

Facilitators guide



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Introduction

1.1 Who is this guide for?

This guide is a job aid for people who deliver training at the community level. While it is designed to be used in conjunction with the Community Health Volunteer (CHV) training manual, Sections 2 to 10 feature general advice on facilitation and checklists that facilitators may find useful in other contexts.

Section 11 is an accompanying guide for the CHV training manual accessible via the helpage knowledge platform and can be used for the roll out and planning of CHV training.

1.2 Brief introduction to facilitation

Facilitation is an important process that aims to guide groups, teams, or individuals through discussions, decision-making, problem-solving, and training and learning. A facilitator is someone who helps create a supportive and inclusive environment for participants to collaborate, communicate, and achieve their objectives.

The role of facilitator is to foster open dialogue, encourage active participation, and manage group dynamics, ensuring everyone gets to engage in the tasks and achieve their learning or other objectives.

Facilitators may use many different methods to facilitate conversations and training, such as small group discussions, plenary sessions, brainstorming, and role-playing.

2. Key principles and attributes of strong facilitators

Neutrality. Facilitators should remain unbiased and their own personal opinions and agendas should not lead discussions or influence the delivery of training. Facilitators should create a safe space where all participants feel heard and are able to discuss differing opinions.

- **Active listening.** Strong facilitators actively listen to participants, paying close attention to participants' ideas, concerns, and perspectives. Good facilitators should display empathy and create space for everyone to talk. See below for a simple checklist for practising active listening.



Active listening checklist

- **Maintain eye contact.** It is important to make consistent eye contact as it shows the other person you are paying attention.
 - **Remove distractions.** Ensure that you are focusing on the person talking, and not checking your phone or other devices.
 - **Give verbal and non-verbal cues to indicate you are listening.** These might include nodding, or saying uh-huh, I hear you.
 - **Body language.** Your body language is as important as what you are saying to the other person. Maintain an open stance, avoid crossing your arms, and face the person speaking directly.
 - **Stay patient.** The person may take some time to describe how they are feeling. It is important not to hurry them.
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- **Clear understanding of purpose.** Strong facilitators always begin by establishing clear objectives that are communicated to all participants. In some scenarios, it is relevant to involve participants in designing objectives, which then need to be clearly communicated back to the group as a whole. The CHV training manual lists learning outcomes for each section but these should be adjusted based on context and specific needs of the audience.
 - **Flexibility and adaptability.** Facilitation or training needs to be adapted to the requirements of the group. This may mean adjustments being made to an agenda, specific activities, or techniques to ensure

engagement and achievement of objectives. Understanding the needs of the group will help a facilitator adapt, but they may also need to change things as they work through a training. A good facilitator will be able to calmly improvise and consider alternative ways to continue when things don't go to plan. This could mean pausing a subject or activity and coming back to it later, or changing from a small-group to full-group activity.

Good time management. Effective facilitators closely manage time and keep groups on track. They do this by allocating sufficient time for agenda items, prioritising discussions, and preventing any single topic from overtaking an entire session. See below for tips on time management.



Tips on time management

- Include in your planning how much time you will spend on each activity or section and clearly communicate this. Having it written down and visible will be helpful.
- Choose a timekeeper to remind you regularly about the time used and left.
- When running behind, cut time from the middle of the training, not from the beginning or the end.
- Simplify tasks if necessary (eg, eliminate some steps in activities or certain detailed examples).
- Reduce reporting time to the larger group.
- Ensure you arrive on time and respect the schedule (eg, breaks, lunch, and end of the day).
- Negotiate necessary changes to planned activities with participants.

- **Encourage participation.** A good facilitator creates an environment in which everyone feels comfortable participating. This means managing

individuals who may do a lot of talking while also encouraging those who remain very quiet. Some suggested phrases for encouraging quiet participants are below.



Phrases to encourage participation

“We are here to learn from each other. Can anyone who hasn’t spoken share their thoughts on this topic?”

“There are no right or wrong answers. Feel free to share your ideas, without judgement.”

“If you have questions or need clarifications, please ask. We are all here to help each other learn.”

- **Effective at conflict resolution.** Facilitators should be prepared and able to manage conflicts that may come up during discussions. It is not unusual for people to disagree on topics. Facilitators must create a safe space for open dialogue, mediate disagreements, and help groups find ways to move forward in their discussions.



Top tips for diffusing difficult situations

Remain calm and neutral. Avoid appearing angry, remain calm, and do not take the side of either participant.

Listen actively. Use the tips shared above to ensure you are listening actively to everyone involved.

Reframe the issue. Ask participants to think about the situation from a different perspective.

Identify common ground or interests. Identify shared goals or areas of interest to bring people together.

Take a break. Sometimes it is helpful to have a break and come back to the conversation later.

- **Provide clear guidance.** An important role of the facilitator is to guide the group through the session, providing clear instructions, explaining methodologies, and ensuring that everyone understands the purpose and context of activities. The CHV training manual will help with these things.
- **Reflection and evaluation.** Space should be set aside in every session for reflection on the outcomes and the process. Strong facilitators should be able to gather feedback from participants, assess the effectiveness of the facilitation, and identify areas for improvement.

These principles are not exhaustive, but they provide a solid foundation for effective facilitation. Good facilitators continuously refine their skills and adapt their approach to suit the needs of each unique group and situation.

3. Common facilitation techniques

The tools and techniques described in this guide are not the only options available to facilitators. Facilitators should feel free to explore various approaches, particularly those that are most relevant to their local situations, such as approaches that may already be familiar to participants because they are commonly used.

Regardless of the specific techniques used, some common principles apply:

- ✓ People learn best in an environment where they feel safe sharing their existing knowledge, asking questions, and discussing their concerns.
- ✓ Instructions and discussion should be delivered clearly and calmly but also enthusiastically and with confidence.
- ✓ As much as possible, teaching should be practical and relevant. People typically learn best by doing, and sharing what they have learned with others.

The following pages includes a table covering common types of facilitation techniques, including those listed as potential tools in the CHV manual. The table includes pros and cons of each approach, as well as tips for using them effectively.

Technique	Pros	Cons	Best used	Tips for effective use
<p>Brainstorming: A technique used to generate a large number of ideas from a group of participants. It encourages creativity, free thinking, and the exploration of diverse solutions to a problem.</p>	<ul style="list-style-type: none"> • Generates a variety of ideas. • Encourages creativity and innovation. • Fosters a non-judgmental atmosphere. 	<ul style="list-style-type: none"> • Can be unstructured, leading to off-topic discussions. • Dominant voices may overshadow quieter participants. • Quality control may be lacking. • 	<p>Brainstorming is best used at the beginning of a session to generate a wide range of ideas or solutions to a problem.</p>	<ul style="list-style-type: none"> • Set clear objectives. • Create a safe and non-judgmental environment. • Provide clear instructions. • Use diverse prompts. • Capture all ideas and themes, then review and refine, organising results into categories.
<p>Role-playing: Allows participants to act out scenarios to better understand different perspectives and practise problem-solving.</p>	<ul style="list-style-type: none"> • Encourages empathy and perspective-taking. • Provides hands-on experience. 	<ul style="list-style-type: none"> • May feel artificial or forced. • Requires careful facilitation to maintain a safe environment. 	<p>Use role-play and simulations when participants need to experience a situation to better understand it,</p>	<ul style="list-style-type: none"> • Define a clear objective for the role-play activity. What specific learning outcomes or insights do you want participants to gain from the exercise?

<p>Simulations create a safe environment to experience real-world situations.</p>	<ul style="list-style-type: none"> • Enhances learning through active participation. 		<p>or when practising specific skills.</p>	<ul style="list-style-type: none"> • Ensure that the role-play scenario is relevant to the participants' context and aligns with the session's goals. The more relatable the scenario, the more engaged participants will be. • Provide participants with the necessary background information, roles, and guidelines well in advance. This gives them time to understand their roles and prepare.
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				<ul style="list-style-type: none">• Create a safe and respectful environment for participants to take on roles. Encourage an atmosphere where participants feel comfortable stepping into different perspectives.• Make participation in role-play optional. Some participants may be uncomfortable with acting, so respect their choices.• Clearly define the roles, objectives, and motivations of each participant's
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				<p>character. This helps participants fully embrace their roles.</p> <ul style="list-style-type: none">● Plan how you will debrief the activity after it's completed. Prepare questions that prompt participants to reflect on their experiences.● As the facilitator, take on an observer role during the role-play. This allows you to assess interactions and dynamics without directly intervening.
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				<ul style="list-style-type: none">• After the role-play, conduct a thorough debriefing. Ask participants about their experiences, what they learned, and how the role-play relates to real-life situations.• Encourage participants to discuss alternative ways the scenario could have played out. This promotes critical thinking and exploring different solutions.• If possible, assign participants to roles that may challenge their perspectives or
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				require them to step outside their comfort zones.
<p>Presentation: Structured sharing of information or other content.</p>	<ul style="list-style-type: none"> • Efficient information sharing, with a large amount of information conveyed in a relatively short timeframe. • Facilitators structure content in a logical manner, ensuring that important points are covered. • Can incorporate visual aids to improve understanding. • All participants 	<ul style="list-style-type: none"> • As presentations are often one-way communication, participants may only be passively engaged, with limited interaction and participation. • Long presentations with dense content can overwhelm participants and hinder participation and retention. 	<p>Presentations are best used when a facilitator needs to deliver essential information, introduce a topic, provide context, or share updates with a group.</p> <p>If possible presentations should be designed to include as much interaction with participants as possible and have plenty of time for Q&A.</p>	<ul style="list-style-type: none"> • Organise the presentation with a clear structure. • Use visual aids to help bring the presentation to life and to aid understanding. • Break up the presentation with questions, polls, and other interactive approaches. • Use different approaches and tones of voice to keep participants interested. • Facilitate discussion after

	<p>will receive the same information.</p> <ul style="list-style-type: none"> • Foundation for discussion. 			<p>presenting key points.</p> <ul style="list-style-type: none"> • Respond to any questions, and also encourage conversation from other participants in response to questions. • Summarise key points. • End with actionable steps.
<p>Small group discussions: Participatory technique that involves dividing participants into smaller groups to engage in focused discussions on specific topics.</p>	<ul style="list-style-type: none"> • Participants are actively involved in discussing and sharing their perspectives, leading to deeper understanding and engagement. • Small groups enable 	<ul style="list-style-type: none"> • Facilitators need to manage time carefully to keep things from overrunning but also provide support to each group. • It is still the case that some participants may dominate conversations, leading to uneven 	<p>When facilitators want to encourage active participation, foster peer interaction, promote diverse perspectives, and encourage in-depth exploration of a</p>	<ul style="list-style-type: none"> • Provide clear instructions for the discussion topic, goals, and any specific guidelines for participation. • Keep a structured format by defining a time limit and allocating time for the small group discussion as well as the sharing with

	<p>participants to share their diverse viewpoints and insights, promoting a wider range of ideas and perspectives.</p> <ul style="list-style-type: none"> • In larger groups, some participants may hesitate to speak. Small groups encourage quieter participants to interact. • Small group discussions allow for more in-depth exploration of a topic compared to larger group settings. 	<p>participation.</p> <ul style="list-style-type: none"> • Each group might have different discussions, leading to a lack of consistency in the kind of information shared during debriefing. • For complex topics, ensuring that discussions stay focused and productive can be a challenge. 	<p>topic, small group discussions work well. They are also effective in workshops, training sessions, team-building events, and any situation where participant engagement and interaction are key.</p>	<p>the wider group.</p> <ul style="list-style-type: none"> • Assign roles within each group, eg timekeeper, note-taker, and spokesperson, to encourage participation. • Prepare open-ended questions and prompts that encourage discussion. • After the discussion, bring the groups back together for a debriefing session, where each group shares key insights.
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Checklist for good facilitation

- Look around the whole group, avoiding looking too much at a specific individual.
- Stand up when you speak, especially at the beginning of a session. Show you are feeling relaxed but confident by smiling and keeping your hands still.
- Move around without distracting the group. Don't pace up and down, show your back too much, or speak when people can't see you easily. Don't stand or sit too close to people if it is clear they want more space.
- Use gestures and actions to keep the group lively and focused or to show affection. Clap your hands to get attention or show someone has done the right thing.
- Speak slowly and clearly. Find simple ways to express and discuss hard ideas, using local examples to improve understanding.
- As much as possible, let the participants do most of the talking. Good prompts include, "What do you think about?", "What if?", "How?" If people respond with simple yes or no responses, encourage them to elaborate.
- Listen, clarify, restate, and reflect. When people pose a question to you as the facilitator, invite others to share their opinions first. This encourages participation of the group. You can then clarify, and ensure you reach a mutual understanding.
- Be positive. Wherever possible, find something useful in what is being shared, even if the response is not completely accurate.
- Conduct regular 'temperature checks'—check in with the group relatively frequently regarding their understanding and interest.

4. Checklist for planning training sessions

- **Location.** Think about cost, accessibility, and technical needs. Select a venue that can accommodate the number of participants comfortably and provides the necessary equipment and facilities. Ensure that the training space is conducive to learning, with adequate lighting, ventilation, and comfortable seating. Also, gather all the required resources, such as audiovisual equipment, handouts, and training materials, in advance.

- **Timing.** Quality training should leave sufficient time for plenty of conversations and practising new skills. This is particularly relevant for the structure of the CHV manual. When deciding upon timings, also consider the size of the group, the level of participants' capacity, and their baseline knowledge. Each section of the manual comes with proposed timings, but these should be finalised based on your specific needs.

- **Define clear objectives.** These can be completed in collaboration with participants, but everyone in the room should have a mutual understanding of what should be achieved throughout the session. Objective settings during planning for training will help guide your sessions and ensure the focus on a particular topic area is maintained. The CHV training manual comes with proposed learning objectives but these need to be adapted to each group's needs and context. One simple way of starting a discussion on this is asking participants to share what they would like to achieve from the session.

- **Know your audience.** In planning the training, consider the needs, preferences, and learning styles of the audience. Consider this as part of the planning to tailor the content and methods used. A detailed explanation of how to conduct a needs assessment is in Section 5.



Findings from SUNI-SEA research into effective adult learning approaches in community groups

- Keep learning methods varied.
 - Ensure participants have enough breaks.
 - Ensure a balance between theory and practice, with emphasis on opportunities for practical/hands-on activities.
 - Provide supporting handout materials for follow-up learning.
 - Keep group sizes small to enable people to participate.
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- **Review training materials.** The CHV training manual includes proposed methods and training content but it is important to be familiar with the content in advance, as some of the content will need contextualising and adapting or removing depending on requirements. Some of the suggestions for methods might not be well suited to a particular audience, so it is important to plan your sessions accordingly.

 - **Plan a practice session with other facilitators.** A good way to build confidence and to develop an understanding of the content is to practise delivering one or more of the modules. One effective option might be to practise with other facilitators of the training, where possible. Take it in turns to deliver training and to provide encouraging feedback.

 - **Plan to include interactive learning methods.** Plan to include group discussions, case studies, role-play, hands-on exercises, and other interactive activities that promote practical application of the concepts being taught.

 - **Establish ground rules.** Collectively establish ground rules at the start of each day. By collectively agreeing upon rules, participants are engaged in the planning of the day and are more likely to remain accountable. Examples include keeping to time, putting phones in bags, raising a hand to ask a question, letting a speaker finish what they are saying before another person speaks.

- **Plan to include time for reflection.** It is important that participants have lots of time to ask questions and share their reflections. It is recommended to include individual and group reflection exercises that will allow participants to make connections between the content of the training and their own experiences.

- **Evaluate training and gather feedback.** It is important to both evaluate the learning of the participants and also the training. Give participants an opportunity to provide feedback on what they liked and also on what could be improved. More detailed guidance on this is provided in a later section.

5. Needs assessments

Needs can be assessed at different levels to determine training plans.

Using the CHV training as an example, the following questions might be asked:

- ✓ What services will the community health volunteers be required to deliver? This will enable facilitators to determine which manual modules should be included.
- ✓ What is the skill level or experience of the trainees? Are they drawn from community groups? Do they have any relevant past experience? What are their levels of literacy?
- ✓ Is the group of participants at a similar level in terms of needs or is the group of mixed abilities?

The following table will help you work through the process of identifying needs.

5.1 Needs assessment table

1	What skills are needed to deliver the expectations of the trainee?	<ul style="list-style-type: none"> - Consider the role of the community health volunteer (or other roles) - What are the expected responsibilities of the participants?
2	What are the participants' current skill levels?	<ul style="list-style-type: none"> - Evaluate existing experience and knowledge - Conduct pre-testing, interviews, and/or surveys (examples can be found in Section 7)

		- Discuss skill level with participants
3	Are there any skills or knowledge gaps?	- Evaluate findings from pre-testing, interviews, and/or surveys to determine skills or knowledge gaps
4	How can that gap be closed through learning?	- Determine priorities as well as specific content needed to fill the skills and knowledge gaps
5	Implement training and evaluate	- Implement the curriculum based on assessed needs

6. Stakeholder engagement

It can be a useful exercise to conduct an analysis of relevant stakeholders and where possible engage them in the delivery of training. This benefits the training for several reasons, and it also supports the long-term action of CHVs and their roles in the community.

- ✓ **Local expertise and insights** - Government officials, community leaders, healthcare professionals, and other representatives from local organisations will have useful insights into a community's needs, challenges, and resources. Their insights can help the training programme address challenges, making it more relevant and impactful.
- ✓ **Community ownership** - Involving community leaders and members in the planning, delivery, and follow up of training fosters a sense of ownership and involvement. When members of the community feel their input is valued, they are more likely to support the efforts of the CHV.
- ✓ **Cultural sensitivity and contextualisation** - Engaging stakeholders ahead of time can help with the contextualisation and cultural adaptation of the training and prioritising specific issues, ensuring its relevance.
- ✓ **Enhancing training quality** - Stakeholders can provide feedback on curricula, methodologies, and materials, helping to refine and improve content.
- ✓ **Resource allocation** - Stakeholders may be able to contribute resources, for example spaces to conduct training, logistical support, and even funding, as local government officials may have budgets to conduct training and workshops.
- ✓ **Alignment with local policies** - Local, regional, or even national governments and health organisations may have policies and goals related to community health and development. Involving these stakeholders ensures the training aligns with these larger health initiatives. In some scenarios it might be a requirement that the CHV training and role aligns with policies and practices.
- ✓ **Support and sustainability** - Engaging a range of stakeholders develops a network of support for CHVs. Other local organisations, healthcare facilities, and government bodies might be in a position to provide

ongoing mentorship, supervision, and guidance to volunteers after initial training.

There are many potential stakeholders, not all of whom will be relevant in every context. Examples include government ministries, local governments, civil society organisations, universities or other education institutions, public and private healthcare providers, and local businesses.

Below is an example of a simple stakeholder mapping and analysis framework that can be used to determine who major stakeholders are and the role they could play in a training.

6.1 Template: Stakeholder Analysis Matrix

Stakeholder name and contact details	What is important to the stakeholder?	How could the stakeholder contribute to the project?	How could the stakeholder block the project?	Strategy for engaging the stakeholder
<i>EXAMPLE</i> Nurses & primary healthcare providers	<i>Maintaining quality of care in the community</i> <i>Synergy with the work of communities</i> <i>CHVs following best practices</i>	<i>Review curriculum</i> <i>Share resources</i> <i>Facilitate skill-building training sessions</i> <i>Ongoing monitoring and mentorship</i>	<i>Limit the potential role of CHVs</i> <i>Discourage communities from engaging with CHVs</i>	<i>Introductory meetings</i> <i>Invite to review training materials</i> <i>Joint work planning</i>
Local government officials	<i>Ensuring maintaining of quality standards</i>	<i>Provide funding</i> <i>Review curriculum</i>	<i>Block CHVs from playing a role in community/fine groups</i>	<i>Information and feedback meetings every 6 months</i>

	<i>Alignment with existing policies and practice</i>	<i>Resources for ongoing delivery of CHV work Participation in training</i>	<i>Discourage community engagement Limit sharing of resources</i>	
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Source: tools4dev.org

7. Evaluating training and gathering feedback

Measuring the impact of training enables an understanding of whether participants have improved their knowledge and also provides important learning for the delivery of sessions. In combination with feedback gathering, evaluation is a crucial element of any training.

The most common tool for evaluating training is a pre- and post-test assessment. By testing knowledge once before the training has taken place and then following the training, facilitators are able to understand if knowledge has improved. Pre- and post-tests can be given orally or written, and facilitators should decide which approach is most suitable based on the capacity of participants. Pre-tests are also a useful needs assessment tool to identify areas where the biggest support is needed.

A step-by-step guide for planning and executing evaluation and feedback:

1. **Define the purpose of the evaluation.** Do you want to determine how effective the training is, measure an increased understanding or knowledge on a topic, or identify areas for improvement? There might be more than one purpose.
2. **Establish evaluation criteria.** Are there specific criteria or objectives you want to evaluate, eg where training focuses on developing a new skill, an evaluation should include a means of testing the skill, such as a demonstration by participants. Alongside the criteria you should clearly define your outcomes.
3. **Select evaluation methods.** The method you pick should match the purpose and the criteria. The website betterevaluation.org includes lots of useful resources on evaluation methods, some of which have been linked to in the following examples list:
 - **Pre- and post-tests.** This is where you provide the same quiz both before and after the training to see whether participants have

- increased their knowledge. There is an example of a test like this below.
- **Observations.** This is where the facilitator or other specialist may observe participants displaying their new skills, e.g. taking blood pressure measurements. There is an example of an observation checklist for proper delivery of blood pressure testing available here: <https://geekymedics.com/wp-content/uploads/2020/06/OSCE-Checklist-Blood-Pressure-Measurement.pdf>
 - **Surveys/questionnaires.** These could be written or verbal opportunities for people to provide their feedback or demonstrate learning. They should not be too long and should focus on priority areas for facilitators to learn from. They can be open-ended questions, multiple choice, or tick boxes.
Survey sample: <https://www.betterevaluation.org/sites/default/files/G3658-10.pdf>
Questionnaire sample: <https://www.betterevaluation.org/methods-approaches/methods/questionnaires>
 - **Interviews.** These could be held as focus group discussions or with an individual. Unlike a survey, interviews typically give you an opportunity to understand in more detail participants' experiences, understanding, or behaviour changes.
More information on focus group discussions: <https://www.betterevaluation.org/methods-approaches/methods/focus-groups>
More information on individual interviews: <https://www.betterevaluation.org/methods-approaches/methods/interviews>
 - **Self – assessments.** These can be an opportunity for participants to reflect on their own progress, and note down areas they'd like to improve on or areas they would like to learn more about.
4. **Develop your evaluation tools.** Having picked one or more evaluation methods, you will need to design the tests, develop the questionnaires, or prepare observation checklists. The tools should be

checked to ensure they are relevant—it is worthwhile asking someone else to check to ensure all questions make sense.

5. **Communicate the planned evaluation process.** Inform participants in advance about what evaluation tools will be used, what their significance is, and how the data will be used. At this stage, you may want to reassure them about confidentiality and anonymity.
6. **Deliver evaluations.** Facilitators must conduct the evaluations at the appropriate time and it is recommended to build this into session planning. For example, a pre-test questionnaire must be conducted prior to any training being delivered.
7. **Collect and analyse data.** Gather the evaluation data using your chosen methods. Data can be assessed to identify patterns and areas of strength or improvement. For example, imagine a scenario in which you have conducted a pre- and post-test assessment to evaluate improvement in knowledge and in one area a lot of people have scores showing no improvement. This might be an indicator that this session isn't very clear or that the content is too difficult. Often multiple methods of evaluation can be useful. If you identify a trend in testing, it would be a good idea to explore potential reasons in an interview or open-ended questionnaire.
8. **Share results and feedback.** The most important place to share these is with participants themselves. This allows them to confirm your findings as accurate, and also for you to get an understanding of their desired areas for improvement. Other stakeholders may also be interested in the results from your evaluation.
9. **Continuous improvement.** Evaluation findings should be used to improve future training, with feedback incorporated into design and delivery methods to ensure each session of training is stronger than the last.

7.1 Example of a pre-and post-test evaluation

A. Knowledge on Healthy Lifestyle, NCDs risk factors, prevention, complications, symptoms (KAP Qs)	Pre-test	Post-Test
Healthy Lifestyle		
1. Self-care with regular health checks is important for healthy living.	100%	100%
2. Steamed vegetables are healthier than fried vegetables.	75%	100%
3. People should have at least 150 minutes of moderate physical activity every week to avoid NCD.	58%	100%
4. The maximum salt intake per day is 6g/one teaspoon.	17%	100%
5. The recommended sugar intake per day is 3 teaspoons per day.	33%	92%
Diabetes & hypertension		
1. Diabetes is a heredity disease, a person can only get it if it runs in the family.	67%	83%
2. Hypertension can be transmitted from one person to another.	100%	100%
3. Diabetes patients with severe infection and /or foot ulcer must be referred.	83%	100%
4. What are common complications of diabetes? (true/false per option)		
a. Heart failure	67%	100%
b. Foot damage	50%	92%
c. Hair loss	42%	67%
d. Depression	17%	8%
e. Skin changes color	33%	8%
f. None of these options	Nil	Nil
5. What are common complications of hypertension? (true/false per option)		
a. Heart failure	58%	100%
b. Kidney failure	50%	100%
c. Hair loss	50%	50%
d. Blurred vision	67%	92%
e. Skin changes color	58%	17%
f. None of these options	Nil	Nil
6. What are symptoms of diabetes? (true/false per option)		
a. Increased thirst	75%	100%
b. Watery eyes	25%	33%
c. Frequent urination	83%	100%
d. Extreme hunger	58%	100%
e. Blurred vision	83%	100%
f. Pain in stomach	67%	50%
g. None of these options	Nil	Nil
7. What are symptoms of hypertension? (true/false per option)		
a. Severe headache	75%	100%
b. Fatigue	67%	92%
c. Chest pain	25%	25%

8. Budgeting for training

It is important to allocate an appropriate budget for training, and facilitators have an important role in determining the costs. Proper budgeting ensures that financial resources are allocated efficiently and that the training meets its objectives without overspending. This section guides facilitators through the process of budgeting a training session effectively.

- **Identify training objectives and requirements.** Before creating a budget, it's essential to have a clear understanding of the training objectives. What topics will be covered? How many participants are expected to attend? What resources will be required? Having a well-defined scope will help in estimating the budget accurately.
- **Identify and calculate a breakdown of expenses.** Typical costs include:
 - Venue and equipment. Consider costs of renting a training venue, securing audio-visual equipment if necessary, as well as whiteboards, projectors and anything else based on your needs and availability.
 - Staff.
 - Training materials. This includes costs for items such as handouts, workbooks, pens, markers, and any other supplies for the participants.
 - Refreshments and meals. If the training session is expected to last for more than a couple of hours, you may need to provide refreshments and meals for participants.
 - Transportation. Consider whether any costs related to transport, such as off-site visits or field trips, need to be covered.
 - Miscellaneous. It is always good to set some funds aside for unexpected costs that may arise during training. This could be a small percentage of the total budget.

It is important throughout the budgeting process to think of any costs that might be associated with ensuring the training is accessible to people with specific needs. For example, is the venue accessible to people with limited

mobility or does the budget include sufficient funds for specialist transportation, should it be necessary?

Evaluate the budget. Following the training, you will need to track your expenditure against your proposed budget. This will allow you to see where you have overspent or underspent, and allow you to build more accurate budgets in the future.

8.1 Example of a simple training budget

Activity Description	Detail calculation:	Calculation (MMK)			Total cost
		People	Days	Unit costs	
4 days pilot training of NCD public health module (Online learning platform) at YangOn	Venue	n/a	4	200	
	Per diem (participants)	6	6	10	360
	Per diem (staff)	2	6	10	120
	Transportation (staff)	2	2	20	80
	Local transport (participants)	31	4	5	620
	Stationary (e.g. certificate, printing costs, others, etc)	31	1	10	310
	Total (\$)				1490

9. Co-facilitation

Co-facilitation is the practice of working with another facilitator. Co-facilitation done properly amplifies the impact of each facilitator and provides additional support to participants.

Co-facilitation might just mean two people to share the workload but often works well when facilitators have different strengths or play different roles. This might be in terms of communication, expertise, or the facilitation techniques they are most familiar with. Recommendations for co-facilitators are provided for the CHV manual below.

Co-facilitators should plan sessions together to ensure alignment across the training and an improved experience for participants.

Co-facilitators bring unique perspectives, ideas, and approaches to the facilitation process. Diverse experiences and expertise can result in creative problem-solving and a range of activities that keep participants engaged. Participants are more likely to be able to engage directly with a facilitator, have their questions answered, and are more likely to have direct observation during training.

Working with a co-facilitator provides an opportunity to learn from each other and receive constructive feedback.

There are some important considerations to make when organising the co-facilitation of training or a workshop.

1. Clear role definitions. Ensures the roles and responsibilities of each facilitator are known before the session.
2. Active listening. Practise active listening and support your co-facilitator with timely feedback.
3. Develop non-verbal cues or a means to communicate with your co-facilitator to ensure smooth communication during training sessions. This enhances the flow of sessions and minimises interruptions.

4. Feedback. After any session, it is vital to have a debrief or feedback session with a co-facilitator to discuss what went well and whether there are areas for improvement.

10. Facilitation checklist

- Have you conducted a needs and stakeholder assessment?
- Have participants expressed an interest to engage in training?
- Have you appropriately budgeted and identified necessary funding?
- Have you organised the logistics eg venue, equipment, timing, and co-facilitators?
- Have you sufficiently considered issues of accessibility and inclusion eg will the venue you've chosen be accessible to people with limited mobility? Have you planned to host the training at a convenient time for participants? It is useful to discuss this with target audiences to ensure buy-in.
- Have you identified priority topics and contextualised information to develop a relevant training curriculum and agenda?
- Have you planned for interactive learning methods?
- Have you allocated sufficient time to the training, taking into account the need for thoroughly discussing content, breaks, and sessions for reflection?
- Do you have a back-up plan if certain methods cannot be used on the day, or technology you were relying on does not function?
- Have you developed a plan to evaluate your sessions?
- Have you organised/conducted practice sessions with other facilitators to test the material and provide feedback?
- Have you identified clear learning objectives or planned to do this with participants?

- Do you have a plan in place to evaluate the training or assess learning?



Important considerations

- Is training **participatory**? Adults are more likely to retain new information when they actively participate.
- Will the training be delivered in a **supportive** way? Are you ready to ensure participants receive praise and encouragement? If you are working with co-facilitators, have you discussed this?
- Is the training **contextualised**, building on individuals' or groups' experiences? This enables participants to build a connection between real life and what they are learning.
- Is the training **relevant**? Have you adapted it to focus on what is feasible? Training is typically more effective when individuals are able to build knowledge and skills immediately, putting newfound skills into practice.

11. CHV Manual

This guide is intended to be used in connection with the CHV manual. In this section you will find suggestions for training timings, group sizes, skill-building priorities, hints and tips, and recommendations for facilitator preparations, including incorporating time for practice with other facilitators into training plans.

When training volunteers, consider that imparting knowledge is an iterative process, and building skills requires repeated practice and regular training. Systems of supervision, mentoring, and on-the-job training are necessary to achieve and maintain quality of interventions and prevent burnout for health volunteers.

As a general recommendation, smaller group sizes are conducive to better training outcomes. Where this isn't possible, having multiple facilitators means during small group exercises everyone has more opportunity to engage with a trainer.

The CHV manual is divided into 15 modules, each covering a different topic. These modules are further divided into sessions. It will be necessary for facilitators, in collaboration with other stakeholders, to determine which modules and then which sessions are to be included. It is not always necessary to include every session in each module. Recommendations are made about this for each module below. It is flagged where two sessions may be linked or are dependent on each other.

Each module begins with an introduction to the topic, the significance for older people, and what the role of the CHV might be in this area. These sections can be used for familiarising yourself with the purpose ahead of time. It is recommended to incorporate time to discuss the role of CHVs and participants' expectations in each area of the training. They provide useful content for discussion, either before or after the module. Self-reflection and group discussion are both important tools for participants to use to process and consolidate their learning. Each module ends with a summary of bullet

points, which can also be used as prompts for a discussion at the end of each training session.

All modules include additional resources at the end which may be useful to refer to ahead of time.

General time-planning advice:

- Always factor in five minutes for people to sit down and get ready.
- Don't forget to plan times for icebreakers and energisers throughout the day.
- It is important that participants get sufficient breaks.
- Each session plan should include time allocated for questions, reflection, and discussion among participants.
- Adapt timings based on the size of the groups; larger groups will need more time.

Cultural and contextual adaptation

The CHV manual has intentionally designed to be wide in scope so that it can be used in a variety of locations and for a range of purposes. However, to be delivered successfully facilitators need to ensure materials have been appropriately reviewed and adapted for cultural sensitivities and to suit the context. Below is a recommended checklist for cultural and contextual adaptation to be considered during training planning.

Following this, you will find a checklist developed by the SUNI-SEA programme to assess written materials for cultural and contextual adaptation.

Checklist for cultural and contextual adaptation

- **Involve local experts.** Collaborate with local experts, community leaders, or other practitioners including health professionals to make appropriate adaptations.

- **Respect cultural diversity.** Embrace and understand diversity within the group. Ensure that the adaptations made don't prioritise only one group of people but are inclusive of the diversity of cultures within the target audience.
- **Language considerations.** All materials should be translated into local languages and language choices should be clear, concise, and culturally appropriate. Avoid overly technical terms and medical jargon.
- **Use local case studies.** The CHV training manual includes useful case studies but these will be strengthened if adapted or replaced to be culturally and context specific.
- **Adapt activities and exercises.** Modify suggested activities, role-plays, and exercises to align with the local context. Ensure that they will reflect participants' likely experiences and potential challenges.
- **Incorporate cultural traditions.** If there are appropriate traditions, stories, or practices that will enhance the learning experience please include and prioritise these.
- **Flexible curriculum structure.** The CHV manual should be used flexibly and to address unexpected cultural or contextual considerations that may arise during the training.
- **Feedback and collaboration.** Involve participants in the adaptation process and seek input into the training content and activities to ensure their perspectives are included.
- **Cultural norms and etiquette.** Teach participants about cultural norms, etiquette, and communication styles that might affect interactions during training.
- **Visual representation.** Use images, visuals, and examples that will resonate with local culture. Be mindful of using images that are inclusive and culturally sensitive.

SUNI-SEA checklist for cultural and social sensitivity of written materials

This checklist consists of eight domains: general, bodily functions, mental wellbeing, meaningfulness, participation, daily functioning, quality of life. Every domain consists of one or more cultural and/or contextual items. The checklist can be used the following way:

- All items can be checked by a 'yes' or 'no'.
- A 'yes' means that the aspect is covered in the materials and a 'no' means that it is not covered.
- If an item is not covered in the materials, the next step is to explore if the item is relevant for the intervention. For example, gender differences: if the participants are both female and male, this can be an important aspect to address. If the participants are only female, this aspect is not of importance.
- If the item is not of importance, an explanation for this should be written down in the remarks section.
- If an item is of importance, this means the materials should be adjusted.
- Based on all the checked items, the materials can be adjusted. In the next phase, the adaptation process is explained.

Domain	Contextual/cultural aspects	Yes	No	Remarks
1. General	1a. Gender differences of end-users addressed			
	1b. Ability to read/write of end-users addressed			
	1c. Materials adapted to age of end-users			
	1d. Visuals, eg pictures and posters, adapted to culture and context			
	1e. Digital inclusion/exclusion			
2. Bodily	2a. Physical fitness (cultural and individual exercise options) addressed			
	2b. Somatic complaints addressed			

functions	2c. Perception of physical functions described (ie how does the community member see their own body functioning?)			
	2d. Perception on health mentioned and individual differences explained			
	2e. Health traditions mentioned			
	2f. Cultural influences on diet mentioned			
	2g. Cultural influences on healthy living mentioned			
	2h. Disability status addressed			
3. Mental wellbeing	3a. Stigmatisation of mental health mentioned			
	3b. Psychological stress mentioned			
	3c. Coping with stress addressed			
	3d. Stigmatisation of illnesses addressed			
	3e. Availability/barriers to informal resources such as relatives/friends described			
	3f. Barriers to access healthcare and medicines described			
	3g. Barriers to access health information mentioned (eg internet access, literacy). Include access to electronic media (ie internet, social media)			
4. Meaningfulness	4a. Religious and spiritual beliefs mentioned			
5. Participation	5a. Role of member in family/friends/community			
6. Daily functioning	6a. Current/past working life addressed			
	6b. Availability of and barriers of access to healthy food addressed			
7. Quality of life	Covered in 3g and 5a.			

Module 1: Introduction to community-based approaches to healthy ageing

Module 1 includes two linked sessions that should both be completed by all participants.

Estimated time for facilitation: 1 hour and 15 minutes for Session 1.1 and 1 hour and 30 minutes for Session 1.2.

Suggested facilitator–participant ratio: 1 facilitator per 10–15 participants

Skill-building priorities: It is important that participants come away feeling confident about the topic and particularly understand why dignity and inclusion are important considerations in delivering community-based healthcare services.

Recommended preparations:

- Prepare handout or flip chart with definition of community-based approaches for discussion in Session 1.1.
- Prepare copies of the community-based approaches case study.
- Prepare copies of the guiding principles checklist for sharing in small groups.
- Review HelpAge’s resources for identifying games to play to introduce concepts of dignity and inclusion.

Hints and tips:

- The case study and other examples could be adjusted to ensure they are context-specific.
- Responsibilities of the CHV can be adjusted to focus on those that the trainees will be responsible for delivering.

Module 2: Health promotion skills

Module 2 comprises seven sessions. Sessions 2.1–2.4 are recommended for all participants. Sessions 2.5–2.7 can be included or excluded depending on the specific roles and activities CHVs are intended to deliver.

Key considerations:

- Which sessions are relevant for the volunteer’s job description and for older people in your area?
- Could this be divided into further sessions, such as basic and advanced over a longer period of time?

Estimated time for facilitation: Module two is one of the largest in the manual and covers lots of content. To cover everything, set aside at least 9 hours of training time. This will vary depending on how many of the screening activities CHVs will participate in.

- Suggested facilitator–participant ratio: Due to the screening activities, some sessions would benefit from 1 facilitator per 5 participants. This module could benefit from co-facilitation by a healthcare professional where possible.

Skill building priorities:

- Conducting health promotion and awareness-raising sessions. The manual includes information on a range of methods to share information, such as demonstration, group discussion, community empowerment, and counselling. While time constraints mean not every approach maybe practised, it is recommended to spend some time role-playing one or two. Ask participants to pick the ones they are most interested in or most likely to use.
- Goal setting.
- Integrated Care for Older People (ICOPE) screening for intrinsic capacity.
- Plan for and delivery of screening activities.
- Using the self-care checklist as health promotion tool

Recommended preparations:

- Print and share copies of the self-care manual for use in Session 2.2 and 2.3 (self-care manual is available **xxxx**).
- Print and share the checklist for health promotion activities.
- Print or write up the Reach, Enter, Circulate, Use (RECU) principles for sharing among small groups.

- (1) **Reach** – being able to move around the community and get to the service/facility;
- (2) **Enter** – being able to get inside the facility;
- (3) **Circulate** – being able to move about inside the entire facility including from one building to another or one floor to another; and
- (4) **Use** – being able to use all services and facilities within the building

- Determine which, if any, screening sessions you will conduct, then download and print the detailed training presentations, or if you have access to a projector, plan for a place to project these presentations. Some of the screening sessions require the use of equipment for the practical sessions. Check this ahead of time to procure or borrow the necessary equipment.
- Print ICOPE intrinsic capacity screening questionnaire (if conducting this session).
- Print the advocacy handout for sharing with trainees.

Hints and tips

- This module includes a lot of opportunities for role-play and developing new skills. Ensure you plan for plenty of opportunities for participants to practise skills.
- A lot of the content included in this facilitators guide, eg active listening, encouraging participation, and conflict management, are also very useful skills for CHVs to practise.

Module 3: How to establish and support peer support groups

Module 3 includes four sessions. If implementing this module, it is recommended to complete all four sessions.

Key considerations:

- Is this topic relevant for the volunteer's job description and for older people in your area?
- Should this topic be included in the first basic training or advanced follow-up training ?

Estimated time for facilitation: In total, 2 hours and 30 minutes, comprising 45 minutes for Session 1, 1 hour for Session 2, and 45 minutes for Session 3.

Suggested facilitator-participant ratio: 1 facilitator per 10-15 participants. This module would be strengthened by co-facilitation from someone with experience participating in or running peer support groups.

Skill building priorities:

- Develop plans or a checklist for establishing a peer group in the local community.
- Peer support group facilitation

Recommended preparations:

- Print copies of case study testimonials/or identify examples of peer support groups running in your community that could be discussed as an example

Hints and tips:

- The manual includes testimony from a case study. Ask participants to discuss the quotes provided in the case study or their own experiences of peer support groups, if they are comfortable doing so, and discuss the benefits of peer support groups. If there are examples of local peer support groups that would be familiar to the

group, these might be more appropriate than the case study.

- This section of the manual includes three links to excellent additional resources.

Module 4: Planning, monitoring, and evaluation for CHVs

Module 4 includes six sessions. If implementing this module, Sessions 4.1 and 4.2 are recommended for all participants. Sessions 4.3–4.6 are practical and we recommend including if these activities fall within the role of the CHVs.

Key considerations:

- Is this topic relevant for the volunteer’s job description and for older people in your area?
- Should this topic be included in the first basic training or in an advanced follow-up training?
- Would this topic be best facilitated by a team member or an external facilitator such as a monitoring and evaluation specialist?

Estimated time for facilitation: Four hours for the entire module, comprising 45 minutes for each of Session 1 and 2, 1 hour for Session 3, and 30 minutes each for Sessions 4–6.

Suggested facilitator–participant ratio: 1 facilitator per 10–15 participants

Skill-building priorities:

- Develop a monitoring and evaluation framework for a potential community health programme.

Recommended preparations:

- Flipchart paper with programme logic model drawn for discussion.

Hints and tips:

- This module contains a lot of terminology. Using local examples can help improve understanding of some of the technical terms.
- Monitoring and evaluation does not have to be highly technical or require experts. It is useful to think about how we inadvertently monitor or evaluate regular practices to bring this module to life.

Module 5: Healthy ageing and common health issues among older people

Module 5 has three sessions. If implementing this module, the recommendation is to complete all three.

Estimated time for facilitation: In total, 3.5 hours for the module, comprising 1 hour for Session 1, 1.5 hours for Session 2, and 1 hour for Session 3.

Suggested facilitator–participant ratio: 1 facilitator per 10–15 participants. This module could benefit from co-facilitation from a healthcare professional where possible.

Skill building priorities:

- Identify need for referrals and support older people accessing available services.
- Describe what influences good health in older age and talk confidently about how we change as we age.
- Provide supportive conversations to people experiencing difficulty with adjusting to ageing.

Recommended preparations:

- Hand out the written or printed World Health Organization definition of health. It isn't necessary for each participant to have one.
- Print or draw the infographic included in Session 5.1 for sharing.

Hints and tips:

- The category 'older people' covers a large range of ages and experiences, so ageing and healthy ageing won't be the same for everyone. It is normal for people to not experience everything covered in this module as a part of their ageing.
- There may be conditions associated with ageing that are more common among particular communities, so these should be prioritised if they are known

Module 6: Healthy lifestyle interventions

Module 6 includes seven sessions and the most amount of content across the CHV training manual. It might not be feasible to cover all sessions initially. Sessions 6.5 and 6.6 cover healthy diet and keeping fit and physically active, and it is recommended to complete these in part because of their role as major modifiable risk factors for non-communicable diseases. Other sessions should be identified based on the needs and interests of the CHVs and communities.

Estimated time for facilitation: The whole module will take an estimated 14.5 hours to complete, comprising 1 hour for Session 1, 1.5 hours for Session 2, 1.5 hours for Session 3, 1 hour for Session 4, 5.5 hours for Session 5, 3.5 hours for Session 6, and 1.5 hours for Session 7.

Suggested facilitator–participant ratio: 1 facilitator for every 5–10 participants, and this module could benefit from co-facilitation from a healthcare professional, such as an eyecare or dental professional where possible.

Skill building priorities:

- Demonstrate ways to discuss grooming and personal hygiene in a way that maintains dignity for the older person.
- Deliver a simple eyesight screening test using the Snellen chart.
- Demonstrate how to properly brush teeth.
- Demonstrate simple and safe exercises anybody can do.
- Using the self-care checklist

Recommended preparations:

- For Session 6.1, consider writing up or printing key messages, language do's and don'ts, and safety first boxes contained in the manual to display and discuss.
- For Session 6.2, draw or print the diagrams included in the manual (layers of the skin, bedsores, identifying melanoma) so they can be easily viewed by participants.
- For Session 6.3, print out copies of the Snellen chart to allow participants to practise delivering simple eyesight assessments.

- For Session 6.4, print out the handout on good oral hygiene, or an alternative approach could be to ask participants to bring in a toothbrush and practise the recommendations in front of a mirror.
- For Session 6.5, one of the activities requires printing or writing each category of food and function in the body so participants can play a matching game. All content is provided in the manual.
- Also for Session 6.5, consider ahead of time contextually appropriate foodstuffs based on what is available in the market and what participants will be familiar with.
- Lastly for Session 6.5, print or write up on paper the list of common nutritional behaviours/habits.
- For Session 6.6, print or write up the World Health Organization physical activity recommendations and the exercise examples for people with limited mobility. Participants can keep as a reminder/job aid.
- Also for Session 6.6, print or write out the myth flashcards.
- For session 6.8 print out and share a copy of the self-care checklist from the self-care manual

Hints and tips:

- If circumstances allow, an engaging way to cover the healthy nutrition section can be to include a cooking demonstration. There are many considerations necessary for this, including safety, but where feasible it can be a more interactive way to discuss healthy nutrition.

Module 7: Mental health and wellbeing

Module 7 includes six sessions. If implementing this module, the recommendation is to complete all sessions. Sessions 7.4 and 7.5 will equip CHVs with skills to promote good mental health and an introduction to psychological first aid.

Key considerations:

- Is this topic relevant for the volunteer's job description and for older people in your area?
- Should this topic be included in the first basic training or advanced follow up training?

Estimated time for facilitation: Total time needed to complete module 7 is 5.5 hours, comprising 1 hour for Session 7.1, 1 hour for Session 7.2, 30 minutes for Session 7.3, 1 hour for Session 7.4, 1 hour and 30 minutes for session 7.5, and 30 minutes for Session 7.6.

Suggested facilitator-participant ratio: 1 facilitator for 5–10 participants, and this module could benefit from co-facilitation from a mental health professional where possible.

Skill building priorities:

- Discuss promotion of good mental health
- Identify healthy coping mechanisms
- Identify and challenge stigma associated with mental health
- Demonstrate ability to support older people during distressing conversations

Recommended preparations:

- For Session 7.2, print or write out the myths and facts from the table.
- For Session 7.3, print or write out the information on types of mental health conditions, signs, and symptoms to enable participants to play the matching game.

- For Session 7.4, produce copies of the flyer to share among participants and for them to keep as job aids.
- For Session 7.5, print or write up copies of the boxes with helpful and unhelpful language to allow groups to practise providing support, and for participants to keep as job aids/reminders.

Hints and tips:

- Dementia and mental health conditions can be highly stigmatised and a difficult topic for people to talk about. It is important to consider common stigma and stereotypes associated with mental health in the local context and build in approaches to tackle or challenge these.

Module 8: Prevention and management of common communicable diseases

Module 8 includes four sessions, and the recommendation is to complete all.

Estimated time for facilitation: In total, 2 hours and 30 minutes, comprising 30 minutes for each of Sessions 8.1 and 8.2, 1 hour for Session 8.3, and 30 minutes for Session 8.4.

Suggested facilitator–participant ratio: 1 facilitator per 10–15 people, and this module could benefit from co-facilitation from a healthcare professional where possible.

Skill building priorities:

- Distinguish between communicable and non-communicable disease
- List means of transmission for communicable disease
- Demonstrate good hand-washing practices

Recommended preparations:

- For Session 8.1, print or draw on a large piece of flipchart paper the disease transmission diagram for discussion.
- For Session 8.2, the training manual has a lot of content on a range of communicable diseases, and this is also covered in the self-care manual. Participants should have been provided with the manual for use in Modules 1 and 2 and should refer to these sections during Module 8 training.
- For Session 8.3, print or write out copies of the case study for participants to review and discuss.
- Also for Session 8.3, print out the spotlight information on vaccinations.

Hints and tips:

- Communicable diseases can be highly context specific and so it makes sense for this module to prioritise detailed information about the most common communicable diseases.
- It is important for participants to understand why older people may

be particularly vulnerable to communicable diseases or to understand their additional care needs if they contract one.

- Vaccinations and immunisations may not always be available but it is still useful to discuss them. It would be helpful to research what is available in the local area and discuss these with participants.

Module 9: Prevention and management of common non-communicable diseases

Module 9 includes four sessions and the recommendation is to complete all sessions.

Estimated time for facilitation: Four hours in total, comprising one hour for each of the four sessions.

Suggested facilitator-participant ratio: 1 facilitator for every 10–15 people, and this module could benefit from co-facilitation from a healthcare professional where possible.

Skill building priorities:

- Distinguish between communicable and non-communicable disease.
- Use appropriate screening measures to identify people at high risk of developing a non-communicable disease.
- Use ABCDE infographic to discuss non-communicable disease risk factors.

Recommended preparations:

- For Session 9.1, write up statements either on a flipchart or smaller pieces of paper to play the true or false game.
- For Session 9.2, print or write out the risk factor flashcards.
- Remind participants to bring the self-care manual provided for Modules 1 and 2 to review the non-communicable disease content.
- For Session 9.4, print out and share the World Health Organization ABCDE infographic on lifestyle adjustments. Alternatively you could ask participants to draw their own ABCDE posters to use, ensuring to prepare the relevant materials in advance

Hints and tips:

- It is important for participants to understand why older people may be particularly vulnerable to non-communicable disease or to understand their additional care needs if they contract one.

- Session 9.1 contains a 'true or false' game. Adjusting the facts to be context specific, eg for the country rather than global level, they may be more impactful.
- Information on modifiable risk factors can be adjusted so they are context specific, eg discussing chewing tobacco or betel nut when looking at the risk of tobacco.

Module 10: Prevention of falls/accidents interventions

Module 10 includes three sessions. All are linked and should be completed by participants.

Key considerations:

- Is this topic relevant for the volunteer's job description and for older people in your area?
- Should this topic be included in the first basic training or advanced follow up training ?

Estimated time for facilitation: A total of 2 hours, comprising 30 minutes for Session 10.1, one hour for Session 10.2, and 30 minutes for Session 10.3.

Suggested facilitator-participant ratio: 1 facilitator per 10-15 participants.

Skill building priorities:

- Provide recommendations for reducing risk of falls.
- Conduct a falls evaluation.

Recommended preparations:

- For Session 10.1, print and share the falls handout for participants to keep.
- Other resources such as exercise handouts are available in the additional resources section, which could be useful job aids.

Hints and tips:

- Some of the recommendations for preventing falls or making adjustments might not be feasible or relevant, eg not everyone will have access to personal security alarms.

Module 11: People living with disability interventions

Module 11 includes six sessions, and all are linked. If implementing module 11, Sessions 11.1,11.2,11.3, 11.5 and 11.6 should be completed. Session 11.4 should be completed if the role of CHV will include assessment of disability.

Estimated time for facilitation: Four hours in total, comprising 30 minutes for Session 11.1, one hour for Session 11.2, 30 minutes for Session 11.3, one hour for Session 11.4, and 30 minutes for each of Sessions 11.5 and 11.6.

Suggested facilitator–participant ratio: 1 facilitator per 5–10 participants.

Skill building priorities:

- Describe to others the difference between impairment, intrinsic capacity, and functional ability.
- Use the Washington group set of questions to screen for disability.

Recommended preparations:

- For Session 11.1, draw out the disability diagram on a large piece of flipchart paper.
- Also for Session 11.1, print or write out the case study for discussion in small groups.
- For Session 11.4, print out the Washington group questions for participants to use in pairs.
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Hints and tips:

- Many stereotypes are associated with people with disabilities. These can be demeaning and approaches to discussing disability and caring for people with disability are often disempowering for the individuals. It is important to take the time on this module for participants to fully understand the concepts of impairments and barriers so as to help re-frame how disability is considered.

Module 12: Sexual and reproductive health. including interventions

Module 12 includes six sessions, and all should be included, depending on the roles and expectations for CHVs in this area.

Estimated time for facilitation: A total of 5 hours, comprising 40 minutes for each of Sessions 12.1, 12.2, and 12.3, one hour for Session 12.4, 30 minutes for Session 12.5, and 90 minutes for Session 12.6.

Suggested facilitator–participant ratio: 1 facilitator for every 10–15 participants

Skill building priorities:

- Challenge myths and stigma associated with sexual and reproductive health in older people.
- List common signs of sexually transmitted infections.
- Make recommendations for managing sexual and reproductive health for older people.

Key considerations (prompted by list of short questions)

- Should this topic be included in the first basic training or advanced follow up training?
- Would this topic be best facilitated by a team member or an external facilitator such as a health care provider?

Recommended preparations

- For Sessions 12.2 and 12.4, print or write out the myths from the table for presenting or discussing in groups.

Hints and tips:

- It is common for people to find the content of this module difficult to discuss, in part because of the taboo and stigma associated with discussing some of the topics. Planning simple ways to tackle stigma or challenge misconceptions around the topic as a whole is a good way to kickstart this module

Module 13: Palliative care, including interventions

Module 13 includes two sessions. While Session 13.1 should be completed, Session 13.2 can be included if it is likely this is a role CHVs will take or where there is interest from participants.

Key considerations:

- Is this topic relevant for the volunteer's job description and for older people in your area?
- Should this topic be included in the first basic training or advanced follow up training?

Estimated time for facilitation: Two hours, one hour per session.

Suggested facilitator-participant ratio: 1 facilitator per 10–15 participants. In some areas there are specialist palliative care organisations, and this module would benefit from co-facilitation with experts if possible.

Skill building priorities:

- Demonstrate skills to hold a conversation with an older person about advanced directives and end of life planning.

Recommended preparations:

- For Session 13.1, print or write out the principles of palliative care, for participants to use as a reminder.

Hints and tips:

- Palliative care is an important part of the spectrum of health and care services. While it is unlikely that CHVs will be tasked with the role of delivering all the services that may fall under palliative care, understanding what it entails and how to support people with having conversations about end-of-life care are useful skills to develop.
- Death and dying are very difficult topics to talk about and many

people struggle to discuss these topics, including expert facilitators! That is one of the reasons we have recommended researching whether expert organisations working in this area may be able to provide support.

- It is important to be conscious of participants' wellbeing at all times, but be being particularly vigilant during modules that could be very sensitive for some.

Module 14: Useful care and support services and health information

Module 14 includes two sessions. They are linked and both should be completed by all participants.

Estimated time for facilitation: One hour, comprising 30 minutes per session.

Suggested facilitator–participant ratio: 1 facilitator to 10–15 participants.

Skill building priorities:

- Identify and tackle misinformation and talk confidently about accessing reliable information on health and care.

Recommended preparations:

- Prepare in advance a list of health, care, and support services and sources of health information in your area. This can be further developed following suggestions from participants and form a handout for participants to take away with them, providing a useful job aid.

Hints and tips:

- A CHV acts as an important mediator between individuals, communities, and other service providers. It is useful for them to be aware of and in touch with a range of services, such as health, social, and financial, which all play a role in the wellbeing of an individual.
- It would be beneficial for participants to come away from this session having mapped the various services and support available to the communities they work with.

References and additional resources

- Pardoel, Z E, et al, "A guideline for contextual adaptation of community-based health interventions", *International Journal of Environmental Research and Public Health*, 19:10, 2022, p. 5790. <https://doi.org/10.3390/ijerph19105790>
- *United States Agency for International Development (USAID) facilitators training manual: Facilitators guide*, 2013.
- *Community health workers to give maternal and newborn health messages: A guide for trainers (2009)*. For the United States Agency for International Development (USAID).
- *The Art of Building Facilitation Capacities*. (2002, January 1). Retrieved from <https://www.recoftc.org/publications/0000214>