



# Implementation and facilitator guide

for the healthy lifestyle:  
noncommunicable diseases (NCDs)  
prevention and control module



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# Healthy lifestyle: noncommunicable diseases (NCDs) prevention and control

module 8 of the CBHFA  
manual

The International Federation of Red Cross and Red Crescent Societies (IFRC) is the world's largest volunteer-based humanitarian network, reaching 150 million people each year through our 189 member National Societies. Together, we act before, during and after disasters and health emergencies to meet the needs and improve the lives of vulnerable people. We do so with impartiality as to nationality, race, gender, religious beliefs, class and political opinions.

Guided by *Strategy 2020* – our collective plan of action to tackle the major humanitarian and development

challenges of this decade – we are committed to "saving lives and changing minds".

Our strength lies in our volunteer network, our community-based expertise and our independence and neutrality. We work to improve humanitarian standards, as partners in development and in response to disasters. We persuade decision-makers to act at all times in the interests of vulnerable people. The result: we enable healthy and safe communities, reduce vulnerabilities, strengthen resilience and foster a culture of peace around the world.

## Acknowledgments

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IFRC's global health team

IFRC's zone health team

IFRC's Reference Centre for Psychosocial Support team

1 [http://www.who.int/ncd/mip2000/documents/wha\\_53\\_17\\_en.pdf](http://www.who.int/ncd/mip2000/documents/wha_53_17_en.pdf)

2 [http://www.who.int/nmh/publications/wha\\_resolution53\\_14/en/index.html](http://www.who.int/nmh/publications/wha_resolution53_14/en/index.html)

3 [http://www.who.int/nmh/publications/wha\\_resolution56\\_1/en/index.html](http://www.who.int/nmh/publications/wha_resolution56_1/en/index.html)

4 [http://www.who.int/dietphysicalactivity/strategy/eb11344/strategy\\_english\\_web.pdf](http://www.who.int/dietphysicalactivity/strategy/eb11344/strategy_english_web.pdf)

5 <http://www.who.int/nmh/publications/9789241597418/en/>

6 [http://www.who.int/nmh/publications/un\\_resolution/en/index.html](http://www.who.int/nmh/publications/un_resolution/en/index.html)

7 [http://www.who.int/substance\\_abuse/activities/gsrhua/en/](http://www.who.int/substance_abuse/activities/gsrhua/en/)

8 [http://apps.who.int/gb/ebwha/pdf\\_files/WHA66/A66\\_8-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_8-en.pdf)

9 <https://www.un.org/en/ga/ncdmeeting2011/>

10 [http://apps.who.int/iris/bitstream/10665/94384/1/9789241506236\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/94384/1/9789241506236_eng.pdf?ua=1)

11 [http://www.who.int/nmh/global\\_monitoring\\_framework/en/](http://www.who.int/nmh/global_monitoring_framework/en/)

12 [http://whqlibdoc.who.int/publications/2011/97892406864508\\_eng.pdf?ua=1](http://whqlibdoc.who.int/publications/2011/97892406864508_eng.pdf?ua=1)

13 [http://whqlibdoc.who.int/publications/2011/9789241502283\\_eng.pdf?ua=1](http://whqlibdoc.who.int/publications/2011/9789241502283_eng.pdf?ua=1)

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- WHO. Resolution (WHA 53.17) adopted by the 53rd World Health Assembly, Prevention and control of noncommunicable diseases, May 2000<sup>1</sup>.
- WHO. 53rd World Health Assembly, Report on Global strategy for the prevention and control of noncommunicable diseases, March 2000<sup>2</sup>.
- WHO. Framework Convention on Tobacco Control Resolution (WHA 56.1) adopted by the 56th World Health Assembly, May 2003<sup>3</sup>.
- WHO. Global Strategy on diet, physical activity and health endorsed by 57th World Health Assembly, May 2004<sup>4</sup>.
- WHO. 2008-2013 Action plan for the global strategy for the prevention and control of noncommunicable diseases, 2009<sup>5</sup>.
- WHO. Resolution (WHA 64/265) adopted by the 64th World Health Assembly, Prevention and control of noncommunicable diseases, May 2010<sup>6</sup>.
- WHO. Global strategy to reduce harmful use of alcohol, 2010<sup>7</sup>.
- WHO. Draft comprehensive global monitoring framework and targets for the prevention and control of noncommunicable diseases, March 2013<sup>8</sup>.
- Political Declaration of the High-level meeting of the UN General Assembly on the Prevention and Control of Noncommunicable Diseases 2011<sup>9</sup>.
- WHO Global Action Plan for the prevention and control of noncommunicable diseases 2013-2020<sup>10</sup>.
- NCD Global Monitoring Framework 2025<sup>11</sup>.
- WHO global status report on noncommunicable diseases 2010<sup>12</sup>.
- Noncommunicable disease country profile 2011<sup>13</sup>.

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# Foreword

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The International Federation of Red Cross and Red Crescent Societies (IFRC) and its member National Societies have the unique ability to effectively address communities locally - where they work and live - through a network of more than 15 million volunteers in 189 countries. These community-based volunteers are the true heroes in bringing aid and assistance to their fellow community members, in times of disaster and strife as in peacetime, and are the lifeblood of the Red Cross Red Crescent's important work globally.

The combined threat of infectious diseases, noncommunicable diseases (NCDs) and violence is increasing, and is damaging the health and livelihood of people and communities worldwide. There is an urgent need to scale-up public health interventions and to link them with a broader range of resilience-building initiatives and development areas in order to meet the increasing demand for disease prevention and control.

Being non-infectious by definition, NCDs are largely caused by genetic or life-style factors. Four types of NCDs –cardiovascular diseases, cancers, diabetes and chronic respiratory diseases – account for almost two-thirds of the total number of deaths worldwide, with 80 per cent of these deaths occurring in low- and middle-income countries.

NCDs are a leading threat to health and development in all our communities. However, these diseases are preventable.

National Red Cross Red Crescent Societies have a long history of working within communities, and are in a strong position to lead community health initiatives empowering people to take charge of their own health and using tools that have been adapted to their respective local contexts.

There are 98 National Societies currently using the Community-based health and first aid (CBHFA) approach to implement community health programming. This programming aims to build the capacity of National Societies, strengthen community systems and improve the health-related behaviour of targeted communities by increasing access to knowledge.

This module is an addition to the existing CBHFA manual, providing materials and guidance to volunteers and community members to help eliminate or reduce these risk factors from community members' lifestyles in a bid to save lives. In doing so, we can help prevent almost 80 percent of heart disease, stroke and type 2 diabetes and over a third of all cancers. It is a task that National Red Cross Red Crescent Societies are uniquely positioned to address. It is the IFRC's goal that this module will help Red Cross Red Crescent volunteers and other partners to deliver these key messages and help promote healthier lifestyles for their communities.



**Dr Stefan Seebacher,**  
Head Health Department  
International Federation of Red Cross and Red Crescent Societies (IFRC)

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# Introduction

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## How to use this guide

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The implementation and facilitator guide for the healthy lifestyle: noncommunicable diseases (NCDs) prevention and control module is designed to be taught by a trainer or staff member. The audience are staff and volunteers who will be teaching community members about NCDs.

This guide supplements the volunteer manual for the healthy lifestyle: noncommunicable diseases (NCDs) prevention and control module, without any repetition of content. When teaching the implementation and facilitator guide, the facilitators will need to refer to:

- **The implementation and facilitator guide**
- **The volunteer manual**
- **The community toolkit**

The text from the volunteer manual is reproduced on the backside of the respective visual tools in the community toolkit. This enables the volunteers to teach without any hesitation as they may need help with the script for what to say. The security of having all the information right at their fingertips can help in boosting the confidence level of volunteers enabling them to conduct error-free sessions. Volunteers may adapt the materials to best suit the local context but should ensure that modifications keep with the evidence-based messages.

### Maximum group size

30 participants

### Time required

The implementation and facilitator guide curriculum can be taught over three full days. The extended time allows the volunteers and staff to understand the dangers of NCDs, the behaviours that contribute to NCDs, the basics of behaviour change, assessing their NCD risk and developing a health action plan **and** to be able to teach this knowledge and skills to others; all this achieved with highly interactive and appropriate tools meant to target audiences. A breakdown of the suggested time required for the sessions is displayed in the preceding tables. Note that the **italicized sessions** refer to the same content as that taught in the volunteer manual – the only difference being that the implementation and facilitator guide follows up the learning sessions with practice sessions for the staff and volunteers in teaching the newly learned content to others in preparation for their work with community members.

## Topic 1: The four NCDs: cardiovascular diseases, diabetes, cancers and chronic respiratory diseases

Section	Suggested time
Introduction	20 minutes
The four NCDs	20 minutes
Knowledge about NCDs	5 minutes
Knowledge about NCDs practice	20 minutes
NCDs puzzle	30 minutes
NCDs puzzle practice	30 minutes
Wrap-up	15 minutes
<b>Total Time</b>	<b>2 hours, 20 minutes</b>

## Topic 2: Identification of the four key risk factors of NCDs with a focus on prevention

Section	Suggested time
Introduction	5 minutes
The four risk factors	20 minutes
The dangerous four (round 1)	20 minutes
The dangerous four practice (round 1)	40 minutes
The dangerous four (round 2)	25 minutes
The dangerous four practice (round 2)	50 minutes
Healthy lifestyle game	30 minutes
Wrap-up	15 minutes
<b>Total Time</b>	<b>3 hours, 25 minutes</b>

### Topic 3: Assessment, identification and facilitation of personal NCD risks

Section	Suggested time
Introduction	5 minutes
Risk factor assessment	20 minutes
Self-assessment demonstration	15 minutes
Self-assessment demonstration practice	30 minutes
Assisted assessment demonstration	15 minutes
Assisted assessment demonstration practice	20 minutes
Clinical assessment demonstration	15 minutes
Clinical assessment demonstration practice	20 minutes
Putting it all together	50 minutes
Wrap-up	15 minutes
<b>Total Time</b>	<b>3 hours, 25 minutes</b>

### Topic 4: Help community members' identify risky health behaviours and how to begin to adopt healthier behaviours

Section	Suggested time
Introduction	5 minutes
Behaviour change	20 minutes
Slides and steps of behaviour change	30 minutes
Behaviour stages game and practice	50 minutes
Wrap-up	15 minutes
<b>Total Time</b>	<b>2 hours</b>

## **Topic 5: Creating health goals and health action plans and supporting community members in changing their unhealthy behaviours**

<b>Section</b>	<b>Suggested time</b>
Introduction	5 minutes
Health action plans	20 minutes
Writing a health action plan	30 minutes
Writing a health action plan practice	60 minutes
Healing your body through behaviour change	30 minutes
Healing your body through behaviour change practice	60 minutes
Community-based support	20 minutes
Wrap-up	15 minutes
<b>Total Time</b>	<b>4 hours</b>

If you are ready to get started, turn to page 13. Enjoy the journey - we are on our way to help create healthier communities, one community member at a time.

# Implementation guide

## **healthy lifestyle: noncommunicable diseases (NCDs) prevention and control**

module 8 of the CBHFA manual

Healthy lifestyle: noncommunicable diseases (NCDs) prevention and control - module 8 of the CBHFA manual is not intended to duplicate or contradict the CBHFA materials. The information in this implementation guide is specific to NCDs and how to incorporate this module into the existing community-based health programme.



# 1. About NCDs

A noncommunicable disease (NCD) is a disease that is not infectious. Such diseases may result from genetic or lifestyle factors. Current evidence indicates that four types of NCDs (i.e. cardiovascular diseases, cancers, diabetes and chronic respiratory diseases) account for almost two-thirds of all deaths globally, with 80 per cent of these deaths occurring in low- and middle-income countries.

NCDs pose a major threat to the health and development of the society at large. Ironically, these diseases are very much preventable. By eliminating the shared risk factors such as tobacco use, unhealthy diet, physical inactivity and the harmful use of alcohol, almost 80 per cent of heart disease, stroke and type 2 diabetes and over a third of all cancers can be prevented. In addition, improved disease management can reduce morbidity, disability and death and can contribute to better health outcomes. Overall, proven cost-effective strategies do exist to prevent and control this growing burden.

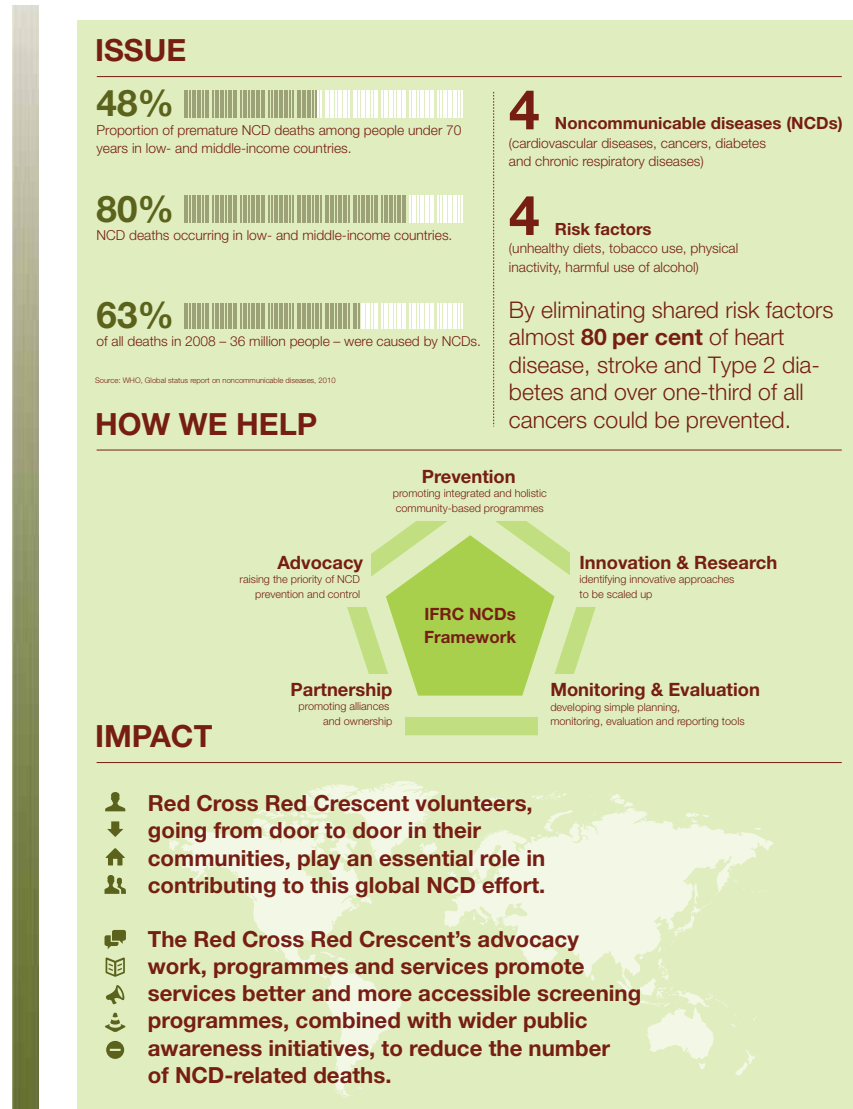
## 1. What can Red Cross Red Crescent do?

NCDs prevention is fully consistent with the International Federation of Red Cross and Red Crescent Societies (IFRC) Strategy 2020 under Strategic Aim 2 – to enable healthy and safe living. It encourages “action on the underlying social, behavioural and environmental factors that determine good health” and helps to achieve “better personal and community health and more inclusive public health systems.”

National Red Cross and Red Crescent Societies can play an active role in prevention and control of NCDs and can contribute to all objectives of the World Health Organization (WHO) 2008-2013 Action Plan on NCDs with a high emphasis on prevention areas.

Overall, the National Red Cross or Red Crescent Societies have a long history of disease prevention and health promotion and they are in a unique position to become pioneers in implementing NCDs prevention programmes using a holistic health approach. According to WHO, NCDs are the leading cause of death globally, killing more people every year than ALL other causes combined. The majority of these deaths occur in low- and middle-income countries, yet the population of every country on the globe is affected by NCDs.

## Figure 1: Noncommunicable diseases - Addressing health inequities and strengthening resilience



Note: the term 'type 2 diabetes' is referred to as 'diabetes' for the rest of this module.

Source: Noncommunicable diseases: towards safe and healthy living (IFRC)

While there are a number of NCDs that affect the world population, there are four critical diseases or disease types that have the highest death toll, namely:

- Cardiovascular diseases that include diseases of the heart and blood vessels
- Cancer
- Chronic respiratory diseases that include diseases of the lungs and respiratory system
- Diabetes

All four of these NCDs have a link to four risk factors, namely tobacco use, excess alcohol use, unhealthy diet and inactivity. These four behaviours – all of which are changeable – contribute to nearly 80 per cent of the deaths caused by NCDs globally<sup>1</sup>. This means that adopting healthy behaviours is the first and most critical preventive measure to saving millions of lives every year. While that may sound like a simple solution, effective behaviour change is rarely

1 WHO, *Noncommunicable diseases, 2013*: <http://www.who.int/mediacentre/factsheets/fs355/en/>

simple. This module aims to provide tools, with a community-based approach to volunteers and staff to spread knowledge about prevention and support behaviour change. A community-based approach integrates a primary health care approach with community health promotion. This approach mobilizes communities and their volunteers to use simple tools, adapted to local context to address the priority health needs of a community and to empower them to be in charge of their own development. This module empowers the community members and volunteers, who in turn provide the communities with the tools they need to understand their NCD risks and how to reduce those risks.

This module is designed in addition to the CBHFA modules, to supplement the scope of health concerns that a community may have and wish to address through CBHFA community sessions with their Red Cross Red Crescent volunteers and staff. The curriculum designed for the community members with a global scope of view, should be taught over five interactive sessions.

This module is intended for adolescents and adults. A separate module aimed at teaching children about healthy behaviours is forthcoming.

IFRC's Strategy 2020 provides technical assistance and quality materials for use at the community level with a focus on building healthier lifestyles leading to better resilience and to save lives globally. The module aims to develop tools needed to continue this necessary work through the CBHFA approach.

For a complete guidance on introducing the CBHFA approach to your community, please refer to the comprehensive implementation guide. The guide provides complete details on preparing and launching a CBHFA approach at the community level.

## 2. Description

IFRC revised and re-introduced the community-based health and first aid programme to National Societies in 1992 with a revised version in 2009. National Societies worldwide have embraced the CBHFA approach throughout the Movement, training thousands of staff and volunteers to teach this unique approach to millions of community members worldwide.

In 2011, the worldwide public health community passed a resolution on the global rise of NCDs. The NCDs are the leading cause of death globally, killing more people each year than all other causes combined. Contrary to popular opinion, available data demonstrate that nearly 80 per cent of NCD deaths occur in low- and middle-income countries<sup>2</sup>.

IFRC's Strategy 2020 specifically mentions and highlights the need to address NCDs at the community level. As part of IFRC's mandate and distinctive structure, which features more than 13,000,000 community volunteers worldwide, IFRC is uniquely positioned to work at the community level in response to the global rise in NCD diagnoses. Module 8 on healthy lifestyle: noncommunicable diseases prevention and control is an addendum to the existing CBHFA module that allows community members to address NCDs locally.

2 WHO, *Non-communicable diseases, 2013*: <http://www.who.int/mediacentre/factsheets/fs355/en/>

## 3. Rationale

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Despite the rapid growth and inequitable distribution of NCD diagnoses, much of the human and social impact caused each year by NCD-related deaths could be averted through well-understood, cost-effective and feasible interventions<sup>3</sup>. Community-based action and impact is possible with IFRC's materials on NCDs in the community toolkit.

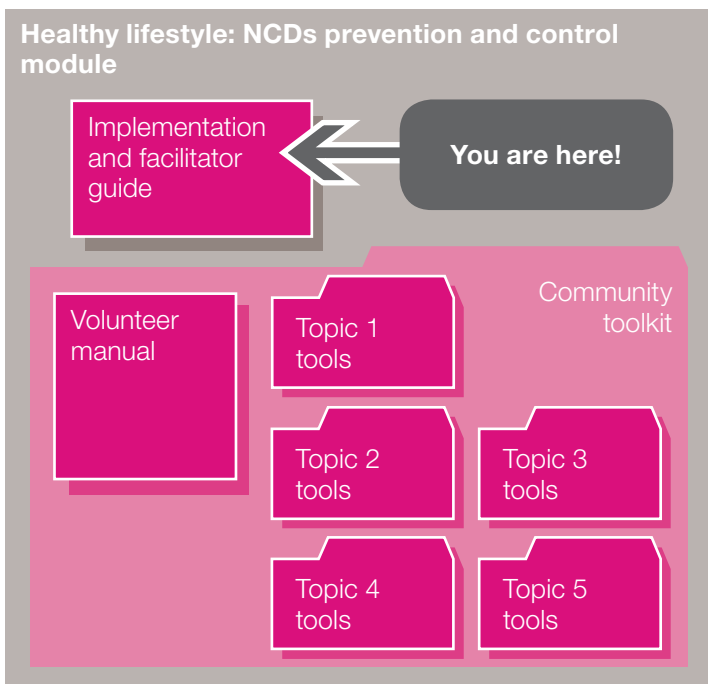
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3 WHO, *Noncommunicable diseases, 2013*: <http://www.who.int/mediacentre/factsheets/fs355/en/>

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2.

# Getting started on NCDs



For implementing healthy lifestyle: non-communicable diseases (NCDs) prevention and control - module 8 of the CBHFA module, three sets of materials are required:

- **The implementation and facilitator guide** is designed to teach volunteers and staff how to appropriately teach the NCDs to community members. This guide supplements the volunteer manual.
- **The volunteer manual** is designed for staff and volunteers to teach the community members about NCDs and prevention. **All** content in the volunteer manual is also reproduced on the back of the topic tools in the community toolkit for easy access.

- **The community toolkit** is a collection of tools designed for staff and volunteers to teach the module to community members. The topic tools include visually appealing posters, game kits, demonstration and display cards and guidance sheets.

For a comprehensive list of all course materials, refer to the toolkit contents indicated on each topic listed in both the implementation and facilitator guide and volunteer manual.

The community toolkit is available at [www.ifrc.org](http://www.ifrc.org). The tools can be downloaded and adapted to suit your audience.

# 3. Managing NCDs

## 1. How to implement this module into existing CBHFA programming

Globally, 98 countries are already implementing the CBHFA programme successfully in thousands of communities. This module is a supplement to the existing community health programmes using the CBHFA approach. Additionally, the programme can be taught and implemented as standalone training if your programme so requires.

This module should be used like any other module in the CBHFA approach. Use of this module should be based on the following:

- Results of the community assessment featured in module 3
- Secondary data such as your country's disease profile<sup>4</sup>
- Data from your health ministries

In case only one of the NCDs is identified as a priority area, it is highly recommended to NOT teach it as an isolated disease separate from the other NCDs. The risk factors linked to the four principal NCDs are common across the four diseases and thus should be taught together to strengthen the message for adopting healthy behaviours.

If NCD diseases and NCD-related risks are assessed as priorities for a community, this module is an excellent tool for programme implementation. Facilitators who will be training staff and volunteers can conduct the training in 2 to 3 days. Facilitators can travel to teach staff and volunteer teams and can help community teams to revise and re-contextualize the materials to the community's needs. For guidance on contextualizing material, see the guidance in the preceding section. Once trained, the staff and volunteers can facilitate community sessions about NCDs with their community members.

Further, it needs to be noticed that each session should be conducted in the correct order provided as each topic builds on the content in the previous topics.

## 2. Learning objectives

The learning objectives for both the implementation and facilitator guide and the volunteer manual are outlined below. Note that the objectives listed in **orange** indicate that these are only to be learnt by staff and volunteers attending the facilitator training.

<sup>4</sup> WHO, *Noncommunicable diseases, 2013*: <http://www.who.int/mediacentre/factsheets/fs355/en/>

## Volunteer manual for NCDs in the community

By the end of the module, all beneficiaries will be able to:

## Facilitator guide for NCDs training of community-based volunteers and staff

By the end of the module, all Red Cross Red Crescent staff and volunteers will be able to:

### Topic 1

- Identify the four principal NCDs of diabetes, cancer, cardiovascular disease and chronic respiratory disease.
- Explain the threat of the four NCDs to personal health.

- Identify the four principal NCDs of diabetes, cancer, cardiovascular disease and chronic respiratory disease.
- Explain the threat of the four NCDs to personal health.
- **How to teach about the threat of NCDs at the personal, community and global levels.**

### Topic 2

- Identify the four main behavioural risk factors of tobacco use, physical inactivity, harmful use of alcohol and unhealthy diet.
- Share and discuss the specific dangers of tobacco use at the personal and community level.
- Share and discuss the specific dangers of physical inactivity.
- Share and discuss the specific dangers of harmful use of alcohol at the personal and community level.
- Share and discuss the specific dangers of an unhealthy diet.
- Share the economic impact of NCDs at the household level.
- Discuss specific prevention measures of NCDs.

- Identify the four main behavioural risk factors of tobacco use, physical inactivity, harmful use of alcohol and unhealthy diet.
- Share and discuss the specific dangers of tobacco use at the personal and community level.
- Share and discuss the specific dangers of physical inactivity.
- Share and discuss the specific dangers of harmful use of alcohol at the personal and community level.
- Share and discuss the specific dangers of an unhealthy diet.
- Share the economic impact of NCDs at the household level.
- Discuss specific prevention measures of NCDs.
- **Relate social determinants to risk factors.**

### Topic 3

- Identify and discuss factors that correlate to low-, medium- and high-risk levels for NCDs.
- Use the self-assessment scorecards.
- Teach others to use the self-assessment cards.
- Analyse data from the scorecards to determine NCD risk level and recommended next steps.
- Teach others how to analyse data from the scorecards to determine NCD risk level and recommended next steps.
- Provide psychological first aid to community members at highest risk and as needed.

### Topic 4

- Identify the volunteer's role as a change agent.
- Discuss the stages of behaviour change.
- Discuss the fluctuations in how people change their behaviours.

### Topic 5

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• State the three essential elements of effective behaviour change.</li> <li>• Use scorecard results to determine behaviour change goals and health action plan</li> <li>• Write a personal health action plan.</li> <li>• Discuss the positive effects of changing risk factor behaviours.</li> <li>• Discuss how to best maintain healthy behaviour.</li> </ul> | <ul style="list-style-type: none"> <li>• State the three essential elements of effective behaviour change.</li> <li>• Use scorecard results to determine behaviour change goals and health action plans.</li> <li>• Write a personal health action plan.</li> <li>• Discuss the positive effects of changing risk factor behaviours.</li> <li>• Discuss how to best maintain healthy behaviour.</li> <li>• <b>Discuss the format for a behaviour change support meeting.</b></li> </ul> |
|--|---|

## 3. Format of materials

The format of module is toolkit-based. Five separate topic kits make up the community toolkit.

Each topic kit contains:

- Topic toolkit case
- Poster-sized tools for the topic
- Games, assessment cards and other tools needed for the topic

All the tools for each topic can be held in a topic toolkit case to help secure all materials. A larger NCDs portfolio is given to all volunteers to hold all five toolkit cases.

Content from the volunteer manual is reproduced directly on the tools in the toolkit. This ease of use allows volunteers to utilise the toolkit with more flexibility and interaction with community members.



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## 4. Adapting the NCD tools

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It is strongly encouraged to adapt the materials to your local context.

**Contextualization** is the process of making learning material more appropriate – at least on the surface. This typically consists of modifying images, signs, gestures and other visual components of a course – to align it with those of the target culture(s).

It is the job of the local volunteer or staff to analyse the module and ensure that the content and instructional strategies are appropriate to your community members. One approach is the cultural analysis framework that details the steps involved in analysing curriculum culturally and identifying the critical areas that need adaptation.

The framework consists of the following steps: research, differentiate, propose and substantiate adaptations to content and strategies, test adaptations and redesign.

### 1. Research

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At the start, take into consideration the cultural characteristics of the community members, such as ethnicities, religions, gender, languages, etc. Consider the following four areas.

#### Environment

Consider the training environment. Is it something that your targeted learners are familiar and comfortable with? Consider their typical learning environment and determine if the curriculum allows for this modification.

#### Socioeconomic

Consider the literacy level of the community members. What is the typical educational attainment rate of the target audience? What is the literacy rate? If the literacy rate is low, the tools that rely on text will need to be adapted or converted to locally-appropriate images.

#### Communications

Language has “the” most powerful impact on communications. Consider if there are dialects that may be spoken in your community that are different and if so – is there a common dialect or language.

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Consider if your community members come from a common work background like medical staff, or market vendors or prisoners. What signs, symbols, words, gestures, non-verbal communication, colours or even clothing are acceptable or taboo? For whom what is taboo – Women? Men? Certain groups? On any certain day? Times?

## Cultural dimensions

According to the concept of national cultural dimensions, it is understood that groups of people with similar geographic areas possess similar cultural values – even when they are not all from the same culture<sup>5</sup>. This is helpful in the case of a community group of people from the same country – but perhaps of different tribes or ethnic groups. In that case, the material will need to be developed according to the group's overall culture.

There may be other factors that do not fit in these categories but are significant. An example to be considered is varying social levels in the target group or past conflicts existing between groups.

## 2. Differentiate

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Differentiate within following areas:

### Content

The content that may need to be altered in the module is dependent on the culture of the community. Some of the content that may need to be modified might include:

- The recommendations for “alcohol allowances” may vary for your country. The figures given in the module reflect WHO global recommendations and allowable amounts can be reduced based on the community's religion, beliefs or local customs. Note that it is NOT recommended that the information about alcohol be eliminated completely as it is best for community members to be well-informed of all risk factors.
- The recommendations for “healthy foods” will vary for your country, based on supply and local culture. Modify the materials to reflect the fruits, vegetables and healthy dishes that are appropriate for your local context.
- The recommendations for “appropriate activities” may vary for your country. For example, if it is not safe to walk to the market, other options need to be shared with community members to give them support in getting more activity.
- The recommendations for vital signs guidelines and ranges may vary for each country. Refer to the guidelines issued and published by the government or nodal agency in the country.

### Training methods

Training methods in this module range from lecture-based instructional strategies to role plays and games.

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<sup>5</sup> Hofstede, G. (1997)

Determine if the instructional strategies proposed are appropriate to your targeted training group. Adult learning methods are applicable across all cultures – not just limited to specific cultures. If you know that your community is used to lecture as the sole means of instruction, this simply means that this is the strategy that your audience is most comfortable with. Take this into account and begin with a familiar strategy such as lecture, slowly adding in more participatory strategies “as appropriate to the content.” You decide what tools are most appropriate for your community.

### 3. Propose and substantiate adaptations to content and strategies

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After you have reviewed the content and strategies of the module against your community culture, identify any disconnects. In identifying disconnects, determine if they are critical to successful learning for the community and if so – what you should do about it? You may find that adaptations will be extensive, minor or in some cases – not even required.

Possible adaptations include:

- Changing the order or timing of the module topics and activities as appropriate.
- Translating the materials.
- Localizing the materials in style and format, specifically the images.

### 4. Test adaptations

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To ensure that the proposed adaptations actually respond to the needs of the targeted learners and the parameters of the culture, testing the changes is necessary. To test, it is recommended to:

- Review the changes with a select group of community members or branch staff. Allow them to give their feedback about how well the changes align with their needs and expectations.
- Pilot the curriculum with a select group. Test out the adaptations that you made to the module with a group of community members.
- Gather feedback from the pilot group on how their cultural and social expectations were accommodated in the course.

### 5. Redesign the curriculum

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Using the feedback you have gathered, modify the curriculum to produce a final version that is ready to be used within the community in a full training setting.

## 6. Different cultures in the same training group

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The Red Cross Red Crescent volunteers and staff adapt the module to audiences that represent many different cultures and dialects, such as for use across India or for use across Ethiopia – each country home to numerous cultures, dialects and social norms. It is not realistic to accommodate so many groups of learners from vastly different cultures into one national curriculum that works for each community. For large countries that wish to adapt the curriculum, it is recommended that they adapt to a national standard and give guidance to branch staff and volunteers on how to further adapt it to the local context.

# Glossary

<b>Activity</b>	Exercise that gets your body moving. This should include some regular activity that keeps you moving like walking or biking or swimming as well as some strength-building exercises like push-ups and squats.
<b>Acute</b>	A disease that is brief and severe, such as cancer.
<b>Alcohol</b>	Any liquid that contains fermented sugars and intoxicates or impairs the drinker's abilities and decisions. Each type of alcohol has a percentage of alcohol listed – the higher the percentage, the more damaging the drink to the person.
<b>Blood pressure</b>	Pressure by the blood on the walls of the vessels and arteries.
<b>Cancer</b>	A malignant tumour of potentially unlimited growth in the body.
<b>Cardiovascular disease</b>	A disease relating to or involving the heart and blood vessels.
<b>Chronic</b>	A disease of long duration.
<b>Chronic respiratory disease</b>	A disease relating to or involving the lungs and may include the mouth and throat.
<b>Clean cook stove</b>	A cook stove that is designed to dramatically reduce exposure to cook stove smoke and uses more efficient fuels.
<b>Diabetes</b>	A disease where the person has high blood sugar levels. Type 2 diabetes is largely preventable and develops most often in middle-aged and older adults but can also appear in young people.
<b>Heart attack</b>	A sudden disruption of blood to the heart.
<b>High blood pressure</b>	When the heart is required to work harder to circulate blood in the body with exerted pressure. A common reason for this could be the occurrence of too much plaque in the arteries causing the heart to work much harder to push the blood through the blockages at a higher pressure.
<b>Hypertension</b>	See “high blood pressure.”
<b>Inactivity</b>	State of not moving your body.

<b>Low blood pressure</b>	Reduced pressure on the artery walls from the heart to move blood through the vessels and arteries. Low blood pressure is not healthy and can have various reasons such as low blood volume, hormonal changes, widening of blood vessels, medicine side effects, anaemia, heart problems or other problems.
<b>NCD</b>	Noncommunicable disease. Any disease that cannot be passed on to another person or animal.
<b>Plaque</b>	A substance that deposits inside blood vessels and arteries. Too much plaque is caused by eating too much fat, salt and sugar. Too much plaque makes the heart and vessels have to work harder constantly.
<b>Prevention</b>	To keep something from happening, such as having an NCD.
<b>Stroke</b>	Sudden loss of brain function caused by a blockage or rupture of a blood vessel to the brain.
<b>Tobacco</b>	The leaves of plants with nicotine that are dried and rolled-up into cigars and cigarettes.
<b>Treatment</b>	A remedy given to a person with a disease to try and heal them.
<b>Vessels</b>	Tubes that run throughout the body to deliver blood and oxygen to the body.

# Facilitator guide

## **healthy lifestyle: noncommunicable diseases (NCDs) prevention and control**

module 8 of the CBHFA manual

Healthy lifestyle: noncommunicable diseases (NCDs) prevention and control - module 8 of the CBHFA manual is not intended to duplicate or contradict the CBHFA materials. The information in this facilitator guide is specific to NCDs and how to incorporate this module into the existing community-based health programme.



# Topic 1

The four NCDs: cardiovascular diseases, cancer, chronic respiratory diseases and diabetes

## Learning objectives

At the completion of this topic, you will be able to:

- Identify the four principal NCDs of diabetes, cancer, cardiovascular disease and chronic respiratory disease.
- Explain the threat of the four NCDs to personal health.
- **How to teach the threat of NCDs at the personal, community and global level.**

## Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately **140 minutes** to complete.

Section	Suggested time
Introduction	20 minutes
The four NCDs	20 minutes
Knowledge about NCDs	5 minutes
Knowledge about NCDs practice	20 minutes
NCDs puzzle	30 minutes
NCDs puzzle practice	30 minutes
Wrap-up	15 minutes
<b>Total Time</b>	<b>2 hours, 20 minutes</b>

## Materials and preparation

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### Materials

- Topic 1 toolkit case (for each trainee + one for the facilitator) containing:
  - NCD diagram poster
  - NCD puzzle piece board and eight puzzle pieces of NCDs and risk factors
  - First aid for a person suffering a cardiac arrest emergency poster
  - First aid for a person suffering a stroke emergency poster
  - First aid for a person suffering diabetic emergency poster

### Preparation

- Write learning objectives for topic 1 on flip chart paper and put it at the front of the room.
- Prepare copies of all the toolkit pieces for EACH trainee.
- All topic 1 materials **SHOULD NOT** be bundled in prepared topic kits. The tools will be distributed one-by-one throughout the session for practice. Prepare for the session by placing each tool in a separate pile for easy distribution.

## Topic summary

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The four major NCDs that cause the most number of deaths each year globally are cardiovascular diseases, cancer, chronic respiratory diseases and diabetes.

Most NCDs are preventable when people:

- Increase healthy behaviours, including:
  - being active
  - eating healthy foods
- Reduce or eliminate unhealthy behaviours, including:
  - Using tobacco products
  - Drinking harmful amounts of alcohol

# Facilitator directions

## Introduction

1. Welcome trainees to the session. Allow them to introduce themselves.
2. Introduce the learning objectives by writing them on a flip chart.
  - The objectives written in black are what they will learn today AND what they will later teach community members when they conduct NCD trainings themselves.
  - The objective in **orange** is an additional thing that they will learn as facilitators. They will not be expected to teach this additional objective to community members.
3. State how they will meet each objective by the end of the session. Refer to the outline of activities above.
4. Explain that this facilitator training is very hands-on and they will be active all day learning about NCDs and applying their new knowledge and skills to teach others.
5. Answer any questions that may come up and encourage trainees to ask questions during the training.

## The four NCDs

1. Distribute the **volunteer manual** and the **topic 1 tool kit case** to each trainee.
  - Explain that this training uses many hands-on tools that they will receive throughout the course of the training.
  - They will be taught about how to use the tools for each topic in each session and then will receive their own copy of tools to practice using them in a simulated setting. By the end of this session, they will have a full toolkit for topic 1.
  - By the end of the facilitator training, they will have five complete topic kits that comprise the NCD module.
  - These materials are their tools for teaching NCDs and are their responsibility to take care of and keep track of.
  - Allow them approximately 2 minutes to become familiar with the materials.

2. In groups of about 4 to 5, they should read through **topic 1** in the volunteer manual.
  - As a group, they should discuss the questions at the end of the session and be prepared to respond back to the larger group.
  - They will have 10 minutes to read and discuss.
3. After 10 to 15 minutes, hold a quick large group discussion to check for understanding.
  - Monitor responses for evidence of learning.
4. Congratulate the group on conducting their first official NCD discussion.

## Knowledge about NCDs

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1. Hold up the **NCDs diagram poster** from the toolkit.
  - Explain that this is a tool that they will receive and use to start the training.
  - They will receive their own laminated copy shortly.
2. Follow the guidance on the back of the poster to introduce the four principal NCDs of cardiovascular diseases, cancers, chronic respiratory diseases and diabetes.

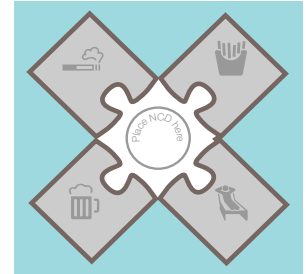
## Knowledge about NCDs practice

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1. Distribute a **NCDs diagram poster** to each trainee.
2. Point out the guidance given on the back of the tool.
  - Point out that the words in boldface are what they should say to the person/people they are training as they hold up the tool for all to see.
3. Have each person pair up with a different person and take turns practicing to use the tool.
  - Each person takes a turn going through the full activity as directed in the guidance sheet, using their partner as the audience.
  - They have a total of 6 minutes to practice in pairs.
  - Each person in a pair has 3 minutes to present the activity to their partner.
4. When they have had 6 minutes to practice, ask them how they did.
  - Ask if they have any questions about the content or the teaching of the content.

## NCDs puzzle

1. Ask a volunteer to come up and hold the **blank puzzle board** from the toolkit so that everyone can see it.
2. Hold up the **different puzzle pieces**.
3. Stick the **four NCDs puzzle pieces (cancer, cardiovascular disease, diabetes and chronic respiratory disease)** one after the other on the puzzle board, each time removing the previous one.
4. Explain that all four NCDs are linked to just four behaviours.



### Cardiovascular diseases

5. Hold up the **cardiovascular disease puzzle piece**.
6. Follow the guidance on the **board** for explaining diabetes.
7. Place the **cardiovascular disease and the four risk factors puzzle piece** on the board. The board should now look like this:



### Cancer

8. Hold up the **cancer puzzle piece**.
9. Follow the guidance on the **board** for explaining cancer.
10. Place the **cancer and the four risk factors puzzle piece** on the board. The board should now look like this:



### Chronic respiratory disease

11. Hold up the **chronic respiratory disease puzzle piece**.
12. Follow the guidance on the **board** for explaining chronic respiratory disease.
13. Place the **chronic respiratory disease and the tobacco risk factor puzzle piece** on the board. The board should now look like this:



### Diabetes

14. Hold up the **diabetes puzzle piece**.
15. Follow the guidance on the **board** for explaining cardiovascular diseases.
16. Place the **diabetes disease and the four risk factors puzzle piece** back on the board. The board should now look like this:



## NCDs puzzle practice

1. Distribute the following to each trainee:

- **One blank NCDs puzzle board**
- **An envelope containing all the puzzle pieces**

2. Point out the guidance given on the back of the blank board.

- Point out that the words in **boldface** are what they should say to the trainees as they hold up the tool for all to see.

3. Have each person pair up with a different person and take turns practicing to use the tool.

- Each person takes a turn going through the full activity as directed in the guidance sheet, using their partner as the audience.
- They have a total of 10 minutes to work in their respective pairs.
- Each person in a pair has 5 minutes to present the activity to their partner.

4. When they have had 10 minutes to present the activity, ask them how they did.

- Ask if they have any questions about the content or the teaching of the content.

5. Hold a brief question and answer session. Some questions for discussion may include:

- a. Which risk factor is the deadliest? (Tobacco)
- b. How much alcohol is too much alcohol to be considered a risk factor?  
(More than one serving)
- c. How many servings of fruits and vegetables should everyone have every day? (five)
- d. What is the minimum amount of activity that everyone should have every day? (30 minutes)

## Wrap-up

1. Review the topic objectives that were introduced at the beginning of the session.

- Go through each objective and ask the group if they achieved each learning objective.
- Briefly explain how they met each objective.

2. Tell them that the session for topic 1 is complete.

- All trainees should check that they have all of the necessary topic 1 tools.
- Read through the list of topic 1 tools to allow the trainees to inventory their tools.
- Distribute any missing tools before proceeding to the next session.

# Topic 2

Identification of the four key risk factors of NCDs with a focus on prevention

## Learning objectives

At the completion of this topic, you will be able to:

- Identify the four main behavioural risk factors of tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity.
- Share and discuss the specific dangers of tobacco use at the personal and community level.
- Share and discuss the specific dangers of physical inactivity.
- Share and discuss the specific dangers of harmful use of alcohol at the personal and community level.
- Share and discuss the specific dangers of an unhealthy diet.
- Share the economic impact of NCDs at the household level.
- Discuss specific prevention measures of NCDs.
- **Relate social determinants to risk factors.**

## Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately **205 minutes** to complete.

Section	Suggested time
Introduction	5 minutes
The four risk factors	20 minutes
The dangerous four (round 1)	20 minutes
The dangerous four practice (round 1)	40 minutes
The dangerous four (round 2)	25 minutes
The dangerous four practice (round 2)	50 minutes
Healthy lifestyle game	30 minutes

Wrap-up	15 minutes
<b>Total Time</b>	<b>3 hours, 25 minutes</b>

## Materials and preparation

### Materials

- Topic 2 toolkit (for each trainee + one for facilitator) containing:
  - The Dangerous Four posters
  - “How much is too much?” alcohol serving size poster
  - Healthy eating guide and Fruit and vegetable serving sizes posters
  - Exercises cards
  - Health lifestyle game (one set for each trainee + one for facilitator). All pieces in a set are listed below

### Preparation

- Write learning objectives for topic 2 on flip chart paper and put it at the front of the room.
- Prepare official copies of all the toolkit pieces for **each** trainee.
- All topic 2 materials (with the exception of the **healthy lifestyle game**) should not be bundled in prepared topic kits. The tools will be distributed one-by-one throughout the session for practice. Prepare for the session by placing each tool in a separate pile for easy distribution.
- Assemble one **healthy lifestyle game** for each participant. In the session, only one **game** is needed for every 3 to 4 players to actually play the game. After the session, every participant should receive a complete **healthy lifestyle game kit**.
- To prepare ONE game kit, assemble the following:
  - **Player directions**
  - **Colour game board**
  - **Game die**
  - **Set of “1st roll NCD cards”**
  - **One set of colour loan coupons:**
    - **Ten 1RB IOUs**
    - **Ten 5RB IOUs**
    - **Ten 20RB IOUs**
    - **Ten 20RB IOUs**
  - **Red Bucks:**
    - **Sixteen 5RB bills**
    - **Twenty 1RB bills**
  - **One set of colour game cards**

Prepare as many game kits as necessary for the size of the group.

## Topic summary

The four risk factors of tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity, all contribute to the risk for being diagnosed with an NCD. These four risk factors are common causes for NCDs.



# Facilitator directions

## Introduction

1. Introduce the learning objectives by writing them on a flip chart. The objectives written in black are what they will learn today AND what they will later teach community members when they conduct trainings themselves.
2. The objective in orange is an additional thing that they will learn today in this session as they learn how to teach the NCD module to community members. They will not be expected to teach this additional objective to community members.
3. State how they will be able to demonstrate each objective by the end of the session by giving a preview of how this session will go. Refer to the outline of activities above. Explain that this facilitator training is very hands-on and they will be active all day learning about NCDs and most importantly, applying their new knowledge and practicing the learnt skills to teach others.
4. Answer any questions that may come up and encourage trainee to ask questions during the training.

## The four risk factors

1. Distribute the **topic 2 toolkit case** to each trainee. By the end of this session, they will have a full toolkit for topic 2. These materials are their tools for teaching NCDs and are their responsibility to take care of and keep track of. Allow them approximately 2 minutes to become familiar with the materials.
2. In groups of 4 to 5, they should read through **topic 2** in the volunteer manual. As a group, they should then discuss the questions at the end of the session and be prepared to respond back to the larger group. They will have 10 minutes to read and discuss.
3. After 10 minutes, hold a quick large group discussion to check for understanding using the questions at the end of **topic 2**. Ask if anyone learned anything new from the sheet and if so, what did they learn. Monitor responses for evidence of learning.

## The dangerous four (round 1)

1. Explain that sometimes NCDs can be passed down from your parents through your genes, but this happens only 10 per cent of the time. By stopping these four unhealthy behaviours, 90 per cent of all NCDs are preventable simply by stopping these four unhealthy behaviours.
2. Explain that session will start by explaining how the first two, excess alcohol and tobacco use, affect their own health.
3. Hold up the following **posters** for the group to see.
  - **Tobacco use**
  - **Excess alcohol**
  - **How much is too much?**

### Tobacco use

1. Take the **Tobacco use poster** from the volunteer holding it and stand in front of the group.
2. Read the back of the **Tobacco use poster** as you point out the key parts of the body discussed in the text on the back of the **poster**.
3. Periodically stop and ask if there are any questions.
4. After you finish reading the text, lead the group into a brief discussion about the text. Use the questions raised for further discussion.
5. Hand the **Tobacco use poster** back to the volunteer for them to continue holding up.

### Excess alcohol

1. Take the **Excess alcohol poster** from the volunteer holding it and stand in front of the group.
2. Read the back of the **Excess alcohol poster** as you point out the key parts of the body discussed in the text on the back of the **poster**.
3. Periodically stop and ask if there are any questions.
4. After you finish reading the text, lead the group into a brief discussion about the text. Use the questions raised for further discussion.
5. Hold up the **How much is too much? poster**. Follow the guidance on the poster to lead a discussion about how to estimate serving size and how to limit consumption.

## Dangerous four practice (round 1)

1. Distribute the **tobacco use** and **excess alcohol use posters** to each trainee. Each trainee in the pair should choose which of the two posters they will practice delivering – they will only practice one in this round.
2. Point out the guidance given on the back of the poster. Point out that the words in boldface are what they should say to the people they are training as they hold up the tool for all to see.
3. Have each pair team up with another pair. Each person in each group of four will take a turn practicing to use the one poster they have chosen to present.
4. Each person takes a turn going through the full activity as directed in the guidance sheet, using the other three trainees as their audience.
5. They have a total of 20 minutes to practice in their small groups. Each person in the group has 5 minutes to present their poster to their small group of fellow trainees and lead a very brief discussion.
6. When they have had 20 minutes to practice, ask them how they did. Ask if they have any questions about the content or the teaching of the content.
7. Hold a brief question and answer session. Some questions for discussion may include:
  - a. What did you like about this activity?
  - b. What was difficult about this activity? Why?
  - c. How can you make the teaching of the content appropriate for your audience?

## The dangerous four (round 2)

### Unhealthy diet

1. Ask for volunteers to come up to the front of the room to hold up / display posters. Hand one of the volunteers the following for display:
  - **Unhealthy diet poster**
  - **Fruit and vegetable serving sizes poster**
  - **Healthy eating guide poster**
2. Take the **unhealthy diet poster** from the volunteer holding it and stand in front of the group.
3. Read the back of the **unhealthy diet** as you point out the key parts of the body discussed in the text on the back of the **poster**.
4. Periodically stop and ask if there are any questions.
5. After you finish reading the text, post the poster on the wall.
6. Hold up the **healthy eating guide poster**. Point out the differences in the two types of foods.

7. Lead the group in a brief discussion about the text. Use the questions of the provided questions for discussion.
8. Post the **healthy eating guide poster** on a wall.
9. Hold up the **fruit and vegetable serving sizes poster**. This poster should be tailored to the fruits and vegetables available in the local area. Discuss serving size.

## Inactivity

1. Ask for other volunteers to display the following:
  - **Physical inactivity poster**
  - **Exercise cards**
2. Take the **physical inactivity poster** from the volunteer holding it and stand in front of the group.
3. Read the back of the **physical inactivity poster** as you point out the key parts of the body discussed in the text on the back of the **poster**.
4. Periodically stop and ask if there are any questions.
5. Hold up the **exercise cards**. If *appropriate*, have the trainees stand and lead them through 1 to 2 exercises. Squats and lunges are suggested for ease of performance in the training setting. Emphasize that exercises do not require much equipment, space or time.
6. After you finish reading the text, lead the group into a brief discussion about the text. Use the last two questions raised for further discussion.
7. Take the **posters** back from the volunteers who are holding up the posters for display, thank them and ask them to take their seats.

## Dangerous four practice (round 2)

1. Distribute to each trainee:
  - **Unhealthy diet poster**
  - **Physical inactivity poster**
  - **Healthy eating guide poster**
  - **Exercise cards**
2. Each trainee in the pair should choose which of the two sets of risk factor posters (unhealthy diet or inactivity) they will practice delivering.
3. Point out the guidance given on the back of the risk factor poster. Point out that the words in boldface are what they should say to the people they are training as they hold up the tool for all to see.
4. Have each **pair** team up with the same pair they just practiced with. Each

person in each group of four will take a turn practicing to present the risk factor they have chosen using the posters.

5. Each person takes a turn going through the full activity as directed in the guidance sheet, using the other three trainees as their audience. They have a total of 30 minutes to practice in their small groups. Each person in the group has 7 to 8 minutes to present their poster to their small group of fellow trainees and lead a very brief discussion.
6. When they have had 30 minutes to practice, ask them how they did. Ask if they have any questions about the content or the teaching of the content.
7. Hold a brief question and answer session. Some questions for discussion may include:
  - a. How did you do?
  - b. What did you learn?
  - c. Which risk factor's effect on the body was the most surprising?
8. Return to each pair and give each pair a second set of **all posters** so that each trainee now has a complete set of the **Dangerous Four posters**.

## Healthy lifestyle game

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1. Welcome the group back. Explain that there are often reasons found in people's home and work environments that can contribute to their risk for NCDs. These factors are called social determinants and they often have a large impact on our behaviours. They also have an impact on our lives financially, socially, emotionally, mentally and of course, physically.
  2. They will now have a chance to play a game to see how NCDs and our unhealthy behaviours impact our lives.
  3. Distribute the **healthy lifestyle game kits** – one to every trainee.
  4. On the topic 1 case point out the list of the materials that are included in each kit. Ask each trainee to go through their game kit and ensure that they have all the pieces.
  5. Point out that the player directions are for community members to refer to, in order to play the game.
  6. When everyone is sure that they have the pieces they need, ask them to get into groups of 3 to 4 players in a group.
  7. They should use one of the healthy lifestyle game kits they have just received. They will now play the game, using the player directions given. They have a total of 20 minutes to play.
  8. Answer any remaining questions and allow them time to play the game.
  9. After 20 to 30 minutes or until a group finishes the game, call for the group's attention to discuss how they did. Some questions to consider are as follows:
-

- a. How did it go?
  - b. Was it fun? Why or why not?
  - c. What was difficult about the game? Easy?
  - d. What did you learn about the different challenges for the diagnosis of cancer in playing the game?
  - e. What did you learn about the different challenges for the diagnosis of diabetes in playing the game?
  - f. What did you learn about the different challenges for the diagnosis of cardiovascular disease in playing the game?
  - g. What did you learn about the different challenges for the diagnosis of chronic respiratory disease in playing the game?
  - h. How would you teach this game to community members?
  - i. Do you have any questions about the content or how to teach it?
10. Explain that the game kit that was used in the practice is for one of the group members to keep. Distribute a complete **healthy lifestyle game kit** to the participants who still need one to take home.

## Wrap-up

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1. Review the topic objectives that were introduced at the beginning of the session. Go through each objective and ask the group if they achieved each learning objective. Ask them to explain briefly how they met each objective.
2. Tell them that the session for topic 2 is complete. All trainees should check that they have all of the necessary topic 2 tools. Read through the list of topic 2 tools to allow the trainees to inventory their tools. Distribute any missing tools before proceeding to the next session.

# Topic 3

## Assessment, identification and facilitation of personal NCD risks

### Learning objectives

At the completion of this topic, you will be able to:

- Identify and discuss factors that correlate to low-, medium- and high-risk levels for NCDs.
- Use the self-assessment cards.
- Teach others to use the self-assessment cards.
- Analyse data from the scoring cards to determine NCD risk level and recommended next steps.
- Teach others how to analyse data from the assessment cards to determine NCD risk level and recommended next steps.
- Provide psychological first aid to community members at highest risk and as needed.

### Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately **205 minutes** to complete.

Section	Suggested time
Introduction	5 minutes
Risk factor assessment	20 minutes
Self-assessment demonstration	15 minutes
Self-assessment demonstration practice	30 minutes
Assisted assessment demonstration	15 minutes
Assisted assessment demonstration practice	20 minutes
Clinical assessment demonstration	15 minutes

Clinical assessment demonstration practice	20 minutes
Putting it all together	50 minutes
Wrap-up	15 minutes
<b>Total Time</b>	<b>3 hours, 25 minutes</b>

## Materials and preparation

### Materials

- Topic 3 toolkit (one for each trainee + one for facilitator) containing:
  - NCD risk assessment card with a self assessment on the front and assisted and clinical assessment on the back. Volunteer guidance sheet is included.
  - Measuring strip
  - Body Mass Index (BMI) chart
  - Home-based psychosocial support for NCD diagnosis
- Assessment cards (regular-sized) – 10 for each trainee
- Scale
- Blood pressure cuff

Located at the end of this session - not part of the toolkit:

- Five role play 1 sheets
- Eight role play 2 sheets
- Five role play 3 sheets
- Seven role play 4 sheets
- Markers – one for every two trainees

### Preparation

- Write learning objectives for topic 3 on flip chart paper and put it at the front of the room.
- Prepare copies of all the toolkit pieces for EACH trainee.
- All topic 3 materials should NOT be bundled in pre-prepared topic kits. The tools will be distributed one-by-one throughout the session for practice. Prepare for the session by placing each tool in a separate pile for easy distribution.
- Have plenty of **blank assessment cards** available for use in the practice sessions.
- Print out:
  - **Five role play 1 sheets**
  - **Eight role play 2 sheets**
  - **Five role play 3 sheets**
  - **Seven role play 4 sheets**
- Place all 25 role play sheets in a stack. Mix them up.



## Topic summary

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NCDs are most likely to be diagnosed in people who engage in risky behaviours like tobacco use, excess alcohol, eating unhealthy foods and being physically inactive. Many people engage in some or all of these behaviours occasionally and will be at a different risk level than other people who engage in these behaviours more frequently.

Regularly assessing your risk level helps to understand your vulnerability for having an NCD. Knowing that you have an NCD and taking steps to monitor your disease through behaviour change and medication will help you feel better and live longer.

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# Facilitator directions

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## Introduction

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1. Welcome trainees to the session.
2. Introduce the learning objectives by writing them on a flip chart.
3. State how they will be able to demonstrate each objective by the end of the session by giving a preview of how this session will go. Refer to the outline of activities above.
4. Answer any questions that may come up and encourage trainees to ask questions during the training.

## Risk factor assessment

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1. Distribute the following to each trainee:

- **NCD risk assessment card**
- **NCD risk assessment card guidance sheet**
- **Topic 3 toolkit case**

By the end of this session, they will have a full toolkit for topic 3. These materials are their tools for teaching NCDs and are their responsibility to take care of and keep track of. Allow them approximately 2 minutes to become familiar with the materials.

2. In groups of 4 to 5, they should read through **topic 3** in the volunteer manual and an **assessment card**. As a group, they should then discuss the questions at the end of the session sheet and be prepared to respond back to the larger group. They will have 10 minutes to read and discuss.
3. After 10 minutes, hold a quick large group discussion to check for understanding using the questions at the end of the **topic 3**. Ask if anyone learned anything new from the sheet and if so, what did they learn. Monitor responses for evidence of learning.

## Self-assessment demonstration

1. Explain that you will now demonstrate to a small group how they can teach community members to complete the **self-assessment cards**.
2. After the self-assessment card demonstration, they will all have a chance to practice teaching others to do the **self-assessment** and demonstrate the process for the **assisted and clinical assessments**.
3. Hold up an **assessment card** and the **NCD risk assessment card guidance sheet**. Explain that the guidance sheet gives instructions for demonstrating the use of the cards to community members. Volunteers should use the appropriate guidance sheet for the assessment level they are teaching.
4. Display the self-assessment part of the **assessment card**. Follow the guidance from the **NCD risk assessment card guidance sheet**.
5. When you have completed the self-assessment demonstration to the small group, explain that they will now work with a different trainee and practice demonstration of the self-assessment. Do not erase your responses – you will refer back to them in the topic 5 session.

## Self-assessment demonstration practice

1. Instruct each trainee to find a partner to work in pairs. They should find someone they have not yet worked with. They should also bring with them the blank self-assessment cards they received.
2. Distribute the following to each pair:
  - **One marker**
  - **An assessment card to display**
  - **NCD risk assessment card guidance sheet**
  - **Ten blank assessment cards**
3. In their pairs, they will practice demonstrating on the **display assessment card** how to complete the assessment card using the NCD risk assessment card guidance sheet and explaining what the results mean. Each person in the pair will have 10 minutes to demonstrate and lead their partner to complete a blank **self-assessment card**.
4. After each person practices, the other person will give them feedback on how they did.
5. Ask if there are any questions about the process.
6. Give the pairs no more than 25 minutes to practice.
7. When they finish, hold a group discussion:
  - a. How was the experience?

- b. What did you do / say when a risk factor was identified for a community member?
- c. What can you do to encourage a community member whose results are low?
- d. How did you encourage the high-risk community member to go for an assisted assessment? Do you think they will go?

## Assisted assessment demonstration

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1. Explain that the assisted assessment requires:

- a tape measure (or measuring strip)
- a scale
- the Body Mass Index (BMI) chart
- a blood pressure cuff

If the blood pressure cuff is not available to volunteers to use with community members, they will need to refer their community members to a clinic that can measure their blood pressure. The volunteer can help them to determine their BMI and waist circumference, as can anyone in a health clinic where blood pressure is measured.

2. Distribute a copy of the NCD risk assessment card guidance sheet to each trainee.
3. Follow the guidance from the NCD risk assessment card guidance sheet to conduct the assisted assessment demonstration to a small group. Do not erase your responses – you will refer back to them in the topic 5 session.
4. Ask if there are any questions.

## Assisted-assessment demo practice

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1. Direct the pairs to now practice where one trainee plays the community member and the other trainee plays the volunteer. Have them talk through the assessment and practice talking with a community member about their risk factors on the assisted assessment. They should NOT switch roles.
  2. The trainee playing the volunteer should lead the community member through completing the assisted assessment and discussing the results.
  3. They have a total of 7 minutes to do one practice round.
  4. When they finish, lead a quick discussion to assess skill and knowledge:
    - a. How was the experience?
    - b. What did you do / say when there was a community member identified with a high risk factor?
    - c. What can you do to encourage a community member whose results
-

- are low?
- d. How did you encourage the high-risk community member to go for a clinical assessment? Do you think they will go?
  - e. How can you best track those community members who are at highest risk and offer them support?

## Clinical assessment demonstration

1. Explain that the clinical assessment requires a blood test that cannot be done by volunteers. Volunteers will need to research and provide the names and locations of nearby clinics that can perform a fasting blood sugar test and cholesterol test. Community members requiring the blood test must have it done only when they have not eaten or had anything to drink for at least 8 hours before the test. Otherwise, the results will not be correct.
2. Distribute a copy of the **NCD risk assessment card guidance sheet** to each trainee.
3. Follow the guidance from the **NCD risk assessment card guidance sheet** to conduct a clinical assessment demonstration of what they can expect on a clinic visit. Do not erase your responses – you will refer back to them in the topic 5 session.
4. Ask if there are any questions.
5. When they finish, lead a quick discussion to assess skill and knowledge:
  - a. What can you do to encourage a community member whose results are low?
  - b. How can Red Cross Red Crescent follow up with community members to provide support after a clinical assessment?

## Putting it all together

1. Distribute the **home-based support for NCDs diagnosis sheet**. Allow the group to read the sheet to themselves. Ask questions to ensure that they understood the content:
  - a. Has anyone here ever given psychosocial support on a home visit?
  - b. Please explain how you provided support.
  - c. How did you follow up?
  - d. When and how often should you follow up with a person newly diagnosed with an NCD?
  - e. What should you discuss on follow-up visits?
2. Explain that the group can now observe, practice and discuss the different skills that are needed to conduct a community meeting to determine NCD risks using the **NCD assessment cards** by doing some role plays.
3. The full group will do role plays to practice some of these skills and then the

full group can discuss each one.

4. To run the role plays, you will need every person to be a role player.
5. Hold up the pack of role play sheets (found at the back of this topic). The pack is composed of the following sheets:
  - **Role play slip sheets** – psychosocial support
  - **Role play slip sheets** – risky behaviours
  - **Role play slip sheets** – supporting community members after an assessment

All role play sheets are identical and each one highlights a different role. If you have more trainees than roles, assign another group to **also** prepare and present role play 2.

6. Mix up the sheets.
7. Explain that there will be three role plays conducted for a total of 5 to 7 minutes each. Each trainee will receive a role play outlining the situation and different roles of the role play. The highlighted role on their sheet is the role that they will play.
8. Distribute one role play sheet to each trainee.
9. State that the people acting out each role play will meet in different areas of the room for 10 minutes to prepare for the role play. Assign a different corner of the room to each role play group for practice.
10. After 10 minutes, call the trainees back to their original seats. Ask the role play 1 players to get ready at the front of the room while you explain the role play scenario to the rest of the group.

## Role play 1 instructions psychosocial support

Volunteer gives psychosocial support to a distraught newly diagnosed NCD patient.

1. State that for the first role play, a volunteer will be on a household visit to give psychosocial support to an upset community member who was just diagnosed with an NCD. Read the full role play 1 sheet out loud to the rest of the group. Have the role playing group state who is playing each role.
2. Perform the role play.
3. After the role play, lead a brief discussion:
  - a. How did the volunteer perform in giving psychosocial support to the community member?
  - b. How did the volunteer manage the person who was diagnosed with the NCD?
  - c. How did the volunteer manage the spouse of the person who was diagnosed with the NCD?
  - d. How did the volunteer agree to follow up with the household members?
  - e. Is there anything you would do differently?
  - f. What would you do the same?

## Role play 1 role play slips psychosocial support

**Volunteer:** You are on a home visit. According to your tracker sheets, there is a woman in the household who recently was advised in her assisted assessment to go for a clinical assessment. You ask the woman how she is and she begins to sob, saying that she is going to die, that she is doomed because she has been diagnosed with cancer. Give her psychosocial support.

**Community member 1:** A volunteer is doing a household visit at your home. On a clinical assessment, you were recently diagnosed with cancer. When the volunteer asks how you are doing, you begin to sob loudly and cry that you are going to die.

**Spouse:** A volunteer is doing a household visit to your home. Your spouse was just diagnosed with cancer. The volunteer asks how your spouse is handling the news. Your spouse is very upset.

**15 year-old-daughter:** A volunteer is doing a household visit at your home. Your parent was just diagnosed with cancer. The volunteer asks how your parent is handling the news. Your parent is very upset.

**Visiting neighbour:** You are visiting your friend who just learned they have cancer. A volunteer is doing a household visit at their home while you are visiting. The volunteer asks your friend how they are doing. Your friend is very upset.

## Role play 2 instructions

### risky behaviours

A volunteer will conduct a household visit to the community members who still engage in risky behaviours.

1. Ask the role play 2 players to get ready at the front of the room while you explain the role play scenario to the rest of the group.
2. State that for the second role play, a volunteer will be on a household visit to give psychosocial support to an upset community member who was just diagnosed with an NCD.
3. Read the full role play 2 sheet out loud to the rest of the group. Have the role playing group state who is playing which role.
4. Perform the role play.
5. After the role play, lead a brief discussion:
  - a. How did the volunteer perform?
  - b. How did the volunteer manage the different people in the household who have risky behaviours?
  - c. How did the volunteer encourage the household members?
  - d. How did the volunteer agree to follow up with the household members?
  - e. Is there anything you would do differently?
  - f. What would you do the same?

## Role play 2 role play slips

### risky behaviours

**Volunteer:** You are on a home visit. In a recent community meeting, you led the group in doing self-assessments. All the men of this household engaged in the four risky behaviours: too much alcohol, tobacco use, unhealthy diet and inactivity. All of the women had unhealthy diets as well. How do you discuss their behaviour with the group?

**Community member 1 (husband and head of the household):** You drink too much alcohol, smoke a pack of cigarettes every day, eat only fried foods and do no activity. Your wife made you go to a Red Cross meeting last week and the volunteer showed that you were at a high risk for some kind of diseases. Who cares? The volunteer is now in your house.

**Community member 2 (brother of head of household):** You drink too much alcohol, smoke a pack of cigarettes every day, eat only fried foods and do no activity. You live with your brother and his family and your sister-in-law and wife made you go to a Red Cross meeting last week and the volunteer showed that you were at a high risk for some kind of diseases. You are nervous but your brother is acting very cool about it. You want to change but do not know what to do. The volunteer is now in your house.

**Community member 3 (wife of head of household):** Your husband and his brother drink too much alcohol, smoke a pack of cigarettes every day, eat only fried foods and do no activity. You made them both go with you to a Red Cross meeting last week and the volunteer showed that they were both at high risk for NCDs. You are worried for your husband. You were at a medium risk for NCDs because the volunteer told you that you ate an unhealthy diet. The volunteer is now in your house.

**Community member 4 (wife of brother):** Your husband and his brother drink too much alcohol, smoke a pack of cigarettes every day, eat only fried foods and do no activity. Your sister-in-law made everyone go to a Red Cross meeting last week and the volunteer showed that your husband and his brother were both at a high risk for NCDs. You are worried for your husband. You were at medium risk for NCDs because the volunteer told you that you ate an unhealthy diet. The volunteer is now in your house.

**Community member 5 (elderly mother of head of household):** Your sons drink too much alcohol, smoke a pack of cigarettes every day, eat only fried foods and do no activity. Your daughter-in-law made the whole family go with her to a Red Cross meeting last week and the volunteer showed that both of your sons are at a high risk for a bunch of scary diseases. You are worried for your sons and your grandchildren. You were at medium risk for NCDs because the volunteer told you that you ate an unhealthy diet. The volunteer is now in your house.

**Community member 6 (6-year-old son):** Your father drinks a lot of beer, smokes a lot and is fat. Your mother is also fat – everyone in the family is fat and you are also obese. There is a person visiting your house now wearing a bright red vest talking to your family about “healthy behaviours.”

**Community member 7 (12-year-old daughter):** Your father and uncle drink too much, smoke too much and are fat and lazy. You would never tell them to their face, but you think they are embarrassing. You feel like you are fat but your mother makes such good food and there is nothing healthy in the house to eat. The Red Cross Red Crescent volunteer is here again talking about healthy behaviours.



## Role play 3 instructions

### supporting community members after an assessment

A volunteer will conduct a community meeting with community members, who recently taught the group to do a self-assessment. Many community members have said that they would go for assisted assessments. The volunteer will connect with the group to see if they have gone, what actions they have taken and what behaviours might have changed.

1. Ask the role play 3 players to get ready at the front of the room while you explain the role play scenario to the rest of the group.
2. State that for the third role play, a volunteer will conduct a community meeting to follow up with community members after their self-assessment.
3. Read the full role play 3 role play slips sheet out loud to the rest of the group. Have the role playing group state who is playing which role.
4. Perform the role play.
5. After the role play, lead a brief discussion:
  - a) How did the volunteer perform?
  - b) How did the volunteer manage the different people in the household who have risky behaviours?
  - c) How did the volunteer encourage the household members?
  - d) How did the volunteer agree to follow up with the household members?
  - e) Is there anything you would do differently?
  - f) What would you do the same?

## Role play 3 role play slips

### supporting community members after an assessment

**Volunteer:** You are running a community meeting and last month you taught the group to do a self-assessment. Many community members have said that they would go for assisted assessments. Connect with the group to see if they have gone, what actions they have taken and what behaviours might have changed. Then gather assisted assessment data from those community members who went for assisted assessments.

**Community member 1:** You tested as being at a high risk for NCDs last month on your self-assessment. The volunteer strongly advised you to go for an assisted assessment, but you are scared. You have not gone yet.

**Community member 2:** You tested as being at a high risk for NCDs last month on your self-assessment. The volunteer strongly advised you to go for an assisted assessment, but you have not had time. You have not gone yet.

**Community member 3:** You tested as being at a high risk for NCDs last month on your self-assessment. The volunteer strongly advised you to go for an assisted assessment, but there is no clinic near you, so you have not gone.

**Community member 4:** You tested as being at a high risk for NCDs last month on your self-assessment. The volunteer strongly advised you to go for an assisted assessment, but you are sure that you are healthy. You do not need a test to tell you that, so you have not gone.

**Community member 5:** You tested as being at a high risk for NCDs last month on your self-assessment. The volunteer strongly advised you to go for an assisted assessment and you did go. Your BMI was 28 and your blood pressure was 183/90. You tested at medium risk on your assisted assessment.

**Community member 6:** You tested as being at a high risk for NCDs last month on your self-assessment. The volunteer strongly advised you to go for an assisted assessment and you instead went to your doctor and did the full check-up. He checked your blood pressure and took your blood. You have high cholesterol and you are obese.

## Wrap-up

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1. Review the objectives that were introduced at the beginning of the session. Go through each objective and ask the group if they achieved each learning objective. Ask them to explain briefly how they met each objective.
2. Tell them that the session for topic 3 is complete. All trainees should check that they have all of the necessary topic 3 tools. Read through the list of topic 3 tools to allow the trainees to inventory their tools. Distribute any missing tools before proceeding to the next session

# Topic 4

Help community members' identify risky health behaviours and how to begin to adopt healthier behaviours

## Learning objectives

At the completion of this topic, you will be able to:

- Identify the volunteer's role as a change agent.
- Discuss the stages of behaviour change.
- Discuss the fluctuations in how people change their behaviours.

## Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately **120 minutes** to complete.

Section	Suggested time
Introduction	5 minutes
Behaviour change	20 minutes
Slides and ladders of behaviour change	30 minutes
Behaviour stages game and practice	50 minutes
Wrap-up	15 minutes
<b>Total Time</b>	<b>2 hours</b>

## Materials and preparation

### Materials

- Five stages of behaviour change poster
- Slides and ladders of behaviour change demonstration kit
  - Large demonstration game board

- Large demonstration game pieces (3 ladders, 4 slides and 2 figures)
- Slides and ladders of behaviour change game
  - Game board
  - Game pieces (8 ladders, 8 slides and 2 figures)
- Behaviour change stages game kit
  - Large game board
  - 40 behaviour change cards

## Preparation

- Write learning objectives for topic 4 on flip chart paper and put it at the front of the room.
- Prepare copies of all the toolkit pieces for EACH trainee.
- Topic materials should not be bundled in pre-prepared topic kits (with the exception of the slides and steps game kits and the behaviour stages game kits discussed below). The tools will be distributed one-by-one throughout the session for practice. Prepare for the session by placing each tool in a separate pile for easy distribution.
- Assemble one **slides and ladders of behaviour change demonstration kit** for each participant. To prepare one game kit, collect the following:
  - Large demonstration game board
  - Large demonstration game pieces (3 ladders, 4 slides and 2 figures)
- Assemble one **behaviour change stages game kit** for each participant. In the session, only one **game** is needed for every 4 to 5 players to actually play the game. After the session, every participant should receive a complete **behaviour change stages game kit**. To prepare one game kit, prepare the following:
  - Large game board
  - 40 behaviour change cards

## Topic summary

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The IFRC behaviour change framework provides a rich process for determining the causes for people's unhealthy behaviours, identifying ideas of how to change the behaviours based on these causes and specific techniques based on these causes. This topic is meant to provide general information about how people try to change their unhealthy behaviours and work to adopt healthier behaviours. For more specific information and guidance on writing specific behaviour change plans for community members and community groups, refer to the IFRC behaviour change framework

# Facilitator directions

## Introduction

1. Welcome trainees to the session.
2. Introduce the learning objectives by writing them on a flip chart.
3. State how they will be able to demonstrate each objective by the end of the session by giving a preview of how this session will go. Refer to the outline of activities above.
4. Answer any questions that may come up and encourage trainees to ask questions during the training.

## Behaviour change

1. Distribute the following to each trainee:
  - **Five stages of behaviour change poster**
  - **Topic 4 toolkit case**

By the end of this session, they will have a full toolkit for topic 4. These materials are their tools for teaching NCDs and are their responsibility to take care of and keep track of. Allow them approximately 2 minutes to become familiar with the materials.

2. In groups of 4 to 5, they should read through **topic 4 in the volunteer manual** and refer to the **five stages of behaviour change poster** that they received. As a group, they should then discuss the questions at the end of the session and be prepared to respond back to the larger group. They will have 10 minutes to read and discuss.
3. After 10 minutes, hold a quick large group discussion to check for understanding using the questions at the end of **topic 4**. Ask if anyone learnt anything new from the sheet and if so, ask what they learned. Monitor responses for evidence of learning.

## Slides and ladders of behaviour change

1. Hold up the **slides and ladders of behaviour change demonstration kit**.
2. Open and remove the **large demonstration game board** for all to see.
3. Hold up the **figure cut out** of both the male and female community member.
4. Hold up the **ladders** and **slides**. Explain that because everyone approaches behaviour change differently, the board can be changed to illustrate any behaviour change scenario.
5. Follow the volunteer guidance on the back of the game board and use the **board** to show the example of Ben going up and down through the stages.
6. Ask if there are any questions.

## Slides and ladders of behaviour change practice

1. Distribute a **slides and ladders of behaviour change demonstration kit** to each trainee.
2. Point out the guidance given on the backside of the board for them to use in a community meeting. Point out that the words in boldface are what they should say to the people they are training as they hold up the tool for all to see.
3. BUT they can and should also come up with their own scenarios and a slides and steps board to match the scenario they are acting out.
4. They have a chance now to use their **board, figure, slides and ladders** in their **kit** to create their own behaviour change scenario. The placement of the slides and ladders is up to them to tailor to the scenario they want to explain. Their examples should refer to changing the behaviours related to any of the four risk factors for NCDs. They may use the examples from the back of the slides and steps board, from topic 4, or they should make up their own. They will have 5 minutes to:
  - create their scenario on their board
  - make notes to give a presentation of the scenario
5. After 5 minutes, allow each trainee to find a new partner. They should bring their board and notes to work with their new partner.
6. They have a total of 15 minutes to practice using their boards and figures to explain a behaviour change scenario in their pairs. Each person in the group has 5 minutes to present their board and scenario.
7. When they have had time to practice, ask them how they performed. Ask if

they have any questions about the content or the teaching of the content.

8. Hold a brief question and answer session. Some questions for discussion may include:
  - What was difficult about this activity? Why?
  - What was fun about this activity?
  - How can you make the teaching of the content appropriate for your audience?
  - Does anyone want to share their scenario? (Limit to three trainees sharing).

## Behaviour change stages game and practice

1. Explain that they will now play a game in groups of 4 to 5 people. Have them get into groups.
2. Distribute to each group one **behaviour change stages game kit**. The kit contains a **large game board** (laminated A2 image of the stages ladder) and a **packet of 40 behaviour change cards**.
3. Explain that each group must work together to correctly identify the behaviour change stage of the person who made the statement on each card. The groups should place each card on their board at the correct stage.
4. They have a total of 15 minutes to discuss and place their cards. Circulate within each group to answer any questions and check for understanding.
5. When the groups have finished, lead the group into a quick discussion about the activity.
  - a. What was difficult about this activity? Why?
  - b. What was fun about this activity?
  - c. How can you make the teaching of the content appropriate for your audience?
6. Explain that the game kit that that was used in the practice is for one of the group members to keep. Distribute a complete **behaviour change stages game kit** to the participants who still need one to take home.

## Wrap-up

1. Review the topic objectives that were introduced at the beginning of the session. Go through each objective and ask the group if they achieved each learning objective. Ask them to explain briefly how they met each objective.
2. Tell them that the session for topic 4 is complete. All trainees should check that they have all of the necessary topic 4 tools. Read through the list of topic 4 tools to allow the trainees to inventory their tools. Distribute any missing tools before proceeding to the next session.

# Topic 5

Supporting community members in adopting healthy life style through behaviour change by developing health goals and a health action plan

## Learning objectives

At the completion of this topic, you will be able to:

- State the four essential elements of effective behaviour change.
- Use scorecard results to determine behaviour change goals and health action plans.
- Write a personal health action plan.
- Discuss the positive effects of behaviours that pose a risk factor to health.
- Discuss how to best maintain healthy behaviour.
- **Discuss the format of a behaviour change support meeting.**

## Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately **240 minutes** to complete.

Section	Suggested time
Introduction	5 minutes
Health action plans	20 minutes
Writing a health action plan	30 minutes
Writing a health action plan practice	60 minutes
Healing your body through behaviour change	30 minutes
Healing your body through behaviour change practice	60 minutes
Community-based support	20 minutes



Wrap-up	15 minutes
<b>Total Time</b>	<b>4 hours</b>

## Materials and preparation

### Materials

- Display NCD risk assessment card (completed in topic 3)
- Guidance for health action planning
- NCD risk assessment cards (from topic 3)
- Effects of quitting tobacco poster
- Effects of drinking less alcohol poster
- Effects of a healthy diet poster
- Effects of physical activity poster
- Markers

### Preparation

- Write learning objectives for topic 5 on flip chart paper and put it at the front of the room.
- Prepare copies of all the toolkit pieces for EACH trainee.
- Topic materials should not be bundled in pre-prepared topic kits. The tools will be distributed one-by-one throughout the session for practice. Prepare for the session by placing each tool in a separate pile for easy distribution.
- Secure whiteboard markers so that every two trainees have one marker.
- Have a completed **NCD risk assessment card** at hand for referral in this session

## Topic summary

This topic involves bringing together all the information and skills from topics 1 to 4.

The elements of behaviour change are important considerations when writing a health action plan. The person wanting to make the behaviour change must:

1. Define a clear and simple goal.
2. Gather sufficient and accurate knowledge to make a clear plan.
3. Have lots of personal motivation to follow through.
4. Have and rely on a supportive environment.

The above four things are all very personal and unique to each person. The final element “*a supportive environment*” ensures that people making behaviour changes stick with the new behaviour and not go back to old habits.

A supportive network or group, like a Red Cross Red Crescent community health group, meets regularly and provides a place for people to discuss their new changes and the challenges and successes they are experiencing. This support network ensures that people make **and stick to** behaviour changes for the better. Motivation and support in any form – whether from and with neighbours, other family members, school-based or other community-based organizations is critical to success.

In light of this, Red Cross Red Crescent volunteers enabling the community groups to adopt healthy life style and keeping up healthy behaviours is one of the most powerful elements in arresting any further growth in the global epidemic of NCDs. Research shows that schools and community groups are the most effective venues for behaviour change to occur.

# Facilitator directions

## Introduction

1. Welcome trainees to the session.
2. Introduce the learning objectives by writing them on a flip chart. The objectives in orange are additional things that they will learn today in this session as they learn how to teach the NCD module to community members. They will not be expected to teach the additional objectives to community members.
3. State how they will be able to demonstrate each objective by the end of the session by giving a preview of how this session will go.
4. Answer any questions that may come up and encourage trainees to ask questions during the training.

## Health action plans

1. Distribute the following to each trainee:

- **NCD risk assessment card that was completed in topic 3**
- **Topic 5 toolkit case**

By the end of this session, they will have a full toolkit for topic 5. These materials are their tools for teaching NCDs and are their responsibility to take care of and keep track of. Allow them approximately 2 minutes to become familiar with the materials.

2. In groups of 4 to 5, they should read through **topic 5** in the volunteer manual and refer to the **NCD risk assessment card** that they completed in topic 3. As a group, they should then discuss the questions at the end of the session and be prepared to respond back to the larger group. They will have 10 minutes to read and discuss.
3. After 10 minutes, hold a quick large group discussion to check for understanding using the questions at the end of **topic 5**. Ask if anyone learned anything new from the sheet and if so, ask what they learned. Monitor responses for evidence of learning.

## Writing a health action plan

1. Hold up the completed **NCD risk self-assessment card** that you demonstrated in the topic 3 session.
2. Review your assessment scores and what they mean.
3. Follow the directions given on the **guidance for health action planning** document. Refer to **topic 5** for more examples of health action plans..

## Writing a health action plan practice

1. Distribute the **guidance for health action planning** document to all trainees.
2. Tell the trainees that they will have to practice leading a partner through completion of the health action plan on their assessment card.
3. Have the group count off by “2s.”
4. Tell each “1” to find another person who is a “2”. Everyone should try to find someone they have not worked with before. Each trainee will need to bring:
  - **Their NCD risk assessment card**
  - **Their guidance for health action planning document**
  - **Their completed personal NCD risk assessment card**
  - **Marker**
5. Explain that the “1s” will have 10 minutes to:
  - Model completing the health action plan on the display NCD risk assessment card.
  - Guide their partner to complete their health action plan on their personal risk assessment cards.
6. The “2s” will be a community member who is being led in developing a health action plan.
7. Answer any questions.
8. Let them begin.
9. After 10 minutes, ask the “1s” to have a seat. Have the “2s” stand and go find another “1s”. They should bring all of their things with them.
10. Explain that the “2s” will have 10 minutes to:
  - Model completing the health action plan on the display NCD risk assessment card.
  - Guide their partner to complete their health action plan on their risk assessment cards.

11. The “1s” will now be a community member who is being led in developing a health action plan.
12. Answer any questions.
13. Let them begin.
14. After 10 minutes, have a full group discussion. Some questions to consider:
  - a. How did it go?
  - b. What was difficult about modelling the plan? Easy?
  - c. What was difficult in being led to make a health action plan?
  - d. Do you have any questions about the content or how to teach it?

## Healing your body through behaviour change

1. Ask for four volunteers to come up and each display one of the four Effects of... posters:
  - **Effects of quitting tobacco**
  - **Effects of drinking less alcohol**
  - **Effects of a healthy diet**
  - **Effects of physical activity**
2. Hold each one up and follow the guidance on the back of the poster.
3. Continue with all four posters.
4. Ask if there are any questions.

## Healing your body through behaviour change practice

1. Distribute a set of all **four Effects of... posters** to all trainees.
2. Explain that everyone will now have a chance to practice teaching from the posters to three other trainees.
3. Have trainees get into groups of four. They should bring their **posters** with them.
4. Each trainee chooses which one of the four posters they will present to the rest of their group. Each person will have 5 minutes to present their poster and have a discussion with their “community group.”
5. Answer any questions the group may have.
6. Allow them to begin. Give them 20 minutes to work. The facilitator should go around and listen while people are preparing. Note any difficulties or is-

sues that might need to be highlighted for when the group re-convenes in 20 minutes.

7. After 20 minutes, call the group together for discussion.
  - a. How did it go?
  - b. What was difficult about presenting the information? Easy?
  - c. What was difficult in presenting the poster?
  - d. Do you have any questions about the content or how to teach it?

## Community-based support

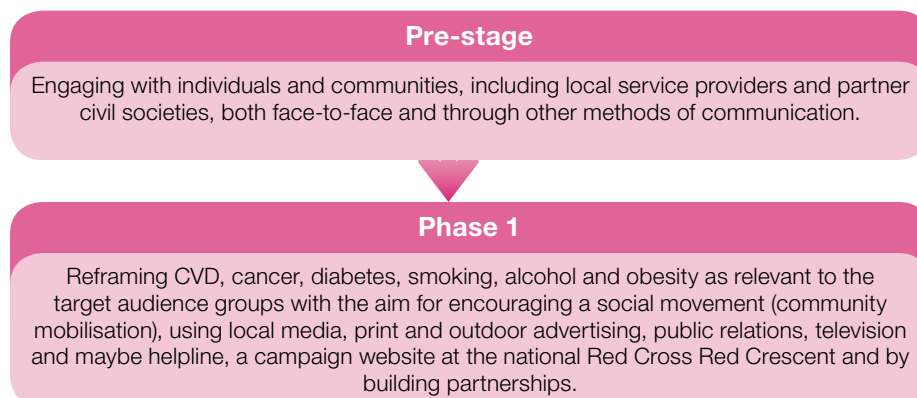
1. Facilitate a discussion about leading community meetings to provide support for people going through behaviour change. Some prompts to get the conversation started:
  - What are the THREE elements necessary for effective behaviour change?
  - Why do Red Cross Red Crescent volunteers need to know about behaviour change support groups?
  - Have you led a community group in helping to change unhealthy behaviours?
  - What did you do? What would you do differently now?
  - Which people are the most eager to make changes?
  - Which people are the most difficult to maintain behaviour changes?
  - How can you help those who struggle the most?
  - Can you lead a support group if you also struggle with maintaining the behaviour change(s)?

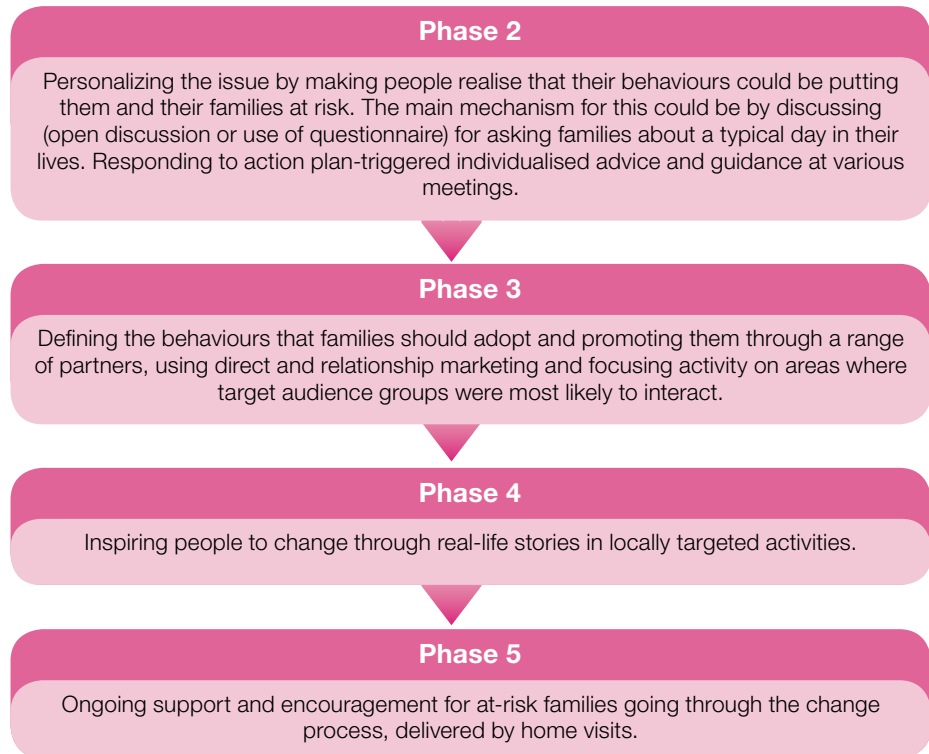
### How can a support group help?

The support group can help to first identify a clear behaviour to promote and then identify barriers blocking that behaviour.

In designing a health action plan using psychological tools like asking for a commitment from participants, using prompts to encourage easily forgettable behaviours and involving personal contact can dramatically increase the desired behaviour.

### Some steps to understand in going through the process





## Wrap-up

1. Review the objectives that were introduced at the beginning of the session. Go through each objective and ask the group if they achieved each learning objective. Ask them to explain briefly how they met each objective.
2. Tell them that the session for topic 5 is complete. All trainees should check that they have all of the necessary topic 5 tools. Read through the list of topic 5 tools to allow the trainees to inventory their tools. Distribute any missing tools before proceeding to the next session.
3. Explain that this is the end of the NCD module facilitator's training. Ask if there are any questions.
4. Refer to the **toolkit contents** from all five topics that are listed on the front of each topic case in the toolkit. Before they leave the training room, they should ensure that they have all the materials they need.

Most materials are available on [www.ifrc.org](http://www.ifrc.org) for ease of access, adaptability and easier translation for use at any level anywhere in the world

# Evaluation forms

## **healthy lifestyle: noncommunicable diseases (NCDs) prevention and control**

module 8 of the CBHFA manual



## Level 1

# Module evaluation

Please give your feedback to let us know how to improve our trainings.  
Your evaluation is important.

**Name** (optional)

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**What were your key expectations of this session?**

1

2

3

**How successful were you in satisfying each of the expectations above?**  
**Circle on response for each expectation.**

<b>1</b>	Not Successful	Limited Success	Generally Successful	Very Successful
<b>2</b>	Not Successful	Limited Success	Generally Successful	Very Successful
<b>3</b>	Not Successful	Limited Success	Generally Successful	Very Successful

**What parts of the session were most helpful to you?**

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**What part of the session did you find to be the least helpful / meaningful?**

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**What feedback do you have for the facilitator?**

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Thank you!

## Level 2

# NCD evaluation

**1. What are the four most deadly NCDs?**

**1**

**2**

**3**

**4**

**2. What are the four most dangerous risk factors that can lead to diagnosis of an NCD?**

**1**

**2**

**3**

**4**

**3. Can NCDs affect you emotionally, financially, physically and / or mentally? Explain your answer?**

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**4. How much tobacco should a person use if they want to eliminate the risk for NCDs?**

**5. How much alcohol can a person drink if they want to eliminate the risk for NCDs?**

**6. How many fruits and vegetables are advised if a person wants to reduce their risk for NCDs?**

**7. How much activity should a person get each day if they want to reduce their risk for NCDs?**

**8. What are the three elements of an effective behaviour change plan?**

**9. What are the three assessment levels for measuring NCD risk?**

**1**

**2**

**3**

**10. After a beneficiary has taken the NCD risk self-assessment, what should you do?**

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**11. What should you do if a beneficiary becomes upset when they learn that they have or might be at risk of having an NCD?**

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**12. Can a Red Cross Red Crescent health worker diagnose a beneficiary with an NCD?**

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**13. What should a Red Cross Red Crescent volunteer do if they suspect that someone has an NCD?**

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**14. How can you best track a beneficiary's NCD health data?**

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**15. What should you do with beneficiaries' NCD health data?**

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**16. What are the most important components of an NCD health action plan?**

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Thank you!

## Level 3

# Post hoc evaluation

There are two forms included:

- 1) For trainees to answer approximately three months after the training has been completed.
- 2) For supervisors of trainees to answer approximately three months after the training has been completed.

## Level 3a

# Post hoc evaluation (trainee)

Hello again!

You were a participant in a recent training conducted by IFRC on NCDs. We hope you have been able to easily apply your newly acquired knowledge and skills related to NCDs to your work. As we discussed in the training, following up with your participants 2 to 3 weeks after the actual training helps to ensure learning transfer of knowledge and skills to the workplace. This survey is an attempt to understand if your capacity has been enhanced to benefit your National Society and the beneficiaries you serve. It also provides trainers with content-specific feedback on how the training has helped you and what changes we can make to improve the content and delivery even further. We thank you for your participation and we thank you for your responses to this survey.

Please provide your responses by \_\_\_\_\_.

If you have any questions, please contact \_\_\_\_\_ at IFRC.

Thanks for all your hard work!

### 1. Have you conducted any NCD sessions with beneficiaries since attending the NCD training?

- No
- N/A
- Yes - indicate below details about your session(s) such as who you taught, where you taught, how much of the module you taught.



**2. Do you feel that you were adequately trained to present the sessions as a result of the IFRC training you attended?**

- Yes
- No
- Not sure

**3. Were you able to answer all the questions you were asked about NCDs?**

- Yes
- No – indicate below what areas you feel you were not prepared enough to answer.

**4. Did you feel that you had adequate knowledge and skills to appropriately teach the NCD sessions?**

- Yes
- No
- Maybe
- Other (please give any details)

**5. Do you feel that you were able to adequately relate the threat of NCDs to your beneficiaries?**

- Yes
- No
- Not sure – I think I needed more... (please give details below)

**6. Do you feel that you were able to teach beneficiaries how to use the NCD risk assessment cards adequately?**

- Yes
- No
- Not sure – I think I needed more.... (please give details below)

**7. Did the beneficiaries have any difficulty in using and reading the results on the NCD risk assessment cards?**

- Yes
- No
- Not sure

**8. Were you able to track beneficiary data adequately so that you can determine which beneficiaries needed Red Cross Red Crescent support?**

- Yes
- No
- Not sure

**9. Were beneficiaries able to make and communicate health action plans?**

- Yes
- No
- Not sure

**10. Were there any other areas where you feel you needed more preparation?**

- No
- Not sure
- Yes – please give details below.

Thank you!

## Level 3b

# Post hoc evaluation (supervisor)

Hello!

One of your volunteers or staff \_\_\_\_\_ was a trainee in a recent training conducted by IFRC on NCDs. We hope that your trainee has been able to easily apply his / her newly acquired knowledge and skills related to NCDs to their work. As was discussed in the training, we are following up with all supervisors of trainees 2 to 3 months after the actual training to ensure your staff and volunteers apply their new knowledge and skills to the workplace, benefitting your National Society and beneficiaries. This survey is an attempt to check in with trainees and their supervisors to see how they are using their enhanced capacity. It also provides us with content-specific feedback on how the training has helped you and what changes we can make to improve the content and delivery even further. We thank you for your participation and we thank you for your responses to this survey.

Please provide your responses by \_\_\_\_\_.

If you have any questions, please contact \_\_\_\_\_ at IFRC.

Thanks for all your hard work!

### 1. Please give the name of the trainee(s) that you sent for NCD training.

.....

.....

.....

.....

**2. Has the trainee conducted any NCD sessions with beneficiaries since attending the NCD training?**

- No
- Not sure
- Yes - indicate below details about the session(s) such as who was taught, where it was taught, how much of the module was taught.

**3. Do you feel that the trainee was adequately trained to present the sessions as a result of the IFRC training they attended?**

- Yes
- No
- Not sure

**4. Are they able to answer questions about NCDs and the risk factors that contribute to NCDs?**

- Yes
- No – indicate below what areas you feel you were not prepared enough to answer.

**5. Did you feel that the trainee had adequate knowledge and skills to appropriately teach the NCD sessions?**

- Yes
- No
- Maybe
- Other (please give any details)

**6. Do you feel that the trainee was able to adequately relate the threat of NCDs to your beneficiaries?**

- Yes
- No
- Not sure – I think he/she needed more... (please give details below)

**7. Do you feel that the trainee was able to teach beneficiaries how to use the NCD risk assessment cards adequately?**

- Yes
- No
- Not sure – I think he/she needed more... (please give details below)

**8. Do you know if beneficiaries have any difficulty in using and reading the results on the NCD risk assessment cards?**

- Yes
- No
- Not sure

**9. Was the trainee able to track beneficiary data adequately so that your team can determine which beneficiaries needed Red Cross Red Crescent support?**

- Yes
- No
- Not sure

**10. Were beneficiaries able to make and communicate health action plans?**

- Yes
- No
- Not sure

**11. Do you feel that there is a better understanding of NCDs and their associated risk factors because your trainee attended the training?**

- Yes – please give more details below
- No – please give details on why you feel this way below

**12. Were there any other areas where you feel trainees needed more preparation?**

- No
- Not sure
- Yes – please give details below

Thank you!

# The fundamental principles of the international Red Cross and Red Crescent movement

**Humanity** The international Red Cross and Red Crescent movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

**Impartiality** It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

**Neutrality** In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

**Independence** The movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

**Voluntary service** It is a voluntary relief movement not prompted in any manner by desire for gain.

**Unity** There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

**Universality** The international Red Cross and Red Crescent movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

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International Federation  
of Red Cross and Red Crescent Societies

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