
Facilitator guide

for Community-based health and first aid *in action* (CBHFA)

March 2009

Volume one



The International Federation's Global Agenda (2006 – 2010)

Over the next two years, the collective focus of the Federation will be on achieving the following goals and priorities:

Our goals

Goal 1: Reduce the number of deaths, injuries and impact from disasters.

Goal 2: Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.

Goal 3: Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.

Goal 4: Promote respect for diversity and human dignity, and reduce intolerance, discrimination and social exclusion.

Our priorities

Improving our local, regional and international capacity to respond to disasters and public health emergencies.

Scaling up our actions with vulnerable communities in health promotion, disease prevention and disaster risk reduction.

Increasing significantly our HIV/AIDS programming and advocacy.

Renewing our advocacy on priority humanitarian issues, especially fighting intolerance, stigma and discrimination, and promoting disaster risk reduction.

International Federation of Red Cross and Red Crescent Societies, Geneva, 2009

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International Federation
of Red Cross and Red Crescent Societies

P.O. Box 372
CH-1211 Geneva 19
Switzerland
Telephone: +41 22 730 4222
Telefax: +41 22 733 0395
E-mail: secreteriat@ifrc.org
Web site: <http://www.ifrc.org>

Facilitator Guide

for Community-based health and first aid
in action (CBHFA)

International Federation of
Red Cross and Red Crescent Societies



Preface

About CBHFA *in action*

The goal of community-based health and first aid (CBHFA) is the creation of a healthy community. Growing a healthy community is a lifelong process, one that requires persistence and constant nurturing. Therefore, the CBHFA commitment is a long-term engagement.

CBHFA is an integrated community-based approach in which Red Cross Red Crescent volunteers work with their communities in disease prevention, health promotion, first aid and disaster preparedness and response. With this integrated approach, different aspects of vulnerability are identified and addressed. The community is at the centre of the process.

CBHFA starts with a community dialogue. The dialogue identifies community priorities, and leads to activities and solutions to address the priorities. A community dialogue is a forum that gathers participants to exchange information face to face, to share personal stories and experiences, to express perspectives honestly, to prioritize issues, to identify opportunities and to develop solutions to community concerns.

The length of the community dialogue will vary. Often it is the starting point for a long-term relationship between volunteers, local Red Cross Red Crescent branches or chapters and their communities. Community action might change or evolve as a result of the ongoing community dialogue and the increasing capacity of the community and volunteers to act.

In many countries, volunteers come from and live in the communities where they work. Community-based volunteers can help their communities identify priority needs and solve their own problems. CBHFA *in action* seeks to strengthen a community, making it a healthier place to live during normal times. Well-prepared CBHFA volunteers can also help respond to emergencies.

As a community-based programme, CBHFA *in action* develops the:

- skills of Red Cross Red Crescent volunteers
- capacity of branches or chapters
- capacity of communities in preparedness and response to emergencies

CBHFA is modelled on the primary health care approach which focuses on working with communities. As such, CBHFA identifies where Red Cross Red Crescent volunteers can establish links and referrals between the community and the formal health system.

CBHFA *in action* can be tailored to meet the needs of any community or target group. This targeted training and preparedness education is provided by selecting topics identified by the community. Development with the community goes beyond training. Communities should be involved at every stage of CBHFA implementation.

How to use the Facilitator Guide

This Facilitator Guide is written for CBHFA *in action* facilitators. It is a resource to assist you in preparing CBHFA *in action* volunteers for the important work they will perform in their own communities.

Facilitators will help volunteers learn in a flexible and action-oriented manner. The Facilitator Guide is designed to implement a CBHFA *in action* approach called “learning by doing”. The purpose of learning by doing is to prepare CBHFA *in action* volunteers and their coaches to be agents of change who transform their learning into community action.

Learning by doing

Each topic includes recommended activities. Learning takes place in the classroom, in most cases followed by an activity, often in small groups or in the community. The facilitator and the volunteers select activities according to their learning needs. In some modules, a community-based activity will reinforce what volunteers have learned in the classroom. This is the learning by doing method: learn in the classroom, do in the community.

In order to feel the necessary commitment, volunteers need to take responsibility for their own learning. They should be encouraged to explore individual learning and to learn by doing. As a facilitator, you should support this individualized learning by giving clear and correct instructions. By being supportive and providing feedback you will help individuals to take responsibility for their own learning and development.

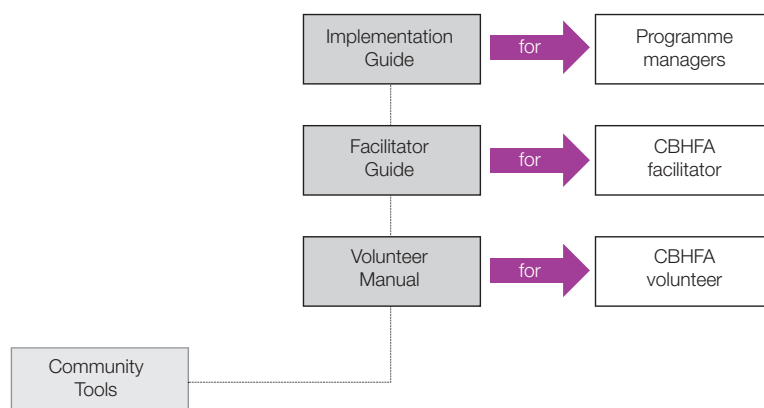
Facilitators should have knowledge, skills and experience in:

- adult learning and group facilitation
- first aid and injury prevention
- health promotion and disease prevention
- the International Red Cross and Red Crescent Movement

The CBHFA *in action* curriculum includes seven modules that cover Red Cross Red Crescent knowledge, community mobilization, community assessment, first aid and important health topics. The Volunteer Manual and Community Tools are designed to engage volunteers in their communities during the CBHFA *in action* process. The Facilitator Guide accompanies the Volunteer Manual.

The CBHFA *in action* resource materials include:

- Implementation Guide
- Facilitator Guide
- Volunteer Manual
- Community Tools





The Facilitator Guide is designed to:

- involve volunteer participants actively in the learning process
- help volunteers to learn by doing
- make the learning enjoyable and fun

Topic sessions include interactive presentations, small group discussions, skills practice, case studies, role plays, review activities and community activities.

You will find step-by-step suggestions on how to conduct each session. Consider the suggestions as an outline that will achieve the performance goals.

It is important to allow your personal style and the dynamics of the group to fine tune or tailor the choreography of the suggested training methods. You know your audience best. Be prepared to modify the content and schedule as needed. You and your volunteer audience will be influenced by your own experience and learning culture.

Therefore, while this guide can be used as it is written, you should not be afraid to experiment with innovative facilitation. There are suggested facilitator tools located in this introduction. As you become more familiar with the CBHFA materials and your training style, you should modify the topic activities to fit your strengths as a facilitator and the needs of your audience.

There are seven modules in this Facilitator Guide. Modules 1 to 3 are the core modules that should be facilitated in the order in which they are presented. There are several core topics in modules 4, 5 and 6, but there is no requirement to take them in the exact order in which they are presented. It depends on previously identified specific needs and the priorities of the community. Some topics in module 4 must be taught by qualified first aid trainers recognized by the national society.

As an introductory module, Module 1 has many participative activities that set the pace, energy and environment that will help to develop a supportive and collaborative volunteer group that is motivated and committed. Make sure to schedule the time to implement these activities.

Minimum content and requirements

As a facilitator you need to ensure that minimum requirements and learning objectives are met. The Volunteer Manual and Community Tools should be put in the context of the culture, environment, methods and language of the local community. All illustrations should be sensitive to community contexts.

Some actions and curriculum requirements must be included in every CBHFA *in action* programme. How actions can be performed depends on local contexts and community needs. It is important to shape CBHFA to the specific community environment yet meet the basic minimum CBHFA content and requirements framework.

The facilitator's role

As the facilitator, you are expected to facilitate learning opportunities and to guide volunteers. You should enrich the quality of their learning and action, both in the classroom and in the community.

Facilitator responsibilities

As facilitator you should:

- introduce each module and review content in the topic summary
- lead group discussions and activities
- answer questions yourself only when the answer cannot be supplied by your participants
- provide clear instructions and repeat as needed
- provide opportunities for volunteers to practise what they are learning
- address volunteers' feelings and ideas
- encourage active participation
- give constructive and positive feedback

Support CBHFA volunteers

During and after learning, every volunteer will need support until s/he feels more confident with the newly learnt capacities and skills. In this learning by doing process, you will need to support and supervise volunteer participants in the classroom and in the community.

It is important to recognize that unexpected situations can occur. Both facilitator and volunteer groups in the learning process need to see such situations as opportunities for action. When a teachable moment occurs it is suggested that the opportunity should be used to teach important skills or knowledge. This is more important than following the training plans and timetables. Flexible facilitation encourages a learner-centred process.

Coaching and supervision

Facilitators, coaches and local branch leaders need to coach and supervise volunteers in the community and give support. Supervising and mentoring volunteers during community activities will help to evaluate how volunteers are doing tasks. Facilitators can coach volunteers to solve problems, clarify misunderstandings and help make decisions. Mentoring in the community helps maintain and develop volunteer motivation. As a facilitator you can arrange to meet the volunteers in the field and use the opportunity to praise and thank them, as well as to improve their skills.

Facilitator feedback

Giving feedback is an essential part of the training process and facilitator responsibilities. Facilitators can provide constructive comments on people's attitudes and performance. Simple rules to follow when giving feedback are:

- give it as soon as possible
- refer to specific behaviour that can be changed or improved
- balance negative comments with positive ones
- offer choices for change but limit comments to one or two points (there is a limit to what people can absorb)
- comment on performance and not personalities
- recognize that feedback is a personal opinion and not a universal truth



Organization of the Facilitator Guide

Each module has an introduction that will provide a summary of the topics in that module, and that provides suggestions for preparing each topic.

Each topic includes:



Learning objectives

what the volunteers should know and be able to do as a result of your training.



Main learning points

you need to emphasize during each topic.



Suggested outline of activities

and the estimated timeline to conduct the activities in each topic.



Materials

you will need.



Topic summary

of the content in that topic. It is important that you familiarize yourself with the content before the learning session. Be prepared to refer back to that section during your classroom facilitation.

Facilitator directions

for suggested classroom and community activities.

In this Facilitator Guide you will find:

- content included in the Volunteer Manual
- responses you expect to elicit from the volunteers during your classroom facilitation
- classroom activity instructions

discussion items

community activity:

You will also find facilitator tips, giving suggestions or ideas to facilitate discussion and interaction among the learners.

Facilitator tip

Judge the audience energy level. Suggest a ten minute break, if needed. Consider conducting an energizer.

This is YOUR personal file. Write in it and make notes, reminders or corrections that will help you facilitate the session.

Facilitator preparation

The materials included in this Facilitator Guide are intended to be used as a guide. All exercises, methods and lesson plans are only suggestions. You are encouraged to adapt any of the materials or timing of activities to meet the needs of your volunteers.

Successful training begins with thorough preparation. It is vital to have a good understanding of each topic's content and to have the necessary materials to facilitate the various classroom and community activities. It is recommended that you:

- read the Facilitator Guide
- learn the content in each topic summary and be prepared to give a brief presentation on the content at the beginning of each topic. If you need a technical expert, recruit a co-facilitator from the health centre or Red Cross Red Crescent office
- review the list of materials needed for each topic to ensure that you have all necessary supplies
- read the facilitator instructions before training each module, think about the specific needs of your audience and the training room and be prepared to change or tailor how the content is presented to make it active for your audience
- check that your training room is available and arranged to your liking
- communicate the time and location for the training to the volunteers
- arrange for field visits in advance
- identify household members for each volunteer
- communicate clearly the objectives of field visits to community leaders

Managing time

The times suggested for each activity in this Facilitator Guide are approximate. You will know your audience best and should be able to judge from their body language when more or less time is needed to meet their learning needs. The learning objectives and main learning points for the volunteer at the beginning of each topic provide the structure and important content that must be covered. If you lose control of time and the audience goes off topic, use your ground rules (see Facilitator tools) to get back on topic.

Room arrangement

Design seating arrangements so that volunteers can make eye contact with each other and so that you can easily facilitate group conversation. Make sure that volunteers are comfortable. Ensure that demonstrations can be seen by all volunteers. Try to avoid having lines of chairs or long tables. The preference would be for small tables for four to six people, or a u-shaped formation.



Dividing participants into small groups

In order to get participants involved in activities and discussions, break them into several small groups. This allows for physical activity, gets participants engaged and allows them to socialize with different groups of participants. You can divide the groups randomly by counting, or by distributing different coloured objects, types of leaves or strips of paper with group names.

It is usually a good idea to assign a group leader to lead the small group through the activity, take notes and report the group's responses to the larger group. You can assign leaders by choosing the most recent birthday, birth order, number of siblings, shortest name, etc. This is often a good way to involve and re-energize the audience.

Suggestions for the facilitator

Adult learners

- Adults prefer a learning environment where they feel valued and respected for their experiences. As a facilitator you should ask volunteers to share their stories. Be sure to give positive reinforcement when they contribute by acknowledging and thanking.
 - Adults prefer learning to be active rather than passively sitting and listening to you. It is important that you give volunteers opportunities to participate in a variety of activities such as discussions, games, problem-solving case studies or brainstorming.
 - Adults will be actively engaged in learning if they can see how the training will meet their needs. As a facilitator it is important to identify volunteers' learning needs, and to explain how the training content will be of benefit to them.
 - Adults want to direct their own learning. Provide opportunities for volunteers to make choices so that they can decide which skills they want and need to learn.
 - Adults have varied learning styles. Some adults learn best visually, others learn best by listening and still others by doing. Use a variety of training methods in order to accommodate all learning styles.
 - Adults learn new content when it relates to something they already know. Link new content to existing content with analogies or stories.
 - Adults appreciate having an opportunity to apply what they have learned as soon as possible. This is the learning by doing concept. Make sure to give all volunteers a chance to practise new skills in the community.
 - Adults will learn and remember content when it is reinforced with repetition. Try to repeat key concepts at least six times, but vary the context if possible to show different applications.
 - Adults are motivated by positive encouragement. Be sure to reward volunteers with positive feedback and express appreciation when they participate.
 - The adult attention span is between eight and twelve minutes. Follow the "90-20-8" rule. Take a break every 90 minutes. Change the activity every 20 to 30 minutes. Change the pace of the activity every eight minutes.
 - Adults will remember 70 per cent of what they say and write. Encourage volunteers to write new information in their Volunteer Manual and complete written classroom activities if they are able to do so. Alternatively, ask them to summarize new information at the end of the session or beginning of the next session.
-

When facilitating

- Use eye contact if it is appropriate in your culture. Making eye contact helps to establish a connection with your participants. It also helps to read your audience to see if they understand or are confused.
- Walk around the room as you facilitate. Use gestures and movements to make a point. Walk towards the volunteers as they respond to your questions or make comments. Your interest in their comments will encourage volunteers to continue to be involved.
- Show enthusiasm and be passionate about the topic. Your energy and excitement will help keep the volunteers excited about the information that you are presenting.

Facilitator tools

Establishing ground rules

Establish ground rules or class norms at the beginning of a training session. Ground rules are easier to enforce if the rules are suggested by the volunteers. Provide the volunteers with the rationale for ground rules, and examples, and then ask them to suggest their own. Record the agreed ground rules on flipchart paper. You may need to revisit the ground rules on occasion if volunteers are not following them or if they need to be revised.

Icebreakers

Icebreakers are intended to help volunteers to socialize, relax and get them talking to each other. As the facilitator your role is to facilitate the process, not to participate.

Energizers

Energizers are designed to boost energy in a group of participants who have been sitting and listening for a long period of time. Energizers are short, a few minutes in length, and should include physical activity, laughter and diversion. Participants should stand up and move around during an energizer. As a general rule, energizers should be chosen with sensitivity to the cultural, gender and religious norms of the group.

Presentations

A presentation or lecture can convey information, theories or principles quickly and easily. Presentations can range from a lecture to some participant involvement through questions and discussion. Use didactic presentations to present technical content such as from the topic summary. As a general rule presentations should not be longer than 20 minutes.

Brainstorming

Brainstorming generates ideas from a group and stimulates creative thinking. The facilitator poses a question and allows participants to call out answers. All ideas from the group should be recorded, regardless of how appropriate they are. Facilitators need to be careful not to criticize or judge volunteers' contributions in a brainstorming activity. At the end of the brainstorming if any technical information is discussed the facilitator should confirm that volunteers have the correct information.



Guided discussion

A guided discussion is designed to initiate and focus debates or to emphasize the main learning points. Guided discussions can be conducted either in large or small groups. Facilitators need to manage these discussions carefully to ensure that time is not wasted on irrelevant points and that the discussion is not dominated by the more vocal and confident participants. It is important to allow volunteers to express opinions. Whenever possible, ask volunteers questions to stimulate participation and focus their attention.

Small group discussion

A small group discussion provides an opportunity for everybody to participate in a non-threatening environment. Participating in larger groups can sometimes be intimidating. Small groups should have three to six members, allowing volunteers to share their experiences and ideas or to solve a problem together.

Demonstration

A demonstration shows the skills needed for the successful performance of a particular task or technique. The trainer or volunteer demonstrates the task, describing each step and explaining the skills needed and the reasons for performing it in a specific way. It is often followed by a practice session where volunteers can perform the activity under the supervision of the facilitator. Before you conduct a demonstration, arrange the necessary equipment and practise the skill. Allow sufficient time for volunteers to practise in pairs or in small groups.

Visual aids

Visual aids are important for communicating concepts. Visual aids such as pictures, drawings or diagrams are helpful for audiences with limited literacy. They provide colour and help with memory retention, especially for those who learn best visually. There are many kinds of visual aids that can be used in a training setting. In the CBHFA *in action* training it is recommended that you use visual aids that are appropriate for the context. Generally it is better to have visual aids that are simple to use, require minimal preparation, do not require electricity and do not cost very much money. Some examples of easy to use visual aids are flipchart paper with coloured markers, chalk board with coloured chalk, white boards with dry erase markers and posters.

Question box

Question box in training refers to a simple box in which volunteers can post questions on any topic. You may also wish to use flipchart paper to capture all questions for which you may not have an answer during a training session, or for questions you plan to answer in a future session. It is important to remember to review such items at the end of the day, and to answer questions immediately, or confirm when they will be answered.



Role play

Role playing allows volunteers to act out situations that they might encounter in real life. It helps participants to practise skills, solve problems and gain insights into attitudes, values and perceptions held by others. Role plays are often improvised with instructions or guidelines for the roles each member will play and the objectives of what needs to be communicated. If possible, a few theatrical props are recommended such as a clipboard, a hat or name tag in order to help establish the scene. It is a good idea to debrief after a role play and reflect on the experience.

Dramatization

A drama differs from a role play in that time is given to volunteers to develop a script and practise before presenting to the larger group. Specific roles are usually assigned. Dramas often communicate a situation or scenario about community lifestyles and attitudes.

Storytelling

In many communities, storytelling is a way of helping people to understand their behaviours and values. Often, stories tell the volunteers what are acceptable or unacceptable behaviours. Usually, stories are created around an important or common situation people face in the community. When telling a story, be sure to weave cultural beliefs and personal experiences to make the story more realistic to the audience. Storytelling will help volunteers to relate what they learn to cultural beliefs.

Simulation

Simulated scenarios help volunteers practise how they would respond in real life. Volunteers respond to a simulated scenario without prior notice of what the situation will be.

Case studies

A case study is a written description of a hypothetical situation that is used for analysis and discussion. It is a detailed account of a real or hypothetical occurrence (or series of related events involving a problem) that participants might encounter in real life. It is analysed and discussed. Volunteers are often asked to arrive at a plan of action to solve the problem.

Reflective learning

Reflective learning is a process in which the volunteer is asked to reflect introspectively on a particular classroom or community experience and draw meaning from the experience. This process helps volunteers to gain insight and understanding about themselves, their peers, their community and their environment.



Facilitator tools for assessment and evaluation

Evaluation of training

There are four levels for measuring the effectiveness of your training.

Level 1: **Reaction** measures how much the volunteers liked the training and their level of satisfaction with the training facilitation.

Level 2: **Learning** measures whether the volunteers feel they improved their knowledge, changed attitudes or increased their skills. You can give a pre- and post-test, observe a demonstration, role play, or ask volunteers how confident they are with meeting the learning objectives.

Level 3: **Behaviour** measures the extent to which a change or improvement in behaviour occurred because of your training. It is important to keep in mind that in order for behaviour to change, the volunteer must:

- have a desire to change
- know what to do and how to do it
- have the right environment to be able to implement the behaviour, particularly important during coaching and supervision which take place in the community
- be rewarded for changing behaviour either by recognition, a certificate or a promotion

Level 4: **Results** measures the results of the CBHFA *in action* programme in terms of:

- positive developments and improved health in the community
- how often community members attend CBHFA *in action* activities
- how many community members attend CBHFA *in action* activities (does it increase or decrease over time?)

Review and recap

Reviewing content reinforces important information and helps participants remember information and skills. Reviewing also helps the facilitator to evaluate how well participants understand the material. To have fun and excitement with the learning process, consider using games to review content that you want the volunteers to remember.

Peer assessment and feedback

Volunteers can learn from, and teach, each other by assessing one another during classroom demonstrations, role plays and community presentations. Peer assessment should be used to provide positive feedback on a skill or task and suggestions for improvement in the future. This method is best used when peers can take turns observing, assessing and providing feedback. In this way everyone is given the opportunity to assess a peer as well as to be assessed.

Self-assessment

Volunteers should assess their own performance and volunteer activities. Several of the topics in the Facilitator Guide have activities called “check your understanding”. These are written self-assessments that can be used to determine how well the volunteer understands the content. This exercise also serves to review and reinforce important information.

Pre- and post-tests

Pre- and post-tests are useful tools for the facilitator to determine whether volunteers learnt information during the training. Scoring on various test questions can identify which concepts or skills were facilitated well and which ones may require additional time or a different type of activity. Pre- and post-tests measure information gained rather than acquired skills or attitudes. Measuring behaviour improvement is best assessed through observation of skills and supervision in the community.

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Lene Svendsen
Aida Syed
Helenlouise Taylor
Birikhty Tekletsion
Mija Tesse-Ververs
Hannele Virtanen
Nana Wiedemann
Asta Ytre
Salome Zan

Editor

Vivienne Seabright

Layout

Sébastien Calmus

Illustration

Rod Shaw

Training and instructional design consultants

LINKS Consulting International

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Facilitator Guide

MODULE 1

The Red Cross Red Crescent *CBHFA in action* volunteer

Goal

In this module volunteer participants will discuss and learn their role and responsibilities in their National Red Cross or Red Crescent Society.

Topics

The four topics in this module are:

- Topic 1 International Red Cross Red Crescent Movement
- Topic 2 The local branch or chapter
- Topic 3 *CBHFA in action*
- Topic 4 Volunteering

Module summary

In Topic 1, volunteers will share their goals for becoming a Red Cross Red Crescent *CBHFA in action* volunteer. The International Red Cross Red Crescent's history and organizational structure will be outlined. Volunteers will learn about the symbolism behind the various international emblems and their significance. The Seven Fundamental Principles that guide every aspect of a volunteer's work will be discussed.

In Topic 2, volunteers will learn where the National Society and local branch is located. Leaders and members in their community who can give support for volunteer activities will be identified. Volunteers will be introduced to the first Community Tools and the concept of modelling and promoting healthy behaviours in the community.

In Topic 3, volunteers will be introduced to the characteristics and guiding principles of community-based health and first aid (CBHFA). They will discuss the goal of *CBHFA in action* in supporting behaviour change in the community. During this topic, volunteers will be introduced to the needs for living model. This model defines the six basic needs in every person's daily life: health, safety, shelter, food, water and sanitation, and livelihood. The needs for living model will be revisited in other training modules to help identify where volunteers can contribute to the basic needs of their community.

In Topic 4, volunteers will define the roles, responsibilities and qualities of a CBHFA *in action* volunteer. Volunteers will conclude the module by preparing a personal commitment goal to become a Red Cross Red Crescent CBHFA *in action* volunteer. An optional activity introduces the living through time model, where participants can examine what the future might be for them as a volunteer.

Facilitator preparation

The materials included in this Facilitator Guide are intended to be used as a guide. All exercises, methods and lesson plans are only suggestions. You are encouraged to adapt any of the materials as you think appropriate to meet the needs of your volunteer participants.

Successful training implementation begins with thorough preparation. It is vital to have a solid understanding of the content of each topic and to have the necessary materials to facilitate the various classroom and community activities. It is recommended that you:

- read the Facilitator Guide
- familiarize yourself with the content of each topic found in the topic summary and be prepared to give a brief presentation
- read the facilitator instructions for this module, think about the specific needs of your audience and the training room and be prepared to change or “tailor” how the content is presented to make it active for your audience
- check over the list of materials before each topic to ensure that you have all the materials needed to implement the topic
- ensure that your training room is available
- communicate the time and location for the training to the volunteers
- bring a clock or wristwatch to training to keep time
- prepare questions for the review activity at the end of each topic
- arrange for field visits in advance
- identify household members for each volunteer to visit
- communicate clear objectives of field visits to community leaders

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Topic 1

International Red Cross and Red Crescent Movement



Learning objectives

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

- describe the history and mission of the International Red Cross and Red Crescent Movement
- list the three components of the International Red Cross and Red Crescent Movement
- identify the emblems of the International Red Cross and Red Crescent Movement
- describe the seven Fundamental Principles of the International Red Cross and Red Crescent Movement and how they guide a volunteer's daily work
- explain their personal values and beliefs regarding the seven Fundamental Principles
- discuss respect for the emblems and the seven Fundamental Principles with members of their community



Main learning points

1. The three components of the International Red Cross and Red Crescent Movement are:
 - International Committee of the Red Cross
 - International Federation of Red Cross and Red Crescent Societies
 - National Red Cross and Red Crescent Societies
2. National societies organize health, first aid, social care, disaster management, and other programmes to meet relevant local needs.
3. The red cross, red crescent, and red crystal emblems are recognized internationally and provide protection to staff and volunteers.
4. It is the responsibility of all National Societies, their members and volunteers to protect and respect the emblems and guard against their misuse.
5. Volunteers are guided by the seven Fundamental Principles of the International Red Cross and Red Crescent Movement.



Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately 140 to 220 minutes to complete.

I. Welcome and introduction to CBHFA <i>in action</i> training	Icebreaker. Assessment of motivation for becoming a volunteer and expectations for training.	🕒 30-45 min.
II. Introduction to Module 1	Module 1 Bingo.	🕒 15-25 min.
III. The International Red Cross and Red Crescent Movement	Brief presentation from the topic summary.	🕒 30-45 min.
IV. The emblems	Brief presentation from the topic summary.	🕒 10-20 min.
V. Seven Fundamental Principles	Brief presentation from the topic summary. Small group discussion and drawings.	🕒 30-45 min.
VI. Review	Cabbage ball toss.	🕒 15-20 min.
VII. Check your understanding	Self-assessment.	🕒 10-20 min.



Materials and preparation

- CBHFA *in action* Volunteer Manual (one for each participant).
- Volunteer registration paper so that volunteers can list name, address and contact information.
- Ten to fifteen sheets of flipchart paper.
- Assorted coloured markers.
- Small pieces of notepaper.
- Tape or wall pins.
- Box labelled “Questions”.
- Prepare questions for the review activity:
 - Count the number of participants. You are recommended to prepare one review question for each participant.
 - Refer to the topic summary and main learning points to create your questions.
 - Write a single review question on a single page of paper.
 - Crumple the paper into a ball.
 - Write a new single question on a single sheet of paper. Cover the first crumpled ball with this second paper.
 - Continue writing one review question on a new sheet of paper each time.
 - Add each sheet to the ball.
 - When you have finished, you will have a small ball or “cabbage” with layers of questions.



Topic summary

History of the International Red Cross and Red Crescent Movement

In June 1859, a 31-year old man named Henry Dunant witnessed the suffering after the battle of Solferino. Although the battle had liberated northern Italy from Austrian domination, the combat had lasted 16 hours and left more than 40,000 men wounded or dead on the battlefield.

Henry Dunant heard the screams of wounded soldiers calling for help. He realized the medical services were insufficient for the enormous task of caring for all those who needed help. Dunant was driven to action. He did his utmost during three days and nights to organize local people to provide comfort and help to wounded soldiers.

After Henry Dunant returned home to Geneva, in order to alert public opinion, he wrote about his experience and published *Memories of War*. At his own expense he printed 1,600 copies.

Dunant then had the idea to create a neutral body which would serve to provide medical personnel in times of armed conflict. This eventually led to the creation of the International Committee for Relief to the Wounded, later to become the International Committee of the Red Cross (ICRC). The red crescent emblem was first used by ICRC volunteers during the armed conflict between Russia and Turkey, 1877-1878, and the symbol was officially adopted in 1929, alongside the red cross.

Henry Dunant died on 30 October 1910. The date of his birth, 8 May, is celebrated as World Red Cross and Red Crescent Day.

The International Red Cross and Red Crescent Movement

The International Red Cross and Red Crescent Movement is the world's largest humanitarian network, with a presence and activities in almost every country.

The three components of the International Red Cross and Red Crescent Movement are:

1. International Committee of the Red Cross (ICRC)

The ICRC is an impartial, neutral, and independent organization whose humanitarian mission is to protect the lives and dignity of victims of war and internal violence and to give them assistance. During situations of conflict, the ICRC is responsible for directing and coordinating the Movement's international relief activities. It also promotes the importance of international humanitarian law and draws attention to universal humanitarian principles. As the custodian of the Geneva Conventions, the ICRC has a permanent mandate under international law to visit prisons, organize relief operations, reunite separated families and undertake other humanitarian activities during armed conflicts. The ICRC also works to meet the needs of internally displaced persons, raise public awareness of the dangers of mines and explosive remnants of war, and trace people who have gone missing during conflicts.

The ICRC's headquarters are in Geneva, Switzerland.

2. The International Federation of Red Cross and Red Crescent Societies

The International Federation of Red Cross and Red Crescent Societies is the world's largest humanitarian organization, coordinating and directing international assistance following natural and man-made disasters in non-conflict situations. The International Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. The International Federation works with National Societies to carry out relief operations to assist victims of disasters, and combines this with development work to strengthen the capacities of communities. The International Federation's work focuses on four core areas:

- promoting humanitarian values
- disaster response
- disaster preparedness
- health and community care

The International Federation membership is composed of 186 National Societies around the world. The headquarters of the International Federation are in Geneva, Switzerland.

3. National Societies

National Societies exist in 186 countries around the world. More are in process of formation. National Societies provide programmes in health, first aid, welfare, disaster preparedness and disaster management. The National Societies operate independently yet as a network form the backbone of the International Red Cross and Red Crescent Movement. In time of war, National Societies help in caring for the wounded and sick, refugees, prisoners and civilian returnees. Each National Society is made up of volunteers, members and staff who provide a wide variety of services. National Society volunteers are often the first on the scene when a disaster strikes.

The Geneva Conventions

The Geneva Conventions lay down the basic rules for the protection of all victims in armed conflicts. The rules of conflict stated in the Geneva Conventions are that:

- People who are not directly involved in fighting, or who cannot be involved because they are ill, wounded, or captured, shall be protected.
- Those who suffer as a result of the fighting shall be given relief and care, without any discrimination because of their nationality, race, political views or religious beliefs.
- These rules should be disseminated to soldiers, armed forces, and all members of the community.

The management of Red Cross Red Crescent activities will be different in different types of emergency and in armed conflicts. In a conflict zone and situations of violence the International Committee of the Red Cross will be the lead agency working with the National Society and the International Federation. The International Red Cross and Red Crescent Movement emblems are protected by international humanitarian law of the Geneva Conventions.

The emblems

The red cross and the red crescent are among some of the most recognized symbols in the world. The International Federation of Red Cross and Red Crescent Societies uses as its "logo" two globally recognized emblems—the red cross and the red crescent—set on a white background within a red rectangle. The International Federation can use both emblems indicatively because it is neither a state nor a National Society.



The Federation's member National Societies use one of these emblems:



red cross



red crescent

Unfortunately, the emblems are sometimes perceived as having religious, cultural, or political connotations. This has affected respect for the emblems, especially in certain conflict situations, and has diminished the protection the emblems offer to victims and to humanitarian and medical personnel.

The adoption of a new emblem, the red crystal, will enable societies that find it difficult to use either the red cross or the red crescent to become members of the International Red Cross and Red Crescent Movement. The new emblem was designed to be easily recognizable. It appears as a red frame in the shape of a square on edge, on a white background, and is free of religious, political and other connotation, making it universally acceptable for different cultures, devoid of religious connotation.



red crystal

The use of these emblems is protected by international humanitarian law of the Geneva Conventions. International humanitarian law protects those who do not take part in the fighting, such as civilians and medical and religious military personnel. It also protects those who have ceased to take part, such as wounded, shipwrecked, sick combatants and prisoners of war. The emblems have two uses:

Protection—In war times the use of large protective emblems identifies medical personnel, equipment, units, and transports.

Indication—Use of the small emblems during times of peace shows that volunteers are working for their National Society. The emblem identifies property, vehicles, and materials as being part of the National Society and International Red Cross and Red Crescent Movement.

The emblems must only be used by representatives including volunteers, the National Society, the International Federation and the International Committee of the Red Cross. It is the responsibility of all members of the Movement to protect and respect the emblems and guard against their misuse.

The seven Fundamental Principles

These are the seven Fundamental Principles that all National Societies must follow:

1. Humanity

The International Red Cross and Red Crescent Movement was born out of a desire to bring assistance without discrimination to the wounded on the battlefield. It aims, 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.

2. 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.

3. Neutrality

In order to continue 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.

4. 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.

5. Voluntary Service

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

6. 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.

7. 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.

Facilitator directions

Prior to training

🕒 15-20 minutes

1. Arrive at the training room 15 minutes before the scheduled training start time.
2. Ensure the training room is set up as planned. Prepare the facilitator materials.
3. Find out where the toilets are located.
4. As volunteers arrive, instruct them to complete the volunteer registration form with their name, address and contact information.
5. Ask volunteers to sit wherever they wish.

I. Welcome and introduction to CBHFA *in action* training

🕒 30-45 minutes

1. Welcome everyone to the CBHFA *in action* training. Introduce yourself and your qualifications as a CBHFA *in action* facilitator.
2. Distribute the CBHFA *in action* Volunteer Manual to each volunteer.
3. Ask the volunteers to write their name and contact information in their Volunteer Manual.
4. Ask volunteers to turn to the person sitting next to them and take a few minutes to share their answers to the following questions:

discussion items

- Why do you want to become a CBHFA *in action* volunteer?
 - What do you expect from being a volunteer?
 - What do you expect to learn during this training?
5. Allow several minutes for volunteers to talk and interact with each other.

Facilitator tip

While the volunteers are sharing information, prepare two flipcharts. Label one "Why volunteer?" Label the second "What I want to learn".

6. Ask for a show of hands for those who found they had similar answers to their partner.
7. Ask volunteers to share responses for what motivated them to become CBHFA *in action* volunteers with the large group.
8. Record answers on the flipchart labelled "Why volunteer?"
9. Explain that you will be reviewing this flipchart again in a later topic when you will discuss the qualities, and the role and responsibilities of a Red Cross Red Crescent volunteer.
10. Ask the group to share what they expect to learn during this training.
11. Record their answers on the flipchart labelled "What I want to learn".

Facilitator tip

Save both these flipcharts. You will be revisiting them in Topic 4.

12. Explain the following about the CBHFA *in action* training:
 - Each module has several topics.
 - Modules 1-3 are the core modules. Some topics in Modules 4, 5, and 6 are also core topics.
 - The topics selected for training in Modules 4, 5, and 6 will depend on the community assessment conducted during Module 3.
 - Each topic will combine participative classroom activities and community activities.
 - Community activities allow volunteers and their community members to put into action what they learn in the classroom.
13. Briefly describe what each module will cover. Show where volunteer expectations will be addressed during the course of the training.
14. Encourage questions during training. Explain that they can also use paper to write questions and deposit them in the question box. The questions will be reviewed and addressed at the end of each topic.

II. Introduction to Module 1

 15-25 minutes

1. Ask the volunteers to turn to Topic 1 in their Volunteer Manual. Give instructions for completing the activity, Module 1 Bingo.
 - Read the statements in each box.
 - Put a check mark in the boxes you can answer

Describe the three components of the International Red Cross and Red Crescent Movement	List and define the seven Fundamental Principles of the Movement that guide a volunteer's daily work	Describe the proper use of the red cross, red crescent and red crystal emblems
Know where my local branch of the National Society is located	Name two branch leaders and describe their responsibilities	Describe three regular activities or community events my local branch is planning
Define what a community is	Define what CBHFA <i>in action</i> means	List the six areas of the basic needs for living and how they relate to each other
List three duties of a Red Cross Red Crescent volunteer	Describe what volunteering means	Know what volunteers' rights are

Facilitator tip

If the majority of volunteers are not able to read and write, you may want to read the questions aloud and allow the volunteers to share their responses verbally. If only a few volunteers cannot read and write, then assist them individually by coaching them through the questions and asking them to tell you the answers. You can also enlist the help of volunteers who can read to help those who are less literate.

2. Allow several minutes to complete.

Facilitator tip

While the volunteers are completing this activity, walk around the classroom to give assistance as needed.
The purpose of this activity is to stimulate interest and curiosity in the information you will be covering during Module 1.

3. Read out each box and ask those who placed a check mark in that box to raise a hand. Explain that you do not expect anyone to check all the boxes at this time, but expect they will at completion of Module 1.
4. Review the goal for Module 1.
In this module volunteer participants will discuss and learn their role and responsibilities in their National Red Cross or Red Crescent Society.
5. You may also wish to review the learning objectives for Topic 1.

III. The Red Cross and Red Crescent Movement

🕒 30-45 minutes

1. Refer to the information in the topic summary and give a brief presentation on the history and mission of the International Red Cross and Red Crescent Movement.
2. Ask if anyone in the audience can state the three components of the International Red Cross and Red Crescent Movement. Give positive reinforcement for answers relating to:
 - International Committee of the Red Cross (ICRC)
 - International Federation of Red Cross and Red Crescent Societies
 - National Societies
3. Refer to the information in the topic summary and give a short presentation on each of the three components. Answer questions that may arise during your presentation.

IV. Emblems

🕒 10-20 minutes

1. Refer to the information in the topic summary. Give a short presentation on the emblems of the International Red Cross and Red Crescent Movement.

Facilitator tip

As you are describing the emblems, you may wish to refer the volunteers to the section in their Volunteer Manual that shows the pictures of the emblems. You can also draw pictures of the three emblems on flipchart paper.

2. At the conclusion of your presentation, ask the audience what they can do in their community to strengthen the values represented by the emblems. Give positive reinforcement for answers relating to:

- be aware of volunteer conduct and behaviour when wearing the red cross, red crescent or red crystal emblem
- show a caring attitude and represent a good model for others in peacetime, in armed conflicts and situations of violence
- tell all sections of the community, leaders, police and/or armed forces, and local authorities about significance of the emblems
- ask people and authorities not to misuse the emblems

Facilitator tip

Gauge the audience energy level. Suggest a ten minute break, if needed. Consider conducting an energizer.

V. The seven Fundamental Principles

 30-45 minutes

Facilitator tip

See the references section at the beginning of this module for alternative exercises to train the seven Fundamental Principles (the CD rom : From Principles to Action).

1. Refer to the information in the topic summary and review the seven Fundamental Principles of the Red Cross and Red Crescent Movement.
2. As you present them, ask volunteers to define what each principle means to him/her.
3. Reinforce the following:
 - The Fundamental Principles guide all volunteer work.
 - All National Societies must follow the principles.
4. Divide the audience into seven groups.
5. Ask the groups to have a short discussion about:

discussion items

- their personal values and beliefs about the seven Fundamental Principles
 - how the principles fit with the values of their community
6. Allow five to ten minutes to discuss.
 7. Assign each group one of the Fundamental Principles. Give each group a sheet of flipchart or newsprint paper and coloured markers. Instruct each group to draw pictures or tell a story that symbolizes the principle. Encourage the volunteers to be creative and to use colours and symbols that represent the meaning of the principle. Suggest they use the definitions in their Volunteer Manual.

Facilitator tip

If there are insufficient volunteers to create seven groups, divide into four groups and ask three groups to draw two principles.

8. Allow 15-20 minutes to complete.
9. After each group has completed their drawing, ask for a volunteer from each group to stand and explain their group's drawing to the rest of the volunteers.
10. Congratulate each group for participation.

11. If possible, tape or pin the drawings to wall.
12. Read the following scenario out loud.

There has recently been a fight in the community in which you live. Several of your family members and neighbours have been injured. The conflict was caused by a recent disagreement between two religious groups in your community. An injured man has been brought to the Red Cross local branch. Soon you learn that this is the man responsible for the fight. Everybody in your community is very angry at this man and they do NOT want you to give first aid to him. What should you do?
13. Facilitate a guided discussion about which of the seven Fundamental Principles the scenario addresses and why. Make sure to point out:

The International Red Cross and Red Crescent Movement does NOT discriminate against anybody. It assists everybody that needs assistance, and prioritizes only according to the most pressing needs. It is a duty of the Red Cross Red Crescent volunteer NOT to take a standpoint regarding the man's religious beliefs or behaviour. The principle of humanity should inform the volunteer's actions in this situation, and should be applied with the principle of non-discrimination or impartiality.

VI. Review

🕒 15-20 minutes

Facilitator tip

You will need the “cabbage ball” of questions prepared ahead of time. See materials and preparation.

1. Ask volunteers to stand and form a circle.
2. Gently toss the cabbage ball to a volunteer.
3. Ask the volunteer to peel the top sheet from the cabbage ball and read the question aloud. If the volunteer can answer the question correctly, s/he should do so. If the volunteer is NOT able to answer the question, ask the group if someone else can answer.
4. Once the question is answered, ask the volunteer to toss the cabbage ball gently to a new volunteer who has not yet correctly answered a question. The volunteer receiving the cabbage ball will peel off the top sheet, read the question out loud, and answer it to the best of her/his ability.
5. Continue until all review questions have been answered.
6. Congratulate the volunteers for their participation and ask them to take a seat.

VII. Check your understanding

🕒 10-20 minutes

1. Ask volunteers to turn to the check your understanding section in Topic 1 of their Volunteer Manual. Explain that this is NOT a written assessment but an opportunity for them to check their own understanding of the information covered so far. Explain that:
 - it is not a graded test
 - it is not a problem if they get an answer incorrect, as you will be going over the answers after everyone has finished
2. Ask them to answer as many questions as they can.
3. Allow enough time for everyone to complete.

Facilitator tip

If the majority of volunteers are NOT able to read and write, you may want to read the questions aloud and allow the volunteers to share their responses verbally. If only a few volunteers cannot read and write, then assist them individually by coaching them through the questions and asking them to tell you the answers.

4. Check the answers by asking the volunteers to share their responses.

Answer key

1. **Who had the idea to create a neutral society dedicated to assist those wounded in war?**
 - ↳ Henry Dunant.
2. **What is the mission of the International Committee of the Red Cross?**
 - ↳ The mission of the International Committee of the Red Cross (ICRC) is to protect the lives and dignity of victims of war and internal violence and to provide them with assistance.
3. **What are the three components of the International Red Cross and Red Crescent Movement?**
 - ↳ International Committee of the Red Cross (ICRC).
 - ↳ International Federation of Red Cross and Red Crescent Societies.
 - ↳ National Societies.
4. **What are the three emblems in the International Red Cross and Red Crescent Movement?**
 - ↳ Red cross.
 - ↳ Red crescent.
 - ↳ Red crystal.

Continues on next page

Answer key (continued)

5. Which of the following are the seven Fundamental Principles of the Red Cross and Red Crescent Movement?

- ↳ Humanity.
- ↳ Impartiality.
- ↳ Neutrality.
- ↳ Empathy.
- ↳ Independence.
- ↳ Voluntary Service.
- ↳ Patience.
- ↳ Unity.
- ↳ Universality.
- ↳ Triumph.

6. How do the Fundamental Principles guide a volunteer's daily work?

- ↳ Volunteers should provide assistance and work with their communities without discrimination regarding nationality, race, religious beliefs, class or political opinions.

5. Congratulate them for correct responses.
6. Ask volunteers to turn to Topic 1 in their Volunteer Manual. Ask volunteers to take turns reading the main learning points for Topic 1 aloud.
7. Review the questions in the question box, if any. Invite volunteers to answer them if they can. Clarify any misunderstandings.
8. Ask the volunteers to turn to the Module 1 Bingo found in Topic 1 of their Volunteer Manual and to raise their hands if they can now place a check mark across all the boxes in the first row. If there are any volunteers who have not raised their hands, state that you will be available after the class to answer any questions they may have.

Facilitator tip

You may want to ask the volunteers to bring a map of the country to share during the next classroom session.

Topic 2

The local branch or chapter



Learning objectives

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

- locate the National Society and local branches or chapters in their country
- describe the work of their National Society and local branch or chapter
- list the activities of the local branch in their community
- prepare a contact list of branch leaders, coaches, supervisors and other volunteers
- explain the responsibilities of volunteers at the local branch
- begin to develop relationships with community partners and other volunteers
- identify three organizations that partner with their local branch
- describe the use of the Community Tools with community households



Main learning points

1. National Societies are recognized by the government of each country as a voluntary civil society organization and as an auxiliary to the public authorities.
 2. The National Society is composed of the various local branches and chapters around the country.
 3. The local branch is formed by members and volunteers.
 4. Local branches will organize activities according to the community's needs and interests.
 5. The National Society and local branches partner with local health centres and other organizations to provide first aid and work with the community in health priorities.
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Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately 115 to 185 minutes to complete, including the classroom and community activities.

I. Topic 2 introduction	Brief presentation about the National Society and local branches.	🕒 10-20 min.
II. Our National Society	Draw country map and identify location of the National Society.	🕒 15-25 min.
III. Our local branch	Discussion about experience with local branch.	🕒 20-30 min.
IV. Review	Review main learning points and Module 1 Bingo.	🕒 10-20 min.
V. Activity in the community	Visit and meet with local branch. Talk to community about local branch activities.	🕒 60-90 min.



Materials and preparation

- Map of the country with locations of local branches of the National Society.
- Organizational chart, including titles, names and contact information of members of the National Society such as the president and secretary general.
- History and statistics about the National Society.
- Address and telephone number of the National Society.
- Address and telephone number of the local branch.
- Names of staff at the local branch.
- List of activities undertaken by the National Society and local branch. If possible bring examples of campaign advertisements or educational messages.
- Names of government and non-government organizations collaborating with the National Society. If possible bring samples of pamphlets or other promotional materials from these organizations.
- Names of government departments and non-government organizations involved in community-based first aid, disaster relief, health promotion and disease prevention.
- Twenty sheets of flipchart paper.



Topic summary

National Society

National Red Cross or Red Crescent Societies exist in almost every country in the world.

The National Society which must be approved by the national government and is then recognized by the International Federation of Red Cross and Red Crescent Societies, is part of the International Red Cross and Red Crescent Movement. In each country, the National Society supports the public authorities.

The General Assembly represents the National Society as a whole. It is composed of members of the governing boards, the chairman of the regional and local boards and elected representatives of the local boards. The General Assembly formulates the mission and governs the National Society. It is presided over by the president of the National Society. The General Assembly is the highest authority of the National Society.

The secretary general and the staff manage the day-to-day operations in cooperation with the volunteers. National Societies have the local knowledge and expertise, access to communities, and organizational structure to direct the right kind of help to where it is needed most.

The duties and responsibilities of a National Society include humanitarian aid in armed conflicts and emergencies, such as natural disasters. Its volunteers are often the first on the scene and remain active in the communities. Community-based volunteers and staff also play a vital role in development work, including disaster preparedness programmes, health and care activities, blood donor recruitment, and the promotion of humanitarian values.

Local branch

The local branch of the National Society is formed by staff, members and volunteers. They come together to organize Red Cross or Red Crescent activities to help others and to manage the work of volunteers. The various local branches around the country form the National Society.

The local branches will organize activities according to the community's needs and interests. Activities such as recruiting blood donors or staffing first aid posts at various community events are common. Other activities may include:

- disaster preparedness
- emergency response to disasters
- restoring family contact for disaster victims
- community-based health promotion
- fund-raising for disaster relief
- first aid training and activities
- bed net distribution for malaria or dengue
- safe sex awareness campaigns

Community activities and Community Tools

One of the most important tasks of CBHFA in action volunteers is to promote healthy behaviour change by modelling healthy behaviours in their own households and sharing information with their community through community activities.

The purpose of the community activities is to allow the volunteers to engage in active learning while practising their skills. The community activities are carried out by engaging and consulting with community members about their opinions and priorities.

During the training period, volunteers will form their own community household groups with supervision. The community household group includes the volunteer's family and 10 to 15 other families.

Volunteers should promote injury and disease prevention, healthy lifestyles and positive behaviour changes through regular visits and the use of the Community Tools. Each of the Community Tools contains key messages and suggested questions to begin a dialogue about healthy actions and activities.

There is one Community Tool in Module 1. In Module 2 volunteers will learn more about communication skills and how to use the Community Tools as well as discuss their experiences using them in the community. In Modules 4 to 7, volunteers will practise using the tools.

Facilitator directions

I. Topic 2 introduction

 10-20 minutes

1. Introduce Topic 2 and explain that it will cover the organizational structure and activities of the National Society.
2. Refer to the information in the topic summary and give a short presentation on your National Society and local branches. Answer questions that may arise during your presentation.
3. Give the following information as needed:
 - name of the National Society
 - year the National Society was established
 - number of volunteers in the National Society
 - address and telephone number of the National Society
 - names and responsibilities of the president and the secretary general
 - names of organizations and groups that work with the National Society and local branches such as the ministry of health, health centres and community leaders.

II. Our National Society

 15-25 minutes

1. Display a map of your country that is labelled with the location of your National Society and the local branches.
2. Ask volunteers to turn to Topic 2 of their Volunteer Manual and to draw a rough map of their country, or use the one they have brought with them. As you identify each location, ask volunteers to label the locations on their own map.
3. Ask volunteers to draw a star at the location of the National Society and a circle at the location of their local branch.

III. Our local branch

 20-30 minutes

1. Ask volunteers to share any experiences they may have with their local branch, either with other volunteers, staff or activities. Facilitate a brief discussion regarding their experiences.
2. Ask the volunteers if anyone can give the following information about their local branch. Give positive reinforcement for correct responses. If they do not know, give the volunteers the correct information.
 - name of the local branch
 - address and telephone number of the local branch
 - names and responsibilities of the local branch leaders
 - activities the local branch is currently doing
 - activities the local branch occasionally does
 - names of organizations that partner with the local branch, such as health centres, local authorities or committees, religious organizations, schools or community-based organizations

3. Divide the volunteers into three small groups. Ask each group to discuss the following:

discussion items

- Why does the local branch do the activities it does?
 - Are these activities necessary for the community? If yes, why? If no, why not?
 - Which other activities could the local branch do?
 - Which other local organizations could partner with the local branch?
4. Allow 10 to 15 minutes for the discussion.
 5. Gather the audience's attention. Ask a representative from each group to give a brief summary of their discussion.

Facilitator tip

Gauge the audience energy level. Suggest a ten minute break, if needed. Consider conducting an energizer.

IV. Review

🕒 10-20 minutes

1. Ask volunteers to stand in a circle.
2. Ask each volunteer to state one thing they learnt about their National Society that they did not know before. Start at one point in the circle and continue clockwise around the circle until everyone has made a statement. Explain that they are NOT allowed to repeat any statements previously made.
3. Once everyone in the circle has made a statement, repeat the exercise but this time ask volunteers to state one thing they learnt about their local branch that they did not know before. This time move counter-clockwise around the circle.
4. Congratulate everyone for participation. Ask volunteers to take a seat.
5. Ask volunteers to turn to Topic 2 in their Volunteer Manual, and to take turns reading the main learning points aloud.

Facilitator tip

If there is enough time, you may wish to ask the volunteers to put the main learning points into their own words. This will help you gauge how well volunteers understand the material.

6. Review the questions in the question box, if any. Invite the volunteers to answer them if they can. Clarify any misunderstandings.
7. Ask volunteers to turn to the Module 1 Bingo in Topic 1 of their Volunteer Manual, and to review their answers to the statements in the first row (from Topic 1) of the bingo.
8. Ask the volunteers to raise their hands if they can now place a check mark across all the boxes in the second row. If there are any volunteers who do not raise their hands, state that you will be available after the class to answer any questions they may have.

V. Activity in the community

 60-90 minutes

1. Refer to the topic summary and review the purpose and instructions for conducting field visits and community activities.
2. Ask volunteers to identify benefits that conducting field visits and community activities bring to volunteers. Give positive reinforcement for answers relating to:
 - introduces volunteers to the community
 - introduces the International Red Cross and Red Crescent Movement Seven Fundamental Principles and Values to the community
 - ensures closer contact with the community
 - helps volunteers to develop self-confidence
 - involves the community members and therefore enhances the establishment of better understanding between volunteers and community members
 - helps volunteers to understand community needs
3. Introduce the volunteers to the Community Tools for Module 1. Refer to the topic summary for an explanation of the purpose of Community Tools.
4. Explain that they will use Community Tools during their first community activity.
5. Reveal that there is a picture on one side to show to household and community members. Explain that the reverse side contains suggested questions to begin a dialogue with community members, and key messages they should communicate to the community.
6. Review the key messages in the Community Tools:
 - The International Red Cross and Red Crescent Movement provides protection and assistance to people affected by disasters, emergencies, diseases and outbreaks, armed conflicts, and other situations of violence.
 - The seven Fundamental Principles of the International Red Cross and Red Crescent Movement are humanity, impartiality, neutrality, independence, voluntary service, unity and universality.
 - The red cross, red crescent, and red crystal are emblems of the Movement. They must be respected.
 - The International Red Cross and Red Crescent Movement encourages respect for others.
 - Red Cross or Red Crescent local branches organize activities with the community according to their needs and interests.
7. Ask the volunteers to take a look at the picture in the Community Tools and review the key messages on the back. Ask them to share what they think is the purpose of this Community Tool. Give positive reinforcement for answers relating to:
 - have a visual aid to help engage community members in a dialogue
 - introduce themselves as volunteers in the community
 - explain what Red Cross Red Crescent volunteers do
 - explain the significance of the red cross, red crescent and red crystal emblems
8. Explain that they will learn more about using the other Community Tools in Module 2.
9. Demonstrate how to use the first Community Tools.
10. Divide the volunteers into groups of three people. Ask each group to use the Community Tools and take turns playing the role of:
 - volunteer
 - community member
 - observer

11. After each role play the observer should give feedback on what they did well and what they could do differently.
12. Allow enough time for all three members of each group to play each role.

Facilitator tip

As the volunteers are practising their small group role plays, circulate around the classroom and observe. Give feedback and support as needed.

13. Debrief the role play experience by asking the volunteers to share with you what they learnt from the activity.
14. Review the list of suggested community activities. Ask the volunteers to choose one or more activities they wish to do.

suggested community activities

- Identify other voluntary organizations that work in your community.
 - Find out what different volunteers in your community are doing.
 - Find out which Red Cross Red Crescent programmes currently exist in your community.
 - Find out who are the leaders and people in the community who can support Red Cross Red Crescent volunteers.
 - Use the Community Tools to develop a dialogue with members of your household about the Red Cross and Red Crescent Movement.
 - Use the Community Tools to show the members and the leaders of your community pictures of the emblems of the International Red Cross and Red Crescent Movement. Ask them what they think they mean. Give examples of how the emblems might be used.
 - Visit the local branch. Introduce yourself to a member of staff. Ask him/her to tell you:
 - a. which regular activities the local branch is doing
 - b. which activities have been successful
 - c. which activities they need help with and where help can be found
 - d. what his/her responsibilities are
 - e. which other groups work with the branch
 - f. how various community organizations work together
 - Talk to members of your community. Ask them if they know where the office of the local branch is located. If they do not, give them the information. Ask members of your community if they know what the local branch does. If they do not, share some of the activities the local branch is doing.
 - Ask members of your community what other activities they think the local branch could do.
15. Ask volunteers to come prepared to discuss the results of each activity when they return to the classroom.
 16. Negotiate a time for the next classroom session. Give instructions about which materials to bring.
 17. Assist the volunteers in formulating questions for the community visit.
 18. Coach and supervise volunteers during the community visit.
 19. Encourage volunteers to share what they have learnt with members of their household.

Topic 3

CBHFA *in action*



Learning objectives

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

- list possible activities of Community-based first aid (CBHFA) *in action*
- describe Community-based first aid *in action* to their community
- list the six areas of the needs for living model
- describe how the six areas in the needs for living model affect each other



Main learning points

1. A community is a group of people who live in the same area and share the same culture and resources, and are exposed to the same threats.
 2. National Societies and volunteers help communities reduce vulnerability to disease and injury, and to prepare for and respond to disasters and public health needs.
 3. Volunteers involve the community in:
 - disease prevention
 - health promotion
 - control of communicable diseases
 - water and sanitation
 - first aid
 - disaster preparedness
 - disaster response
 4. The needs for living model describes the interrelationship of the six areas people need in order to survive:
 - shelter
 - access to health
 - safe water and sanitation
 - food and nutrition
 - a job or some means to make a living
 - a sense of security
 5. Each of the six areas in the needs for living system is connected and dependent on the others.
-



Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately 140 to 180 minutes to complete.

I. Community activity reflection and discussion	Discussion of community experience from Topic 2.	🕒 50-60 min.
II. CBHFA <i>in action</i>	Interactive presentation.	🕒 15-20 min.
III. Needs for living model	Interactive role play and case studies.	🕒 50-60 min.
IV. Check your understanding	Self-assessment.	🕒 10-20 min.
V. Review	Discussion of content covered so far.	🕒 15-20 min.



Materials and preparation

- Picture of the needs for living model found in the topic summary.
- Label each of six sheets of paper with one of the six areas of the needs for living model. You may wish to be creative and draw pictures or cut pictures from magazines.
- Fifty metres of string or rope cut into fifteen pieces of three metres each.
- Six paper clips, or objects you can use to pin paper to the volunteers' clothing.



Topic summary

A community

A community is a group of people who live in the same area, village or neighbourhood. Community members share a similar culture, habits and resources. Communities are groups of people also exposed to the same threats such as diseases, political and economic issues and natural disasters.

Community-based first aid (CBHFA) *in action*

CBHFA *in action* is a comprehensive community-based approach to help Red Cross Red Crescent volunteers work with their community on all aspects of health, first aid, and disaster preparedness and response. The CBHFA *in action* programme is designed to respond to the priority health needs of the community.

Community participation is the core of CBHFA. Community involvement will empower families and community members to have ownership over, and to take responsibility for, their health and safety. CBHFA is strengthened by members and leaders of the local branches and other community partners working together to support and meet the health needs of the community.

The goal of Red Cross Red Crescent National Societies is to enable communities to reduce vulnerability to disease and injury, and to prepare for and respond to public health crises. The Red Cross Red Crescent presence in the community plays an important role in achieving improved health behaviours, especially among the most vulnerable. Red Cross Red Crescent volunteers are recruited from the communities where they live and work. As members of their communities, volunteers are best placed to promote healthy living, respond to emergencies, and actively engage community members to improve the overall health of their community.

The needs for living model

The needs for living model describes a system of the six basic areas people need in order to survive. These are:

1. shelter
2. access to health
3. safe water and sanitation
4. food and nutrition
5. a job or some means to make a living (livelihood)
6. a sense of security

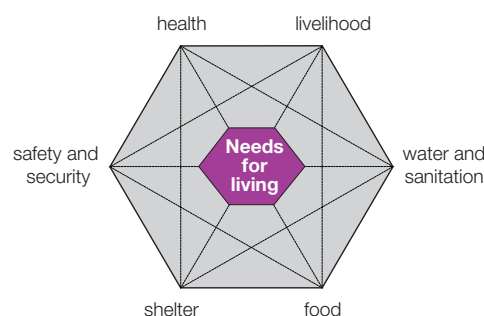
Each area is connected and dependent on the others. For example, health is affected by nutrition, the type of accommodation people live in, and their access to safe water and sanitation. Having a livelihood or not also determines whether people can afford health care.

Local branch activities and the work of CBHFA *in action* volunteers will have an impact on one or more of the six areas of the needs for living.

It is important for volunteers to view the holistic needs of the community and its individual members when providing assistance and education. For example, preventing diarrhoeal diseases includes teaching the community how to clean and cook food properly, as well as promoting safe water and sanitation practices. Controlling communicable disease such as malaria includes securing shelters by using bed nets and spraying household areas with insecticides.

As part of a disaster response volunteers need to be aware of how a disaster impacts on the six areas of the needs for living. For example, earthquakes and floods can destroy shelters and food or water sources, potentially harming the health and livelihood of community members.

In Module 3 the needs for living model will be used to help volunteers conduct an assessment in the community to identify where and how they can contribute to the basic needs of their community.



Facilitator directions

I. Community activity reflection and discussion

🕒 50-60 minutes

1. Welcome the volunteers back to the classroom and congratulate them for completing the community activity.
2. Ask volunteers to take a few minutes to reflect on their community experience.
3. Divide the volunteers into three groups. Ask volunteers to share their responses to the following questions.

discussion items

- What did you learn?
 - How did this experience in the community help define your role as a volunteer?
 - How did you introduce the Community Tools to your household members?
 - Which parts of the community activity were easy?
 - Which parts of the community activity were difficult?
 - What would you do differently next time?
 - How has this experience changed your feelings or attitude?
4. Allow 15 to 20 minutes for the discussion, and then gather the volunteers' attention. Ask a member from each group to give a brief report of the common themes that came up during the discussion.

Facilitator tip

You may wish to assign a reporter for the group, such as the person in each group with the most brothers and sisters.

5. Now ask each group to discuss responses to the following questions about the local branch:

discussion items

- Which regular activities is the local branch currently doing?
- With which activities do the local branch need help?
- With which other groups does the local branch work?
- How do the various community organizations work together?
- How do members of your community view the activities of the local branch?
- How do you see your role as a volunteer contributing to the local branch?

Facilitator tip

You may wish to circulate around the room to listen to the group discussions to note any common themes. Allow enough time for the group discussion.

6. Allow 10 to 15 minutes, and then ask a member from each group to give a brief report of the answers that came up during the discussion. Thank each reporter for his/her report.
7. Facilitate a group discussion on any of the questions that were not addressed.

II. CBHFA *in action*

🕒 15-20 minutes

1. Ask volunteers to describe the meaning of “community”. Give positive reinforcement for answers relating to:
 - group of people living in the same area
 - share the same culture, habits, lifestyle and resources
 - are exposed to the same threats such as disease, political and economic issues and disasters
2. Ask volunteers to describe what they think “community learning” means. Answers may include:
 - evolves from experience in the community
 - involves all members of the community
 - empowers families and members of the community to take action
 - involves collaboration with members and leaders of community organizations
 - designed to be flexible to meet the specific needs of the community
3. Refer to the information in the topic summary and give a short presentation about CBHFA *in action*. Give the following information as needed:
 - The goal of Community-based health and first aid (CBHFA) *in action* is to develop Red Cross Red Crescent volunteers’ skills and involve the entire community in:
 - disease prevention
 - health promotion
 - control of communicable diseases
 - water and sanitation
 - first aid
 - disaster preparedness
 - disaster response
 - CBHFA *in action* supports community behaviour change to strengthen community health and safety.
 - The CBHFA *in action* programme emphasizes the role of CBHFA volunteer actions in their households and community.
 - The CBHFA *in action* programme is designed to be flexible to respond to the priority needs of the whole community.
 - During Module 3 volunteers will conduct a community assessment to identify the top five community health and disaster preparedness needs of their community households.

III. Needs for living model

🕒 50-60 minutes

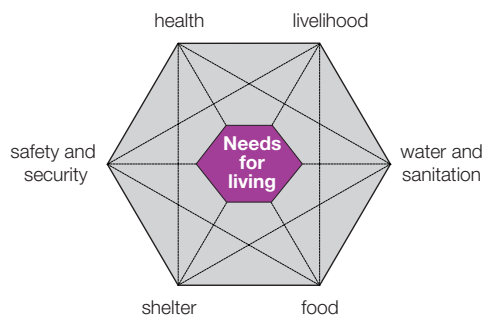
1. Ask volunteers, “What does every human need to live?” Give positive reinforcement for answers relating to:
 - food and nutrition
 - shelter
 - health
 - safe water and sanitation
 - a job or some means to make a living (livelihood)
 - a sense of security

Facilitator tip

You may need to give hints to help elicit the complete list.

2. Ask for six members of the audience to volunteer for a role play activity.
3. Give each volunteer a sheet of paper labelled with one area of the needs for living and a clip or pin. Ask them to pin the label to their clothing so that it is visible for all to see.
4. Ask the first volunteer with the label “food” to stand in the middle of the classroom. Ask the audience to define why food is essential to basic human survival. Give positive reinforcement for answers relating to:
 - Food is essential for the body to be strong and healthy.
 - Food contributes to family and community networking.
 - Food is important for a sense of security.
5. Ask the second volunteer with the label “shelter” also to stand in the middle of the classroom. Give him/her one piece of three-metre string or rope.
6. Ask the audience to define why shelter is essential to basic human survival. Give positive reinforcement for answers relating to:
 - Shelter provides warmth, protection from weather and dangerous animals.
 - Shelter provides privacy and security.
7. Ask the third volunteer with the label “health” to stand in the middle of the classroom. Give him/her two pieces of three-metre string or rope.
8. Ask the audience to define why health is essential to basic human survival. Give positive reinforcement for answers relating to:
 - Having health helps us conduct our daily living activities.
 - When we are healthy we can care for others.
 - When we are healthy we contribute to the community.
9. Ask the fourth volunteer with the label “water and sanitation” to stand in the middle of the classroom. Give him/her three pieces of three-metre string or rope.
10. Ask the audience to define why water and sanitation are essential to basic human survival. Give positive reinforcement for answers relating to:
 - Having safe water and sanitation protects us from communicable diseases.
 - Water helps keep us clean.
 - Safe water helps us stay healthy.
 - Water helps to irrigate our crops.

11. Ask the fifth volunteer with the label “livelihood” to stand in the middle of the classroom. Give him/her four pieces of three-metre string or rope.
12. Ask the audience to define why having a job or form of livelihood is essential to basic human survival. Give positive reinforcement for answers relating to:
 - Having a job or some means to make a living provides resources to buy food, provide a shelter, and obtain health services.
 - A job provides resources such as education to develop and grow.
 - Having a livelihood makes us feel good about ourselves by contributing to our community.
13. Ask the sixth volunteer with the label “safety” to stand in the middle of the classroom. Give him/her five pieces of three-metre string or rope.
14. Ask the audience to define why safety is essential to basic human survival. Give positive reinforcement for answers relating to:
 - Feeling safe encourages trust in the community.
 - Feeling safe helps develop self-confidence.
15. Once all six volunteers are standing in the centre of the classroom ask them to arrange themselves in the same format as the needs for living diagram:



This diagram can be found in Topic 3 of their Volunteer Manual.

16. Ask the volunteers to hold the three-metre pieces of rope so that each area or person is connected to all the others. Ask the volunteers to remain standing and to keep the rope tight.
17. Explain that you will now ask the “living” model to participate in an interactive role play. Read the following case scenario out loud:
 - There has recently been a flood in your community. As a result, buildings and crops were destroyed. Transportation and utilities such as electricity and clean water are not available.
18. Ask the audience to brainstorm which areas in the needs for living would be affected, how each can be affected by the other, and why? Give positive reinforcement for answers relating to:
 - Potentially all of the areas could be affected:
 - loss of shelter from destroyed homes
 - loss of food from destroyed crops and from lack of transportation that brings food and resources to the community
 - drinking water sources may be contaminated
 - jobs could potentially be lost if businesses were destroyed or farming was no longer possible
 - individuals would not feel safe because they would not have food or shelter
 - eventually health would be affected by contaminated water sources, lack of nutrition and psychological stress

19. As each area is mentioned, ask the volunteers representing those areas to sit down or break away from each other. Ask the audience to observe and discuss what happens to the rope and other members of the needs for living model. Make a point to emphasize the interdependency of each area on the other.
20. Thank the six volunteers for their participation. Ask them to take their seats.
21. Divide the volunteers into three small groups. Read the following scenario aloud.
 - The local health department has asked CBHFA volunteers to participate in a campaign for malaria prevention and control. The campaign involves:
 - distribution of treated bed nets to each family in the community and education on how to hang them correctly in the household
 - providing messages to households on the importance of ensuring pregnant women and children sleep under treated bed nets
 - teaching members of the community to recognize signs and symptoms of malaria and where to seek medical care
22. Ask the small groups to discuss:

discussion items

- Which areas in the needs for living model are affected by this campaign and why?
 - What is the role of the CBHFA volunteer in supporting the needs for living in the community?
23. Allow 10 to 15 minutes for discussion.
 24. Request the volunteers' attention. Ask a member from each group to give a brief report of their discussion.
 25. Thank each reporter for his/her report.

Facilitator tip

Gauge the audience energy level. Suggest a ten minute break, if needed.

IV. Check your understanding

🕒 10-20 minutes

1. Ask volunteers to turn to the check your understanding section in Topic 3 of their Volunteer Manual. Explain that the self-assessment is to check their understanding of the information covered so far. Remind participants that this exercise is to help volunteers assess their own progress.
2. Ask them to attempt answers to all questions.
3. Check the answers by asking the volunteers to share their responses.

Answer key

1. **In which areas do CBHFA *in action* volunteers work with their communities? (circle all that apply)**
 - Disease prevention.
 - Health promotion.
 - Control of communicable diseases.
 - Water and sanitation.
 - First aid.
 - Disaster preparedness.
 - Disaster response.
2. **Which of the following are included in the six areas in the needs for living model? (circle all that apply)**
 - Shelter.
 - Health.
 - Transportation.
 - Safe water and sanitation.
 - Food and nutrition.
 - Clothing.
 - A job or some means to make a living.
 - Communication.
 - A sense of security.
 - Good weather.

4. Congratulate the volunteers for correct responses.
5. Ask volunteers to review the main learning points for Topic 3 in their Volunteer Manual.
6. Ask volunteers to turn to the Module 1 Bingo found in Topic 1 of the Volunteer Manual. Ask them to raise their hands if they can now place a check mark across all the boxes in the third row. If there are any volunteers who do not raise their hands, state that you will be available after the class to answer any questions they may have.

V. Review

🕒 15-20 minutes

1. Divide the volunteers into pairs. Ask each pair to discuss the following:

discussion items

- How do activities conducted by the local branch support the following?
 - disease prevention
 - health promotion
 - control of communicable diseases
 - water and sanitation
 - first aid
 - disaster preparedness
 - disaster response
- Which areas in the needs for living does the local branch address?
- What can you do as CBHFA *in action* volunteers to contribute to local branch activities and support the community's needs for living?

2. Allow enough time for the pairs to discuss, and then ask for volunteers to share their answers with the large group.
3. Review the questions in the question box, if any. Invite volunteers to answer them if they can. Clarify any misunderstandings.

Facilitator tip

If there are any questions that cannot be answered at this time, or questions that would be best answered in a future module or topic, return the question to the box and explain that you will answer it later when it is more pertinent.

4. Negotiate a time for the next classroom session.
5. Encourage the volunteers to share what they have learnt with members of their household.

Topic 4

Volunteering



Learning objectives

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

- describe what “volunteering” means
- explain what it means to be a volunteer
- describe five responsibilities of a volunteer
- describe the required quality and attitude of volunteers
- list the rights of a volunteer
- identify two personal goals regarding becoming a volunteer



Main learning points

1. Volunteering in the International Red Cross and Red Crescent Movement is:
 - motivated by free will, not by a desire for material or financial gain, or by external social, economic or political pressure
 - intended to benefit vulnerable people and their communities
 - organized by recognized representatives of a National Society
 2. Volunteers are expected to:
 - model the Fundamental Principles
 - respect the use of the red cross, red crescent and red crystal emblems
 - be available in an emergency as agreed with the National Society
 - work with various members of the community
 - assist vulnerable people
 - educate community members to help them develop healthy behaviours
 3. Volunteers have rights, responsibilities, and commitment.
-



Suggested outline of activities

This topic will take approximately 210 to 290 minutes, including classroom and community activities, and the optional activity.

I. Why volunteer?	Brainstorm discussion review from Topic 1.	🕒 20-30 min.
II. My role as a volunteer	Small group flipchart rotation: <ul style="list-style-type: none"> ■ What is a volunteer? ■ Qualities of a volunteer. ■ Volunteer's roles and responsibilities. ■ What volunteers should avoid. 	🕒 60-75 min.
III. Module 1 review	Review "What I want to learn" from Topic 1. Complete Module 1 Bingo review standing in circle.	🕒 15-20 min.
IV. Goal setting	Each participant will identify two personal goals related to being a volunteer.	🕒 20-30 min.
V. Community activity	Talk to household members about volunteering.	🕒 60-90 min.
Annex Optional activity: Introduction to the living through time model	Volunteers will reflect on where they are now, and what they want to change.	🕒 35-45 min.



Materials and preparation

- Flipcharts completed during Topic 1 entitled "Why volunteer?" and "What I want to learn".
- Assorted coloured markers.
- Tape or pins to hold flipchart paper on the wall.
- Prepare four flipcharts with the following titles:
 - What is a volunteer?
 - Qualities of a volunteer
 - Volunteer's roles and responsibilities
 - What volunteers should avoid
- Prepare a large sheet of paper or cardboard in the shape of an octagon (see topic summary).
- Prepare a large paper or cardboard arrow to tape to the wall or place on the floor.
- Optional activity for experienced facilitators. Prepare six sheets of paper with large labels of the following areas from the living through time model:
 - Beliefs and values. What is important to you? What do you believe in?
 - Identity. Who are you in relation to becoming a volunteer?
 - Capacities. What skills do you have now? What skills do you wish to develop as a volunteer?
 - Environment. What do you want to do for your community as a volunteer?
 - Behaviours. What are your current behaviours? What new behaviours do you want to practise?
 - Goals. What do you want to achieve as a result of being a Red Cross Red Crescent volunteer?



Topic summary

International Red Cross and Red Crescent Movement

The International Red Cross and Red Crescent Movement has about 97 million members/volunteers. A Red Cross or Red Crescent member is a person who has formally agreed to the conditions of membership as required under the National Society's constitution or rules, and is usually entitled to elect representatives on governing bodies, and to stand for election. Red Cross Red Crescent volunteers may or may not be members of their National Society.

Volunteering

Most countries have a traditional understanding of what volunteering means. What volunteering involves, and how it is organized, depends on the economic situation of the country, and the educational level and work experiences of the population.

The International Federation of Red Cross and Red Crescent Societies' definitions of volunteering are outlined in the volunteering policy adopted in 1999.

Volunteering in the Red Cross and Red Crescent Movement is an activity that is:

- motivated by the free will of the person volunteering, and not by a desire for material or financial gain or by external social, economic or political pressure
- intended to benefit vulnerable people and their communities in accordance with the Fundamental Principles of the Red Cross and Red Crescent
- organized by recognized representatives of a National Red Cross or Red Crescent Society

The role of a Red Cross Red Crescent volunteer

At the local level, Red Cross and Red Crescent volunteers assist vulnerable people. Working under a team leader or supervisor, volunteers are assigned to specific tasks depending on the needs of the community. For example, first aid, disease prevention and health promotion activities, running a help-line telephone service, food distribution, disaster preparedness, fund-raising or visiting old people may all be undertaken by volunteers.

- A volunteer is motivated by free will, and not by a desire for material or financial gain, or by external pressure.
 - A volunteer contributes in different ways without the expectation of profit or reward.
 - A volunteer believes that his/her activity is beneficial to the community as well as satisfying to him/herself.
 - A volunteer is organized by recognized representatives of a national Red Cross or Red Crescent Society.
 - A volunteer lives and volunteers in his/her community.
 - A volunteer carries out volunteer activities regularly or occasionally.
 - A volunteer is familiar with priority health problems of the community.
 - A volunteer knows the traditional beliefs about health and diseases.
 - A volunteer treats everybody equally regardless of race, gender, ethnicity or social status.
 - A volunteer acknowledges that people are different and have different care needs.
 - A volunteer is able to show empathy.
-

Volunteer responsibilities

- A volunteer represents the Movement and uses learnt skills to attend to the health needs of others in the community.
- A volunteer fulfils duties without discrimination against nationality, race, sex, political views or religious belief.
- A volunteer is able to take responsibility in times of disaster or conflict.
- A volunteer assists the vulnerable and the poor in the community.
- A volunteer seeks advice from the coach or supervisor on any Red Cross Red Crescent matters.
- A volunteer acts as a role model in his/her community:
 - respects individuals
 - respects the confidentiality of those assisted
 - promotes mutual understanding
 - strives and works for the highest standard of service
 - responds to the needs of others in a humanitarian and compassionate way
 - promotes healthy living and behaviours in the community
- A volunteer helps to raise awareness in the community to:
 - prevent common diseases
 - know where to find healthcare in the community
 - encourage the community to share responsibility for health
 - help others, including children, to help themselves by teaching good health practices and first aid
- A volunteer supports and communicates to:
 - give feedback on activities to the coach or supervisor and local branch
 - work with other volunteers
 - improve and refresh knowledge and skills
 - give basic psychosocial support
 - work together with leaders and members of local health and government organizations
 - work with local health committees

Expectations of all Red Cross and Red Crescent volunteers

- Act in accordance with the seven Fundamental Principles of the International Red Cross and Red Crescent Movement and promote their dissemination.
- Respect the regulations on the use of the emblems and prevent their misuse.
- Strive and work for the highest standards of quality.
- Sign, and behave in accordance with, the National Society's Code of Conduct for volunteers, and/or the International Federation of Red Cross and Red Crescent Societies' Code of Ethics and Fundamentals of Voluntary Services.
- Be available in an emergency, as agreed with the National Society, and according to their skills and abilities.
- Respond to the needs of beneficiaries and strengthen their capacity for self-help and active volunteering.
- Keep information confidential.
- Be reliable and respected in the community.
- Be willing to volunteer more hours if necessary, such as in disasters or emergencies.
- Take adequate rest for health and safety reasons.

Qualities of a volunteer

- caring
- empathetic
- good listener
- patient
- kind
- positive
- enthusiastic
- good role model
- problem-solver
- accepts all types of people
- non-violent

A Red Cross Red Crescent volunteer has the right to:

- become a member of the National Society
- have appropriate training or personal development
- agree to tasks and roles
- have appropriate equipment for agreed role and tasks
- insurance
- rewards and reimbursement for out-of-pocket expenses
- accept or refuse any task or role in accordance with the Code of Ethics and Fundamentals of Voluntary Service
- be informed of the National Society's activities

Volunteers should avoid:

- using resources of the National Society without permission
 - misuse of National Society resources
 - misusing the Red Cross or Red Crescent position for personal advantage
 - taking advantage of their status as a volunteer to perform private transactions or sales for a profit for themselves or a third party
-

Facilitator directions

I. Why volunteer?

🕒 20-30 minutes

1. Welcome volunteers to Topic 4. Review the topic objectives and agenda.
2. Review the responses on the flipchart completed at the beginning of Topic 1, “Why volunteer?”
3. Ask volunteers if they still agree with their original statements, and why or why not.
4. Facilitate a brief brainstorming discussion. Ask volunteers, now that they have completed Topics 1, 2 and 3, if there are any additional reasons why they want to be volunteers. Record their responses on the same flipchart.
5. Ask the audience what might motivate their community members to become volunteers? Record their responses on a new flipchart.
6. Ask the audience what might prevent community members from becoming volunteers? Facilitate a discussion on how barriers or constraints could be overcome?

II. My role as a CBHFA *in action* volunteer

🕒 60-75 minutes

1. Divide the volunteer audience into four groups.
2. Give each group several coloured markers and one of the prepared flipcharts:
 - a. What is a volunteer?
 - b. Qualities of a volunteer
 - c. Volunteer roles and responsibilities
 - d. What volunteers should avoid
3. Ask each group to go to a corner of the room.
4. Ask each group to spend ten minutes discussing the topic and writing their answers on the flipchart.
5. At the end of ten minutes, clap your hands. Ask the groups to stop writing and move clockwise to the next flipchart paper. They should read what the prior group has written, discuss, and add any further information.
6. Allow ten minutes and repeat until all groups have had the opportunity to discuss and write on all four flipcharts.
7. Ask groups to take one final walk around the room to review what all groups have written.
8. Review what the volunteers have written on the flipcharts. Facilitate a discussion as needed for items that are unclear.
9. Review the flipchart on “What is a volunteer?” Refer to the information in the topic summary for additional suggestions.
10. Review the flipchart on “Qualities of a volunteer”. Refer to the information in the topic summary for additional suggestions.
10. Review the flipchart on “Volunteer roles and responsibilities”. Refer to the information in the topic summary for additional suggestions.
12. Review the flipchart on “What volunteers should avoid”. Refer to the information in the topic summary for additional suggestions.

13. Review the rights of Red Cross Red Crescent volunteers.
14. Ask volunteers to turn to Topic 4 in their Volunteer Manual, and to take turns reading the rights out loud. Facilitate a brief discussion to ensure the audience understands the meaning of each.

Facilitator tip	Gauge the audience energy level. Suggest a ten minute break, if needed.
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III. Module 1 review

🕒 15-20 minutes

1. Review the responses on the flipchart completed at the beginning of Topic 1, “What I want to learn”.
2. You may wish to ask the volunteers to come to the front of the classroom, one at a time, and place a check mark next to the items they feel they have learnt after completing Module 1.
3. Consider asking the audience if there are additional topics they now want to learn as a result of completing Module 1. Record them on the flipchart.
4. Review the questions in the question box, if any. Invite members of the audience to answer them if they can. Clarify any misunderstandings.
5. Ask volunteers to turn to the Module 1 Bingo in Topic 1 of their Volunteer Manual.
6. Ask the volunteers to raise their hands if they can now place a check mark across ALL the boxes. Observe to see if any volunteers do not raise their hands. Ask those volunteers to state which boxes they are not able to answer. Ask another volunteer to give the answer.
7. Ask all volunteers to stand and form a circle. Read each statement in the Module 1 Bingo in random order. Go around the circle and ask volunteers to state the correct answers. Encourage others to help if a volunteer is not able to give a complete answer.

Describe the three components of the International Red Cross and Red Crescent Movement	List and define the seven Fundamental Principles of the International Red Cross and Red Crescent Movement that guide a volunteer’s daily work	Describe the proper use of the red cross, red crescent and red crystal emblems
Know where my local branch of the National Society is located	Name two branch leaders and describe their responsibilities	Describe three regular activities or community events my local branch is planning
Define what a community is	Define what CBHFA <i>in action</i> means	List the six areas of the basic needs for living and how they relate to each other
List three duties of a Red Cross Red Crescent volunteer	Describe what volunteering means	Know what volunteers’ rights are

8. Congratulate the volunteers for their participation. Ask them to take their seats.

IV. Goal setting

🕒 20-30 minutes

1. When discussing the area of goals, explain that goal setting is a way of helping individuals with behaviour change. Volunteers teach members in the community to change health behaviours and support them in their commitment to improve their health and the health of the community. As role models for the community, volunteers will begin by setting their own goals and commitments.
2. Review the goal setting activity:
 - Each volunteer should identify two personal goals regarding being a volunteer.
 - The goals need to be specific. For example, the amount of time each week volunteers will spend on volunteer activities should be stated.
 - The goals need to be achievable. Volunteers must know how and when they have reached their goal.
 - The goals need to list members in their household or community who can support them to achieve their goal. For example, how can family members or a co-worker support the volunteer's time commitment to be a volunteer?
3. Allow time for volunteers to write their goals in their Volunteer Manual.

Facilitator tip

If volunteers are unable to write, you may wish to ask them to find a partner with whom to discuss their goals.

4. Ask volunteers to choose two people in the classroom to share their goals with. Ask them to commit to supporting each other in reaching their goals.
5. In order to reinforce behaviour change, it will be important to revisit their goals at the end of each module. Goals can be revised by adding or removing as they learn more during their training.
6. Suggest that volunteers keep the goal sheet in their Volunteer Manual.
7. Ask volunteers to turn to their Volunteer Manual and review the main learning points for Topic 4.

V. Activity in the community

🕒 60-90 minutes

1. Review the list of suggested community activities. Ask the volunteers to choose two activities they wish to do.

community activity:

- Ask community members:
 - a. What does volunteering mean?
 - b. How can Red Cross Red Crescent volunteers help the community?
 - c. What would motivate community members to be volunteers?
 - d. What might prevent or inhibit community members from being volunteers? How can these barriers or constraints be overcome?
 - Describe to community members what it means to be a volunteer.
 - Share your goals for being a volunteer.
2. Ask volunteers to come prepared to discuss the results of each activity when they return to the classroom.
 3. Explain that Module 2 will focus on community mobilization.
 4. Negotiate a time for the next classroom session. State that when they return they will discuss the results of their community activity.
 5. Assist the volunteers in formulating questions for the field visit.
 6. Coach and supervise volunteers during the field visit.
 7. Encourage volunteers to share what they have learnt with members of their household.
-

Annex

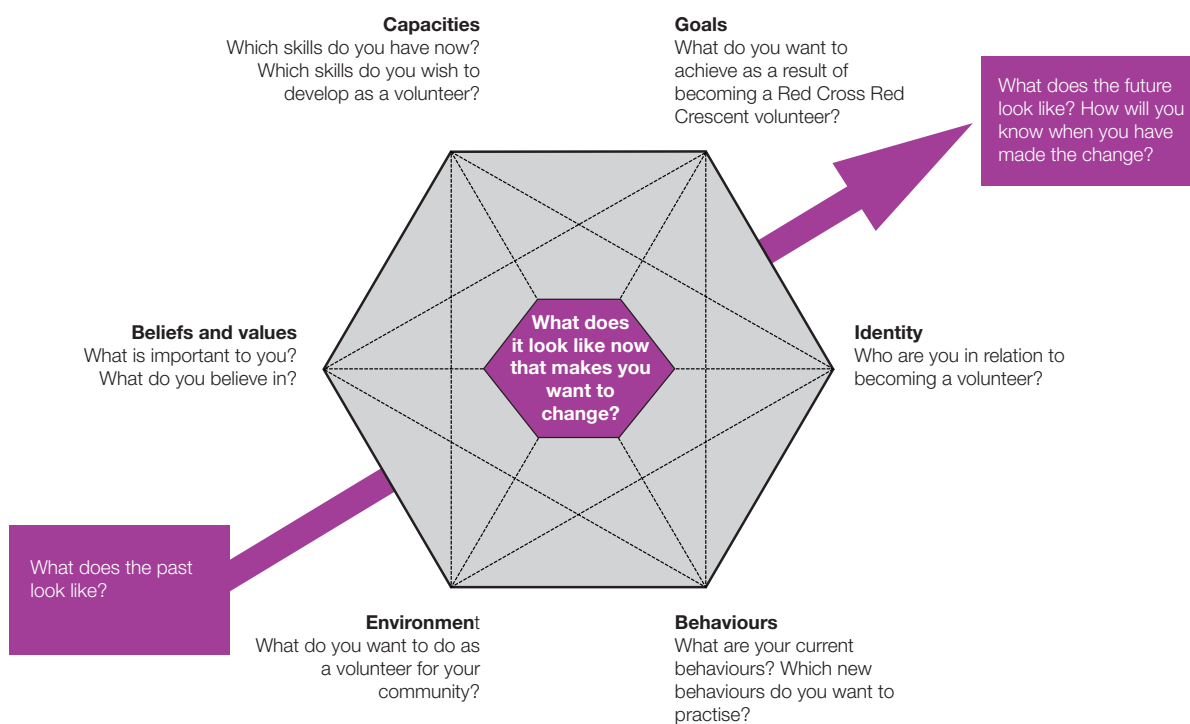
Optional activity for experienced facilitators

Introduction to the living through time model

🕒 35-45 minutes

The power of the living through time model lies in its ability to view an issue from the six different areas of:

- effect on the environment where the critical incident or action occurs
- behaviours and capacities of the people
- beliefs and values of the people in the critical incident or action
- identities influencing people in the critical incident or action
- goals of the people involved



1. Introduce the living through time model by placing the pieces of the model on the floor.
2. Ask volunteers to stand and circle the model. Review each of the six areas and how they relate to becoming a volunteer.
3. Explain the relationship between how the volunteers may see themselves now at the beginning of the CBHFA *in action* learning and how they see themselves in the future when they have completed the training and are practising volunteering in the community.
4. Ask volunteers to reflect on what they have learned so far during Module 1. Let volunteers think quietly about their progress.
5. Ask volunteers to share what they have accomplished so far.

Facilitator tip

You may wish to place the pictures the volunteers drew of the Seven Fundamental Principles at the beginning of the arrow.

6. Ask for volunteers to describe what the future looks like for them once they are practising volunteering.
7. Facilitate a guided discussion of how each of the six areas plays a part in reaching the future.

Facilitator tip

You may wish to ask volunteers to take turns standing by each of the areas and describing how that area plays a part in their future as a volunteer. Save the living through time model. You may wish to revisit it at the end of each module to review volunteer progress in reaching their goals.

Facilitator Guide

MODULE 2

Community mobilization

Goal

In this module volunteers will discuss and plan how to involve community members in the CBHFA *in action* learning by doing process. In meeting this goal, volunteers will learn and practise the skills that help them to build relationships and organize activities that will sensitize the communities to CBHFA *in action*.

Topics

There are four topics in this module:

- Topic 1 Communicating and building relationships
- Topic 2 Organizing communities
- Topic 3 Sensitizing the community to CBHFA *in action*
- Topic 4 Social mobilization and the Community Tools

Module summary

In Topic 1, volunteers will learn about communication, and practise effective communication skills. They will identify barriers to effective communication and learn to perform actions that can remove them.

In Topic 2, volunteers will identify groups in the community as potential partners for the CBHFA programme. With the support of the local branch staff, they will meet with representatives of these groups to inform them about CBHFA and to find out if they have the appropriate resources to further the goal of the CBHFA programme.

In Topic 3, volunteers will discuss and agree on the five main messages that they wish to communicate about the CBHFA programme. With the support of facilitators and the branch staff, they will plan and implement a sensitization or awareness-raising meeting to inform community members about the CBHFA programme.

In Topic 4, volunteers will learn about social mobilization in promoting CBHFA *in action* activities. They will also be introduced to the Community Tools designed to help them facilitate their future health activities.

Facilitator preparation

This module will help volunteers learn more about their community. Before a volunteer engages with the community, you, the facilitator, will need to visit community leaders and health providers to explain CBHFA goals and expectations. At the health facilities, introduce yourself and the CBHFA programme to healthcare workers and other staff members, and inform people that the volunteer will also be visiting to explain the programme and to establish a relationship.

In the community, it is important to identify:

- formal and informal leaders
- health facilities in the community, such as clinics or health centres, and individuals, such as pharmacists, counsellors and midwives who provide health information and services
- resource groups or organizations with human or financial resources that may assist the CBHFA programme

Most topics in this module will follow a similar suggested outline. The materials included in this Facilitator Guide are intended to be used as a guide. All exercises, methods, and lesson plans are only suggestions. You are encouraged to adapt any of the material as you think appropriate to meet the needs of your volunteer participants.

Successful training implementation begins with thorough preparation. It is vital to have a solid understanding of each topic content and to have the necessary materials to facilitate the various classroom and community activities. It is recommended that you:

- be familiar with the materials in the listed References, before preparing your interactive presentation
- give a brief interactive presentation of the topic using information from the topic summary. Ask questions to help volunteers get involved
- participate in and provide supportive supervision for the community activities that involve talking to individuals, households or community groups. These will include developing communication strategies, participating in health promotion campaigns, and explaining CBHFA to local organizations in order to promote healthy behaviours in the community

As always:

- read the Facilitator Guide
- familiarize yourself with the content of each topic found in the topic summary and be prepared to give a brief presentation
- read the facilitator instructions for this module, think about the specific needs of your audience and the training room and be prepared to change or “tailor” how the content is presented to make it active for your audience
- check over the list of materials before each topic to ensure that you have all the materials needed to implement the topic
- ensure that your training room is available
- communicate the time and location for the training to the volunteers
- bring a clock or wristwatch to training to keep time
- prepare questions for the review activity at the end of each topic
- arrange for field visits in advance
- identify household members for each volunteer to visit
- communicate clear objectives of field visits to community leaders

References

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World Health Organization, *Healthy villages: A guide for communities and community health*. Available from: www.who.int/water_sanitation_health/hygiene/settings/healthvillages/en/.

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Topic 1

Communicating and building relationships



Learning objectives

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

- describe the basic requirements for effective communication
- list and practise five good communication skills
- describe and practise how to overcome barriers to communication



Main learning points

1. Volunteers need to communicate with others.
2. Volunteer communication includes communicating with people in the community, facilitators/coaches and other volunteers.
3. Effective communication is a skill that can be practised and developed.
4. Communicating effectively means:
 - following traditional practices and culture
 - making eye contact (if culturally appropriate)
 - being friendly
 - showing interest and respect
 - matching posture with the person with whom you are communicating
 - understanding problems
 - active listening
 - checking that people understand the message
5. Overcoming barriers to communication includes:
 - understanding the situation
 - being flexible
 - respecting all viewpoints



Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately 55 to 80 minutes to complete.

I. Introduction	Volunteers will discuss and practise effective communication.	45-60 min.
II. Check your understanding	Self-assessment.	10-20 min.



Materials and preparation

- Prepared paper with the following paragraph written on it:
As a CBHFA volunteer I will communicate with community members. I will share information that I have learnt. I will motivate community members to become involved in CBHFA *in action* activities. I will give first aid and promote healthy living and behaviour changes for improving the community's health.
- Flipchart paper and markers.
- Prepared presentation using the information from the topic summary.



Topic summary

CBHFA encourages volunteers to work with community members to address their identified health priorities. To work effectively as a volunteer, it is important to communicate effectively. Communication is a skill that can be learnt and developed, and one that gets easier the more that it is practised.

Communication with the community

CBHFA volunteers need to communicate and work with their community members in many ways, such as in community meetings, during the community assessment and afterwards in different activities. When visiting households to talk to household members or facilitating discussions with groups of household members, effective communication is essential.

Volunteers can help individuals adopt healthy practices and avoid risky behaviours by performing house-to-house health promotion. This is done by providing information and demonstrating skills to individuals or a group. Effective communication is an essential part of this process.

Effective communication (verbal and non-verbal)

Communicating effectively includes:

- **looking at individuals or groups when speaking to them**
- maintaining eye contact, if this is an appropriate cultural norm. Do not stare, as staring may be seen as threatening and uncomfortable for some people
- **showing interest and respect while communicating**, by not interrupting people when they are speaking and listening to everyone's contribution
- matching the posture of the person or group with whom you are communicating, for example by sitting if they are sitting
- showing respect for a community leader's position and valuing his/her contribution. Support from local leaders is important as they can help access the community
- **understanding and empathizing with people's problems as they see them**. Adapt ideas to enable people to "own" them
- **using simple and clear messages**
- **repeating the message many times**, and checking understanding by asking the recipients to repeat it
- combining education with entertainment

Communication is a two-way process. It is very important to listen to people when communicating. Active listening can indicate how well (or not) the message is communicated to that person.

Sometimes barriers exist that can make communication less effective. Communication barriers happen when:

- distance is created at the beginning of the communication
- people do not agree
- people have conflicting interests or needs
- people are anxious, in pain or under threat
- the communicator is seen as too different

Reducing communication barriers

To remove barriers to communication it is important to:

- understand what is happening in the situation
- listen to what people are saying, and ask for clarification if necessary, to avoid misunderstandings
- avoid talking about other people
- try to understand and acknowledge the other person's feelings
- be prepared to adapt your message and be flexible
- respect people's views in the community
- keep calm and learn to express views gently

Good effective communication skills will help volunteers establish links with community members in order to help them learn and appreciate the need to change behaviours for improved health, leading ultimately to healthier communities.

Facilitator directions

I. Introduction to communicating and building relationships

 45-60 minutes

1. Welcome volunteers to the session.
2. Introduce the topic objectives and agenda. Tell volunteers that you will be asking them to discuss and practise communication skills and that they will take part in an activity to help them begin thinking about communication.
3. Ask volunteers to stand up. Inform them that for this first part of the activity, they may NOT use words to communicate with each other. Ensure that they are all quiet and not speaking.

Facilitator tip

You may need to reiterate and reinforce this point, i.e. that they may NOT talk to each other.

4. Ask the volunteers to communicate without speaking in order to line up in the right order by birthdate (not year) beginning with 1 January. In other words, volunteers, without talking, are to arrange themselves in a line beginning with the person with a birthdate closest to the beginning of the year and then in correct order to the person with the birthdate closest to the end of the year.
5. Once they have formed a line, begin with the volunteer at the front. Ask him/her to call out his/her day and month of birth. Continue down the line to check how correct the order is.
6. Ask volunteers how they were able, or not, to line up by birthdate. Give praise for creative methods, for example writing out the date or showing an identity card that includes birthdate or counting out the day and month with hands and fingers.
7. Remind volunteers how different it was to communicate the message without using words, but that it was possible when they are creative. Tell them that only a single aspect of effective communication is verbal. Body language, eye contact and visual messages are very important in the communication process.
8. Ask volunteers to remain standing but to divide into three groups.
9. Once the groups have formed, arrange them into three separate rows.
10. After the three groups have lined up, inform them that you will whisper a statement to the first person in each row. The first person will whisper the same statement to the next person in line. That person will then pass on the message to the next person, also whispering. This process continues until the person at the end of the line receives the message.

Facilitator tip

Make sure volunteers understand that the statement can be communicated by whispering only once to the next person in line.

11. Read the statement to the first person in each row so that only s/he can hear:
 - As a CBHFA volunteer I will communicate with community members. I will share information that I have learnt. I will motivate community members to become involved in CBHFA *in action* activities. I will give first aid and help promote healthy living and behaviour changes for improving the community's health.

12. Once the message has reached the end of the line ask the group to sit down. When all groups are sitting, ask the last person in each group to state out loud the message that s/he remembers. After all the statements have been heard, read the paper (the original statement). Ask volunteers:
- Why is the statement different in each group if they started with the same message?
 - Why is the message different at the end of the line?
 - What suggestions can the volunteers call out that would make the end message exactly the same as the original statement?
13. Give a short presentation of the information included in the topic summary. During the presentation ask volunteers to repeat out loud the information that appears in bold about effective communication after you have presented it. There are five important messages involved.

Facilitator tip

The reason for asking volunteers to repeat these five messages out loud is to indicate to them how repetition helps the memory (and learning) process.

14. When you have completed your presentation, ask volunteers to call out the five main messages that they repeated with you during your presentation of the topic summary. List these on flipchart paper.
15. Allow volunteers to discuss what is listed on the flipchart paper so that the group members agree on the five main messages. Ask them to check:
- Is the original message in the topic summary different from what the volunteers have listed on the flipchart?
 - What can the volunteers suggest to make the message on the flipchart exactly the same as the original message?
16. Ask volunteers to suggest what they will do to communicate effectively to community members. Answers should include:
- Sit in a circle so that the whole group engages in the discussion.
 - Avoid a traditional classroom setup with rows of desks and chairs.
 - Use simple words, easily understood language, clear and large visual materials.
 - Listen more and speak less.
 - Invite the leader/elder to speak, when appropriate.
 - Be aware of traditional practices and culture, and follow them.
17. Ask volunteers to turn to the table below, found in the Volunteer Manual. Ask a volunteer to read each row of the table. Facilitate a discussion about why these actions help make communication effective.

Action	Behaviours
Looking	Observe people. Are they happy, sad, frightened, anxious? Observe their environment. Is it safe, secure and comfortable?
Listening	Practise listening to individuals and groups. Listen to what is actually said, without reacting to the person's style of presentation. Listen carefully to find the exact meaning of what has been said.
Feeling	Show understanding of people's situations and be respectful.
Learning	Learn to understand why others may find something is a priority or a problem, even if you do not agree. Learn to change ideas if the situation changes. Learn from mistakes. Learn from each other.
Knowing how to organize	Work with others to solve problems. When organizing health campaigns or disaster response, remember people are volunteering to help. Motivate and encourage them.
Checking whether people have understood	Pay attention to check whether people understand what you are saying. Take time to find out if people understand you.

18. Encourage questions during training. Explain that they can also use paper to write questions and deposit them in the question box. The questions will be reviewed and addressed at the end of each topic.
19. Explain that barriers sometimes exist that can make communication less effective. Refer to the topic summary to explain how communication barriers occur.
20. Ask volunteers to suggest other barriers to communication. For each barrier listed, ask volunteers what they suggest to remove the barrier. Refer to the topic summary for ways to reduce communication barriers.

II. Check your understanding

🕒 10-20 minutes

1. Ask volunteers to complete the review exercise found in Topic 1 of their Volunteer Manual.

Answer key

1. **List five skills that CBHFA volunteers can use to communicate effectively:**
 - ↳ Looking at individuals or groups when speaking to them.
 - ↳ Showing interest and respect while communicating.
 - ↳ Understanding and empathizing with people's problems as they see them.
 - ↳ Using simple and clear messages.
 - ↳ Repeating the message many times.
 2. **List three behaviours to demonstrate when communicating with community members:**
 - ↳ Sit in a circle so that the whole group engages in the discussion.
 - ↳ Avoid a traditional classroom setup with rows of desks and chairs.
 - ↳ Use simple words, easily understood language, clear and large visual materials.
 - ↳ Listen more and speak less.
 - ↳ Invite the leader/elder to speak, when appropriate.
 - ↳ Be aware of traditional practices and culture, and follow them.
 3. **List three actions that can reduce barriers to communication:**
 - ↳ Understand what is happening in the situation.
 - ↳ Listen to what people are saying, and ask for clarification if necessary, to avoid misunderstandings.
 - ↳ Avoid talking about other people.
 - ↳ Try to understand and acknowledge the other person's feelings.
 - ↳ Prepare to adapt your message and be flexible.
 - ↳ Respect people's views in the community.
 - ↳ Keep calm and learn to express views gently.
2. Check the answers by asking the volunteers to share their responses.
 3. Congratulate volunteers for correct responses.
 4. Negotiate a time for the next classroom session.

Topic 2

Organizing communities



Learning objectives

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

- describe how to organize a community, identifying roles and responsibilities for volunteers and community members so as to help implement CBHFA activities
- identify human and physical resources available in the community, such as leaders, committees or organizations (for example women's groups or health groups)
- support the local branch to prepare terms of reference for a community health committee
- describe how to partner with the community health committee to plan for community sensitization and CBHFA activities



Main learning points

1. Organizing a community involves:
 - meeting with community leaders
 - identifying existing resources
 - identifying roles for community volunteers
 - supporting the development of a community health committee, if it does not already exist
 2. It is important to involve the whole community to address health behaviours and issues.
 3. Learn how a community works by identifying:
 - resources in the community
 - committees, groups and organizations
 - community leaders, political, religious and health
 - political and community elements that keep a community together
 - knowledge, attitudes and skills of community members
 4. A community health committee is important for working with the community and supporting volunteers' activities.
 5. A community health committee is an important leadership group to measure progress and give feedback on CBHFA *in action* activities. Its purpose will be defined by the community after the CBHFA *in action* sensitization meeting.
 6. A community health committee should have a connection to the health facility and include representatives who are informed about political and community priorities in the community.
 7. With the support of the facilitators and branch staff, volunteers can assist the community to establish a community health committee if this group does NOT already exist.
-



Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately 90 to 120 minutes to complete.

I. Introduction	A branch staff co-facilitator will assist in presenting information about the community health committee.	🕒 30-40 min.
II. Community health committee terms of reference	Roles and responsibilities for both the community health committee and the CBHFA volunteers will be discussed and recorded.	🕒 30-40 min.
III. Activity in the community	Supported by branch staff and facilitators, volunteers will visit and organize a discussion with the community health committee.	🕒 30-40 min.



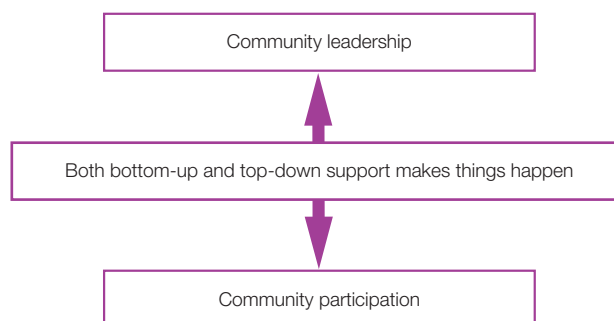
Materials and preparation

- Invite a branch staff person who has worked with the community health committee (if existing) and work together to co-facilitate the session.
- Prepared short presentation using the information from the topic summary.
- Flipchart paper and coloured markers.



Topic summary

Community organizing and participation requires involvement of both leaders and community members.



Organizing a community includes identifying resources that already exist. Resources include:

- committees, groups and organizations working in the community
- leaders active in political, religious or health causes
- community elements that keep a community together
- knowledge and skills of community members.

Volunteers can work with their community members to identify these resources as part of the CBHFA process.

It is important to remember that for community members, this is not merely an exercise about identifying resources and health issues. This is real life. CBHFA volunteers must be committed to identifying health priorities and finding workable solutions to problems together with community members.

Once a community has been identified for CBHFA project work it is important that officials from the national society and/or branch visit the community to interact with its members. The purpose is to provide an initial explanation and to introduce Red Cross Red Crescent staff to community leaders. The same visit will give them the information that a sensitization meeting, discussed in the next topic, will be organized to explain CBHFA goals and objectives.

During the first visit to the community it is important that the national society and/or branch staff gather information about the community and complete the following tasks, aided by CBHFA in action volunteers:

- Meet formal and informal leaders.
- Make a list of leaders, including their contact information. Make sure that the community leaders receive contact information for local Red Cross Red Crescent staff (and CBHFA volunteers).
- Identify the layout of the community.
- Determine the “rhythm” of the community:
 - when people work
 - when people are at home
 - the best time to organize meetings
 - the best place to organize meetings, remembering that men and women in the community may have different gathering points
- Identify:
 - other resource groups working in activities or projects that complement CBHFA
 - level of organization in the community
 - local government structure
 - major problems
- The national society and/or branch staff will need to work with community members to manage expectations and communicate where the Red Cross Red Crescent can or cannot intervene.

Gathering information about the community

The CBHFA information-gathering process will help volunteers and community members identify capacities and resources that can help to address health priorities. Before beginning the process it is essential that CBHFA volunteers agree on clearly defined objectives and methods for gathering the information.

Community members can help identify community organizations and members of those organizations. They may also help to make contact with the leaders, so that interviews can be arranged. Interviews with community organizations should answer the following questions:

- What is the history of the organization?
- When was it created?
- Why was it created?
- How many active members does it have?
- Is this number of members decreasing or increasing? Why?
- How are decisions made?
- Does the group have a community development plan?
- What has the group contributed to the community in the past?

The purpose of collecting this information is to understand the community infrastructure better. Identifying how different organizations work with the community and how they manage problems and share results is useful. Other methods for collecting information will be discussed in Module 3.

Community health committee

When organizing CBHFA, a community health committee is an important group to have as a partner. The community health committee will need to be informed and up to date about CBHFA activities. It is assumed that the community health committee members will help to organize and participate in the sensitization meeting planned in the next topic.

The community health committee should be able to help CBHFA volunteers with:

- communicating between groups interested in the community's health
- forming and maintaining networks
- identifying and mobilizing human and financial resources to work with CBHFA volunteers
- linking with households, and with public and NGO facilities and agencies
- identifying goals and objectives, indicators and activities
- implementing the programme
- planning the community assessment that will prioritize CBHFA activities (discussed in Module 3)
- monitoring health and safety indicators (discussed in Module 3)
- evaluating progress and redesigning what needs to be adjusted

The community health committee may also help CBHFA volunteers to establish a strong working relationship with the local health facility and health workers. Health workers will offer support and guide CBHFA work and can support CBHFA facilitators by teaching health topics and sharing information on common diseases and health problems in the community.

The development of a working and reporting relationship between the community health committee and CBHFA volunteers and branch staff is very important to improve the community's health with CBHFA and other activities related to health.

Setting up a community health committee

Some communities will already have an established community health committee, while other communities will need to form one. In this case, the national society and/or branch staff will liaise with the community to establish the committee. CBHFA volunteers can assist staff in identifying leaders and resource people to bring together when organizing the committee. It is important at national society or branch level to have an official relationship and possibly a memorandum of understanding with the community health committee.

The community health committee will need to be established and operational before volunteers begin CBHFA sensitization activities. The national society and/or branch staff will have to allow sufficient time to work together with volunteers and the community to organize the committee. Important steps in forming a community health committee include:

- visiting the community to introduce branch staff and Red Cross Red Crescent organization
- convening community leaders and community members to advocate for and gain agreement for the establishment of the committee
- drafting terms of reference or a job description for the committee
- inviting or electing representatives to serve on the committee

Draft terms of reference for a community health committee

The community health committee will be the key agency for developing the community health plan and will be informed about matters that concern the health of the community.

Activities

- Create public awareness about the essential requirements of health programmes.
- Discuss and develop a community health plan based on an assessment of the community situation and priorities identified by the community.
- Analyse key issues and problems related to community level health and nutrition activities, and give feedback on these to relevant officials.
- Present annual health report of the community to the community leaders (and/or ministry of health).
- Take part in participatory rapid assessment (this may be coordinated with CBHFA) to ascertain the major health problems and health-related issues in the community.
- Estimate annual expenditure. Manage and account for the community health fund.
- Maintain a community health register and health information board/calendar. This information will include mandated services, along with services actually rendered to all pregnant women, newborn and infants, people suffering from chronic diseases and so on.
- Ensure that health services are performed.
- Obtain a health delivery report at agreed time periods from health service providers during their visits to the community.
- Take into consideration problems of the community and its health and suggested mechanisms to solve problems.

- Discuss maternal deaths or neonatal deaths that occur in the community, analyse causes of deaths, and suggest necessary actions to prevent such deaths.
- Maintain a dialogue with the community and monitor progress, including the implementation of the community health plan.

Composition of the community health committee (traditionally between 5 and 15 members)

- Health professionals working for the ministry of health and the local health facility
- Traditional health workers
- Community members, including:
 - leaders
 - at least one woman
 - a representative who will speak for vulnerable groups
 - a teacher
 - a youth advocate
- Municipal authority representative

Representatives serving on the community health committee will be informed about political and community priorities in the community. They need to be able to work in the best interests of the community's health, and advocate health promotion and disease prevention. They should also be able to work together, to communicate well with others, and represent all members of the community fairly.

It is common to establish terms of reference for the roles and responsibilities of the community representatives, and to agree on how decisions will be made. It is important to have clear definitions for:

- how often the committee will meet
- how many representatives must be present to conduct an official meeting of the committee
- to whom the committee will report and how often

Facilitator directions

I. Introduction to organizing communities

 30-40 minutes

1. Welcome volunteers back to training.
2. Introduce the objectives and the agenda for the topic.

Facilitator tip

Introduce your branch co-facilitator. Make sure that the volunteers feel free to ask questions.

3. Give a short presentation of the information included in the topic summary. Be sure to identify clearly the roles and responsibilities of the branch staff and the roles and responsibilities of the CBHFA volunteers. Determine if the volunteers have any questions about roles and responsibilities.
4. Discuss the vital role of the community health committee with the volunteers. Ensure that volunteers understand the importance of establishing and maintaining a professional reporting and working relationship with the committee.
5. Explain to volunteers that they will write on flipchart paper key activities that the community health committee will provide to the community. Divide volunteers into smaller working groups and ask them to list five key activities on the flipchart paper. When all small groups have completed the work, ask them to present the activities to each other. List all suggested activities on a master list.
6. Encourage questions during training. Explain that they can use paper to write questions and deposit them in the question box. The questions will be reviewed and addressed at the end of each session.

II. Community health committee

 30-40 minutes

1. Ask volunteers to call out activities that representatives on the community health committee can perform that will **assist and facilitate CBHFA project assessment, planning, implementation and evaluation**. Verify with the branch staff co-facilitator which roles and responsibilities are appropriate for the community health committee. Write these on a flipchart paper.
2. On a second flipchart paper, write what volunteers call out about activities that CBHFA volunteers or branch staff can perform that will develop and nurture a working relationship with the community health committee. Verify with the branch staff co-facilitator which roles and responsibilities are appropriate for the community health committee.
3. Facilitate a discussion with volunteers and the branch staff co-facilitator about how to work effectively with a community health committee. Identify volunteers responsible for implementing or coordinating and maintaining the relationship with the community health committee. Record the names of these volunteers and their precise responsibilities on the flipchart paper.
4. Negotiate a time for the next classroom session.

III. Activity in the community

🕒 30-40 minutes

1. Coordinate with the branch staff co-facilitator to visit and organize a discussion with the community health committee about CBHFA.
2. Encourage volunteers to share how to work best with the community health committee.
3. These activities will only be organized either during or after the sensitization meeting described in Topic 3.

Topic 3

Sensitizing the community to CBHFA *in action*



Learning objectives

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

- describe the five main messages of CBHFA *in action*
- prepare and present the five main messages on flipcharts
- plan and implement a sensitization or awareness-raising meeting with community members, supported by branch staff and facilitators/coaches



Main learning points

1. The CBHFA *in action* programme needs to be simplified into five main messages:
 - community-based volunteers
 - community participation
 - links with health facilities
 - positioned to respond to emergencies including epidemic outbreaks
 - partnerships
 2. CBHFA *in action* involves the community in a participatory way.
 3. Characteristics of a healthy community, as defined by the World Health Organization (WHO) include:
 - physical environment is clean and safe
 - environment meets everyone's basic needs
 - environment promotes community harmony and actively involves everyone
 - there is an understanding of the local health and environment issues
 - community participates in identifying local solutions to local problems
 - community members have access to varied experiences, interaction and communication
 - health services are accessible and appropriate
 - historical and cultural heritage is promoted and celebrated
 - there is a diverse and innovative economy
 - there is a sustainable use of available resources for all
-



Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately 165 to 270 minutes to complete.

I. Introduction	Presentation from the topic summary.	🕒 20-30 min.
II. Small group work	Discussion of the five main messages for the CBHFA programme and reaching of consensus.	🕒 45-60 min.
III. Sensitization meeting planning	Volunteers will plan a sensitization meeting.	🕒 30-40 min.
IV. Check your understanding	Self-assessment.	🕒 10-20 min.
V. Activity in the community	Implementation of the sensitization meeting.	🕒 60-120 min.



Materials and preparation

- Prepared short presentation using the information from the topic summary.
- Flipchart paper and coloured markers.
- A sample sensitization meeting agenda that can be modified to fit local needs, such as the following:

Agenda

- Greeting and opening
- Introduction of meeting participants
- Identification of Red Cross Red Crescent staff and volunteers
- Red Cross Red Crescent activities in the country and local area
- Why this community has been identified for potential CBHFA project work
- CBHFA principles and desired results
- Roles and responsibilities of community leaders, community members, health authorities and CBHFA volunteers
- Realistic expectations and a negotiated timeline for the CBHFA plan of action
- Reporting responsibilities
- Questions and answers
- Closure

If wished, a question and answer session can be included between each information item, or at the end of the session before the closure. It is important that the meeting is participatory and allows participants to ask questions and to receive answers.



Topic summary

The goal of CBHFA is the creation of a healthy community. Developing and maintaining a healthy community is a lifelong process requiring persistence and constant nurturing. Characteristics of a healthy community, as defined by the World Health Organization¹ include:

- physical environment is clean and safe
- environment meets everyone's basic needs
- environment promotes community harmony and actively involves everyone
- there is an understanding of the local health and environment issues
- community participates in identifying local solutions to local problems
- community members have access to varied experiences, interaction and communication
- health services are accessible and appropriate
- historical and cultural heritage is promoted and celebrated
- there is a diverse and innovative economy
- there is a sustainable use of available resources for all

Healthy communities call for inspired leadership and action from every corner of the community.

In this topic, a sensitization or awareness-raising meeting will be discussed and planned. Before such a meeting can be scheduled, health authorities including district level authorities, police and/or military officials and community leaders need to be informed that it will take place. It is recommended that an official letter outlining the meeting's purpose and an illustrative invitation list with a proposed date and time should be shared with the authorities.

The sensitization meeting is a good format to explain to community leaders and members:

- why this community has been identified for potential CBHFA project work
- CBHFA principles and desired results (see next section, below)
- roles and responsibilities of community leaders, community members, health authorities and CBHFA volunteers
- realistic expectations and a negotiated timeline for the CBHFA plan of action
- reporting responsibilities

Guiding principles of CBHFA

Community-based volunteers: Community-based volunteers are important for successful implementation of the CBHFA programme. Contributing a few hours each week or every month, volunteers can be prepared to bring together their own communities to identify and solve problems. In addition, volunteers can nurture a link with their Red Cross Red Crescent branches and the local health facility. They are also able to respond to disasters or provide long-term community service.

If volunteers are involved with programmes over a long period of time, they build capacity that strengthens the community's organizing and response systems.

¹ World Health Organization, *Healthy villages: A guide for communities and community health*. Available from www.who.int/water_sanitation_health/hygiene/settings/healthvillages/en/.

Community participation: Community participation helps to increase community ownership and to make programmes more sustainable. At the same time family and community members are empowered. Participation can include:

- providing labour (for example digging wells and maintaining hand pumps)
- cleaning up the environment
- sitting on a community health committee
- contributing to health education sessions

Community participation should exist at every stage of CBHFA programme implementation.

Links with health facilities: Red Cross Red Crescent volunteers can establish a strong relationship with their local health facility and health workers. Health workers may offer support and guide CBHFA work and can help facilitators by teaching health topics and sharing information on common diseases and health problems in the community.

Positioned to respond to emergencies including epidemic outbreaks: Red Cross Red Crescent volunteers living in their own communities are in a good position to respond to disasters including earthquakes, floods and famines. During epidemic outbreaks, it is possible to activate networks of trained volunteers in the communities. They can be mobilized and trained with key messages to help in disease prevention and response.

Partnerships: The CBHFA programme encourages national societies to work with partners. Partners include community leaders, donors, other groups working in the community and government sectors such as the health ministry and health workers. Getting the correct information and technical support from the ministry of health and World Health Organization country offices ensures that CBHFA health promotion activities reinforce existing national policies and guidelines.

CBHFA programmes can connect with short-term social mobilization campaigns such as immunization campaigns and partners working in similar activities bilaterally and multilaterally. These kinds of links maximize the available financial and human resources.

A CBHFA *in action* sensitization meeting

A sensitization meeting will introduce CBHFA *in action* to the community. It is important to provide information to everyone who is involved in the CBHFA *in action* programme. The information can help the community to make an informed decision about whether they would like to start CBHFA *in action*.

The meeting will include :

- the importance of community commitment
- the benefits of participatory community development
- the process of CBHFA *in action*, including community participation and the setting of priorities
- the CBHFA *in action* resource materials
- the role of household and community groups
- how CBHFA *in action* builds on local activities and can strengthen existing community programmes

In order to prepare for the meeting, key points to remember are:

- Issue an official invitation in writing. The appropriate branch or national society staff person should sign the invitation.
- Ensure participation and involvement of as many community leaders as possible in order to gain their approval and commitment to the CBHFA process.
- Make sure that all participants are aware of who else will attend the meeting.
- Prepare an agenda (see above for a sample agenda that can be modified to meet local needs).
- Practise presentations in front of CBHFA volunteers and ask for suggestions and feedback that can improve the presentation.
- Prepare responses for questions that participants might ask.
- Avoid creating unrealistic expectations in the community.
- Plan participative activities. Make sure that participants enjoy the meeting experience.

After the meeting, the community should have a basic understanding of what CBHFA *in action* includes, and the benefits to communities from using a participatory process. By the end of the meeting the following should be clear:

- who in the community will work with and support CBHFA volunteers
- realistic idea of community interests, needs and responsibilities
- community ownership and commitment to the CBHFA goals and health priorities (although specific health priorities may not yet be defined)
- tentative, simple CBHFA action plan with a proposed timeline, developed with and agreed by the community leaders
- reporting expectations

It is important that all stakeholders attend the sensitization meeting. Stakeholders include community members and health representatives who will be involved in planning or implementing CBHFA project activities. Those invited will need sufficient lead time to schedule their attendance, and they should be reminded of the date shortly before the meeting. It is recommended that the meeting is participative and that prepared activities are informative as well as enjoyable. The sensitization meeting will set the tone and expectations for participants for the remainder of the CBHFA work. If first impressions are positive and meet participants' expectations then it is more likely that they will willingly participate in future CBHFA activities.

Facilitator directions

I. Introduction

🕒 20-30 minutes

1. Welcome volunteers to the session.
2. Introduce the objectives and agenda for the topic.
3. Ask volunteers to think about the community in which they live, and to call out some of the characteristics that define their community. List these characteristics on flipchart paper.
4. Ask volunteers to call out healthy characteristics that describe the community.
5. Define a community as “a group of people living together”. Explain to volunteers how the characteristics listed on the flipchart are important to the concept and definition of “community”.
6. Refer to the topic summary and provide additional information about the characteristics of a healthy community.
7. Ask volunteers to call out suggestions for how CBHFA will help to develop their community. List the volunteers’ suggestions on flipchart paper.
8. Answer volunteers’ questions.
9. Encourage questions during training. Explain that they can also use paper to write questions and deposit them in the question box. The questions will be reviewed and addressed at the end of each session.

II. Small group work

🕒 45-60 minutes

1. Explain to volunteers that they will work in small groups to develop the five most important messages to share with community members about CBHFA.
2. Divide volunteers into groups of four to six volunteers. Give each group a flipchart paper and markers.
3. Ask groups to take 15 minutes to state in their own words the five main messages that they want to communicate to community members about the CBHFA programme.
4. After 15 minutes has passed, ask each group to list the five main messages on the flipchart paper.
5. Ask each group to present the five main messages to the larger group. As each flipchart is presented, ask for questions or comments.
6. Once all small groups have presented their flipchart work, check off all main messages that are common between groups.
7. Ask volunteers to record the five main messages for the CBHFA programme that are common between groups, and facilitate a discussion in order to reach agreement on the main messages if needed.
8. Rewrite the five main messages onto a new flipchart paper. This is the official flipchart that will be presented at the sensitization meeting.

III. Sensitization meeting planning

🕒 30-40 minutes

1. Explain to the volunteers that branch staff and facilitators will plan and organize the sensitization meeting, aided by the volunteers. The goal of this meeting will be to involve all the participants, promote discussion and answer questions that community members may have about:
 - the CBHFA *in action* programme
 - the work that volunteers will do
 - roles and responsibilities of community members
 - information that will be reported to community members, community leaders and the Red Cross Red Crescent
2. As a large group, ask volunteers to discuss and plan a sensitization meeting with community members. Ask them to identify:
 - who will be invited and how they will be invited
 - how the meeting will be structured and who will develop the agenda
 - what information the community will want to know about CBHFA *in action* and what the main messages to present to community members are
 - which challenges might exist when introducing CBHFA *in action* to the community
 - what the roles and responsibilities of CBHFA volunteers in the sensitization meeting are
 - what the roles and responsibilities of branch staff or facilitators in the meeting are
 - who will discuss community priorities and possible actions
3. Post up the flipchart paper with the sample sensitization meeting agenda. Give a brief overview of the proposed agenda, discuss it with the volunteers and come to an agreement about its content. Make the necessary modifications on the flipchart.
4. Ask volunteers to identify who should be responsible for presenting each of the agenda topics for the meeting. With participation by the volunteers, outline the key messages to present for each topic.
5. Ask volunteers to practise what will be presented for each topic with a partner, and to discuss what they will say when inviting people to attend the meeting.
6. Circulate among the partner groups to ensure that the invitation is appropriate. When volunteers seem comfortable with the key messages, review the important points to remember.
7. Determine if all volunteers can attend the sensitization meeting.

IV. Check your understanding

🕒 10-20 minutes

1. Ask volunteers to take turns going around the room stating the main learning points for the topic in their own words.
2. Ask volunteers to complete the check your understanding self-assessment found in Topic 3 of the Volunteer Manual.
3. Allow enough time for everyone to complete.
4. Check the answers by asking the volunteers to share their responses.

Answer key

1. **List at least four characteristics of a healthy community:**
 - The physical environment is clean and safe.
 - The environment meets everyone's basic needs.
 - The environment promotes community harmony and actively involves everyone.
 - There is an understanding of the local health and environment issues.
 - The community participates in identifying local solutions to local problems.
 - Community members have access to varied experiences, interaction and communication.
 - The health services are accessible and appropriate.
 - The historical and cultural heritage is promoted and celebrated.
 - There is a diverse and innovative economy.
 - There is a sustainable use of available resources for all.
2. **What is a sensitization meeting?**
 - A meeting of the stakeholders (or members of the community) to inform them about the CBHFA *in action* programme. It is an important opportunity to educate them and to answer any questions.
3. **List the five main messages of the CBHFA *in action* programme:**
 - Answer will be on the flipchart prepared during the training.
5. Congratulate volunteers for correct responses.

V. Activity in the community

 60-120 minutes

1. Branch staff and/or facilitators will plan, organize and implement the sensitization meeting. Volunteers will participate and be involved in some of the presentations and activities.
2. Review community activity. Ask volunteers to work together with branch staff and/or facilitators to conduct both parts of the activity.

community activity:

Preparation and presentation of invitations

- Using the information from the classroom session, prepare a written invitation to go out to all stakeholders (community members and health workers). Ensure that the invitation has the following information:
 - a. introduction to CBHFA *in action*
 - b. an indication of the purpose and agenda for the meeting
 - c. list of those invited
 - d. suggested date and time of the meeting
 - e. official signature of appropriate branch or national society staff person
- Ensure that there is sufficient time for those invited to respond.

Implementing the sensitization meeting

- Meet the community group. Explain the purpose of the meeting. Ask all participants to introduce themselves. Be sure to inform community members that the meeting is participatory, and that questions are welcome.
 - Explain the role of the Red Cross Red Crescent very briefly. Inform participants that the volunteers will present more information about the Red Cross Red Crescent in the first community CBHFA session. Note that participants may have already been introduced to the Red Cross Red Crescent during Module 1 volunteer activities regarding the seven Fundamental Principles.
 - Ask the community to think of the health problems, hazards and risks that they face in the community. Write their responses down on the flipchart paper. Keep encouraging community members to ask questions.
 - Ask the community to think about what is already being done to respond to community health problems, hazards, risks and challenges.
 - When ending the meeting, revisit the main messages flipchart as well as any other important agreements or discussions. Remind community participants that the volunteers are beginning the CBHFA work in the community, and that it will be some weeks before they start coordinating meetings and working with community members.
 - Invite the community to ask any questions they may have about CBHFA *in action*. If volunteers or the facilitator are unable to answer these questions, note them down and reassure that they will be answered at a later time. This should be the start of community dialogue during the CBHFA *in action* process.
3. Look at any questions in the question box, and ask the group to provide answers, if they are able. Give your answer only if they cannot answer the question.
 4. Negotiate a time for the next classroom session.
 5. Encourage volunteers to share what they have learnt with members of the community.
-

Topic 4

Social mobilization and the Community Tools



Learning objectives

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

- describe social mobilization
- list steps in social mobilization in the community
- describe the Community Tools and how they are used to promote health
- describe the use of the Community Tools with household and community groups



Main learning points

1. Identify social mobilization opportunities for CBHFA *in action* in the community by speaking with community health workers about:
 - participating in health campaigns
 - participating in community meetings
 - going to places where groups gather
 - identifying media and communication resources
2. Volunteers should promote the rights of vulnerable populations.
3. Volunteers should disseminate information on services to the community without discrimination.
4. Volunteers should reflect the seven Fundamental Principles in their social mobilization actions.
5. The Community Tools are a valuable resource to communicate health messages to household members and community groups.
6. Community Tools and good communication skills help to promote healthy behaviour change.
7. Use the Community Tools to introduce an idea and facilitate a dialogue.



Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately 150 to 220 minutes to complete.

I. Introduction	Discussion on social mobilization.	🕒 30-45 min.
II. How to mobilize the community	Volunteers will define possible CBHFA volunteer roles in the social mobilization process.	🕒 20-30 min.
III. Introduction to Community Tools	To introduce them to volunteers, the Community Tools are described and passed around.	🕒 60-75 min.
IV. Review	Review of main learning points.	🕒 10-20 min.
V. Check your understanding	Self-assessment.	🕒 10-20 min.
VI. Module 2 closure	Review of volunteer goals developed in Module 1.	🕒 20-30 min.



Materials and preparation

- Prepared short presentation using the information from the topic summary.
- Flipchart papers and markers.
- Four sets of the complete Community Tools, translated and adapted to the local language.
- Soft ball for review activity.



Topic summary

Social mobilization

CBHFA *in action* volunteers play an important role in connecting the community with health information and available health services. Social mobilization can be defined as the actions of volunteers in raising awareness. This might include giving information about CBHFA and what it aims to achieve, promoting healthy behaviour changes, informing about disease prevention or disaster preparedness and supporting community development. Social mobilization is a participatory process conducted at the local level to achieve a specific purpose. Examples of social mobilization activities for the prevention of malaria are:

- identification of free bed nets
- making posters that promote bed net use to post in community market and other locations
- encouraging community members to “pledge” that bed nets will be used
- distributing bed nets
- visiting households to educate about proper bed net hanging
- recording number of bed nets distributed and households that received nets

Social mobilization at this stage of the training involves planned actions to reach, influence and involve all relevant segments of the community in CBHFA *in action*. It is about creating an enabling environment and effecting positive behaviour and social change. Later in the CBHFA process (Modules 4, 5, 6 and 7) volunteers will receive the training that they need on many first aid, safety and health issues.

One of the most important areas of social mobilization is promoting the rights of vulnerable populations. A CBHFA volunteer can help to give a voice to vulnerable groups, and make sure that their needs are addressed in community actions. Volunteers' actions should always reflect the seven Fundamental Principles.

Social mobilization is an approach or a collection of activities that influence segments or all sectors of society to change behaviour or take action. It is about **transforming information into sustained action** by making people aware of the issues, working with other organizations, communicating for behaviour change, and fostering a sense of community by active participation at every level.

Social mobilization is used to:

- increase community awareness and knowledge
- change behaviour and build capacity to act on specific issues
- bring resources together on important community issues
- build connections between local and national levels

Social mobilization is one of the most important Red Cross Red Crescent activities. For example, in the malaria prevention example noted above, the volunteers will have identified a resource (free bed nets), promoted the use of the resource (by making posters), involved the beneficiaries (the community members), trained the beneficiaries in how to use the resource (visiting households to hang the nets properly) and finally reported results.

Introduction to the Community Tools

To complement CBHFA *in action* activities, volunteers will use the CBHFA Community Tools when working with household and community groups. Each tool is a simple summary of accurate information. The Community Tools are designed to start conversations with household and community members about health promotion and disease prevention. Each tool provides expert information that supports the behaviour change communication process that will be presented in Module 6.

Volunteers and community groups have found that the simple messages and discussion questions in each tool, when adapted to their local community needs, can help promote healthy behaviours and practices. Volunteers can use one or several tools together during community work.

One of the most important social mobilization efforts for a CBHFA volunteer is to promote healthy behaviour by modelling it within his/her own household and by sharing information with neighbouring households.

How to use the Community Tools

The Community Tools are used to help CBHFA volunteers advocate for healthy living in their communities. They remind the volunteer of important messages and simple actions to bring about change in the community. Each one is designed as a discussion guide to help promote healthy actions and activities of community members. They assist in beginning conversations with community members by including:

- pictures
- questions to support a discussion about the topic
- key messages for the community about the topic

The Community Tools are part of the CBHFA *in action* resource materials.

Facilitator directions

I. Introduction

 30-45 minutes

1. Welcome volunteers to the session.
2. Ask them about the sensitization meeting that was conducted. Was it easy or hard, and which lessons do they wish to share about communicating?
3. Introduce the topic objectives and agenda.
4. Give a presentation of the information about social mobilization included in the topic summary. Encourage questions.

Facilitator tip

You may wish to give personal examples of social mobilization that you have experienced, or give local examples that you have heard about.

5. Inform volunteers that you want them to call out examples of social mobilization activities in which they might participate. Answers should include:
 - Promote the seven Fundamental Principles and the importance of non-discrimination in the community.
 - Help link community members to first aid and health education and services. These services should be available to all without discrimination and with compassion.
 - Be aware of the vulnerable groups or individuals within the community, and make sure that their needs are met. Help to support these people in knowing and using their rights.
 - Talk with community and religious leaders to get them to support community actions and services, such as vaccination campaigns and treatment for people living with chronic diseases.
 - During health campaigns, help to mobilize people to take their children for vaccination, to get mosquito nets and to spread the word about community health events.
 - Speak with service providers to ensure that they provide care and services without discrimination and treat all clients fairly. With the support of the facilitator/coach, provide the health centre staff with feedback from household visits.
6. Ask volunteers to call out techniques that can be used for social mobilization. Remind them to consider the techniques that they discussed with community members during the sensitization meeting. Answers should include:
 - community meetings
 - visiting households
 - drama
 - stories
 - songs
 - traditional entertainment
 - health talks
 - radio and television spots
 - leaflets, posters, banners

7. Ask volunteers which locations are appropriate for social mobilization. Answers should include:
 - religious institutions
 - schools
 - market places
 - public gatherings
 - water collection points
 - ceremonies
 - barber shops and beauty salons
 - households
 - sporting venues
8. Answer volunteers' questions.

II. How to mobilize the community

 20-30 minutes

1. Divide volunteers into three groups. Provide each group with flipchart paper and markers.
2. Ask the small groups to discuss and list how CBHFA volunteers can help to mobilize the community. Provide specific examples based on what is happening in the community.
3. Ask a representative from the group to present the work to the larger group. Ask for comments or discussion after each presentation.
4. Facilitate discussion and agreement on appropriate social mobilization activities.

III. Introduction to the Community Tools

 60-75 minutes

1. Give a short presentation of the information about the Community Tools included in the topic summary.
2. Divide volunteers into four small groups and ask them to discuss the questions below now that they have conducted the sensitization meeting and heard back from the community. Ask them to consider:
 - which health issues or problems they heard discussed by community members during the sensitization meeting
 - which Community Tools match each health issue discussed
3. Ask each small group to report back to the larger group about their discussion. Note that at this stage volunteers do not need to learn the full contents of the Community Tools. This activity is a simple introduction. They will learn how to use them in more detail in Modules 4 and 6.
4. Check the question box to determine if any questions need to be answered.

IV. Review

🕒 10-20 minutes

1. Ask volunteers to take turns going around the room restating the main learning points for Topic 4 in their own words.
2. Ask volunteers to stand. Toss a soft ball to one volunteer and ask him/her to state one thing s/he has learned about the Community Tools. Having done this, s/he should toss the ball to another volunteer. Carry on until all volunteers have made a statement, but instruct them NOT to repeat what has previously been stated.

V. Check your understanding

🕒 10-20 minutes

1. Ask volunteers to complete the check your understanding self-assessment found in Topic 4 of their Volunteer Manual.
2. Allow enough time for everyone to complete.

Facilitator tip

If the majority of volunteers are NOT able to read and write, you may want to read the questions aloud and let the volunteers share their responses verbally. If only a few volunteers cannot read and write, then help them individually by coaching them through the questions and asking them to tell you the answers.

3. Check the answers by asking the volunteers to share their responses.

Answer key

1. **What is social mobilization?**
 - Social mobilization can be defined as the actions of volunteers in raising awareness, promoting healthy behaviour changes and supporting community development.
 - Social mobilization is a participatory process conducted at the local level to achieve a specific purpose. Examples include disease prevention, health promotion and disaster preparedness.
2. **List three benefits to communities of social mobilization activities:**
 - Increase community awareness and knowledge.
 - Change behaviour and build capacity to act on specific issues.
 - Bring resources together on important community issues.
 - Build connections between local and national levels.
4. Congratulate volunteers for correct responses.
5. Negotiate a time for the next classroom session.
6. Encourage volunteers to share what they have learnt with members of the community.

V. Module 2 closure

 20-30 minutes

1. Ask volunteers to reflect on what they learnt in Module 2.
 2. Review the learning objectives and main learning points for each topic.
 3. Provide each volunteer with a sheet of paper. Ask them to write five statements about community mobilization that made the greatest impact on them during this module.
 4. Ask volunteers to revisit the goals they wrote at the end of Module 1.
 5. Facilitate a brief discussion on how volunteers feel about their progress in reaching their goals.
 6. Congratulate volunteers for completing Module 2.
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Facilitator Guide

MODULE 3

Assessment-based action in my community

Goal

In this module volunteers will explore the community to identify potential resources that may help achieve CBHFA and community goals. To help them explore their community, assessment tools will be described and used. This will help volunteers understand the community's health, first aid, safety and disaster preparedness priorities better, while at the same time developing skills and knowledge to aid volunteers and community members to address priorities.

With the support of the facilitator and the local branch staff, the volunteers will develop an action plan to identify **where, when, and how** CBHFA *in action* can be implemented effectively in the community.

Module 3 outcomes include:

- Assessment of the community by volunteers, using tools that will help them map community resources and community vulnerabilities.
- Identification and prioritization of health, first aid and safety issues.
- Development of the CBHFA plan of action, and customization of CBHFA activities, so that volunteers learn specific skills and knowledge based on health and safety needs identified during the assessment.
- Discussion and clarification of reporting, with practice in completing a report form.

Topics

There are eight topics in this module:

- Topic 1 Assessing my community: an overview
 - Topic 2 Community assessment: secondary information resources
 - Topic 3 Community assessment tools: direct observation, transect walk, community map and seasonal calendar
 - Topic 4 Community assessment tools: focus group discussions and household visits
 - Topic 5 Performing the community assessment: learning by doing
 - Topic 6 Making sense of the data
 - Topic 7 Preparing an action plan based on my community assessment
 - Topic 8 Reporting on CBHFA activities in my community
-

Module summary

In Topic 1, volunteers will learn about the project planning cycle and make a simple plan for a community assessment with support from local branch staff and facilitators.

In Topic 2, volunteers will list where to find and collect secondary information resources.

In Topic 3, volunteers will be introduced to community assessment tools: direct observation, the transect walk, the community map and the seasonal calendar. During training, volunteers will practise how to use these assessment tools.

In Topic 4, volunteers will be introduced to focus group discussions and household visits. During training, volunteers will practise how to run group discussions and communicate in household visits.

In Topic 5, volunteers will perform the community assessment in the community with the support of the facilitators and local branch staff.

In Topic 6, volunteers will analyse information that they have collected during the community assessment. The end result will be a prioritized list of three to five health, first aid or safety activities that can be addressed by CBHFA volunteers.

In Topic 7, volunteers will learn about action plans and prepare an action plan, based on the identified priorities, for CBHFA work in the community, including learning relevant skills and knowledge.

In Topic 8, volunteers will learn and practise how to report on CBHFA activities.

Facilitator preparation

This module will help the volunteer learn more about his/her community. Volunteers will use a variety of community assessment tools to explore the community and to identify resource groups. The assessment and information gathered in this module will be used again in later modules.

Most topics in this module will follow a similar suggested outline. The materials included in this Facilitator Guide are intended to be used as a guide. All exercises, methods, and lesson plans are only suggestions. You are encouraged to adapt the material or the training content to meet the needs of your volunteer group.

Successful training implementation begins with thorough preparation. It is vital to have a solid understanding of the content of each topic and to have the necessary materials to facilitate the various classroom and community activities. It is recommended that you:

- be familiar with the materials in the listed References, before preparing your interactive presentation
- give a brief interactive presentation of the topic using information from the topic summary. Ask questions to help volunteers get involved
- participate in and provide supportive supervision for the community activities that involve talking to individuals, households or community groups

As always:

- read the Facilitator Guide
- familiarize yourself with the content of each topic found in the topic summary and be prepared to give a brief presentation
- read the facilitator instructions for this module, think about the specific needs of your audience and the training room and be prepared to change or “tailor” how the content is presented to make it active for your audience
- check over the list of materials before each topic to ensure that you have all the materials needed to implement each topic
- ensure that your training room is available
- communicate the time and location for the training to the volunteers
- bring a clock or wristwatch to training to keep time
- prepare questions for the review activity at the end of each topic
- arrange for field visits in advance
- identify household members for each volunteer
- communicate clear objectives of field visits to community leaders

You will need the support of the local branch staff to organize a community meeting and preparation of the community assessment.

References

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Topic 1

Assessing my community: an overview



Learning objectives

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

- recognize the need to work with community members to plan a community assessment of health, safety and first aid
- develop a simple plan for conducting an assessment of the community
- present the community assessment plan to one another during training



Main learning points

1. A community assessment that involves community members will identify health, first aid and safety priorities.
 2. Steps to a community assessment include:
 - defining the scope of the assessment to determine who will do what, when it will be done and how it will be done
 - performing the assessment and collecting information. Learning how to use different assessment tools will enrich the information that is collected. Good, accurate information needs to be collected
 - analysing the information that is collected
 - validating the information with community leaders and members
 - prioritizing needs and planning CBHFA actions and learning
 3. A plan of action helps to organize a community assessment with the support of the local branch staff and facilitator. The plan will need to be presented to the community leaders and members.
-



Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately 135 to 160 minutes to complete.

I. Introduction	Presentation of the information in the topic summary.	🕒 45-60 min.
II. Planning the assessment	Volunteers, with the help of the facilitator, will develop an action plan containing who to visit and what to discuss, and will identify information that should be collected.	🕒 90-100 min.



Materials and preparation

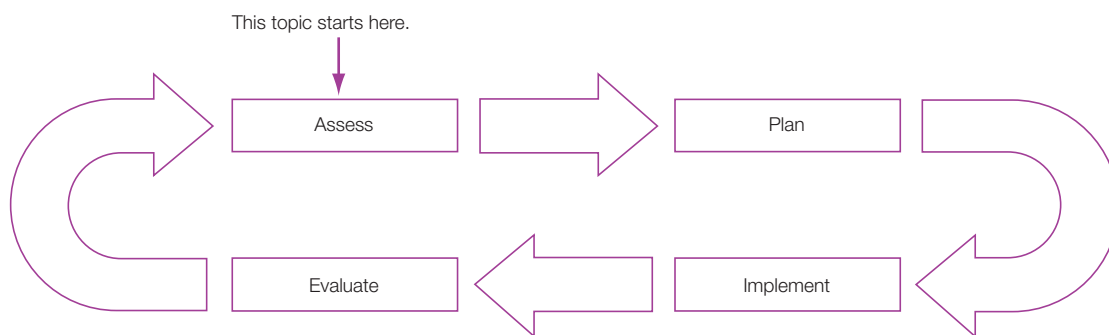
- Prepared presentation using the information from the topic summary.
- Prepared flipchart papers as described in the facilitator directions.
- Flipchart paper and coloured markers.



Topic summary

CBHFA volunteers will support and work with communities to identify and address priority needs. In order to identify these priorities, a community assessment should be planned and implemented. It is important to assess the needs of the community and to involve community members in the assessment process. It is part of the planning cycle.

Project planning cycle



Without community assessment, volunteers will not know which future projects or actions are most appropriate. The community needs will not be completely defined and actions taken may not be relevant. Volunteers need also to become aware of the knowledge and skills they require in order to address the community priorities. After the community assessment has taken place, it is possible to plan activities that address the identified priorities, implement the activities, and evaluate progress in how well (or not) the activities are implemented. Community members need to be included in all phases of the project planning cycle so that they can own the results, feel good about the successes and learn from what does not succeed.

Once the project planning cycle has been completed, there is a further stage. It is important to report on the activities in order to document lessons that are learnt. Community members, branch managers and staff, and other stakeholders (all the people that attended the sensitization meeting, implemented in Module 2, Topic 3) should be informed of CBHFA activities and lessons learnt. The project planning cycle then begins again with plans for the future, based on the evaluation and lessons learnt.

Assess the community

This module will identify activities and tools that volunteers can use to assess and prioritize the health, safety and first aid needs of their communities. Different assessment tools will help volunteers to learn about their community in terms of:

- risks and vulnerabilities
- resources and capacities

During the assessment activities, it is expected that volunteers will learn new information about the community and community members. Volunteers live in the community and already know a great deal about it. However, because a community is always changing it is important to return to and update the information that is collected on a continuous basis. Gathering information that is accurate, and that reflects the realistic needs of community members, will help ensure that appropriate CBHFA activities are selected to address health, safety and first aid issues. During the information collection process community members will have an opportunity to discuss needs and priorities with the volunteers, thereby getting to know them and their work better.

Working with and involving community leaders (business leaders, women's groups, store owners, religious leaders, elected officials and others), community health officials, other community members as well as representatives from vulnerable populations (the elderly, youth, people living with illnesses or disabilities) is basic to the community assessment process. All these groups need to be kept informed about the assessment and the CBHFA activities. They are the people who will make CBHFA successful.

Step 1: Plan the community assessment

The scope for the community assessment must be defined. It is important to limit the scope to health, safety and first aid priorities. Setting limits enables a realistic community assessment to be conducted. Such an assessment will assist in the development of an achievable action plan that addresses realistic community health, safety and first aid priorities. When planning the assessment, the volunteers, the local branch staff and facilitators need to decide:

- **What** needs to be found out about health, first aid and safety needs of the community? This includes treatment and prevention of acute and chronic diseases, sanitation, hygiene, nutrition, response to emergency health needs and accidents, safety issues in the home.
- **What** needs to be done to set up the assessment? Do you need permission from community leaders or government officials? How will target participants be notified? Which materials do you need to bring to conduct the assessment exercises?
- **What** existing information can you find out about the community before conducting the assessment? Is there existing information from government reports, other agencies working in the community, health centres, hospitals or clinics?

- **Who** from the community should participate in the assessment? Who are the leaders of the community (political, religious, social, age, religious)? Which are the vulnerable or minority groups that need to be represented?
- **When** is it convenient to visit community members and how much time is available to collect the information?
- **Where** will volunteers go in the community (depending on how much time is available)? To be as effective and efficient as possible, groups of volunteers can communicate with different people in the community. It is best for volunteers to divide into groups of two to four volunteers to meet with community leaders, teachers, health workers, mothers and children, and others.

Talk to community groups or organizations

Volunteers need to find out which other organizations or groups are working in the community. It is important to recognize that there is no need to duplicate information-collecting by asking the same questions to all people. Tailor or target your questions to the audience. Ask people questions that they will be able to answer.

Non-health professionals such as agricultural workers and teachers are additional sources of relevant information. Consult with local institutions and groups such as the health centre, government authorities, community leaders or elders, and local community health committee. Religious leaders can answer questions and will have access to important information. Women's groups, youth organizations, political parties, political leaders, prominent businessmen and informal leaders are all useful sources of information.

How volunteers communicate with the community is important. Volunteers need to be sensitive and polite, asking clear and simple questions. Remember that the cooperation of community members is essential to CBHFA activities.

As volunteers gather information, they will need to explain to community members what CBHFA activities CAN, and CANNOT do. This is imperative to avoid creating unrealistic expectations.

Identify vulnerable groups

Additionally, identifying gaps in community services is necessary. Who in the community is underserved? Who are the most vulnerable people and are their health needs being addressed? Vulnerable people may include the elderly, people living with HIV and AIDS, mothers and children, the disabled, adolescents, refugees and internally displaced persons. Often the voices of these groups are not heard. In the assessment, volunteers need to talk to representatives of these groups and determine their needs and priorities too.

Step 2: Perform the community assessment

In the next two topics in this module, various assessment tools will be described. Volunteers will learn about the assessment tools and practise using them during the training session. They will then divide into teams to perform the community assessment.

Community members should know that CBHFA volunteers are performing the community assessment before it is implemented. Interested community members can be included in the assessment process as part of the assessment teams. Such a participative assessment process will enrich the information that is gathered while ensuring that community members are aware of and appreciate the community assessment.

Recording the information is important to create a record for the CBHFA programme. The information that is collected during the activities in this module will be used again and again as the CBHFA activities grow and mature. Many of the activities in Modules 4, 5, 6 and 7 will be based on the information collected during the community assessment in this module.

It is very important to collect accurate and comprehensive information, and to record it in a format that is easy to understand.

Step 3: Analyse the information

Information that is collected will need to be reviewed, prioritized and recorded in formats that are useful to volunteers and to community members. It may happen that different sources of information will contradict each other. If so, it is helpful to return to the source(s) to verify accuracy.

The more information that is collected, using as many assessment tools as possible, the more priorities or issues will be identified. Analysing the information and ranking identified community needs will enable CBHFA volunteers to define realistic, actionable health, safety and first aid activities. The information that is collected should focus on activities that the CBHFA volunteers will be able to achieve.

Topics in this module will expose volunteers to methods for the analysis and consideration of the information that is collected.

Step 4: Validate information with community members

Assessment findings must be shared with community members to check the accuracy. It is recommended that all individuals who helped volunteers collect the information should be informed of findings, as a matter of courtesy. Other volunteers and community agencies may find the information helpful to their work with the community. This will lead to results-led community actions and projects.

Another important reason to inform community members about the information is to make sure they understand and trust the reasons why it has been collected, and so that they can help in finding solutions to identified priorities.

Step 5: Develop an action plan that prioritizes health and safety needs

Once the information is analysed, an action plan will be developed and discussed. Discussion of the action plan will be conducted with CBHFA volunteers, branch staff and community members. In the initial plan of action it will be necessary to identify the training and learning that CBHFA volunteers should receive in order to implement activities. An action plan should be achievable within specifically defined time periods, with roles, responsibilities and resources clearly identified. It is recommended that the action plan should be revisited periodically to keep it up to date.

The community assessment may need to be done at least every 12 to 18 months as new health priorities emerge. CBHFA actions and learning need to be responsive to future needs and priorities.

Facilitator directions

I. Introduction to Module 3

 45-60 minutes

1. Welcome volunteers to the session.
2. Introduce the title and goal for Module 3. Give a brief overview of the different topics in Module 3. Note how the module will introduce volunteers to various community assessment tools that they will use to assess the community. By the end of the module, volunteers will have developed an action plan that they will implement with community members.
3. Introduce the objectives and agenda for this topic.
4. Give a presentation of the information in the topic summary.
5. After the presentation, ask volunteers to call out where to find the information that is needed to work with the community. Remind volunteers that some of the information that they collected for the sensitization meeting will answer questions and will lead to more sources of information. List the information sources suggested by the volunteers on flipchart paper.

Facilitator tip

Make sure that the methodologies for the community assessment that you wish to suggest to the volunteers in the next couple of topics are included:

- secondary information resources, such as the media, health reports, national census information, and others
- talking to community leaders and community members
- community map
- focus group discussions
- household visits
- seasonal calendars
- direct observation

6. Encourage questions during training. Explain that they can use paper to write questions and deposit them in the question box. The questions will be reviewed and addressed at the end of each session.

II. Planning the assessment

 90-100 minutes

1. Ask the group of volunteers to work together to plan the community assessment. Present the prepared flipchart papers (below), and ask them to add any further suggestions for what needs to be in the plan.
 - **What** to find out about health, first aid and safety needs of the community. This includes treatment and prevention of acute and chronic diseases, sanitation, hygiene, nutrition, response to emergency health needs and accidents, safety issues in the home.
 - **What** needs to be done to set up the assessment? Do you need permission from community leaders or government officials? How will target participants be notified? Which materials do you need to bring to conduct the assessment exercises?
 - **What** existing information can you find out about the community before conducting the assessment? Is there existing information from government reports, other agencies working in the community, hospitals, health centres, hospitals or clinics?

- **Who** from the community should participate in the assessment? Who are the leaders of the community (political, religious, social, age, religious)? Which are the vulnerable or minority groups that need to be represented?
- **When** is it convenient to visit the community members and how much time is available to collect the information?
- **Where** will volunteers go in the community? To be as effective and efficient as possible, groups of volunteers can communicate with different people in the community. It is best for volunteers to divide into groups of two to four volunteers to meet with community leaders, teachers, health workers, mothers and children, and others.
- **Community groups and community leaders** need to be well informed about why volunteers are collecting information for the community assessment.
- **Vulnerable groups.** How will these people be identified?

2. Using this list as the “master list”, encourage the volunteers to consider all the information on the flipchart papers, and then, for the rest of the activity, to refine the information into more specific targets, as described below. On a flipchart paper draw four columns. Label columns:

Resource group/person to visit	Topic to discuss and questions to ask	Information to collect about person/group	How to collect information

3. Ask volunteers to discuss and record:
- the resource groups that they plan to visit, including vulnerable people and what they will discuss with that group
 - what information they will collect
 - methodology (how the information will be collected). Inform volunteers that the methodologies will be identified and discussed in future topics in this module, so great detail is not required here
4. Remind volunteers that, as the CBHFA work continues, they will continue to assess the community, to work with resource groups and vulnerable people. Encourage volunteers to identify only primary contacts and groups at this point.

Facilitator tip	Remind volunteers that in the next session they will begin to learn about the assessment tools and methods. Inform volunteers that there is no community activity for this topic. After learning the use of various assessment tools and methods, they will be performing the community assessment in Topic 5.
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5. Negotiate a time for the next classroom session.
6. Encourage volunteers to share what they have learnt with members of the community.

Topic 2

Community assessment: secondary information resources



Learning objectives

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

- identify and list collection sources of secondary information
- collect secondary information from some of the identified sources. Additional secondary information will be collected during the community assessment
- describe how they might be able to collect additional information that they need to perform a community assessment



Main learning points

1. Identifying information that already exists will help volunteers to become familiar with the background information and identify gaps in information that they need to address during the community assessment.
 2. Sources of secondary information may include newspapers or other news media, national censuses, reports from ministry of health, community service organizations, the fire and police authorities, the internet, the branch or national society and other sources.
 3. Secondary information can provide information and will help to validate information in the community assessment.
 4. Listing and describing issues that affect the community, and linking those issues with what causes them, will help to prioritize health, first aid and safety issues.
-



Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately 90 to 135 minutes to complete.

I. Introduction	Presentation from the topic summary.	🕒 30-45 min.
II. Identifying secondary information resources	Volunteers will identify secondary information resources.	🕒 30-45 min.
III. Identifying gaps in information	Volunteers will develop a list of information that may be identified during the community assessment.	🕒 30-45 min.



Materials and preparation

- A branch staff co-facilitator and staff from the local health facility may be helpful resource people for this session.
- Prepared presentation using the information from the topic summary.
- Prepared flipchart paper labelled “Important information for a community assessment” with the information from the topic summary.
- Flipchart paper and coloured markers.



Topic summary

Identifying secondary information resources

Collecting information that already exists about the community is an important task. Information from newspapers, reports from resource groups working in the community, national censuses, health surveys, or knowledgeable local people can help develop information that will form the background for CBHFA activities. Sources for such information include local government organizations, resource groups, health facilities, health responders or rescue people, media agencies, libraries and the internet.

Information that already exists for a different purpose is called “secondary information” or “secondary data”. Secondary information will help CBHFA volunteers get an overview of the health, safety and first aid priorities previously identified by other sources, such as earlier assessment by local branch staff and volunteers. It will also help them cross-check information that they collect during the community assessment.

A review of secondary sources can be time and cost-effective in developing a broad perspective of the issues, challenges and successes of the community. Statistical information developed by health authorities or others can be useful in establishing a baseline against which to measure future information collected by CBHFA volunteers. It should be noted, however, that the information may be extensive and analysis may require a great deal of expertise and external resources.

Important information for a community assessment

Important information to collect is:

- location and geography of the community
- population information, such as number of inhabitants, births, deaths, age distribution, disease indicators
- main economic activity. Local employers will know about health and safety issues that affect their employees
- community resources and community organizations. These may be registered with local authorities
- common diseases and injuries, and local health services provided by the health facilities
- health and safety issues that affect students in schools
- identification of vulnerable areas and vulnerable populations
- location of emergency services, such as fire department, police, shelters
- political parties or social movements
- security issues

Some of this information will already exist and will be available from resources in the community. Secondary information should be identified and processed before performing the community assessment, as it will guide what additional information needs to be collected or where conflicts between information sources need to be resolved.

Identifying additional information for the community assessment

Once secondary information has been identified, collected and analysed it is important to consider what additional information can be gathered during the community assessment process (methodologies will be identified in the next topics).

Facilitator directions

I. Introduction

🕒 30-45 minutes

1. Welcome volunteers back to training.
2. Introduce the objectives and agenda for Topic 2.
3. Give a short presentation of the information included in the topic summary.
4. Post up a flipchart paper labelled “Important information for a community assessment”, containing the list of information detailed in the topic summary. Ask volunteers to call out possible sources of secondary information that they could collect to cover items on the list. Add these to the flipchart paper.

Facilitator tip

Save the flipchart once the list is complete, as this information will be used in other topics.

5. Encourage questions during training. Explain that they can use paper to write questions and deposit them in the question box. The questions will be reviewed and addressed at the end of each session.

II. Identifying secondary information resources

🕒 30-45 minutes

1. Ask local branch staff and local health staff to present and share some of the existing information on common diseases, health concerns and local health services.
2. Remind volunteers to divide into smaller task teams that will visit the resource groups or location of secondary information sources during the community assessment in Topic 5. List volunteer names next to the identified secondary information resource groups.
3. Look at the flipchart paper that is labelled:

Resource group/person to visit	Topic to discuss and questions to ask	Information to collect about person/group	How to collect information

Facilitator tip

If volunteers need encouragement to get started with the list, write “school and local health person” in the left column. Ask volunteers which topics or questions might be asked, or which data might be collected.

4. Ask volunteers to work in smaller groups to list five possible sources of secondary information and to complete information in all four columns.
5. Ask small groups to present their five secondary information sources to the other volunteers. Encourage questions and feedback. Encourage applause at the end of each small group presentation.
6. Remind volunteers that they will take responsibility, in small groups of two to three people, for visiting and collecting the information when performing the community assessment (Topic 5). Write the names of the volunteers responsible for visiting each resource source next to the “resource group/person to visit” column.

III. Information gaps

🕒 30-45 minutes

1. Ask volunteers to consider the “Important information for a community assessment” flipchart (listed in Topic 2 of their Volunteer Manual). Inform the group that some of the information may not be already available as secondary information. Inform them that if it is not available, then they will need to collect that information during the community assessment.

Facilitator tip

The objective of this exercise is to get volunteers to begin to think about and discuss what information they will need to learn about the community in order to make informed decisions about health, first aid and safety priorities.

2. On a separate flipchart paper list suggestions that the volunteers make about how they can collect the information about the community that they feel is important.
3. Inform volunteers that the next couple of sessions will present methods for collecting information when performing the community assessment.
4. Agree on a time for the next session.

Topic 3

Community assessment tools:

direct observation, transect walk, community map and seasonal calendar



Learning objectives

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

- describe which information can be gathered from direct observation, a transect walk, drawing a community map, and drawing a seasonal calendar
- draw a community map and seasonal calendar and practise how to use them
- discuss how this information will help them to learn about the behaviours, life experiences and physical aspects of the community



Main learning points

1. Direct observation
 - direct observation is the process of observing people, behaviours, events and relationships in the community. Direct observation will help identify the physical aspects of a community
 - direct observation is a good initial point for a community assessment
2. Transect walk
 - a transect walk involves walking through the community to observe the people, the physical aspects and the community resources
 - a transect walk helps to understand the effect on the community of the geography and landscape. It is a useful exercise to get a feeling for the issues and capacities that exist in the community
3. Community maps
 - a map of the community indicates where resources can be found as well as where potential health hazards and disasters may occur
 - involve community members to help place additional resources and risks on the map
 - validate the map using direct observation during the community visit
4. Seasonal calendar
 - a seasonal calendar can be used to identify periods of disasters, health concerns, diseases, safety issues, hunger and vulnerability
 - a seasonal calendar can also show people's workload and activities at different times of the year
 - knowing when a health or safety problem happened at different times of the year can help communities be prepared to prevent problems in the future and reduce hazard risks



Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately 160 to 200 minutes to complete.

I. Introduction to topic	Presentation from the topic summary. Different community assessment tools will be introduced and examined.	🕒 60-80 min.
II. Preparation for community assessment	The volunteers will practise using the community assessment tools.	🕒 100-120 min.



Materials and preparation

- Flipchart listing the “Important information for a community assessment” from the previous session.
- Prepared interactive presentation from the topic summary.
- Photocopies of sample community maps (copies can be made from the map samples in the topic summary).
- Sketch outline of a seasonal calendar, relevant to the community.



Topic summary

Community assessment tools

In this topic different assessment tools will be used to explore the community and to gather information. The information will be used to prioritize, plan and implement CBHFA activities. Community assessment tools include:

1. Direct observation
2. Transect walk
3. Community map (to include hazard and risk representations and a mapping of resources)
4. Seasonal calendar

Volunteers should remember to use existing information while also collecting new information from informed resource groups and community members.

Direct observation

Volunteers are knowledgeable sources of information about the community in which they live. As such, they are a valuable resource to begin the community assessment process. Direct observation of community members, events and relationships can gather information about how people interact with each other and about daily activities. Additionally, direct observation can fill in gaps in information or help to reconcile differences when information does not agree, or support the observations and conclusions made while performing other community assessment activities.

Direct observation is a good starting activity for the community assessment. With direct observation, as with all of the community assessment tools, it is important to have a structured method for recording information. It may be helpful to take notes at the time and develop a format for recording information: who was observed, under which conditions, at what time, and why was it important. Because direct observation can be subjective or influenced by the observer, it is always good to validate observations with other community assessment methods.

Information that can be collected with direct observation includes:

- distribution of community members, for example, the identification of socio-economic influences that affect where people live and work
- daily routine, for example, where men and women gather at different times of the day
- family structure
- types of housing and infrastructure, for example, the use of latrines or water resources or the effects of weather or environment on the housing structure (building materials)
- types of roads
- health, sanitation, electricity and other essential services
- animals in streets or fields of crops
- daily activities, for example, what people eat, where community members shop, when religion is practised, recreational activities
- visible vulnerabilities and capacities

To ensure that the information gathered is systematically recorded, specific criteria, such as in the bullet points above, can be listed, and notes on each made during direct observation. This should ensure a comprehensive spread of information.

Transect walk

A transect walk is a walk through the community to observe people, the surroundings and community resources. During the walk, it is important to note different sites and the landscape of the area, and to consider the effect on the community of their environment. Allied with direct observation, a transect walk can help to identify issues and capacities that exist in a community. It will give a good overview of the community, and can help identify aspects that need further research or more information to be gathered. It can also be used to verify information that is gathered by other methods.

A transect walk is useful at the beginning of the community assessment process because it is highly visible, allowing volunteers to explain why information is being collected about the community.

Information that can be gathered with a transect walk includes:

- danger zones, shelters and local resources
- land use and the effect of the environment on the community
- health issues
- commercial activity
- roles of men, women and children
- social environment, such as sports fields, markets, religious buildings, shopping areas, restaurants
- physical environment, such as water resources, housing, roads, waste disposal

The route for the transect walk can be decided by drawing a line through a community map (explained later in this topic) that transects or goes through all the different zones in the community. Alternatively, one could walk from the highest to the lowest point or from north to south. It is important to plan the walk and to agree on how to record the information that is collected. Make sure to talk to community members and to ask their opinions about what is observed or recorded. After the transect walk, all important information must be recorded systematically. Determine which additional information remains to be collected that will help to prioritize needs for CBHFA work.

Community maps

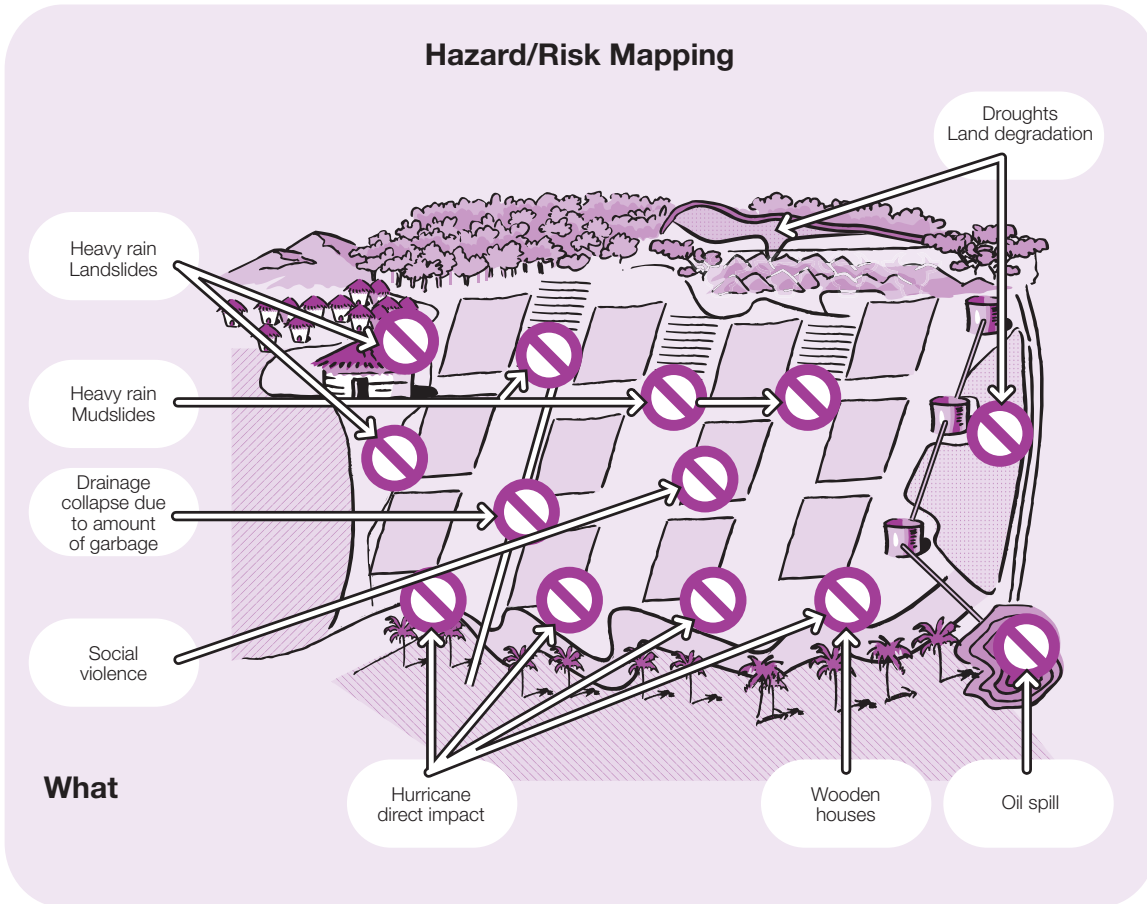
Mapping is an assessment tool that helps to visualize resources, services, vulnerabilities and risks in a community. Features may include roads and bridges, health clinics, schools, water sources, markets and shelter, as well as other important factors in the community. The community map is appropriate for identifying risks such as flood areas, health hazards and vulnerable locations or groups.

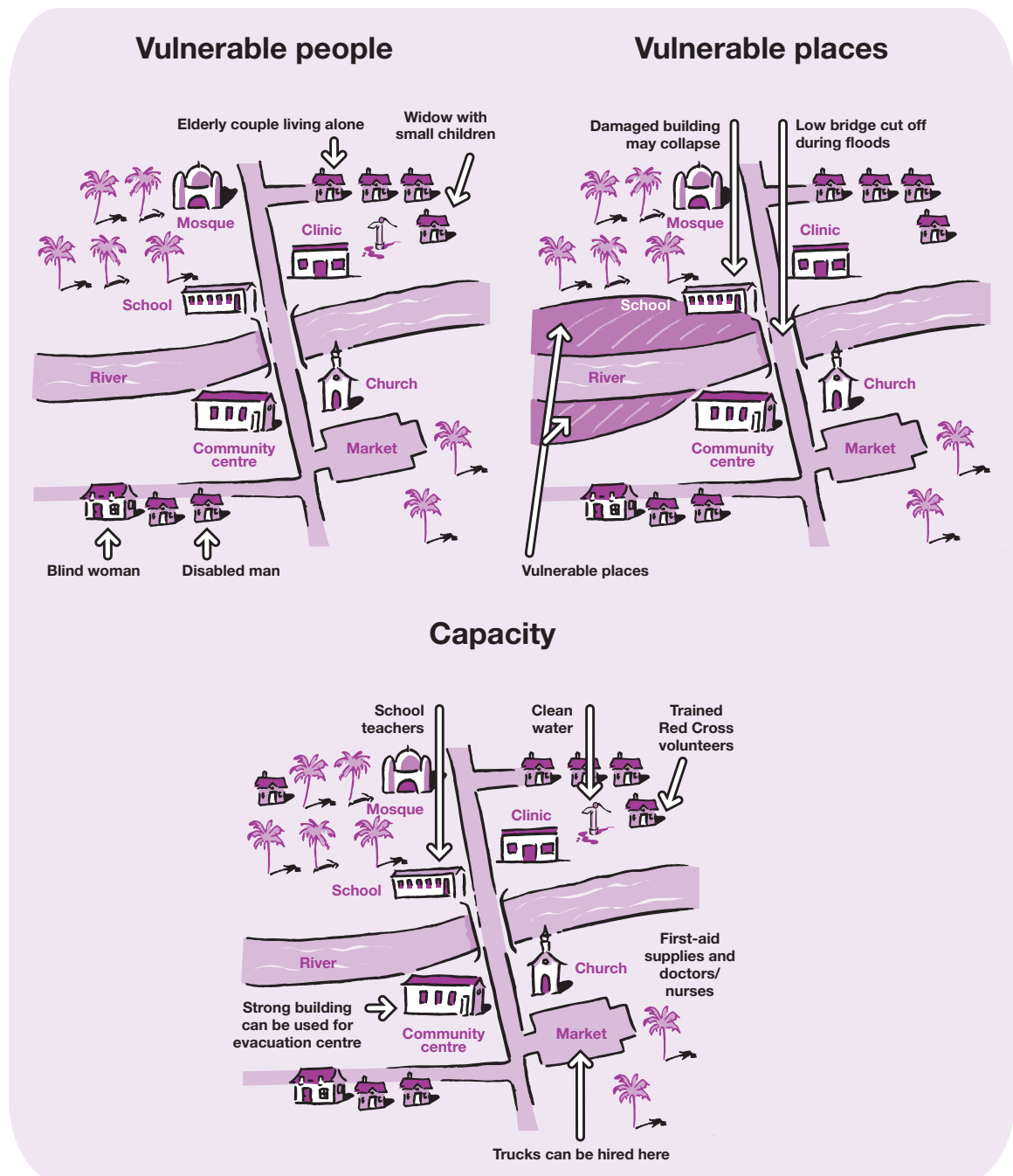
Maps facilitate communication and stimulate discussion on important issues in the community. They help people to understand complex relationships and encourage a visual comparison of information. A community map can give a broad overview of topics including health, disaster, and financial and human resources that affect the community.

Several types of community assessment maps can be prepared. The best map for CBHFA work will combine characteristics of these maps:

- Hazard/risk map indicates hazards or risks and their frequency and severity. Vulnerable populations can be identified on the map.
- Spatial map presents an overview of the main geographical features. Features such as arrangement of houses, fields, roads, rivers and other land uses, resources that are assessable and owned by the community and individuals, can be shown.
- Capacity resource map indicates local resources and capacities as well as land use zones.

How to prepare the maps will depend on the skills and resources available to the CBHFA volunteers. One suggestion is to enlist a cross section of community members to help prepare, draw and validate the community maps. This can be done with the community members on sand, floor or flipcharts. However, additional features will be added as more information is collected. It may be best to prepare a map out of long-lasting material, or good quality paper. In CBHFA *in action*, the map will be used to update information, and should also be made available to community members.





Seasonal calendar

A seasonal calendar is a community assessment tool that helps explore changes taking place in a community over one year. It can be used to show events such as hurricanes or floods, social and economic conditions including economic recession, long periods of drought, and activities such as carnivals, holidays and harvest.

A seasonal calendar can be used to identify periods of stress, hazards, disease, hunger, debt or vulnerability. It identifies what people do during these periods, their coping strategies, when they need to use their savings, and when they have time for community activities. The calendar can be used to identify division of work between men and women in the community, as well as acting as a planning tool for the best time to implement a project. A seasonal calendar can:

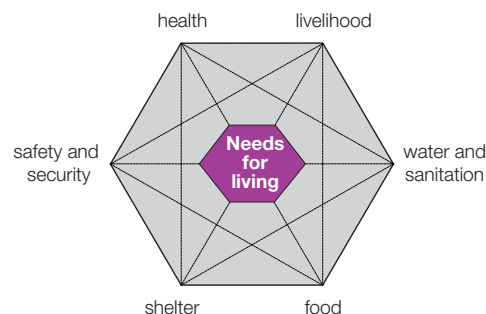
- identify community members' workloads at different times of the year
- record variations in availability of resources (such as food, water and income) through the year
- examine the local relationship between weather, disease outbreaks and natural disasters

Use a reference period of 12 months. Start at the beginning of the year as used locally. In other words, the beginning does not have to be January. The starting point may coincide with the harvest season, the rainy or dry season, or important community celebrations.

Decide which events will be recorded on the calendar. Write a list of key events and copy these onto the calendar.

Time intervals are created across the top (these can be the months of the year or seasons such as dry period and wet period) with the six needs for living areas along the side (health, water and sanitation, shelter and housing, livelihood, safety and security, food and nutrition). The needs for living model is not an assessment tool but it helps volunteers to understand how the different needs are connected with one another.

For CBHFA activities, however, it is important to focus on health, first aid and safety considerations when assessing the community.



Volunteers can practise how to ask community members to document, to the best of their memory, the calendar. If it is difficult to capture precise information, start with general information such as when is the peak of the rainy season and when is the main harvest.

Community assessment tools

It is important to learn about and practise the community assessment tools presented in this and the next topic. They will be used to collect information about the health, first aid and safety priorities. Different tools will be used to collect and present different information. Gaps in the secondary information that is collected will help to define which community assessment tools are most appropriate for CBHFA volunteers to prioritize health, first aid and safety needs.

Facilitator directions

I. Introduction to topic

 60-80 minutes

1. Give a short presentation of the information included in the topic summary. Introduce the assessment tools one by one.
2. Tell volunteers that in their daily lives in the community, they will have already observed a great deal of useful information. Ask them to call out some of the things that they have noticed about the community that would be useful information for the community assessment. List these on a flipchart paper, or add to the flipchart “Important information for a community assessment”. Advise them that during a more formal direct observation activity, while undertaking the community assessment, they will be able to add more detail to this information.
3. Ask volunteers to discuss the best route for a transect walk in the community so that the whole community is covered. Ask them to make some notes of their own as they discuss the possibilities.
4. Pass round copies of sample community maps, and give volunteers a few minutes to study the kind of information they contain, and the amount of detail required.
5. Pass round the sample seasonal calendar, and explain that this is just a starting point, and that more detail would need to be added so that periods of stress, hazards, disease, hunger, debt or vulnerability can be identified.
6. Encourage questions during training. Explain that they can use paper to write questions and deposit them in the question box. The questions will be reviewed and addressed at the end of each session.

II. Preparation for community assessment

🕒 100-120 minutes

1. Divide volunteers into groups of two to three people. Ask each small group to select one community assessment tool presented in this topic (it is acceptable for two small groups to select the same assessment tool, assuming that they will implement it in different areas of the community). Ask each group to make and practise using the tool that they selected. If they select direct observation, they should list the kind of information they would be looking for. If they select the transect walk, they should discuss the route to take, and list the kind of information they will be seeking.

Facilitator tip

Remind volunteers that they are concentrating on health, first aid and safety issues.

2. Ask each small group to model and practise using the assessment tool in front of the large group.
3. Encourage feedback on how to strengthen the assessment tool.
4. Back in small groups, ask volunteers to choose a different assessment tool, and to make and practise using the tool that they selected.
5. As before, ask each small group to model and practice using the assessment tool in front of the large group.
6. Continue until all volunteers have had a chance to practise the use of all the assessment tools.
7. Having received feedback about strengthening the assessment tools, ask volunteers to make necessary changes to these tools.
8. Remind the large group that the volunteers will be conducting a community assessment activity during Topic 5 with their facilitator/team leader, using the tools presented in this session. Tell volunteers that they will be expected to give a presentation of the information collected to the large group, after the assessment visit, about the tool and the information that was gathered.
9. Negotiate a time for the next classroom session.

Topic 4

Community assessment tools: focus group discussions and household visits



Learning objectives

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

- ▶ practise, during training, how to do household visits and/or several focus group discussions, using the visit/questionnaire guide and effective communication skills
- ▶ revise the simple plan for the community assessment developed in Topic 1



Main learning points

1. Focus group discussions and/or household visits will provide valuable information for the community maps and seasonal calendars and give opportunities for direct observation.
 2. Focus group discussions and/or household visits identify causes and possible solutions to problems in implementing a CBHFA project or activities. A discussion or visit may focus on one specific topic, such as family planning needs, or road safety.
 3. Focus groups and household visits are important sources of information about cultural beliefs, values, behaviour, health practices, and solutions to health, first aid and safety issues.
 4. It is important to develop the key questions in advance in order to conduct household visits and focus group discussions. However, group members should be encouraged to talk freely.
 5. It is also important to practise performing household visits and focus group discussions with peers before beginning them in the community.
 6. Use the plan developed in Topic 1 to organize the community assessment.
-



Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately 150 to 210 minutes to complete.

I. Introduction to topic	Presentation from the topic summary. Volunteers will develop questions and practise the communication skills required for the focus group discussions and household visits.	🕒 90-120 min.
II. Preparation for community assessment	Volunteers will be assigned their roles and responsibilities during the community assessment.	🕒 60-90 min.



Materials and preparation

- Prepared interactive presentation from the topic summary.
- The flipchart paper that identifies “Important information for a community assessment”.



Topic summary

Focus group discussions

A focus group discussion gathers information from a group of selected individuals who, guided by a volunteer, with the support of the facilitator and local branch staff, are asked to give their thoughts and opinions on a specific issue. The volunteer, supported by the facilitator and local branch staff, develops questions, planned in advance, that will guide the discussion. Participants, however, should be allowed to express themselves freely and may therefore wander off the point when answering questions.

A focus group discussion is useful in identifying causes and possible solutions to problems. For CBHFA work the focus group can help to prioritize safety, health or first aid priorities. During the discussion it is important to record information expressed by participants accurately. The participants in the focus group must be in agreement with the conclusions and the information that is recorded. The role of recorder may be shared by several people.

The volunteer should stimulate and support discussion. S/he is not expected to be an expert on the topic under discussion. The participants themselves should be considered the experts.

In deciding who to include in the focus groups, it should be noted that participants need to feel comfortable speaking openly with each other. Contributions from all participants should be encouraged. During the focus group, ask community members:

- Where do health risks, safety issues or first aid needs exist in the community (for example, rubbish dumps, lakes or ponds, dangerous roads)?
- What are the dangers and disaster risks in the community?
- When are disasters most likely to occur? How is the community prepared to respond to a disaster?
- What are the common emergencies and priority health problems among the more vulnerable people?
- Which epidemic and diseases outbreaks have occurred in recent years in the community?
- Which factors do community members think are causing health problems? For example, is diarrhoea caused by poor hygiene and sanitation, or lack of health education and poverty?
- How much is the community aware of volunteers' activities, the local branch, and the National Society? How do community members think the local branch can best work with them? Community members need to be educated about the Red Cross Red Crescent National Society, both its actions in times of emergency as well as when promoting health and disease prevention.

At the end of the focus group discussion, make a record of health, safety or first aid priorities that have been mentioned by participants.

Household visits

Household visits work well with a semi-structured interview or discussion. This means that the volunteer does not use a formal survey questionnaire, but instead prepares just a few questions on relevant topics (such as specific health issues) to cover during the discussion with a household or community member. As the household visit progresses the volunteer will want to ask additional questions that have not been prepared in advance. Many or even most of the questions will be developed during the course of the discussion.

Volunteers will need to use the effective communication skills learnt in Module 2 in order to talk over and discuss different issues with household members. Household visits will provide a chance for the volunteers to learn about the home condition and the vulnerability of households in different sectors of the community. The discussion can:

- examine values and attitudes as well as understanding and knowledge
- be flexible in asking questions and less intrusive to those being interviewed as the community member can ask questions of the interviewer
- allow volunteers to respond to questions asked by community members
- often provide more detailed answers
- be more open to sensitive issues, as the household visit allows direct contact with potential beneficiaries

Community members being interviewed should be told why the information is being collected. This is a good opportunity to inform the community member about CBHFA goals.

Household visits and focus group discussions

Both household visits and focus group discussions are good community assessment tools to gather information about cultural beliefs, values, behaviours, health practices and solutions to health or safety issues. For both tools:

Step 1: Plan: decide who will conduct the household visits/focus group

To keep communication consistent, it is recommended that a small team of volunteers should create the questions that will guide the process. The volunteers should practise conducting the activity with each other before approaching community members.

When conducting a focus group, it may be possible to talk to a small group of people at the same time so that they can share ideas together. It may also be beneficial to interview people individually to get a number of different answers related to the same topic.

Conduct the household visits informally and mix questions with general discussion.

Step 2: Implement: identify receptive community members

Volunteers can practise interviewing each other in order to become familiar with the questions, and get feedback on their two-way communication skills.

During the household visits volunteers write brief notes during the interview or discussion. Immediately following the interview write up the notes. During the focus group discussion ask volunteer peers to record the information. List on flipchart paper any conclusions or priorities that are reached. In both cases, validate the information, as shown in Step 4 below.

Step 3: Analyse

Analyse the information at the end of each household visit and focus group discussion. Group similar answers together and identify the key issues identified by community members. The information that is gathered should be discussed and analysed as soon as possible after the focus group or the household visit so that the memory remains fresh from the experience. Information that was not included in the notes can be recorded at this time. It is, however, important to remember the issue of confidentiality.

Step 4: Validate

Discuss the overall results of the analysis with community members so that they can challenge the perceptions of the volunteers. This will make the process one in which community members participate, while keeping them informed about the information-gathering process.

Volunteers must always inform the community about why they are collecting information and how they plan to use that information in working with members to make their community a healthier place in which to live.

Facilitator directions

I. Introduction to topic

 90-120 minutes

1. Give a short presentation of the information included in the topic summary.
2. Ask volunteers to note any potential concerns they may have when conducting a household visit or focus group discussion. Facilitate a discussion about the concerns.
3. On a flipchart paper, ask volunteers to list questions that will help to guide the household visit discussion or focus group discussion.
4. Divide volunteers into six groups, with three groups to facilitate focus group discussions (or record information during the discussion) and three groups to conduct household visit discussions. Allow each sub-group 30 minutes to plan and role play how they will implement the focus group discussions/household visit using the questions listed. Encourage them to add more questions during their discussion.
5. In the large group, select a few groups to role play their focus group discussions/household visit. Ask other volunteers to provide feedback on the list of questions and the role play.
6. Encourage questions during training. Explain that they can use paper to write questions and deposit them in the question box. The questions will be reviewed and addressed at the end of each session.

II. Preparation for community assessment

 60-90 minutes

1. With the large group, go over the plan developed in Topic 1. Remind volunteers that they will be conducting a community assessment activity with their facilitator/team leader. Agree with the volunteers where to meet, what time to meet, supplies that they will need to bring (such as Red Cross Red Crescent identity badge, notebooks, pens, water, flipchart paper and markers).
2. Place volunteers into groups. Ask each group to select a team leader. Each group will select one or more community assessment tools and methodologies and prepare to use them in the community assessment visits.
3. Arrange a briefing by community leaders on the cultural values, beliefs and local customs. Suggest that local volunteers who know the community should always be present during community visits.
4. Post the flipchart paper that identifies “Important information for a community assessment”. Check with volunteers who will visit sources that may have secondary information. Go over who will be conducting direct observation, the transect walk, drawing the community maps, gathering the information for the seasonal calendars, conducting focus groups and interviewing household members. Answer any questions.
5. Remind volunteers that they will be expected, in the training session following the community assessment, to give a presentation to the large group about the tools and the information gathered. They will record this information on flipchart papers and present it to their peers.

Topic 5

Performing the community assessment: learning by doing



Learning objectives

At the completion of this topic, with the support of the facilitator and local branch staff, volunteers will be able to:

- conduct the community assessment
- present and discuss the information collected
- give feedback to their peers on the information and tools used during the presentations
- reflect on and share their experiences of using the tools and working with the community



Main learning points

NOTE: no main learning points are associated with this session.



Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately 4 to 6 hours plus 90 to 120 minutes to complete.

I. Community assessment visits	Volunteers will conduct the community assessment visits to collect information.	🕒 4-6 hours
II. Volunteer group presentations	Volunteers will present the information that they collected to their peers, and will share their experiences of using the tools and working with the community.	🕒 90-120 min.



Materials and preparation

- Facilitators and local branch staff will need to ensure that all volunteers are well prepared for their roles and responsibilities during the community assessment visits.
- A proper briefing from the local branch staff and community leaders must be given before the community assessment.
- Volunteers will be grouped and a leader selected if this has not already been done. During the whole community field visit, the volunteers will be supported and accompanied by the local branch staff and facilitator.
- Materials for the volunteers to put all the information collected in the community assessment onto flipchart papers.
- Invitation to community members.

Facilitator directions

I. Community assessment visits

🕒 4-6 hours

Facilitator tip

The facilitator must prepare the community assessment with community leaders and local branch staff thoroughly. The local authority must be fully informed of the community assessment visit. Full support and supervision must be given to all groups of volunteers. All local customs and cultures must be respected by volunteers. A proper briefing from the local branch staff and community leaders must be given before the community assessment. No unrealistic expectations should be raised during these visits.

1. Volunteers will conduct the community assessment visits, using the assessment tools that were presented in Topics 2, 3 and 4.
2. As volunteers complete the assessment visits encourage members of each team to meet together before the next classroom session to organize the collected information onto flipchart papers and plan their presentation of the information.

II. Volunteer group presentations

🕒 90-120 minutes

1. Return to the classroom and welcome volunteers back to training.
2. Ask volunteers to put their previously prepared flipchart papers on the wall, so the whole group can see the information collected in the community assessment.
3. Inform volunteers that after each presentation, their peers will be asked to give feedback on:
 - how well the information is recorded and organized (legibility, coherence, conciseness)
 - how the information collected can support the broad community information picture

Facilitator tip

Volunteers will be presenting information from flipcharts about the information gathered, as well as about how they applied the tool that their sub-group used to assess the community. Invite community members to join this activity if possible, so that they can help explain the information.

4. Encourage questions during presentations. Ask any community members present to comment and ask questions.

Facilitator tip

As part of the focus group discussions and the household visits ensure that prioritized health, first aid and safety needs that were noted by community members are listed on flipchart paper. Save these flipchart papers for the next topic on making sense of the data.

5. After each small group has received feedback from their peers, ask the volunteers to reflect on and share with the large group their experience of community assessment and what they learnt from working with the community. It may be appropriate here to ask those community members who are present to share their own experience of working with the volunteers.
6. Thank the volunteers for their work. Remind them that the flipchart information needs to be written out into a report. Ensure that one group member will take responsibility for that task before the next meeting.

**Facilitator
tip**

The objective of this activity is to ensure that the information that is collected by each small group is recorded and put on a flipchart in a manner that other people can understand.
Provide an outline for the report, if the volunteers need to have a structure or have little report-writing experience.

Topic 6

Making sense of the data



Learning objectives

At the completion of this topic, with the support of the facilitator and local branch staff, volunteers will be able to:

- review and describe the information collected using all the community assessment tools: direct observation, transect walk, the community maps, the seasonal calendars, and common results from the focus group discussions and household interviews
- discuss and rank or prioritize assessment findings
- present assessment results to community leaders



Main learning points

1. Documenting and interpreting the results of the community assessment, combined with other available health information, will indicate health priorities in the community.
2. Three to five health and safety priorities that can be addressed by community volunteer activities will be selected for CBHFA activities. Consider:
 - health risks
 - disaster hazards
 - first aid needs
 - disease patterns
 - common health issues
3. The community assessment data will identify:
 - risks to community health (for example, wells, latrines, waste disposal sites, mosquito breeding areas) for possible CBHFA activities
 - vulnerable groups where community actions may take priorities
 - resources, capacities and local solutions
4. Findings will be discussed with the community. Community members should “own” CBHFA activities.



Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately 145 to 210 minutes to complete.

I. Introduction	Volunteers will discuss information gathered during the assessment visits that will help structure future CBHFA work.	40-60 min.
II. Ranking priorities	Volunteers will analyse and rank the information that they collected during the community assessment activities.	45-60 min.
III. Activity in the community	Information collected during the community assessment visits will be presented to community members in a report meeting.	60-90 min.



Materials and preparation

- All community assessment tool information and reports as well as the information collected using tools in Topics 2, 3 and 4.
- Prepared short presentation using the information from the topic summary.
- Flipchart paper and coloured markers.
- Invitation for community members to attend a meeting that will present the ranked priorities.



Topic summary

Information that is collected about the community is useful if it is used to benefit and address the community's needs. Volunteers, with the support of their facilitators, have collected a great deal of information about the community with the different assessment tools.

They have prepared lists that prioritize health or safety issues, and common emergencies. Before action can be planned to address the priorities, the information will need analysing. One effective way to analyse the information is to identify common themes. By comparing and making connections between pieces of information collected by the different assessment tools, it is possible to draw some conclusions. To analyse, consider:

- Which are the principal and the most common health and disaster hazards/risks? Why?
- Which are the main and most common first aid needs and types of injuries? Why?
- How do the different seasons affect health issues?
- What are the disease patterns and epidemic risks? How do they relate to the seasonal charts?
- What are common causes for the main and most frequent preventable health, safety and first aid issues?

Identification of common themes as well as where the data suggest contradictory or opposing responses is useful information. Before developing the action plan (to follow later in this module) it is helpful to determine if any contradictions can be resolved, possibly by seeking further information.

Ranking the information

The list of priorities will need to be grouped, then ranked or prioritized. In ranking, a group of similar items is evaluated according to set criteria. An example would be to list known natural disasters, and to determine which are more serious in terms of impact on health. When ranking problems, volunteers and community members should ask:

- what can be changed about the situation?
- what can be influenced about the situation?
- what must be accepted about the situation?

After ranking the information, volunteers and community members will make sense of the information and state which issues are important and which items are most urgent and need to be given priority attention.

Information from different sources must be grouped together, ranked and reduced to more specific main themes: those concerning health, first aid and safety. Look for similarities and make conclusions from all the different sources which should contain different types of data that support the conclusions.

Verifying the information with community members

The activity in the community for this topic is to return and report back to the community, the community health committee and the local branch staff to share findings with them. It is important to make sure that the information that has been gathered is accurate. This is called verifying the information. The following steps should be included in the plan for the verification:

1. Discuss with the community how the information was gathered and who was involved in the information-gathering process.
2. Share the information that was collected with them. Show community members the lists, maps and calendars.
3. Discuss how this information and findings can be used to perform community action.
4. Discuss the selection of the three to five health, first aid and safety priorities that can be addressed by community volunteer activities. Consider:
 - health risks
 - disaster hazards
 - first aid needs
 - safety needs
 - disease patterns
5. Reinforce what CBHFA can and cannot do, and the roles and responsibilities of community members.
6. By the end of the community meeting, the desired outcome is a ranked or prioritized list of between three to five health, safety or first aid priorities. These priorities will be the focus of the learning and training that the CBHFA volunteers will plan in the action plan in the next topic.
7. Express thanks to the community for participating and supporting the volunteers and the local branch.

Facilitator directions

I. Introduction to making sense of the data

 40-60 minutes

1. Welcome volunteers to the session.
2. Introduce the objectives and agenda for Topic 6. Ask representatives from each information collection sub-group to post the seasonal calendars, the community map, and the flipchart lists of common themes from the household visits and focus groups on the wall. Identify all of the health, first aid and safety priorities that were recognized by the different community assessment activities.
3. List all the health, first aid and safety priorities on flipchart papers and post them on the wall. Ask volunteers to discuss all the community assessment information using the assessment tools, covering in particular:
 - Which are the principal and the most common health and disaster hazards/risks? Why?
 - Which are the main and most common first aid needs and types of injuries? Why?
 - How do the different seasons affect health issues?
 - What are the disease patterns and epidemic risks? How do they relate to the seasonal charts?
 - What are common causes for the main and most frequent preventable health, safety and first aid issues?
 - Which are the vulnerable groups where community actions may take priorities? Where do these groups live?
 - What are the resources, capacities and local solutions that have been identified?
4. Give a presentation of the information included in the topic summary.
5. Encourage questions during training. Explain that they can use paper to write questions and deposit them in the question box. The questions will be reviewed and addressed at the end of each session.

II. Ranking criteria for priorities

 45-60 minutes

1. Inform volunteers that the information they have gathered needs to be taken back to the community and presented to leaders, stakeholders and community members with an interest in working with CBHFA.
2. Work with the volunteers to group together, analyse and rank the information and agree on the three to five health, first aid and safety priorities.
3. Group common CBHFA *in action* themes together.
4. On the master flipchart paper with the list of health, first aid and safety priorities, ask volunteers to consider relevant factors that will influence the order or ranking of the priorities.
5. On a new flipchart paper rank the health, first aid and safety issues and possible activities according to when they will occur in the forthcoming 12 months.

III. Activity in the community

🕒 60-90 minutes

1. With the support of the local branch staff and facilitators, volunteers will plan how they will present the health, first aid and safety priority rankings to the community in a report meeting. Remind volunteers that they planned a similar activity during Module 2 with the sensitization meeting.
2. The goal of this meeting will be to answer questions that community members may have about:
 - the CBHFA *in action* programme
 - the information gathered by the volunteers during the assessment activity
 - the ranked list of health, first aid and safety priorities. Community members will be asked to identify and agree on the three to five priorities that they wish to address with CBHFA activities
 - next steps that will be taken for the CBHFA work in the community
 - the role of the community members in the CBHFA process
 - the role of the branch and the volunteers in the CBHFA process
3. As a large group, ask volunteers to discuss what to include in the report meeting with community members. Ask the following questions:
 - Who will be invited?
 - How will the meeting be structured?
 - What information might the community wish to know about CBHFA *in action*?
 - What are the main messages to present to community members?
 - Who will discuss community priorities and possible actions?
4. Ask volunteers to think about what they will say when inviting people to attend the report meeting.
5. Facilitators and the local branch staff will organize the report meeting. Determine if all volunteers can attend the report meeting and what they will do.
6. Review any questions in the question box. If questions are there, ask the group to answer them, if they are able. Give your own answers only if they cannot answer them.
7. Negotiate a time for the next classroom session.

Topic 7

Preparing an action plan based on my community assessment



Learning objectives

At the completion of this topic, with the support of the facilitator and local branch staff, volunteers will be able to:

- discuss an action plan to implement CBHFA *in action* community activities
- prepare an initial action plan that will identify tasks (training and learning needs), resources needed, timeframe, and the person or group responsible for implementing the task
- discuss the CBHFA action plan with the community health committee and/or the community members
- select the health and safety issues in the CBHFA *in action* modules that will meet the training and learning needs identified in the action plan



Main learning points

1. CBHFA *in action* creates learning and actions that will support the community to address its health priorities.
 2. The action plan should be developed with the community health committee and local branch staff.
 3. An action plan helps to define who will perform actions within a defined time period. It is a planning tool that needs to be updated occasionally in order to reflect work that has been completed or to add tasks or activities that have become apparent as work progresses. An action plan includes:
 - purpose and objective of the community actions and learning
 - tasks (for the initial action plan the tasks will highlight the training and learning needs required by volunteers to best address and implement health, first aid and safety priorities that have been identified)
 - resources
 - timeframe
 - responsible person (to make sure that the task is completed)
 4. The action plan will need to be revisited and updated as CBHFA activities progress. There may be a need to make changes if things are not working well.
-



Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately 150 to 200 minutes to complete.

I. Introduction	Presentation about effective action planning.	🕒 30-40 min.
II. Developing the CBHFA action plan	Based on the health and safety priorities that have been identified in Topic 6, volunteers will develop an action plan for CBHFA training, learning, and community activities.	🕒 60-80 min.
III. Activity in the community	Local branch staff and volunteers will present the action plan to community representatives. Once agreed, the CBHFA Volunteer Manual will be structured to meet the training and learning needs identified in the action plan.	🕒 60-80 min.



Materials and preparation

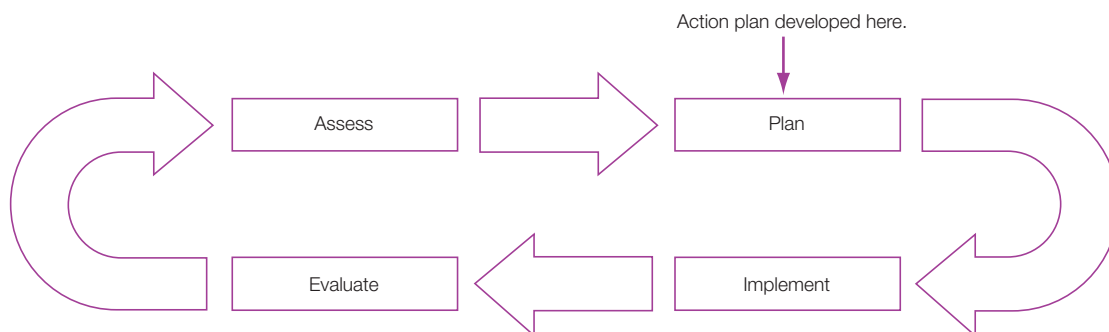
- Prepared presentation using the information from the topic summary.
- Flipchart paper and markers.



Topic summary

Action planning, as part of the project planning cycle, identifies the tasks, resources, timeframes and persons responsible for action before the implementation phase. An action plan is a guide on how to invest the volunteers' time and energy in a step-by-step manner to meet CBHFA priorities efficiently and effectively. To make sure the CBHFA project achieves its goals, a realistic action plan will need to be developed during the planning phase. It is important to involve community members in the action planning process.

Project planning cycle



The objectives of the action plan are to take the information collected during the community analysis and to think about how to make things happen in a step-by-step manner, noting the kind of changes that are the desired result. Once the health, first aid and safety priorities have been identified, the volunteers will need to learn the technical content, presented in the next modules, to address those specific priorities. The action plan will assist volunteers in highlighting the essential learning to meet CBHFA goals.

For example, in the action plan, if road safety is identified as a safety priority, volunteers will identify the technical content in Module 7 that will need to be learnt. An example of what volunteers may identify can be seen in the chart below:

Action plan example for road safety

Tasks for road safety	Resources	Timeframe	Responsibility
1. Learn about road safety.	1. Technical training from CBHFA Module 7.	1. Throughout the year and during holidays with high road use.	1. CBHFA facilitators and volunteers.
2. Present and promote how to prevent road traffic injuries in our community.	2a. CBHFA volunteers plus community members.	2a. Throughout the year.	2a. CBHFA volunteers plus 10 community members.
	2b. Local transportation officials plus CBHFA volunteers.	2b. Before periods with high road use.	2b. CBHFA volunteers plus transportation officials.

Note that in the example above, and with most action plans, the tasks will need to be revisited with new tasks identified once the technical training in Module 7 has been completed. At that point new tasks might be stated that result from the knowledge that volunteers have gained. An action plan is flexible, and should be revisited often to make sure that it is up to date.

Step 1: Tasks

Tasks are activities or action that move a process forward. Once the health, first aid and safety priorities are established, think about which activities need to happen. It is expected that CBHFA volunteers will identify technical content from the CBHFA materials (Modules 4, 5, 6 and 7) and perhaps other resources to learn about the topics. Other resources could include:

- linking with the health centre and government officials
- identifying sources that provide equipment
- working collaboratively with resource groups that have previously been identified in the community

Be creative, but realistic, when establishing tasks. It is important that not too many tasks are identified. Realistic action planning needs to take into account limited resources in terms of money and time.

A number of tasks should be identified for each health, first aid or safety priority established by the community. In the example above, notice that the task title included the term “road safety” to identify that all of the tasks are specific to the priority.

Step 2: Resources

Resources are inputs that need to be in place for the task to be achieved. Identifying local resources available in the community is essential. One resource that is assumed, but that is important to write into the action plan, is the CBHFA volunteer. Frequently, community members will also need to be listed as a resource. Whenever possible be as specific as possible. In the road safety action plan example above, note that “transportation officials” were identified. It is not always possible initially to be that specific. That kind of precision may only be possible as more information is gathered and more learning occurs within the group of volunteers and community members.

Step 3: Timeframe

A timeframe indicates the duration of the task, and should contain an end date. It is important to revisit the action plan before the end date occurs to determine if the task can actually be completed on time. If not, then a discussion should take place about why it was not possible to complete the task by the time stated, and a new timeframe will need to be set. It is recommended that tasks are planned chronologically.

Step 4: Responsibility

Responsibility indicates the person or people who are responsible for making a task happen within the expected timeframe. It is important that if a person (or group) is identified as the responsible party then they should be involved in defining the task, identifying resources and setting the timeframe and end date.

Action planning is a vital task. It establishes priorities and plans in detail how to address them. Action plans, however are not static. They must be dynamic and flexible, able to be changed as time progresses to reflect new or better information.

Facilitator directions

I. Introduction to preparing an action plan

 30-40 minutes

1. Welcome volunteers back to training.
2. Introduce the objectives and agenda for Topic 7.
3. Give a short presentation of the information included in the topic summary.

Facilitator tip	Determine if any of the volunteers have ever developed a written action plan before. Remind them that the term is broad and could include an activity planned in the family or a community event.
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4. Note that the volunteers have assessed the community and presented the health, safety, and first aid priorities to community members. Write the first health priority on a flipchart that is divided into four columns entitled Tasks, Resources, Timeframe and Responsibility.
5. Work with volunteers to define tasks for this health priority, and to consider materials and resources, a possible timeframe, and who would be responsible. Remind them that materials and resources may include specific training in the CBHFA *in action* programme, as well as human resources from the community or the branch.
6. Encourage questions during training. Explain that they can use paper to write questions and deposit them in the question box. The questions will be reviewed and addressed at the end of each session.

II. Developing the CBHFA action plan

🕒 60-80 minutes

1. Review the remaining three to five health, first aid and safety priorities that volunteers and community members have proposed. Divide the volunteers into small groups, each one to cover a different priority. Provide each group with flipchart paper and markers. Ask each group to list on the flipchart paper the headings, as indicated below.

Action plan example

Tasks	Resources	Timeframe	Responsibility

2. Allow each group to discuss and complete on the flipchart paper the action plan for the priority that they have been assigned. Circulate between groups to provide assistance and coaching as needed.
3. Explain to volunteers that training in the next modules will be based upon the assessment findings and the action plan. Topics chosen from Modules 4, 5, 6 and 7 will be trained so that volunteers may complete the community activities.
4. Ask each group to present their work to the larger group. Ask for feedback and suggestions from the other volunteers. Once all groups have given their presentation, identify a volunteer to record the finished action plan that includes all CBHFA objectives. Make sure the action plan is prepared on good quality flipchart-sized paper as well as in a notebook (or report), so that additions or deletions can be recorded as CBHFA work progresses.

Facilitator tip

Once the action plan is complete, be sure to share it with branch staff and the community leaders and members.

5. Negotiate a time for the next classroom session.
6. Encourage volunteers to share what they have learnt with members of the community.

III. Activity in the community: presenting the action plan

🕒 60-80 minutes

1. Arranged by the branch staff and facilitator, volunteers will be supported and encouraged to share the action plan with the community health committee and/or other community leaders.
2. Encourage questions and comments from community members.
3. After the community members have discussed and accepted the action plan, including any suggested changes, the local branch staff and facilitator will work with the volunteers to organize the CBHFA materials so that the learning and community activities meet the needs identified in the action plan.
4. The volunteers and the community members will need to revisit the action plan after they are trained in the relevant topics.

Topic 8

Reporting on CBHFA activities in my community



Learning objectives

At the completion of this topic, with the support of the facilitator and local branch staff, volunteers will be able to:

- describe why reporting activities and keeping records are important tasks
- use a report form so that activities can be reported to the local branch staff or supervisor
- prepare a report based on a case study



Main learning points

1. The community and people who have supported CBHFA activities need to have information about progress and see results.
 2. Reporting on activities and action is necessary for official records.
 3. Reporting on activities helps indicate if planned tasks have been completed.
 4. A report will inform the community about activities that have been completed as well as about progress and changes.
 5. Activities can be reported in different ways, including verbally and with pictures.
 6. Reports should be shared with the local branch staff or supervisor for advice and support.
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Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately 135 to 180 minutes to complete.

I. Introduction	Volunteers will hear about reporting and monitoring indicators, and see sample report forms.	🕒 45-60 min.
II. Case study	Volunteers will specify reporting indicators that are important for two case studies. They will prepare an outline report for the second case study.	🕒 60-75 min.
III. Module 3 review	Volunteers will revisit the topics in the module to identify key messages.	🕒 30-45 min.



Materials and preparation

- Prepared presentation using the information from the topic summary.
- Invite a branch staff person who is familiar with the reporting or monitoring needs to co-facilitate the session.
- Photocopies of blank report forms from the National Society or branch office. A sample CBHFA report form can be found in Topic 8 of the Volunteer Manual.
- The action plan that was developed for CBHFA work in the community.
- Flipchart paper and coloured markers.



Topic summary

A simple reporting system (sometimes called a monitoring system) needs to be developed and implemented so that CBHFA activities are documented. Information must be recorded in order to indicate how successfully, or not, activities meet expected results. Reporting provides evidence on which to base decisions that will enable volunteers and community members to measure how well activities work in addressing health, first aid or safety issues. All stakeholders, especially the local branch staff and supervisors, need to be part of the reporting process.

Reporting on positive health differences will demonstrate to the community members that the CBHFA *in action* programme is working and making a difference in their community. Each CBHFA community action may need volunteers to report back on specific information.

A sample CBHFA report form is provided and explained below (a copy of this form can be found in Topic 8 of the Volunteer Manual). Each CBHFA project leader or branch may need to tailor the information to the specifics of their own project needs.

The sample CBHFA report form documents important information about CBHFA activities. The names of the households that are visited, the activities and communication process that are performed, and the specific time period for the activities provide information about how much time and energy must be invested by the volunteer to provide CBHFA information. It is important to check out if the health in the household improves as a result of the volunteer activities. If household health does not improve, it will be necessary to visit the indicated households to gather more information about the reason why.

The CBHFA *in action* programme should be monitored on a regular basis. A report form should be completed after each household visit or whenever CBHFA activities are performed in the community. CBHFA *in action* volunteers need to learn how to document their actions. The local branch staff or supervisor should work with volunteers to make sure that they understand how to complete the report form. Whenever report forms are submitted to the branch staff or supervisor, they should be reviewed with appropriate feedback provided to volunteers so that they feel supported and are encouraged to learn and improve.

Resources

[International Federation of Red Cross and Red Crescent Societies \(2009\), *CBHFA in action Implementation Guide*.](#)

[International Federation \(2002\), *Handbook for Monitoring and Evaluation*. Available from: \[www.ifrc.org/cgi/pdf_evaluation.pl?handbook.pdf\]\(http://www.ifrc.org/cgi/pdf_evaluation.pl?handbook.pdf\).](#)

[International Federation \(2007\), *Monitoring and Evaluation in a Nutshell*. Available from: \[participation.110mb.com/PCD/M%20and%20E%20guide%20final.pdf\]\(http://participation.110mb.com/PCD/M%20and%20E%20guide%20final.pdf\).](#)

[International Federation \(2002\), *Project Planning Process Handbook*. Available from: \[www.ifrc.org\]\(http://www.ifrc.org\).](#)

Facilitator directions

I. Introduction

 45-60 minutes

1. Welcome volunteers back to training.
2. Introduce the co-facilitator from the branch, as well as the objectives and agenda for Topic 8.
3. Give a presentation of the information included in the topic summary.

Facilitator tip

Give personal examples of when and how reporting has helped a project record its success and learn lessons from the reporting indicators.

4. Pass around any sample report forms that are available. Discuss the forms with the volunteers. Ask volunteers why it is important to document and how they would report information about CBHFA work in the community. Refer to the topic summary to make sure that appropriate reasons are provided.
5. Ask volunteers to call out with whom they may want to share reports about CBHFA activities.

Facilitator tip

Make sure that the volunteers suggest:

- the local branch staff
- their own supervisors
- community leaders
- community members
- the community health committee
- the households for which they are responsible
- other stakeholders

6. Look at each information box in the sample CBHFA report form found in Topic 8 of the Volunteer Manual. Ensure that volunteers understand why specific information is important. Determine if volunteers can suggest additional information that should be collected about CBHFA activities.
7. Encourage questions during training. Explain that they can use paper to write questions and deposit them in the question box. The questions will be reviewed and addressed at the end of each session.

Facilitator tip

If the volunteers cannot read or write, the reporting can be done in the form of pictures and verbal reporting to their local branch staff or supervisor.

II. Case study

🕒 60-75 minutes

1. Post two flipchart papers; one with the label “Case Study 1,” the other with “Case Study 2”. Read each case study out loud. After the first case study, ask the questions that are bulleted, and ask volunteers to call out reporting and monitoring indicators that they believe are important.

Case study 1

Three people have been injured in a traffic accident. Two are adults and one is a five-year-old child. All three casualties are bleeding from multiple wounds. One of the adults appears to be unconscious but breathing. The child is crying uncontrollably. One of the adults appears to be in shock. You and a fellow volunteer arrive on the scene and treat the casualties successfully. After you have given first aid to all three of the injured, you arrange transportation to the community health facility. All of the casualties are from your community.

- What is the important information to report after this incident?
- How do you report the information?
- To whom do you report the incident, and why?

Case study 2

The health facility staff in coordination with the community health committee decide to have a one-day vaccination campaign. The CBHFA volunteers have been asked to assist, and have regular meetings with the health facility staff to plan the event. It is decided that the CBHFA volunteers will:

- work with parents by visiting households
- speak to school-aged children by giving health education talks in the school
- develop vaccination advocacy materials, such as posters, that are posted up in the municipal office, the town market and other appropriate locations around the community
- staff the registration table where parents bring their children to receive the vaccinations

At the end of the day of the vaccination campaign the registration table information indicates that 70 per cent of the children in the community received vaccinations. The children’s names were recorded, and a vaccination card was given to parents. Ten children came to receive vaccinations but did not receive vaccinations for various reasons.

2. Ask volunteers to use the report form in Topic 8 of the Volunteer Manual as a guide, and to consider which information is important to report.
 - What important information do you report after this activity?
 - How do you report the information?
 - To whom do you report the information, and why?

3. Ensure that the following reporting information is suggested by the volunteers:
 - Number of households that have been visited before the vaccination campaign as well as number of parents that have been reached, plus number of children represented in the households.
 - Number of children that attended the health education presentations when “the importance of vaccinations” was discussed.
 - Number of posters developed, with a sample poster included.
 - Number of children that were vaccinated (and type of vaccinations) when the vaccination campaign took place.
 - Analysis to match the children successfully vaccinated against the households that were visited by CBHFA volunteers.
 - Lessons learnt (verbal or written report).
4. Ask volunteers to suggest information that they would include on the CBHFA report form about the vaccination campaign. Encourage volunteers to be as inclusive as possible, and to document additional important information as appropriate.
5. Negotiate a time for the next classroom session.
6. Encourage volunteers to share what they have learnt with members of the community.

III. Module 3 closure

 30-45 minutes

1. Ask volunteers to reflect on what they learnt in Module 3, and to review the learning objectives and main learning points for each of the topics in the module.
2. Facilitate a brief discussion on how volunteers feel about their progress in reaching their goals.
3. Congratulate volunteers on completing Module 3.

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.



The International Federation of Red Cross and Red Crescent Societies promotes the humanitarian activities of National Societies among vulnerable people.

By coordinating international disaster relief and encouraging development support it seeks to prevent and alleviate human suffering.

The International Federation, the National Societies and the International Committee of the Red Cross together constitute the International Red Cross and Red Crescent Movement.