreads, and a minor improvement in their knowledge levels that all dogs are not rabid. It has also been able to reaffirm to the patients the solutions to rabies control and prevention – the mass vaccination of dogs against rabies, and PEP for humans. There is therefore a dire need to link the existing ABC programme to have an independent and consistent vaccination programme for street dogs against rabies. Only then can the true source of rabies be controlled, and eventually eliminated.

• **Striking improvement in the students’ reactions towards street dogs:** This is by far the most successful outcome of the education programme. A 100% change in the actions of a student in relation to a dog that is approaching him/her, will go a long way in preventing the accidental or intended provocation of the dog. This will in turn minimize the incidence of dog bites, bridging a significant gap in minimizing human-dog conflict.
II. COUNSELLING

The conclusions drawn above form a qualitative endorsement for government-run counselling programmes, and their ability to provide information and support to dog-bite victims. Here are our inferences:

- **Significant increase in knowledge about rabies:** Counselling has created a very significant positive shift in the level of knowledge of the patients about what rabies is and how it spreads. It has also been able to reaffirm to the patients the solutions to rabies control and prevention – the mass vaccination of dogs against rabies, and PEP for humans.

- **Marginal change in attitudes towards street dogs:** There has been a smaller shift in the attitudes of people in understanding that all dogs are not rabid. It is our assessment that more remains to be done in the realm of changing attitudes of patients towards dogs. Due to the high inflow of patients in the hospitals, especially in General Hospital - Trivandrum, very little time could be dedicated for counselling each patient. Additionally, our counsellors reported deep-rooted fears of rabies and dog-bites that had been ingrained in the patients through the media. It was thus extremely challenging to change such entrenched attitudes through just one counselling session, and one follow-up.

- **Significant increase in knowledge about ABC:** There has also been a 100% positive shift in the understanding of ABC and its significance in mitigating conflict. Budget of ABC in Trivandrum district is spent on Trivandrum’s ABC programme each year – not to mention the elaborate logistics of interdepartmental government coordination for the catching, neutering, and releasing of the street dogs into the same area. Despite the vast expenditure on the ABC programme, its logistical difficulties and the narrative that ABC is a band-aid for all human-dog conflict, there is shockingly low awareness about the programme amongst the people who are affected the most. This counselling programme has been able to raise much-needed awareness on the importance of an ABC programme.
As per the above inferences, we recommend the following:

- **Mass vaccination of street dogs against rabies:** Through both the education and counselling programmes, it is evident that students and bite victims have a high level of knowledge about PEP. This inspires a lot of confidence, and is evidence of the health department’s efforts to make free PEP available for dog-bite victims, and of its success in advertising these efforts to the public. Thus, a significant part of the ‘human health’ component of Kerala’s rabies control programme is being satisfactorily executed. However, societies that have achieved full rabies elimination have focused on vaccination of dogs against rabies, to contain the source of the virus in the dog. No part of Trivandrum district currently has a dedicated mass vaccination programme for street dogs against rabies. We urge state governments to set up separate, systematic anti-rabies vaccination programmes for street dogs, as a priority solution for rabies elimination.

- **State-level education programmes for school children:** Due to the noteworthy impact of the education programme on the level of rabies knowledge, and due to a surge in the positive actions of students towards dogs, we urge state governments to establish education programmes on dog-bite and rabies prevention in all government schools across the state. We also urge governments to include our education guidelines in training modules for educators across their state.

- **State-level counselling programmes for dog-bite victims:** Due to the programme’s impact on the level of knowledge about rabies, we urge state governments to establish counselling programmes for dog-bite victims in key government hospitals across their states – with adequate budgets, infrastructure and trained staff persons to provide appropriate information and support to dog-bite victims. We also urge governments to include our victim counselling guidelines in training modules for nurses across their state.

- **Education and advertising campaigns to create healthy attitudes towards street dogs:** Key to minimizing human-dog conflict is challenging and changing people’s long-held values and beliefs about street dogs. The lack of a significant change in the attitudes of the patients even after counselling is telling, and is evidence of the quality and scale of efforts that are required to make a shift here. We accordingly urge state governments to undertake public awareness and advertising interventions that will create healthy relations between humans and dogs.

- **Awareness programmes on ABC:** All of the government’s current efforts towards human-dog conflict management are concentrated in ABC programmes. As explained above, while ABC can manage street dog populations and reduce aggression to an extent, it cannot change people’s mindsets, or wish away dog bites and rabies. To make the ABC programme in its current form have the maximum impact possible, it is necessary at the very least to ensure that the populations most affected by conflict know what ABC is, what it seeks to achieve, and about the ABC programmes in their localities. We thus urge the state government to undertake interventions that will educate the public on the need for and importance of ABC, and the suitability of ABC as one of the long-term, sustainable, humane and legal solutions to mitigating conflict.
In addition to increasing awareness on existing ABC programmes, we urge governments to undertake systematic and consistent ABC programmes at the state-level, as a long-terms solution to dog population control - as is required by the ABC [Dogs] Rules, 2001. Furthermore, as per the Animal Welfare Board of India’s (AWBI) ‘Revised Module for Street Dog Population Management, Rabies Eradication and Reducing Man-Dog Conflict’, we urge governments to set up state-level committees to monitor their ABC programmes – by ensuring sufficient funding, appropriate coordination between urban, local and animal husbandry departments, and by tracking progress.
4. Surveys to assess effectiveness of counselling programme in hospitals.
PROTOCOL FOR EDUCATION ON DOG-BITE PREVENTION

“Fear is the only true enemy, born of ignorance and the parent of anger and hate.”
~ Edward Albert

WHAT IS THE PROBLEM AT HAND?

Many of us are scared of dogs, especially ones that live on the street. A large part of this fear is bred from ignorance. We are not taught about dog behavior in our schools and colleges. We are not taught about how to avoid dog-bites, and what to do in the event of such an incident. We are not taught about the incidence of rabies, and how to identify a rabid dog. We are not taught that for the most part, dogs are wonderful animals, make loyal companions and are brave guards of our communities. With little to no knowledge about the above, most of us are bound to be woefully underprepared when a dog bites us.

Children are likely to be amongst the most affected, and are therefore our most important audience. They interact with street animals on a daily basis and have a lifetime ahead of themselves to understand the issue and make a positive difference to affected humans and animals. Children could be curious, open-minded and eager to learn about the issue. They could also be fearful, angry and unaware about it.

This combination of the children’s curiosity and ignorance makes them a ripe audience for dog-bite prevention education.

WHY DO WE NEED EDUCATION ON DOG-BITE PREVENTION?

Most dogs are friendly, loving and peaceful. They play with us, give us joyful company, and take care of us when we’re feeling low. It is not without reason that they are called ‘man’s best friend’. Like the odd human that does not conform to the peaceful norm, the odd dog could act strange and even bite. It requires some understanding of dog behaviour and human-dog relationships in order to appreciate the full context of why dogs bite, and how we could get rabies.

As most people are not aware of the above, it is important to communicate such information to them, and help remove this ignorance and the associated fear. In this way, we are able communicate that all dogs are not violent or rabid, about precautions against dog bites, and about post dog-bite care.

We are able to empathetically reach out to a person who may have suffered harm before, ensure that they are able to use the education they receive to avoid preventable bites in the future, and create a feeling of safety and trust that will form the basis of any follow-up we may want to do.

Most importantly, we seek to create a positive image of street dogs and a healthy attitude towards them by alleviating the students’ fear and ignorance.

Dog-bite prevention education thus aims to i) raise education and awareness on preventable dog-bites and rabies control, and ii) build friendly relations with the students to ensure that their fears are addressed and a positive image of dogs is created.
FACILITATION OF EDUCATION ON DOG-BITE PREVENTION:
The facilitator of dog-bite prevention education will be in charge of fulfilling the objectives elucidated above. The main responsibilities of this person will be:

- Conveying information to students and teachers about:
  - General dog behaviour and human-dog relations
  - Precautions against dog-bites
  - Brief about rabies – incidence, precautions, etc.
  - Post-bite care

- Building peaceful relations with the students at schools, and ensure follow-up:
  - Creating a positive environment of learning, feeling of safety and a positive image towards of dogs
  - Empathising with any harm they may have suffered before
  - Ensuring that they contact the facilitator for doubts or if something untoward (dog-bite/rabies case) happens in their community
  - Ultimately create a positive and healthy attitude towards street dogs
I. GUIDELINES FOR THE INSTRUCTOR

1.1 OUTLINE

i. Start the session with an ice-breaker activity. The whole session should be as interactive and engaging as possible, and the students should feel involved.

For example- Ask two children to volunteer and come to the front of the class. Get one child to pretend to be a dog and the other should be himself/herself. This exercise can be used to demonstrate the various positions that a dog can take, and the reactions we should show towards the dog. It will show the children how the dos and don’ts towards dogs practically play out. Additionally, it also is a fun way for them to learn.

ii. After this exercise, run them through the dog-behaviour/dos and don’ts session in detail from the PPT. Pause adequately and keep checking to see if the children have doubts.

iii. After that part of the session is over, find out how many people have had any unpleasant interactions with dogs, by a show of hands. Check to see if those situations would be covered in the previous section on dos and don’ts (it mostly will have been covered). Introduce post-dog bite care, all the time trying to find out if the students already knew of this.

iv. Lastly, bring up the subject of rabies, careful not to frighten the children. Emphasize on the fact that while it may be fatal, it’s also a 100% preventable disease by getting the required medical treatment on time. The reception of this knowledge should disarm their fear of the disease.

1.2 COMPONENTS OF THE SESSION

1. Understanding a dog’s body language:

• When a dog is crouching and growling, or when his body is standing tall and tense, or when the hair on his back is standing straight – the dog wants to be left alone. Move away from this dog.

• If a dog is moving slowly and lowering his head while licking his lips or glancing at you sideways, or when he has lowered his head and his tail is between his legs – the dog is unsure or frightened and should be left alone.

• If a dog’s ears are forward and if his tail is wagging, of if his front legs are stretched in front of him while he stands on his hind legs and wags his tail, or when his face is interested and alert and when his tongue is hanging out and his tail is wagging – he is happy and wants to play.
ii. Dos and don’ts around dogs:
  - Do not disturb a dog that is eating or sleeping.
  - Do not disturb or trouble a dog that is nursing her puppies.
  - Do not look a dog directly in the eye while approaching him.
  - Do not tease a dog by throwing objects at him.
  - Do not approach a dog that is tied or behind a fence.
  - Do not run or move quickly near a dog.
  - If an unknown dog gets close to you, stand still and allow the dog to sniff you. Do not stare at the dog, and he will usually go away. Do not turn and run!
  - If a dog jumps at you, cross your arms in front of you with fingers tucked in. If you have an object like a bag, place it between you and the dog.
  - If you fall down, curl up and protect your face and body.

iii. Steps upon being bitten: Observe the victim and the wound, and find immediate medical assistance, keeping the following in mind:
  - Wounds should be washed under running water, and with alkaline soap.
  - Anti-rabies vaccinations ought to be given on days 0, 3, 7, 14, 28, 90 under the supervision of a trained medical professional. Immunoglobulin therapy should be instituted whenever the bites are more serious in nature. The doctor will determine the nature of the bite and therefore, a suitable form of treatment.
  - Persons who present themselves for evaluation even months after having been bitten should treated in the same way as if they have just been bitten.

iv. Bite categories and corresponding treatment: Along with the vet, ensure treatment of the wound on the basis of its category (based on how deep, how many bites, location of bite, etc.). Keep in mind the below categories:
  - Single or multiple deep bites or scratches/licks on broken skin: use immunoglobulin plus vaccine
  - Minor scratches or abrasions without bleeding: use vaccine alone

v. Decision to treat:

In a country like India where there is high incidence of rabies, a vaccination must be taken after every dog bite. Ensure along with the vet that the treatment is initiated immediately after the bite. Simultaneously, the dog must be under the observation of the vet for the next 10 days.

vi. Precautions: Rabies vaccination must take priority over any other prior health condition of the victim. There are no contraindications for this, and it therefore must be administered to even pregnant and lactating women or infants who are bitten by a dog.
vii. What is rabies?

- Rabies is a zoonotic, virus-borne disease that may affect all mammals including cattle, dogs, cats and human beings. Dogs are the most common carriers of the disease.
- It impacts the central nervous system. The initial symptoms of rabies in a person are like that of flu – fever, muscle weakness and tingling.
- It is transmitted to us through the saliva of a rabid animal through infiltration – through a wound or laceration on one’s skin. The virus cannot enter the body if the skin is intact. Thus, it enters our body through the animal’s lick over a wound on our body, or if the animal bites us. Rabies is endemic to all continents in the world apart from Antarctica, but 95% of all rabies deaths happen in Asia and Africa.
- If untreated, rabies can be fatal. However, it is very easy to prevent it with proper medical care. It is 100% preventable if vaccines are taken at the right time. Countries in which rabies programmes have been successful usually undertake mass vaccination campaigns where at least 70% of the dog-population is vaccinated against the disease.

In the above manner, please ensure that students are given appropriate information on understanding a dog’s body language, on how to behave around dogs, on what to do if bitten, and on some basic facts about rabies. This must be done in a manner so as to inspire a sense of confidence, trust and safety in the students’ minds, as well as foster a positive outlook towards street dogs.

II. INTERACTION WITH STUDENTS AFTER THE EDUCATION SESSION

2.1 When we approach students for the first time, they are unlikely to be aware of information on dog-bite prevention or rabies. They may be curious, interested, fearful or nervous, and may have some questions on the subject too. The facilitator must therefore proactively find out the following information through a questionnaire. This questionnaire must be first given to the students before the session is conducted. After 2 months, this questionnaire should be given to the same students again, to assess their change in attitude towards street dogs. The questionnaire is in the below format:
EDUCATION ON DOG-BITE PREVENTION IMPACT MEASUREMENT STUDY

Full name:
Phone Number:
Email Address:

Please take a few minutes to answer the following questions:

1. How do you feel about street dogs?
   • Very scared
   • Scared
   • Neutral
   • Friendly

2. Have you ever been bitten by a street dog?
   • Yes
   • No

3. Do you think that all street dogs are rabid, violent and ferocious?
   • Yes
   • No

4. Have you ever hurt a dog?
   • Yes
   • No

5. Do you believe that humans and street dogs should live together peacefully?
   • Yes
   • No

6. Have you been taught about dog-bite prevention and rabies before?
   • Yes
   • No

7. What will you do if a street dog comes near you?
   • Hit it
   • Scream
   • Run away
   • Stand still

8. What would you do if saw someone hitting a dog?
   • You would also hurt the dog
   • You would just stand by and watch
   • You would walk away
   • You would tell that person not to do it, and would complain to the police and an animal welfare organisation
2.2 Ensure that all students and teachers record their contact information on a sign-up sheet – name, email ID and phone number. A 1-page report must be created by the facilitator after each such education session. This document must have the school name, address and taluk, date, time and duration of the session, how many people attended, what the response was, difficulties faced and feedback from students and school management. There must be a section with the names of students who were specifically interested or who showed potential to do something in their school, and suitable follow-up must be undertaken with them.

**Sign-up sheet (to be filled in by students and teachers)**

<table>
<thead>
<tr>
<th>Name</th>
<th>Email ID</th>
<th>Phone Number</th>
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<tbody>
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</tbody>
</table>

**SCHOOL REPORT (to be prepared by facilitator)**

Name of school
Address and taluk
Date of session
Time of session
Duration
How many attended?
Difficulties faced
Feedback from students/management

Follow-up
Did any students show special interest? What is the follow-up with them?

2.3 End the education session on a friendly and positive note – with the promise that they will now be well-equipped to deal with all such situations in the future.

2.4 Leave your phone number and email ID with them so that they can contact you for any further doubts.
CONCLUSION:

From a situation where students, teachers and the general public have little access to information about a dog’s body language, about how to avoid dog-bite, what rabies is and a general understanding of human-dog relations, we wish to move to a place where students feel confident that many dog-bites are preventable, that their bite is treatable, and that not all dogs are violent or rabid. We hope to move to a place where students feel heard and explained to, and where they see dogs as the loyal, friendly and loving animals that they are. It is only when the students are truly and empathetically helped with information and understanding, that their attitude towards dogs will remain stable, and in the best case, peaceful. This is the only long-term sustainable solution to minimize (or even prevent) escalation of the human-dog conflict.
WHAT IS THE PROBLEM AT HAND?

Many of us are scared of dogs, especially ones that live on the street. A large part of this fear is bred from ignorance. We are not taught about dog behavior in our schools and colleges. We are not taught about how to avoid dog-bites, and what to do in the event of such an incident. We are not taught about the incidence of rabies, and how to identify a rabid dog. We are not taught that for the most part, dogs are wonderful animals, make loyal companions and are brave guards of our communities. With little to no knowledge about the above, most of us are bound to be woefully underprepared when a dog bites us.

Children are likely to be amongst the most affected, and are therefore our most important audience. They interact with street animals on a daily basis and have a lifetime ahead of themselves to understand the issue and make a positive difference to affected humans and animals. Children could be curious, open-minded and eager to learn about the issue. They could also be fearful, angry and unaware about it.

This combination of the children’s curiosity and ignorance makes them a ripe audience for dog-bite prevention education.

WHY DO WE NEED EDUCATION ON DOG-BITE PREVENTION?

Most dogs are friendly, loving and peaceful. They play with us, give us joyful company, and take care of us when we’re feeling low. It is not without reason that they are called ‘man’s best friend’. Like the odd human that does not conform to the peaceful norm, the odd dog could act strange and even bite. It requires some understanding of dog behaviour and human-dog relationships in order to appreciate the full context of why dogs bite, and how we could get rabies.

As most people are not aware of the above, it is important to communicate such information to them, and help remove this ignorance and the associated fear. In this way, we are able communicate that all dogs are not violent or rabid, about precautions against dog bites, and about post dog-bite care.

We are able to empathetically reach out to a person who may have suffered harm before, ensure that they are able to use the education they receive to avoid preventable bites in the future, and create a feeling of safety and trust that will form the basis of any follow-up we may want to do.

Most importantly, we seek to create a positive image of street dogs and a healthy attitude towards them by alleviating the students’ fear and ignorance.
Dog-bite prevention education thus aims

raise education and awareness on preventable dog-bites and rabies control

build friendly relations with the students to ensure that their fears are addressed and a positive image of dogs is created

FACILITATION OF EDUCATION ON DOG-BITE PREVENTION:
The facilitator of dog-bite prevention education will be in charge of fulfilling the objectives elucidated above. The main responsibilities of this person will be:

- Conveying information to students and teachers about:
  - General dog behaviour and human-dog relations
  - Precautions against dog-bites
  - Brief about rabies – incidence, precautions, etc.
  - Post-bite care
- Building peaceful relations with the students at schools, and ensure follow-up:
  - Creating a positive environment of learning, feeling of safety and a positive image towards of dogs
  - Empathising with any harm they may have suffered before
  - Ensuring that they contact the facilitator for doubts or if something untoward (dog-bite/rabies case) happens in their community
  - Ultimately create a positive and healthy attitude towards street dogs
i. Understanding a dog’s body language:

- When a dog is crouching and growling, or when his body is standing tall and tense, or when the hair on his back is standing straight – the dog wants to be left alone. Move away from this dog.
- If a dog is moving slowly and lowering his head while licking his lips or glancing at you sideways, or when he has lowered his head and his tail is between his legs – the dog is unsure or frightened and should be left alone.
- If a dog’s ears are forward and if his tail is wagging, or if his front legs are stretched in front of him while he stands on his hind legs and wags his tail, or when his face is interested and alert and when his tongue is hanging out and his tail is wagging – he is happy and wants to play.
ii. Dos and don’ts around dogs:
- Do not disturb a dog that is eating or sleeping.
- Do not disturb or trouble a dog that is nursing her puppies.
- Do not look a dog directly in the eye while approaching him.
- Do not tease a dog by throwing objects at him.
- Do not approach a dog that is tied or behind a fence.
- Do not run or move quickly near a dog.
- If an unknown dog gets close to you, stand still and allow the dog to sniff you. Do not stare at the dog, and he will usually go away. Do not turn and run!
- If a dog jumps at you, cross your arms in front of you with fingers tucked in. If you have an object like a bag, place it between you and the dog.
- If you fall down, curl up and protect your face and body.

iii. Steps upon being bitten: Observe the victim and the wound, and find immediate medical assistance, keeping the following in mind:
- Wounds should be washed under running water, and with alkaline soap.
- Anti-rabies vaccinations ought to be given on days 0, 3, 7, 14, 28, 90 under the supervision of a trained medical professional. Immunoglobulin therapy should be instituted whenever the bites are more serious in nature. The doctor will determine the nature of the bite and therefore, a suitable form of treatment.
- Persons who present themselves for evaluation even months after having been bitten should treated in the same way as if they have just been bitten.
iv. Bite categories and corresponding treatment: Along with the vet, ensure treatment of the wound on the basis of its category (based on how deep, how many bites, location of bite, etc.). Keep in mind the below categories:

- Single or multiple deep bites or scratches/licks on broken skin: use immunoglobulin plus vaccine
- Minor scratches or abrasions without bleeding: use vaccine alone

v. Decision to treat:

In a country like India where there is high incidence of rabies, a vaccination must be taken after every dog bite. Ensure along with the vet that the treatment is initiated immediately after the bite. Simultaneously, the dog must be under the observation of the vet for the next 10 days.

vi. Precautions: Rabies vaccination must take priority over any other prior health condition of the victim. There are no contraindications for this, and it therefore must be administered to even pregnant and lactating women or infants who are bitten by a dog.
ABOUT RABIES (HIGH SCHOOL STUDENTS)

- Rabies is a zoonotic, virus-borne disease that may affect all mammals including cattle, dogs, cats and human beings. Dogs are the most common carriers of the disease.
- It impacts the central nervous system. The initial symptoms of rabies in a person are like that of flu – fever, muscle weakness and tingling.
- It is transmitted to us through the saliva of a rabid animal through infiltration – through a wound or laceration on one’s skin. The virus cannot enter the body if the skin is intact. Thus, it enters our body through the animal’s lick over a wound on our body, or if the animal bites us. Rabies is endemic to all continents in the world apart from Antarctica, but 95% of all rabies deaths happen in Asia and Africa.
- If untreated, rabies can be fatal. However, it is very easy to prevent it with proper medical care. It is 100% preventable if vaccines are taken at the right time. Countries in which rabies programmes have been successful usually undertake mass vaccination campaigns where at least 70% of the dog-population is vaccinated against the disease.

In the above manner, please ensure that students are given appropriate information on understanding a dog’s body language, on how to behave around dogs, on what to do if bitten, and on some basic facts about rabies. This must be done in a manner so as to inspire a sense of confidence, trust and safety in the students’ minds, as well as foster a positive outlook towards street dogs.
From a situation where students, teachers and the general public have little access to information about a dog’s body language, about how to avoid dog-bite, what rabies is and a general understanding of human-dog relations, we wish to move to a place where students feel confident that many dog-bites are preventable, that their bite is treatable, and that not all dogs are violent or rabid. We hope to move to a place where students feel heard and explained to, and where they see dogs as the loyal, friendly and loving animals that they are. It is only when the students are truly and empathetically helped with information and understanding, that their attitude towards dogs will remain stable, and in the best case, peaceful. This is the only long-term sustainable solution to minimize (or even prevent) escalation of the human-dog conflict.
INTRODUCTION
I. Background and context
II. Dog bites – prevention, treatment and care
III. Why counseling is necessary
IV. Outcomes of the training
V. Training schedule
VI. Training module for counselling

TRAINING MODULE FOR COUNSELLING

Module 1: Overview, epidemiological issues of rabies and dog-bite prevention
- **Sub-module 1:** Relevant statistics - number of dog-bite cases, number of rabies-related deaths, etc.
- **Sub-module 2:** Rabies Epidemiology – incidence, distribution, control/prevention
- **Sub-module 3:** Dog-bite prevention: understanding a dog’s body language, appropriate behaviour, etc.

Module 2: Counselling Basics:
- **Sub-module 1:** Need for counselling
- **Sub-module 2:** Values and attitudes of the counsellor
- **Sub-module 3:** Stages and process of counselling
- **Sub-module 4:** Behaviour change communication
- **Sub-module 5:** Information that must be provided to the patient:
  - What is rabies?
  - How will the doctor/nurse know if I have rabies?
  - What can I do to avoid getting rabies?
  - Can rabies be treated?
  - What steps should I follow once I leave the hospital?
  - How can I avoid getting bitten by dogs in the future/how can I understand a dog’s body language?
  - For how many days should I observe the dog after the bite?
  - Should I spread this information to those around me?
  - Stories/statistics on dogs being friendly/protective, and that they bite only when scared/provoked
  - Difference between a dog bite and rabies – emphasis on the fact that not all dog-bite cases lead to rabies!
Module 3: Monitoring and Evaluation:
- Sub-module 1: Pre and post-training knowledge questionnaire for trainers
- Sub-module 2: Pre and post-counselling knowledge questionnaire for patients

INTRODUCTION

I. Background and context

Rabies is a fatal disease, and leads to around 60,000 deaths annually worldwide. Of these, WHO in 2002 estimated that India sees around 30,000 deaths annually. This disease disproportionately affects vulnerable populations and involves huge social, political and health costs for our society – harming both humans and animals. About 75% of the bite victims belong to poor and lower income groups, and this figure is 80% in rural areas.

It continues to be endemic to India because of lack of systematic anti-rabies vaccination programmes for animals, lack of awareness on the subject, scarce availability and high cost of rabies vaccines and lack of adequate coordination between civic bodies, health and animal control departments. However, the source of anti-rabies treatment is still predominantly government centres (almost 60%), and 96.2% of all rabies cases are caused by dogs. Hence, this counselling module has specific focus on training government hospital counsellors to counsel dog-bite patients.

The aim of counselling dog-bite patients is to communicate dog-bite and rabies prevention information to them, and help remove ignorance and the associated fear. In this way, essential health and safety information is made available to patients in addition to their post-bite treatment. Additionally, counselling aims to provide patients with the necessary emotional support to cope with the post-bite effects such as fear, anger, distress and sadness.

II. Dog bites – prevention, treatment and care

Prevention of rabies and dog bites can occur through a confluence of the following:
- Vaccination against rabies of pet and street dogs, and other transmitting animals.
- Improved facilities for prevention – facilitating behaviour change to reduce dog bites and rabies – health education and advocacy.
- Adequate post-bite care, including post-exposure prophylaxis facilities in hospitals, at an affordable cost.
- Training and capacity-building of medical professionals to provide adequate post-bite treatment and care.
- Provision of adequate psychological support to bite-patients.
III. Why counselling is necessary

The purpose of the training module is to equip counsellors with the skills to support the National Rabies Control Programme (hereinafter “NRCP”) in its post-exposure prophylaxis programme. This module focuses on equipping them with skills necessary to educate and support patients who have been bitten by dogs, and who face the possibility, or are fearful of the possibility of rabies. This training is not only for the purpose of providing the patient with relevant information on the subject, but also in enabling the patient to make healthy and safe choices in the future.

The responsibilities of the counsellor are to give the patient information and support on key issues relating to rabies and dog-bite prevention, treatment and care. The counsellors must be equipped to provide the patient with emotional support, as well as to provide the patient with information on PEP [including on following the vaccination course till its end], on impressing on the patient techniques for the prevention of dog bites and rabies in the future, including but not limited to understanding a dog’s body language. Thus, there is a need for the counsellors to remain abreast on the latest developments on rabies, and on the best methods for dog-bite prevention. They are also expected to upgrade their knowledge and interpersonal skills, and understand and serve the changing needs of their patients.

As per a study in Kerala to assess the effectiveness of counseling, it was found that there was almost a quarter-fold increase in the patients’ awareness about rabies and how it spreads after the counselling, while there was a 100% improvement in the patients’ awareness about Animal Birth Control (hereinafter “ABC”) and its importance.

This counselling training programme aims to do the following:

- To train rabies counsellors who will provide counselling services to dog-bite patients in the network of government hospitals throughout the country.
- To disseminate information on all aspects relating to the prevention of dog bites and rabies.
- To build capacity and strengthen the skills of counsellors and healthcare workers across the country in providing effective treatment to dog-bite patients.

IV. Outcomes of the training

At the end of the training, the counsellor should be able to:

- Provide correct information on modes of transmission and available diagnosis and treatment for rabies.
- Provide emotional support to the patient, to tackle distress, fear, anger and sadness in an appropriate manner.
- Clarify the myths and misconceptions related to rabies.
- Identify patients with serious symptoms and ensure that they get adequate medical care.
- Maintain accurate scientific records for all of the above.
V. Training schedule
The schedule for the one-day training is as below:

<table>
<thead>
<tr>
<th>COUNSELLING TRAINING SCHEDULE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session</td>
</tr>
<tr>
<td>Introduction</td>
</tr>
<tr>
<td>Module 1</td>
</tr>
<tr>
<td>Break - 10:45 to 11:15 am</td>
</tr>
<tr>
<td>Module 1 (continuation)</td>
</tr>
<tr>
<td>Lunch - 12:45 pm to 1:30 pm</td>
</tr>
<tr>
<td>Module 1 (continuation)</td>
</tr>
<tr>
<td>Break - 3:30 pm to 3:45 pm</td>
</tr>
<tr>
<td>Module 2</td>
</tr>
<tr>
<td>Module 3</td>
</tr>
<tr>
<td>Dinner - 7:45 pm to 8:30 pm</td>
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</tbody>
</table>

VI. TRAINING MODULE FOR COUNSELLING
MODULE 1: OVERVIEW, EPIDEMIOLOGICAL ISSUES AND DOG-BITE PREVENTION

<table>
<thead>
<tr>
<th>Module 1 - Session Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session</td>
</tr>
<tr>
<td>Share relevant statistics</td>
</tr>
<tr>
<td>Conduct <strong>Activity 1</strong></td>
</tr>
<tr>
<td>Lecture using the PPT format</td>
</tr>
<tr>
<td>Conduct <strong>Activity 2</strong></td>
</tr>
<tr>
<td>1st GARC course</td>
</tr>
<tr>
<td>2nd GARC course</td>
</tr>
<tr>
<td>Summary of key points</td>
</tr>
</tbody>
</table>
Content:

- **Sub-module 1:** Relevant statistics: number of dog-bite cases, number of rabies-related deaths, state-wise trends for the same.

- **Sub-module 2:** Dog-bite prevention: What are the various components of a dog’s behaviour/body-language? How should one’s behaviour be tailored for dog-bite prevention?
  - Activity 1 [details below]
  - PPT on dog behaviour and appropriate safety responses

- **Sub-module 3:** Rabies prevention
  - Activity 2 [details below]
  - What is rabies? How can it be prevented?
  - What are the steps in post-rabies prophylaxis?

Training materials:
- NCDC’s NRCP handout – ‘National Guidelines on Rabies Prophylaxis’
- WHO’s rabies and dog-bite prevention module
- PowerPoint presentation on prevention of dog bites and rabies
- GARC’s 2 online courses – Rabies Educator course and Community Coordinator for Rabies course

ACTIVITIES

**Activity 1: The dog-bite game**

Objective: To understand how to behave around dogs in reaction to specific behaviour shown by it.

Methodology: Role-Play

Time Allotted: 25 minutes

Steps:

- Let one trainee from the audience volunteer to be a dog. Let 3 trainees volunteer to be a group of people passing by the dog.
- To the trainee acting like the dog, give him/her a series of chits having different kinds of behaviour – growling, wagging tail, looking scared, etc.
- To the group of trainees acting as the people around the dog, give them a bowl of chits to choose from. Each chit should have an action in relation to the dog’s behaviour.
- When the dog does an action that’s listed in his/her chit, the person acts out the behaviour that’s listed in his/her chit.
- The rest of the audience has to guess whether the action carried out in relation to the dog’s behaviour is in line with the person’s safety. These actions are repeated until the trainees are able to recognize what safe behaviour is in relation to dogs.
- Get the trainees to dwell on these questions after the activity:
  - How many scenarios did they get right, and how many did they get wrong?
  - Which were the ‘safe’ behaviours they already knew of, and which ones did they learn through the session?
  - From this role-play activity, can they guess as to whether most dog bites are provoked or not?
Activity 2: Rabies myth-busting

Objective: To assess how prevalent rabies myths are around us, and to replace these myths with facts.

Methodology: Team-play

Time Allotted: 20 minutes

Steps:

- Divide the trainees into 2 groups. Let one trainee in each group volunteer to be a spokesperson for the group.
- Keep 2 bowls with jumbled chits – one bowl in front of each group. Each bowl should have a different set of both facts and myths about rabies.
- A person from each group has to pick up a chit from their group’s bowl. The spokesperson from the other group has to answer (on behalf of his/her team) as to whether it’s a fact or a myth. This process has to be reversed from the other side as well.
- The exercise continues until all the chits from both the bowls are exhausted. The team with the most correct guesses is evaluated as knowing more about rabies.
- The following points must be discussed after the activity:
  - Which were the myths that were the most common and entrenched?
  - Which were the facts that were hard to believe?

**MODULE 2: COUNSELLING BASICS**

<table>
<thead>
<tr>
<th>Module 2 - Session Instructions</th>
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<tbody>
<tr>
<td>Conduct <strong>Activity 1</strong></td>
</tr>
<tr>
<td>Conduct <strong>Activity 2</strong></td>
</tr>
<tr>
<td>Conduct <strong>Activity 3</strong></td>
</tr>
<tr>
<td>Key points that must be conveyed to patients about dog-bite and rabies prevention</td>
</tr>
<tr>
<td>Summary of key points</td>
</tr>
</tbody>
</table>
Content:

- **Sub-module 1**: Need for counselling
- **Sub-module 2**: Values and attitudes of the counsellor
- **Sub-module 3**: Stages and process of counselling
- **Sub-module 5**: Information that must be provided to the patient:
  - What is rabies?
  - How will the doctor/nurse know if I have rabies?
  - What can I do to avoid getting rabies?
  - Can rabies be treated?
  - What steps should I follow once I leave the hospital?
  - How can I avoid getting bitten by dogs in the future/how can I understand a dog’s body language?
  - For how many days should I observe the dog after the bite?
  - Should I spread this information to those around me?
  - Stories/statistics on dogs being friendly/protective, and that they bite only when scared/provoked

**Training materials:**

- WHO’s rabies and dog-bite prevention module
- Powerpoint presentation on prevention of dog bites and rabies

**ACTIVITIES**

**Activity 1: Identifying the purpose of counselling**

Objective: To get the trainees to understand the purpose of rabies counselling

Methodology: Group discussion

Time Allotted: 20 minutes

**Steps:**

- Get each trainee to identify one issue that they’ve experienced with a dog-bite patient. Issues that will come up are – lack of awareness about rabies prevention, not knowing the PEP course, not knowing how to behave near dogs, excessive fear, anger, distress, etc.
- For each issue that comes up, encourage another trainee to come up with a specific solution – in terms of what the counsellor would be required to tell the patient. In 20 minutes, this exercise will yield the need for information-sharing and counselling on dog-bite and rabies prevention.
Activity 2: Values and attitudes of a counsellor

Objective: To learn how empathise with the dog-bite patient, and to listen without judgment – one of the most important skills of a counsellor.

Methodology: Role-play

Time Allotted: 40 minutes

Steps:

- Ask one trainee to be the counsellor. Another trainee should be the dog-bite patient. The other trainees should look at this situation and judge the sentiments of both the counsellor and the patient as the conversation between them progresses.

- Ensure that 2 scenarios are played out – the first where the ‘patient’ plays a difficult and distressed one, and the second where the ‘patient’ plays a more calm and composed one.

- Emphasis should be laid on the counsellor’s responses and reactions as to what the patient is saying. Emphasis should be laid on listening carefully, and without judgment.

- The following points must be discussed after the activity:
  - How did the ‘patient’ feel after being counselled? What could have been done better?
  - How did the ‘counsellor’ feel after counselling? Was he/she able to adequately listen and give appropriate advice when needed?

- On the basis of this activity, the trainees should come up with the core attitudes and values that every counsellor should have. The final list should include the following, and if any are missing, the trainer should fill them in:
  - The counsellor should be an excellent listener – every detail of what the patient is saying and feeling should be received seriously by the counsellor.
  - One of the key skills of the counsellor is to have empathy for the patient. This means that in addition to listening to the patient, the counsellor must be able to put himself/herself in the patient’s shoes. This includes having a good understanding of the patient’s cultural/social conditioning, and also of the conditioning of potential patients in the area. This will enable the counsellor to empathise more effectively, and fulfill the patient’s needs better.
  - The counsellor should be value-neutral and should not judge the patient under any circumstances.
  - The counsellor should be calm, composed, polite, helpful and professional at all times. The counsellor should actively build trust with the patient.
  - The counsellor should be knowledgeable and up-to-date on all information relating to rabies and dog-bite prevention.
  - Service and assistance should be the main aims of the counsellor. If the counsellor is not able to assist the patient in any way, then he/she should ensure that the patient is given that assistance through other means.
Activity 3: Learning the stages and process of counselling

Objective: To appreciate each step in the counselling process.

Methodology: Case-study in groups

Time Allotted: 45 mins

Steps:

- Divide the trainees into groups of not more than 5 each.
- Give each group one of the 2 case studies given below and give them 15 minutes to come up with the stages that counselling such a patient would involve.
- 2 groups - each with Case Study A and B must share the counselling stages that they came up with for their respective scenarios. Let the other groups volunteer if they had any additional stages, or if they would do some of the mentioned stages differently.
- **Case Study A**: Ramesh comes to the hospital with a deep dog-bite wound in his neck and is crying and screaming. He is also not listening to what the doctor is telling him because he is so distressed. His mother who accompanied him is also crying. How will you, as the counsellor, proceed?
- **Case Study B**: Rohit comes to the hospital with a dog-bite on his calf. It looks deep but is not critical. More than fearful, he is very angry, and is saying that he and his family are planning to beat the dog to death after he finishes getting his vaccine shot. How will you, as the counsellor, proceed?

- After this exercise is completed, the groups must work at converting the counselling stages that evolved in these specific case studies into ‘General Stages for Counselling a Dog-Bite Patient’.

**MODULE 3: MONITORING AND EVALUATION**

<table>
<thead>
<tr>
<th>Module 3 - Session Instructions</th>
<th>45 mins</th>
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<tbody>
<tr>
<td>Pre and post-training questionnaire for trainers</td>
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<tr>
<td>Pre and post-counselling questionnaire for patients</td>
<td></td>
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</tbody>
</table>