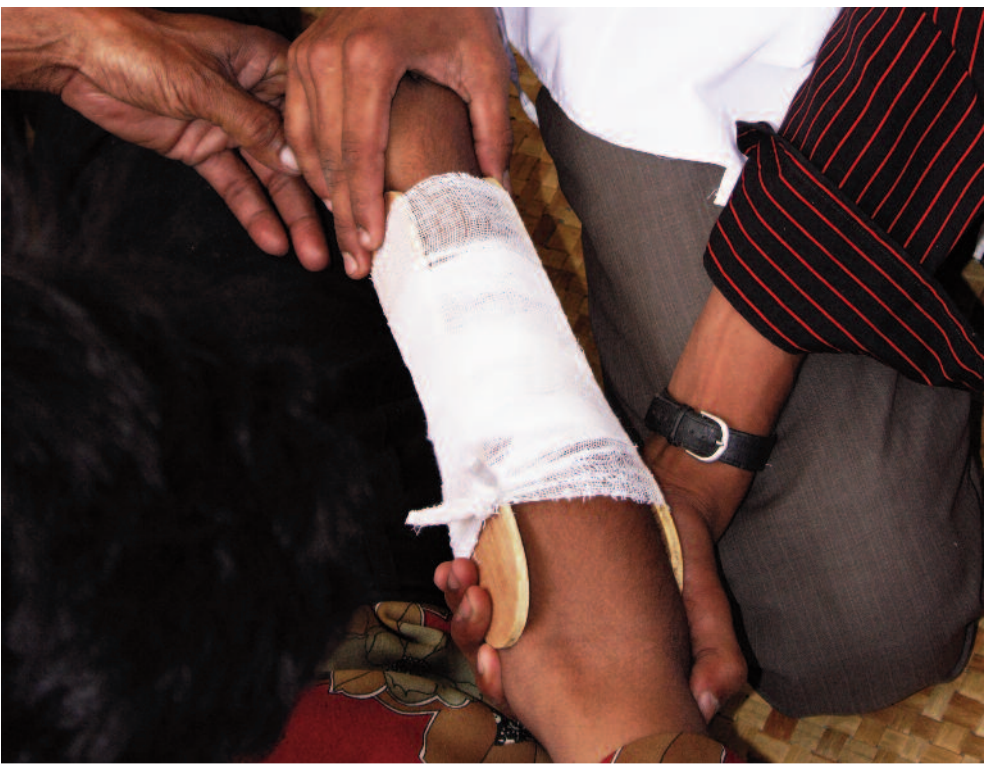
Implementation guide

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

January 2009



International Federation
of Red Cross and Red Crescent Societies

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

All photos: International Federation

2009

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

Contents

Preface

First aid and volunteers remain at the core of the International Red Cross and Red Crescent Movement. Red Cross Red Crescent staff and volunteers, since the birth of the Movement after the battle of Solferino in 1859, have continued their efforts to make first aid available to all. Community-based health and first aid (CBHFA):

- brings first aid for common injuries to the community
- identifies and addresses community health priorities
- advocates health promotion and disease prevention
- prepares volunteers to respond to disasters

CBHFA is a well-known name in Red Cross Red Crescent societies worldwide.

The International Federation of Red Cross Red Crescent Societies, in one of its Global Agenda goals, aims to reduce the number of deaths, injuries and impact from diseases and public health emergencies. The global health and care strategy is based on these goals. It reaffirms the International Federation's commitment to work with communities and to improve the lives of vulnerable people. CBHFA developed and implemented in a strategic manner can help the International Federation meet Global Agenda goals, while at the same time empowering communities, volunteers, National Societies and branches.

CBHFA *in action* is **dynamic**. It is the core approach for National Societies to deliver the global health and care strategy in health promotion and disease prevention.

CBHFA *in action* is **flexible**. It is planned and implemented in response to a community's unique priorities. It works by helping the community to develop its own capacities. Volunteers put their learning into action in the community.

The implementation guide will help Red Cross Red Crescent programme managers design, plan and manage a CBHFA *in action* programme. It introduces tools that help implement community-based actions.

This implementation guide is intended for you if:

- you are a leader and/or programme manager in community-based health, disaster preparedness and response or community development for your National Red Cross or Red Crescent society at headquarter or branch level
- you have heard about community-based health and first aid *in action* and are interested in implementing it with volunteers and communities —

Foreword

Volunteers and communities are at the heart of the International Federation of Red Cross and Red Crescent Societies' mission to mobilize the power of humanity and improve the lives of vulnerable people. Volunteers play a vital role in helping to meet today's humanitarian challenges, not just during disasters and emergencies, but also in early recovery and on a day to day basis in their own communities.

The International Federation of Red Cross and Red Crescent Societies has a long history of first aid and health promotion activities within communities. In the 1990s, community-based first aid (CBFA) was the principal method of teaching first aid to communities. Since then, we have learnt and accomplished a great deal. Now we propose to move to a broader and more comprehensive approach to injury and disease prevention and health promotion with our new community-based health and first aid (CBHFA) in action.

CBHFA's integrated approach trains and mobilizes volunteers from the community to carry out activities in the community. We believe that local volunteers understand better how a particular community lives and works. While they are promoting and maintaining good health behaviours, CBHFA's learning-by-doing approach gives volunteers skills and knowledge that they can adapt and take action with their communities.

Healthy communities can realize their development goals better as they become less vulnerable. Health is inextricably linked to other factors such as peace, preparedness and the ability to respond to any new challenge. These related issues demand that health programmes work hand in hand with the International Federation's other development activities. By working to strengthen and empower communities, we can move closer to the achievement of the Millennium Development Goals.

The integrated approach and tools of CBHFA are therefore developed in collaboration with partner departments and other organizations working in disaster preparedness and risk reduction, disaster management, organizational development, and principles and values.

A National Red Cross or Red Crescent Society implementing CBHFA is making a commitment to long-term health programming. CBHFA is about building healthier and safer communities and stronger volunteer management systems. With these come better local branch capacity and an ability to prepare for and recover from disasters and crises better. Many National Societies have already embarked upon CBHFA because it allows them to build on previous work and find more opportunities to strengthen their health and first aid activities. Helping to secure good community health and first aid by training volunteers who live and work in the community will take us one massive step closer to our vision.

Bekele Geleta
Secretary general

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1.

About CBHFA *in action*

The goal of CBHFA is the creation of a healthy community. Creating a healthy community is a lifelong process, one that requires constant nurturing and persistence. 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 on 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 always at the centre of the process.

CBHFA starts with a community dialogue or forum. The dialogue works to identify community priorities and solutions, and leads to activities to address the priorities. A community dialogue gathers participants to exchange information face to face, to share personal stories and experiences, to express perspectives honestly, to prioritize issues, to develop solutions to community concerns and to identify opportunities. Tools such as the participatory rural appraisal[1](PRA), vulnerability and capacity assessment[2](VCA), and other participatory assessment tools can be of use in this community dialogue.

The length of the community dialogue will vary. Often it is the starting point for a long-term relationship between the volunteer, local Red Cross Red Crescent branches 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 live in the communities in which they work. Community-based volunteers can help their communities identify priority needs and solve their own problems. CBHFA *in action* can strengthen a community, making it a healthier place to live during normal times. Well-prepared CBHFA volunteers can also respond to emergencies.

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

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

1. See References, Appendix 3.
2. See References, Appendix 3.

CBHFA is modelled on the primary health care approach which focuses on working with communities. 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. Indeed, communities should be involved at every stage of CBHFA planning and implementation.

1.1 Guiding principles of CBHFA

1.1.1 Community-based volunteers

Community-based Red Cross Red Crescent volunteers are important for successful implementation of CBHFA programmes. 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. Volunteers are 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.

1.1.2 Community participation

Community participation is central to CBHFA. 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
- participating in health education sessions.

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

1.1.3 Links with health facilities

Red Cross Red Crescent volunteers can establish a strong relationship with their local health facility and health workers. Health workers can 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.

1.1.4 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.

1.1.5 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 link maximize the available financial and human resources.

1.2 Main messages about CBHFA

- CBHFA in action brings together health promotion, injury prevention and response, disaster preparedness and response, and risk reduction into an integrated and comprehensive community-based programme that develops the capacity of volunteers and their communities
- CBHFA emphasizes the roles and actions of volunteers and their branches in communities
- CBHFA incorporates a process of community development and action of "learning by doing". In brief, volunteers will **learn** best practices that they will later **do** or put into action in the community, working with community members
- CBHFA supports creative partnering to maximise programme impact. Resources, programmes and current community development efforts should be taken into consideration in order to capitalize on the human and physical investments that contribute to CBHFA in action successes
- CBHFA in action is supported by a package of tools:
  - Implementation guide (for programme managers)
  - Facilitator guide (for facilitators working with volunteers)
  - Volunteer manual (learning and action for CBHFA volunteers)
  - Community tools (simple health messages to be used by volunteers and community members, similar to ARCHI toolkit[3] in Africa but revised and expanded). —

3. African Red Cross and Red Crescent Health Initiative. Information on ARCHI toolkit available from: www.ifrc.org/what/health/archi/toolkit.asp.

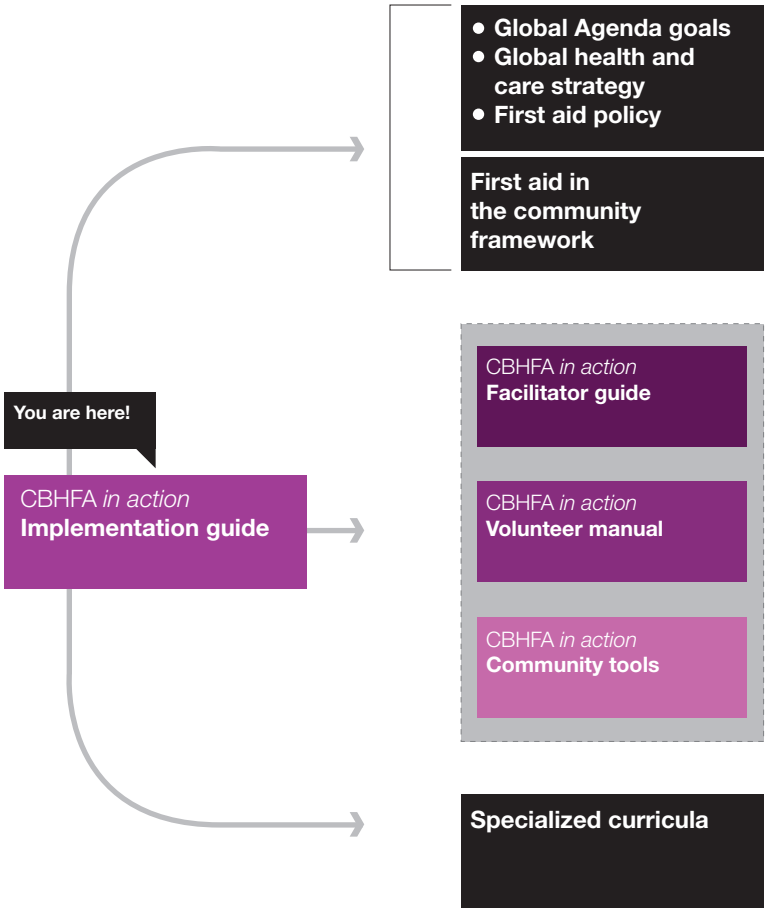
2.

Getting started on CBHFA *in action*

2.1 How to use the implementation guide

The implementation guide, in combination with your knowledge of the local environment, will help you to implement the CBHFA *in action* programme successfully.

You will need to know and consult relevant reference materials and make them available to others who implement CBHFA *in action* (see Appendix 3).



This implementation guide will help you to:

- decide if CBHFA *in action* fits with the goals and programmes of your National Society
- launch, in a step-by-step process, a CBHFA *in action* programme for your National Society and its branches
- identify resources, both human and financial, that are needed to implement a CBHFA *in action* programme

2.2 Getting started

All relevant stakeholders must invest in, and take ownership of the CBHFA programme if it is to lead to sustained action in the community. Setting it up will involve time, resources and commitment from communities, volunteers, branch managers, National Society management and partners. Successful implementation of CBHFA *in action* demands political will and commitment, and the investment of the National Society in a long-term perspective.

Before initiating CBHFA *in action* programming, you should consider:

2.2.1 National Society development plan, policy and structure

Make sure that policy, strategy and management are conducive to community development and empowering actions. It is important that the national headquarters and its branches invest in, and support, the development of volunteers and communities.

Look for opportunities to integrate CBHFA into disaster preparedness or any other community development programmes. Work with donors on common approaches to maximize the use of resources.

2.2.2 Knowledge and skills

Make sure that managers have access to necessary information and tools to implement CBHFA *in action*. Ensure that the proper resources, skill sets and training are available. Much of the knowledge that is required is available in the CBHFA *in action* materials. Use these resource materials to develop the required skills.

2.2.3 National programme and CBHFA in action

Identify national programmes, vulnerabilities and community priorities that fit with CBHFA *in action*. Determine if it is possible to partner with other strategies, resources or projects both within the Red Cross Red Crescent and with other agencies.

2.2.4 Community participation

Find out if community members are willing to invest their time to look for local solutions to their problems or issues, and that they are ready to get involved in taking action. Talk to the people responsible for implementing other programmes.

Visit and discuss with community leaders, community representatives, local health workers and others.

Look for community information and assessment results that have been collected by other programmes. Use these data in designing your CBHFA *in action* programme.

2.2.5 Ministry of health and National Society

Discuss with primary health care providers the skills and attitudes volunteers can bring to the community. Ensure that the ministry of health is supportive of CBHFA *in action* and will work with local branches. Request a "memorandum of understanding" or a letter of support from central government health authorities. To enhance credibility, take a copy of this document to the community level health facility when initially establishing links in the community. —

3.

Managing CBHFA *in action*: ten steps

Ten steps outline how to set up and implement a successful CBHFA *in action* approach.

3.1 Plan and implement a sensitization workshop with stakeholders

Plan and implement awareness-raising workshops with relevant stakeholders, including local government, National Society members, community leaders, representatives from the ministry of health and WHO, and volunteers.

It is important to sensitize and educate stakeholders, including Red Cross Red Crescent management and implementing staff, before beginning a CBHFA *in action* programme. Organize sensitization workshops for senior, middle, and local management, volunteers and community leaders. It is important to involve other interested parties such as local government units and staff in primary health care centres. The goal of the sensitization workshop is to help all stakeholders recognize how the CBHFA *in action* approach will build healthier communities.

Participants of the workshop should include:

- community leaders
- health professionals from primary health centres, clinics and local hospitals
- managers of other programmes within Red Cross Red Crescent as well as other non-governmental organizations (NGOs)
- volunteer leaders
- branch managers
- representatives from local government units, such as health ministry, ministry of education, Civil Defence and others.

Topics for discussion in this workshop may include:

- priority issues in the community as described in the needs for living model (described in the facilitator guide): health, livelihood, water and sanitation, food, shelter, safety and security
- potential health problems that may occur and their management
- health situation in the community and availability of first aid and primary health care facilities

- roles and responsibilities of community groups
- identification of potential collaboration and sharing of resources
- availability of necessary resources (both financial and human)

Participants can take away descriptive one-page handouts so that they can discuss CBHFA *in action* with others. Make sure participants receive regular updates about CBHFA successes to keep them fully aware of the programme.

3.2 Management structure and project action group

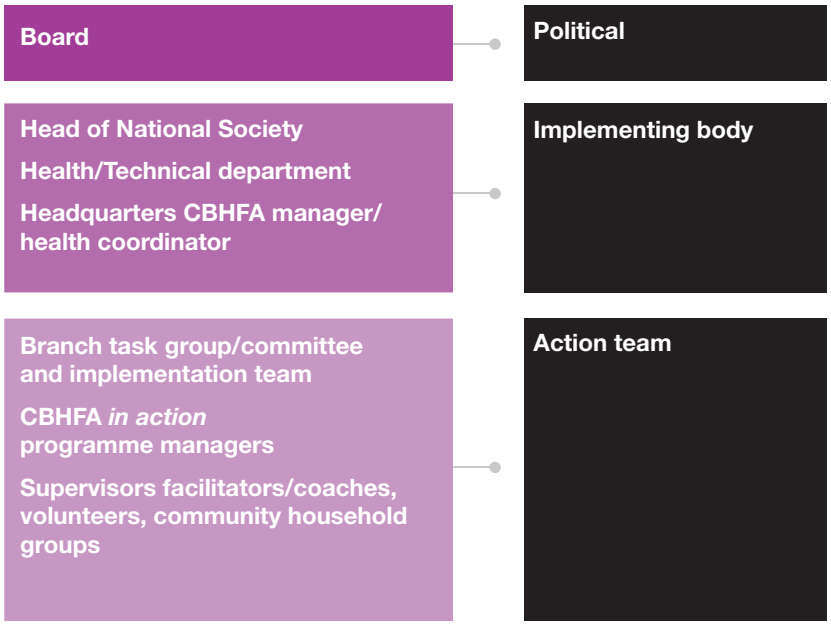
A successful CBHFA *in action* programme depends on good management structures that ensure the voices of community and volunteers are heard.

A management structure will have different levels. Each level will have defined roles and responsibilities, with specified relationships between each level.

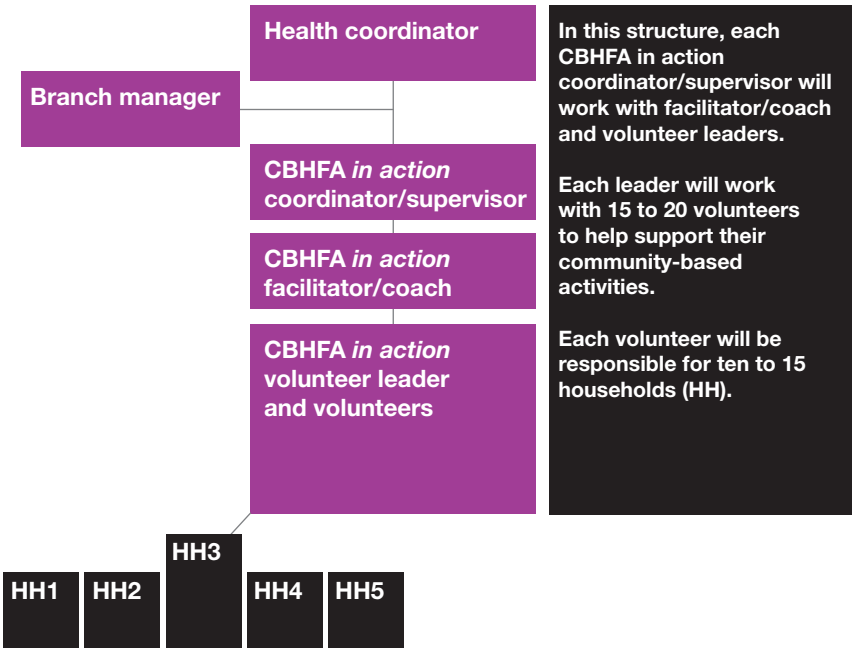
Political commitment of the National Society is important. Board members and other leadership bodies are able to give this, and should be invited to the sensitization workshop to be informed about CBHFA.

The implementing body will be responsible for managing the programme at a high level. It is responsible for the financial and human resources that are necessary to support CBHFA *in action*. This is likely to be the National Society headquarters.

The ground-level implementers, or the "action team", will include supervisors, facilitators, volunteers, coaches and community members/leaders. The management of this function is likely to be at branch level.



Below is an example of how a management structure, from headquarters to the household level, might appear. This is only an example, as the structure will be determined by each National Society to meet specific management needs.



It is recommended that job descriptions (see Appendix 1) should be developed for each position in the management and implementing structure. A job description acts as an agreement or contract between the organization and volunteer or staff member. Clear selection criteria and transparent recruitment processes are essential to ensure the appointment of qualified personnel to perform the needed tasks. It is important to measure performance of staff and volunteers against the tasks they are expected to complete, as detailed in the job description.

3.3 Be creative

Ensure that the National Society and its branches are committed to community-based action and that the management structure is in place. When looking at the community development level for Red Cross Red Crescent programmes use common sense and creative thinking, and be prepared to be patient and persevere. Remember that implementing programmes at the community level will need to emphasize:

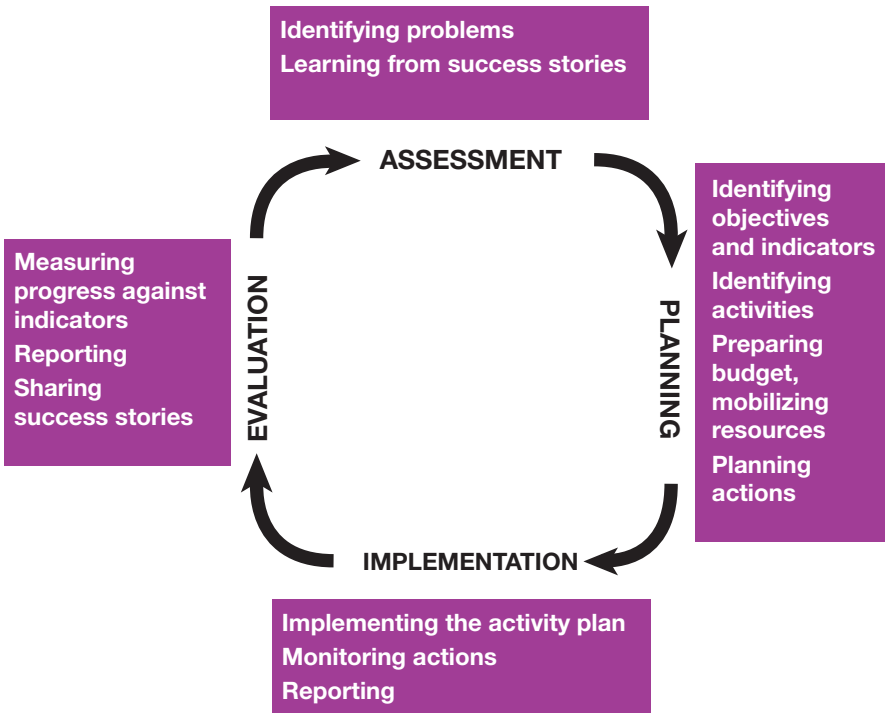
- communication
- formation and maintenance of networks
- links with households, public and NGO facilities and agencies.

As in any other project, CBHFA *in action* requires:

- assessing if communities and the Red Cross Red Crescent are receptive to CBHFA programme goals

- identifying goals, objectives and activities
- preparing a realistic budget and mobilizing resources
- implementing the programme
- establishing and monitoring indicators
- evaluating progress and redesigning what needs to be fixed.

Programme managers or coordinators are expected to be trained in, or be familiar with, the International Federation's project planning process (PPP) and consult the *Project planning process handbook*[4].



In designing the CBHFA *in action* programme, consult with stakeholders to make sure that the plan will work successfully. They should be involved with all aspects of the programme and contribute to its success.

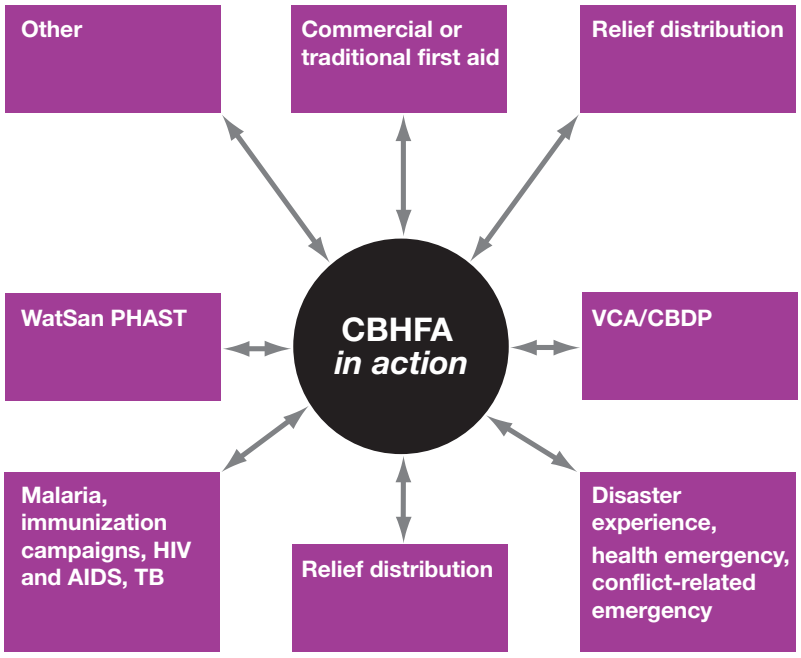
3.4 Customize to local priorities

CBHFA *in action* is a **dynamic** approach to community-based development. It is **flexible** so that volunteers can prepare and respond to the most urgent needs of their community. The approach needs to be **comprehensive** so that all actions contribute to the long-term overall improvement of the community's health. In most National Societies other programmes will align with CBHFA *in action*. This will allow the sharing of resources to maximise impact.

Clear, achievable, identified community needs, active volunteers and a supportive National Society combined with local branch capacity are essential factors that will determine the nature and extent of CBHFA *in action*.

4. International Federation of Red Cross and Red Crescent Societies (2002) *Project Planning Process Handbook.*

A community-based assessment will define the structure that CBHFA *in action* will take in each community. In other words, the programme will be customized to fit needs. Even with this flexibility, it is critical that global minimum content and requirements remain uncompromised, as detailed in Section 4.



WatSan: water and sanitation. PHAST: Participatory hygiene and sanitation transformation.
VCA: vulnerability and capacity assessment. CBDP: community-based disaster preparedness.

Multiple entry points into *CBHFA in action*

CBHFA *in action* is a customized community-based programme that harmonizes existing programmes to maximize resources. A National Society can get more out of its CBHFA *in action* programme by collaborating and working with other programmes and/or agencies. It is important that CBHFA *in action* fit into the strategic framework of the National Society and its branches. Other community needs may be addressed in partnership with, or by other community partners alone. CBHFA *in action* partners may be government departments, donors, local organizations and existing community groups.

Within the National Society, different departments such as the health, disaster preparedness and management, youth and volunteer, branch organization development and others can contribute to and support CBHFA *in action*. Understanding which resources and skills are available in the National Society's ongoing activities and at the community level will help to minimize duplication and maximize existing capacities. This will facilitate more integrated community-based actions.

3.5 Prepare volunteers and staff

It is important to prepare the facilitators/coaches, new or existing volunteers, communities and household groups. It is this "action team" that will influence whether the CBHFA programme is successful at the community level.

- **Management**: avoid too many layers in implementing CBHFA *in action*. A simple management structure is recommended
- **Volunteers**: committed volunteers are essential for a successful CBHFA *in action* programme. Therefore, quality and capacity of volunteers must match what they are required to do. Consider age and gender when recruiting and selecting volunteers. Volunteers are expected to come from the community or the vulnerable groups where CBHFA is in action. Make sure that the community is involved in recruiting and selecting volunteers
- **Coaches/volunteer leaders/supervisors**: each National Society has a different name for those who supervise and coach volunteers. Their role is to support volunteers and help them to deliver quality activities, to report results and lessons learnt
- **Facilitators**: facilitators build the foundation of CBHFA *in action* in communities. They shape the volunteers, coaches or team leaders by developing their skills and knowledge. Make sure that the facilitators are up to date with learning methodologies (learning by doing), skill-building and empowering households and communities (see the facilitator guide).

The CBHFA programme requires a robust training and facilitation system at the National Society or branch level. Volunteers need to be prepared by training and capacity development to mobilize community members. It is important to document who receives training in which topics. Successfully completing a training programme deserves recognition with a "certificate of completion." It might be a good idea to have a list of community members who have received the appropriate training. This list can then be provided to the local health facility so that empowered community members can be called on to respond in times of emergency.

3.5.1 Ethics and accountability

Programme managers/coordinators and supervisors of CBHFA *in action* must ensure that volunteers comply with the National Society's policies, rules and regulations, as well as the Fundamental Principles[5] and the International Federation's code of conduct[6]. Additionally, in all dealings with children in the community, parents or teachers must be present during activities.

Managers/coordinators and supervisors are responsible for ensuring volunteers' health and safety through advice, guidance and the provision of relevant protective equipment for safe practices. This policy is described in more detail in Section 8.

A child is defined in the *United Nations Convention on the Rights of the Child* as every human being under the age of 18 years unless, under national law, the age of majority is attained earlier. All children deserve to be safe. However, violence against children is a widespread problem. Violence against children is any form of physical, sexual or emotional mistreatment or a lack of care that causes harm to a child. Abuse of power is common to all types of violence against children.

Children are the smallest, weakest and most dependent members of any society. Because of this, children are vulnerable to abuse of power in the form of violence, maltreatment and exploitation. No violence against children by Red Cross Red

5. The seven Fundamental Principles. Detailed information at: www.ifrc.org/what/values/principles/index.asp.
6. Code of Conduct. Information at: www.ifrc.org/publicat/conduct.

Crescent volunteers is acceptable. No child should be harmed by any Red Cross Red Crescent volunteer in any circumstance. Volunteers have an important role in ensuring all child beneficiaries are safe from violence in all their interactions with the Red Cross Red Crescent across all programmes and services.

3.6 Logistics and resources

Before implementing the programme, you need to ensure that the human, material and financial resources are available. Resources are required not just for training of volunteers, but for relevant community actions and volunteer management as well. It is important that the expectations of community members, partners and government authorities do not exceed available resources.

Remember to consider:

- available resources, both internal and external
- expectations of community members and partners
- potential stakeholders who will support CBHFA *in action*
- possibility of fundraising at headquarters, branch and community levels
- potential community actions during a period of three or more years
- critical partners within the National Society, such as health, disaster preparedness/management, youth and volunteers, branch/organization development
- resources, skills and existing community-level actions undertaken by the National Society or branches
- sustainability of community actions so that community and local authorities see and recognize the impact of CBHFA *in action.*

3.7 Core knowledge and community needs

Each community has a unique set of needs, capacities and priorities. CBHFA *in action* volunteers will be responsible for a variety of tasks. All Red Cross Red Crescent volunteers, however, should have certain common knowledge and skills that are core minimum requirements.

- Module 1: Red Cross Red Crescent knowledge. It is critical that volunteers abide by the Fundamental Principles of the International Red Cross and Red Crescent Movement, commit themselves to upholding these values and know their responsibilities and rights
- Module 2: Community mobilization
- Module 3: Assessment-based action. This module will help volunteers assess the priority needs of their communities and map the vulnerabilities and resources available for implementing CBHFA *in action*. With the completion of a community assessment, volunteers, coaches and facilitators will be better able to prioritize community needs and actions. This will focus the preparation and training of volunteers and equip them with skills that respond to community priorities.

3.8 Household and community action groups

A critical component of CBHFA *in action* is to develop and empower household and community groups. Based on the information gathered during the community assessment, volunteers will identify priorities for the CBHFA *in action* learning. Volunteers will consult with local community groups to initiate actions based on these priorities with the support of their coaches/supervisors.

Volunteers will use the community tools to work with their households for the health activities. The volunteer's own household should act as a model and promote the adoption of healthy behaviours and actions. Using the community tools, volunteers will facilitate dialogue in health and related areas among neighbouring households.

By advocating the adoption of healthy behavioural practices and disseminating key messages from the community tools, CBHFA *in action* will promote healthy living.

3.9 Tools for planning, implementing and documenting actions

Facilitators need to be prepared to train and facilitate the CBHFA *in action* programme. It is important that they attend a training of trainers or a master facilitator course in order to learn how to make the training dynamic and fun for volunteers. It is very important that facilitators get the volunteers motivated and equipped to be successful agents of change.

Volunteers will need to work with community members and stimulate them to learn by doing, important work that can lead to visible change and healthier communities.

Monitoring and evaluation data collection tools need to be prepared. Volunteers and community members should understand why collecting data is important, and how the data can lead to evidence-based decision-making that improves the CBHFA process. Lessons learnt from the analysis of data, as well as success stories, need to be shared with all stakeholders, whether community members, volunteers, branch staff, National Society staff or partner organizations.

3.10 Monitor progress and evaluate impact

Putting a monitoring system and evaluation mechanisms in place completes the essential steps of managing CBHFA *in action*. Monitoring and evaluation of CBHFA *in action* helps identify specific change that has occurred as a result of an activity.

While developing the plan of action, a simple system with indicators to monitor community actions needs to be created and managed at the community level with the support of CBHFA volunteers. Results need to be analysed so that relevant corrective action can be taken at the appropriate time. See Appendix 2 for a simple monitoring and evaluation template that was created and tested in Indonesia.

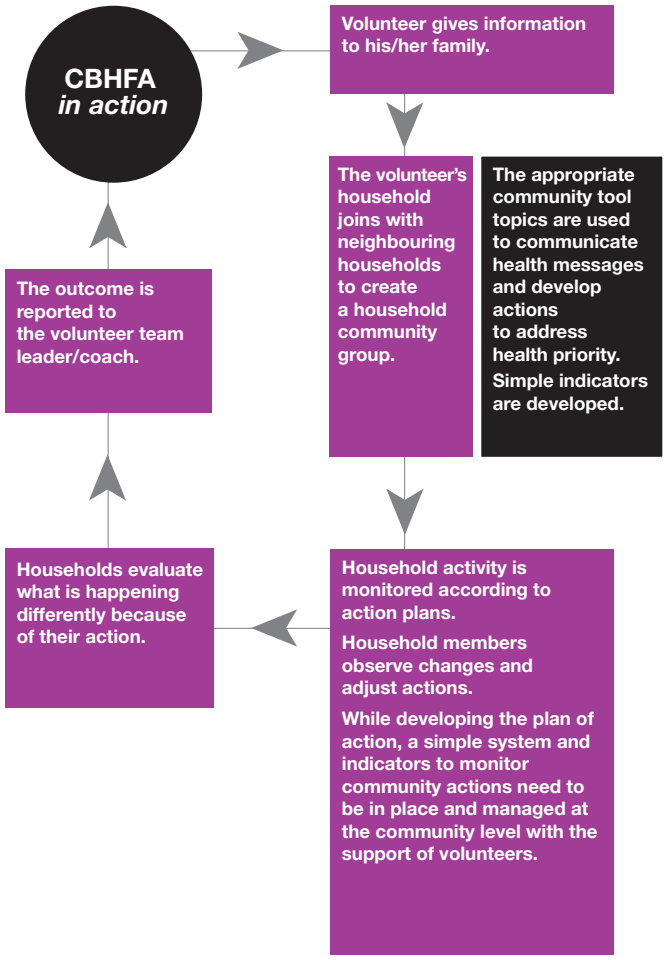
7. International Federation of Red Cross and Red Crescent Societies (2006) *Working with communities: a toolbox*. Available from: participation.110mb.com/PCD/Workingwithcommunities.pdf. Part D details evaluation and reporting.

8. See International Federation (2007), *Monitoring and Evaluation in a Nutshell*. Available from: participation.110mb.com/PCD/M%20and%20E%20guide%20final.pdf. and (2002) *Handbook for Monitoring and Evaluation*. Available from: www.ifrc.org/cgi/pdf_evaluation.pl?handbook.pdf.

Evaluation can be carried out in different ways with different tools, both quantitative and qualitative. It may be done by external experts and/or internal stakeholders, or among peers. All stakeholders, especially community-based volunteers, coaches and supervisors need to be part of the process.

A simple reporting system will need to be in place at all levels of project implementation. Where reading or writing is not possible, the volunteers can report orally, by drawing, or by asking someone to write their words down. See *Working with communities: a toolbox*, International Federation of Red Cross and Red Crescent Societies (2006) Part D[7] for more information about reporting as well as lessons learnt about recording information. Additional resources are available from the International Federation.[8]

As information is collected and reported to the branch and back to the community members, it is important to modify and improve the CBHFA programme based on the data. You should take steps to fix what is not working well, while keeping what is working well. Change and decision-making should be based on the best available data.



CBHFA project and implementation cycle

4.

Minimum content and requirements of CBHFA *in action*

Although the CBHFA programme may vary in order to meet local priorities, programme managers must ensure compliance with global requirements. The minimum content has seven requirements.

4.1 Modules 1, 2 and 3

The first three modules are required learning for all CBHFA volunteers.

All volunteers should complete Modules 1, 2 and 3 of the CBHFA *in action* volunteer manual. If there is a health emergency or an epidemic outbreak during the period of study, volunteers may complete a short version of the information in the three core modules while assisting in disaster and epidemic relief activities.

4.2 First aid and health as standard practice

Volunteers need to know first aid. To many community members Red Cross Red Crescent implies first aid knowledge and skills. Module 4 teaches all the required first aid topics and all relevant topics should be included in the training for volunteers.

First aid standards must be based on current guidelines of a recognized international body such as the *European Reference Guide for First Aid Instruction*[9], American Heart Association guidelines, or the *International Harmonization of First Aid: First recommendations on life-saving techniques*[10] and comply with national first aid framework, guidelines and legislation.

Community health practices must be based on WHO and/or the national standards/guidelines. It is important, however, to consider good local practices and remedies which are approved by the local health authority. It is necessary to adapt practices so that they are culturally sensitive and respect diversity.

9. Belgian Red Cross-Flanders (2007) *European Reference Guide for First Aid Instruction.* Available from: www.efam.be/images/European RefGuide.pdf.

10. International Federation of Red Cross and Red Crescent Societies (2004) *International Harmonization of First Aid: First recommendations on life-saving techniques.*

4.3 Customize CBHFA *in action*

The CBHFA *in action* volunteer manual is a needs-based construction of modules and topics. Modules 1, 2 and 3 are mandatory. Additional topics will be identified by the volunteer, community members, and others. The volunteers' learning should include:

- Modules 1, 2 and 3 (mandatory learning)
- Module 4: First aid core topics and optional topics relevant to specific community-based assessments
- Module 5: Community mobilization in major emergencies
- Module 6: Health promotion and disease prevention core topics and optional topics relevant to specific community-based assessments and priorities
- Module 7: Supplementary topics relevant to specific community needs.

Consequently, the make up, content and time required to facilitate the volunteer manual will depend on priority topics identified.

The duration of the CBHFA *in action* volunteer's learning will be different in each community. The emphasis in CBHFA *in action* is to create change at the household and community level over time rather than simply completing a course in a short period. To complete the content, a minimum number of hours will need to be invested every week.

The facilitator and his/her volunteers, in conjunction with the branch and National Society management, may have to adjust the time and frequency of each session depending on the skill levels and the needs of volunteers. Volunteers must be equipped with the skills and knowledge required for the tasks that they are asked to perform.

4.4 Empower household groups

CBHFA *in action* volunteers will help form household and community groups consisting of their own household and neighbouring households. The volunteers will promote injury and disease prevention, healthy lifestyles and positive behaviour changes through regular visits using the community tools.

4.5 Integrate learning and action

Volunteers will engage in relevant community activities and projects. Project work and community activities can, and should, coexist with ongoing learning. In other words, as the volunteers are learning the content in the volunteer manual, they may also be performing activities and project work in the communities, putting into effect the "learning by doing" approach.

4.6 Adapt to crisis

During a natural disaster, health emergency or an epidemic the CBHFA *in action* programme will stop its routine learning. The facilitator, supported by additional professionals, will facilitate learning sessions from the appropriate topics of the

volunteer manual or other sources related to the crisis. Under supervision, volunteers will assist in the emergency.

After the crisis, the facilitator will help the volunteers reflect on the experience and the learning process that they experienced. The routine CBHFA *in action* volunteer learning programme will be resumed.

4.7 Focus on impact

The CBHFA *in action* programme aims to reduce community vulnerability due to disease or disaster. Programme managers should ensure that monitoring and evaluation mechanisms are established. National Societies are encouraged to adopt global indicators used in reduction of disease and injury mortality and morbidity to monitor and evaluate the overall programme.

Identifying positive health differences will demonstrate to the community members that the CBHFA *in action* programme is making a difference in their community.

5.

Health promotion

Promoting better health and well-being of individuals, groups and communities is important in the CBHFA programme. When a National Society embarks on CBHFA *in action*, it is important to have a good understanding of health promotion. A catalogue of health promotional materials, or a compilation of sample materials that speak the message and connect with the clients will be important.

For effective health promotion it is crucial to understand cultural and social dimensions. These factors influence beliefs and behaviour. Along with providing information to the target group, health promotion focuses on sustained behavioural change. It must incorporate and reflect the realities of people's lives, their current attitudes, beliefs and lifestyles.

It is important to differentiate between health promotion and health education. Health education aims at preventing specific diseases, often through targeting high-risk groups. Health promotion covers all those activities that seek to improve the health status of individuals and communities. Health education is an integral and important part of the wider process of health promotion.

5.1 Five components of health promotion

5.1.1 Preventive

The preventive component of promotion focuses on activities and promotional materials to help reduce the cause of a problem and associated vulnerabilities. In order to be an effective tool, health education of potential risks and promotion of preventive measures need to be carefully planned and implemented. It is a long-term process.

5.1.2 Behaviour change

Individuals need to be ready to adopt healthy behaviour. People can make real improvement in their health by choosing to change their lifestyle. Since change in behaviour does not happen overnight but occurs over a long period, behaviour change is not an easily measurable factor in terms of its impact on prevention. It is imperative that the social environment is supportive to the individual in this process. The absence of such an environment will render promotional efforts ineffective and create barriers to behaviour change.

5.1.3 Educational

Education provides knowledge and information, and develops skills. Via the educational process, a person is able to make an informed and voluntary choice about her/his health behaviour. Examples of health education are mass media campaigns, one-to-one education and classroom-based teaching. In all these cases, the recipient of the teaching or message must act on it to make a difference.

5.1.4 Empowerment

Self empowerment and community empowerment are both important. Self empowerment is client-centred and focuses on increasing an individual's control over her/his own life. Community empowerment empowers a group of people by identifying their concerns and working with them to plan a programme of action to address the concerns of the community with community participation.

5.1.5 Educational social change

The socio-economic environment will influence health. In health promotion, the physical, social and economic environments that affect the health of the community must be considered.

5.2 Health promotion planning

A comprehensive plan has to be developed before any health promotion intervention. An outline of steps to plan health promotion intervention will:

- identify concerns and problems of the community that affect the quality of life
- understand the nature of the health problem and position it in relation to other social problems. A specific health problem and its nature are determined by available epidemiological data as well as the perception of a particular community
- identify behavioural factors and define their clear status in relation to the health problem. Three factors determine a person's behaviour and affect motivation to change:
  - belief
  - values
  - attitude
- analyse behaviour factors and determine the key issues
- decide which issues are the focus of the intervention
- develop and implement appropriate promotional interventions
- evaluate the health promotion intervention.

6.

Monitoring and evaluation

Monitoring contributes to the success of any project. Monitoring is a systematic approach based on evidence to measure a set of "milestones" or indicators which:

- demonstrate performance (see Appendix 2 for a M&E data collection form)
- specify realistic targets for measuring or judging if the objectives at each level have been achieved
- provide the basis for monitoring, review and evaluation, and feed information back into the management of programme implementation
- contribute to transparency, consensus and ownership of the overall objectives and plan
- communicate important information to the programme, whether they are met or not met as planned.

When establishing indicators it is recommended to include as many stakeholders as possible. Analysis of indicators, giving project successes and lessons learnt should also be shared with all stakeholders, including community members.

Indicators can be *quantitative* or *qualitative*.

Quantitative indicators are expressed and measured in numbers from the information or data collected in reports. Some examples include:

- number of cases or incidence of a particular disease or illness
- number of actions conducted in a community
- number of children immunized.

Qualitative indicators are judgements from observing changes, and obtained by asking questions. Examples of qualitative indicators include:

- better community participation in clean up campaigns
- change in a specific practice, such as hand washing or breastfeeding
- the following or otherwise of the recommended use of a facility, such as a latrine.

Quantitative methods of monitoring may include structured questionnaires, case report forms, household registers, checklists and diaries. Qualitative methods may include in-depth interviews, documentation and story telling. CBHFA *in action*

is dynamic and flexible. The monitoring and evaluation will, therefore, be developed based on the goal and objectives of the specific programme.

In some situations application of CBHFA *in action* will directly influence morbidity and/or mortality reduction. For example, volunteers can save lives with disease-specific interventions during health emergencies, or can influence change in health risk behaviours and the adoption of healthier lifestyles. In other situations it is anticipated that the CBHFA *in action* programme complements the community health care programme of the ministry of health.

The CBHFA *in action* programme should be monitored and evaluated on a regular basis by the programme team (or action team) itself. CBHFA *in action* volunteers need to learn how to document their actions. The manager/coordinator should ensure that staff are trained to monitor and evaluate the programme.

7.

Translating and adapting the CBHFA *in action* materials

7.1 Translation and adaptation process: know your audience(s)

The translation and the adaptation processes reinforce and complement each other. The translator must know and understand the various target audiences for the materials. To complete the adaptation process, it will be necessary not only to translate the concepts into the target language, but also to adapt the visual messages (pictures or drawings) to make them relevant to the target audience(s). The translator will need to work closely with the programme manager for CBHFA *in action*.

It is important to translate the CBHFA *in action* materials conceptually, and not translate the materials word for word. Main messages must be rendered into the target language in appropriate terminology. Appropriate language for the implementation guide, written for programme managers, will differ from language that suits the facilitator guide, which is directed at facilitators/coaches, while the volunteer manual and the community tools target volunteers and community members. Thus, the materials target at least three distinct audiences.

It is recommended that:

- The facilitator guide should be translated first. It will take approximately four to six weeks to translate. Ask facilitators for feedback and comments on the translated guide. Are the materials and the facilitation methodologies clear to them?
- The volunteer manual will benefit from the review and comments offered by the facilitators. Training of the volunteers who will implement the CBHFA process can begin once these materials have been translated. After conducting two to three sessions it is recommended that the translator leads a focus group or asks volunteers to give feedback and comments on the translated materials. These materials will take approximately one to three weeks to translate, as the majority of the content is included in the facilitator guide

- Community tools should be translated last. These materials need to be simple and clear. Different community members and household groups form the target audience. It will take approximately three to four weeks to translate. As part of the translation and adaptation process, it is important that culturally appropriate and technically accurate content and visuals are included.

7.2 Selecting the translator

Careful selection of the translator is very important. The translator, the programme manager and the facilitators who will use the materials need to work collaboratively to ensure that materials are translated and adapted appropriately. The following general guidelines should be considered in this process:

- Translators should always aim at the conceptual equivalent of a word or phrase, not a word for word translation, i.e. not a literal translation. They should consider the meaning of the original term and translate it into language most relevant to the target audience. For the CBHFA materials it is important that the translator select common, simple words rather than medical terminology
- The development of a style sheet to enhance consistency. An example can be found in *A standard style for International Federation English*[11]
- Translators should render the translation in simple, clear and concise sentences. Fewer words are better. Long sentences with many clauses should be avoided. Ambiguous words or concepts will confuse, rather than excite, the audience
- Translators should consider issues of gender and age, as well as cultural norms.

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7.3 Visuals and pictures

The visual enhancements, the drawings and diagrams, help reinforce important learning messages. Consequently, the visuals should be adapted to the local context. Participants will better understand the intended messages if the people in the drawings look like people to whom they can relate. For example if most of the women in the communities wear head scarves then the visuals should show women wearing scarves on their heads.

It may not, however, be necessary to adapt all of the visuals to the local context. Adaptation is expensive in terms of time, effort and money. Field testing the materials will help you determine how extensive the adaptation process will need to be. If you show drawings to a representative audience in the community, do they understand and appreciate the intended messages in the visuals? The materials may not be perfect, but will they work? Do the visuals communicate the intended message?

A volunteer or member of staff may be able to prepare the necessary visual messages. It will be important to work closely with this person to identify the main technical messages that need to be clear in each drawing. For example, in the drawing for the malaria topic, the visual must show clearly the correct way to tuck the bed net under the mattress to keep mosquitoes away from people sleeping under the net.

11. International Federation of Red Cross and Red Crescent Societies (2008) *A standard style for International Federation English.* Available on FedNet(Resources/User guides/International Federation style guide – 2008)

7.4 Field testing

It is recommended that translated and adapted materials are always field tested. As the written materials are translated it is suggested that you ask bilingual technical experts and trainers/facilitators to read and comment on the materials. During a CBHFA training event for volunteers or community members ask for their opinions on the materials that they are seeing. It is recommended that a formal verbal or written evaluation be developed so that consistent information is collected. Necessary changes to the CBHFA materials and messages will be based on feedback collected from the end users. Field testing in this way is considered part of the CBHFA adaptation process, and does not need to be costly in terms of time, resources or money. —

8.

Liability and protection of volunteers[12]

8.1 Responsible volunteer management

Each National Society needs to discuss and manage the issue of liability and protection of volunteers. Essentially this involves the National Society being morally and legally obliged to be responsible for the CBHFA programme. The issue should be regarded from the perspective of the beneficiary as well as that of the volunteer. It is important to realize that a beneficiary can be exposed to risks when using the services of the National Society.

Volunteers should not be seen as an alternative to paid staff, nor staff seen as an alternative to volunteers. Staff are paid while volunteers are reimbursed their actual expenses. A volunteer can be exposed to risks when performing a task on behalf of the National Society. For example, volunteers can get injured or have a motoring accident while performing duties.

A code of conduct approved by its national governing body sends an important message that the National Society takes its responsibilities towards volunteers seriously. In turn, volunteers must take their responsibilities seriously in abiding by the code. This establishes a basic framework that protects volunteers in what they do. However, the design and monitoring of the programme must also include the analysis and management of risk.

8.2 Protection of volunteers

Volunteers work in vulnerable situations and with vulnerable people, and should be protected in the event of damages or injuries they may cause in the course of their work or duties. Accidents can happen, with people injured, harmed, or even killed. Volunteers can harm people and property, especially if they have not been properly trained or given the correct equipment.

It is important for a National Society to have appropriate insurance polices. The insurance might be needed to pay compensation to volunteers or their families if they are injured or killed. Depending on the legal system of the country, insurance may pay legal bills and compensation if volunteers injure clients or others.

12. See Appendix 3 for essential International Federation reference materials on policy and legislation.

The programme manager will ensure that staff and volunteers understand security plans and follow the rules and regulations accordingly. Volunteers and staff need to be aware of their environment and policies and should be asked to report any changes or incidents of concern. The programme manager will need to keep staff and volunteers updated about changes.

Safety in the community depends on the personal attributes of volunteers, coaches and other team members, how they work together and how they work with community members. Behaviours must be culturally sensitive. Volunteers and staff should never provoke a situation with offensive personal behaviour. They should always maintain integrity and not become part of the problem in the community. Correct, polite, impartial and neutral behaviour by staff and volunteers is expected.

The programme manager in CBHFA *in action* must have a record of volunteers, staff and other team members, detailing what they are doing and what they plan to do. He or she must make sure that the local community is consulted and that programme activities are accepted within the community. Once implemented, the programme manager must continually monitor the local situation and identify any issues that are likely to cause problems.

Volunteers and staff need to consider their own personal threat/risk analysis in terms of their actions and how they are working. Additionally, the programme manager may need to complete a threat/risk analysis for the programme as a whole in order to mitigate risks that threaten the programme.

8.3 Liability

The National Society and volunteers need to be clear about the legal status of volunteers, and to know which reimbursements, benefits and protection the volunteer can expect. When something goes wrong, the National Society must take responsibility. One action is to organize insurance for both accident and liability. The programme manager needs to be sure that volunteers receive the necessary information, training, supervision, personal and technical support for their duties. Equipment and protective clothing should be provided when needed. National Societies should always be aware of the security and safety of their volunteers. However, careful planning and common sense still need to be combined with the management of risk in the design and monitoring of the programme.

National Societies need effective procedures to protect the image of the International Red Cross and Red Crescent Movement. Effective security ensures that the image and reputation of the Movement are maintained at the operational and programme level. To achieve this, staff and volunteers must operate within the boundaries of the Fundamental Principles and the code of conduct. Volunteers should be recruited, trained and managed to undertake their duties in a safe and competent manner. They must wear a Red Cross Red Crescent badge and carry an identification card at all times. —

9.

CBHFA *in action* pilot programme

The CBHFA *in action* programme was being piloted by the Indonesian Red Cross Society (Palang Merah Indonesia—PMI) at the time of this publication. PMI began its programme by training a group of master facilitators during the first regional CBHFA *in action* master facilitators workshop, held in Indonesia in June 2007. This workshop included participants from six National Societies, namely Indonesia, India, Myanmar, Pakistan, Sri Lanka and Thailand.

Following the master facilitators workshop, PMI implemented the programme in four branches and 20 pilot communities. Twelve master facilitators, 32 branch facilitators and nearly 500 volunteers participated in CBHFA *in action* training at community level. The PMI pilot contributed significantly to the learning and experience that informed the revision of the materials. Monitoring forms and other support resources developed by PMI are available for adaptation (see Appendix 2 for PMI M&E form).

Additionally, the CBHFA *in action* materials were field tested in two other regional master facilitator workshops hosted by the Cook Islands Red Cross Society (March 2008) and Somali Red Crescent Society (April 2008). These workshops included participants from 11 National Societies in the Pacific and East Africa and helped to provide extensive feedback on the structure and content of the materials.

Many lessons were learnt as a result of the three master facilitator workshops, the PMI pilot, and CBHFA programmes in Sri Lanka, Pakistan, Sudan and other countries. Recommended practices have been documented in the implementation guide as well as in the other CBHFA *in action* resources, the facilitator guide, the volunteer manual and the community tools.

Workshop participant feedback:

"learning from our mistakes [make us] better" – Asia workshop participant

"simplify to my community context" – Pacific Islands workshop participant

"action/impact, not just training volunteers" – Pacific Islands workshop participant

"have more confidence in facilitation, keep messages very clear/simple. Repeat often. Stick to a few points and go back" – Pacific Islands workshop participant

"integration and things connecting is efficient and effective for communities" – East Africa workshop participant

"sensitize community and set long-term plan towards behaviour change" – East Africa workshop participant.

10.

Conclusion

CBHFA *in action* is about producing an impact that reduces community and individual vulnerabilities and increases community capacity. Community volunteers and households are empowered to develop and implement their own solutions to health challenges so as to be better prepared and able to respond to their own needs.

CBHFA *in action* emphasizes the process of learning by doing to encourage community-based volunteers to make a systematic review of their progress to modify and improve their future activities. By learning from past experiences, volunteers not only build their capacities but they become more effective change agents within their communities. CBHFA *in action* programmes are flexible. Incorporating lessons learnt enables volunteers to respond more dynamically to the priority needs of the community.

This implementation guide is designed to provide CBHFA managers/coordinators and supervisors/coaches with practical steps on how to establish and manage a CBHFA *in action* approach. It provides information to support volunteers and communities and to develop management systems to monitor progress.

Appendix 1

Sample job descriptions

Job title: CBHFA *in action* facilitator/coach

Job goals

- to plan and facilitate CBHFA *in action* training for volunteers using the "learning by doing" approach
- to facilitate and support community engagement/actions during or after CBHFA in action learning course.

Duties and responsibilities

- to plan and facilitate the CBHFA *in action* curriculum according to global minimum quality requirement and content based on the priorities of the community
- to cooperate with team leader/coaches in the arrangement of field activities during or after the learning course
- to organize sensitization workshops
- to support and coach newly-trained volunteers
- to assess performance of volunteers during the course
- to evaluate the quality of the course, record and report on volunteers' performance.

Skills or attitudes required

- a good facilitator of adult learners, experience required
- ability to communicate well and organize learning opportunities inside and outside the classroom
- ability to work with communities.

Special considerations

- experience and knowledge of Red Cross Red Crescent, with experience as a volunteer preferred
- experience of CBHFA *in action* facilitation and excellent first aid skills and health knowledge in CBHFA *in action* context
- completed CBHFA *in action* "learning by doing" facilitators' workshop.

Time requirements per week and length of assignment

Full time or volunteer post. One day or six hours per week for a minimum of 18 months.

Reports to

Branch CBHFA programme manager/coordinator/supervisor.

Benefits

Opportunity to gain more "learning by doing" facilitation experience. Opportunity to update skills and knowledge. Respect of volunteers and communities. Volunteer support and incentives.

Closing date for applications

Contact name for further information

Job title: CBHFA *in action* volunteer

Job goals

- to work with the community to provide first aid and health awareness
- to respond to emergency priorities, when needed.

Duties and responsibilities

- to establish effective relationships with ten to 15 households in the community
- to work with Red Cross Red Crescent team leaders/coaches and local community committees identifying first aid and health priorities in coordination with the primary health care centres and household groups
- to facilitate "learning by doing" activities with households
- to report community activities and results to coach/team leader.

Skills or attitudes required

- dedicated to improving health and well-being in the community
- ability to motivate and work with households
- ability to organize local community action and community mobilization under supervision
- respected by the local community.

Special considerations

- completed CBHFA *in action* learning programme
- should be a volunteer in the community
- interested in attending a coaching module.

Time requirements per week and length of assignment

Prepared to dedicate half a day or three hours per week for a minimum of 18 months.

Reports to

CBHFA *in action* supervisor/team leader/coach.

Benefits

Opportunity to develop "learning by doing" community experience. Opportunity to update knowledge and skills. Recognition and respect of the community. Volunteer support and incentives. Volunteer insurance protection. Opportunity to become a coach/team leader.

Closing date for applications

Contact name for further information

Appendix 2

Volunteer's household visit record

CBHFA *in action* programme

Name of branch: _____ Month: _____

Name of village: _____ Name of volunteer: _____

Name of volunteer team leader: _____

Total number of households in volunteer catchment (supervision) area: _____ Population in volunteer catchment area: _____

Name of head of household visited/ date of visit	Number of people in household		For children under five years of age				Any LLIN (at least one) in household? List number	Key health topics (Write in each column the health priority topic as listed in the village plan of action) For each household visited, record in each cell the mode of communication/action for the key topic: a. One way communication e.g. a talk or lecture b. Two way communication e.g. a discussion with questions and answers c. Practical or hands-on demonstration					Comments or any notes For example note number of pregnant women/ elderly/disabled that need special attention/care etc. (Country- or locality-specific information here)
	Female	Male	Number of children under five years of age in household	Number of <5s who visited health care worker two or more times last month	Number of <5s with vaccination card	Number of <5s not yet completed vaccine series		1	2	3	4	5	
1													
2													
3													
4													
5													

appendices

Appendix 3

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Appendix 4

Glossary

Since CBHFA *in action* is designed for use by people working within a very broad range of situations, and within different cultures and environments, some of the terminology used may need to be adapted to suit the circumstances. Bearing this in mind, the following terms have been used in the materials with specific meanings:

Coach – A person providing training or guidance to others in an area of their own expertise.

Community – A specific group of people, often living in a defined geographical area, who share a common culture, values and norms, and are arranged in a social structure according to relationships which the community has developed over a period of time. Members of a community gain their personal and social identity by sharing common beliefs, values and norms which have been developed by the community in the past and may be modified in the future. They exhibit some awareness of their identity as a group, and share common needs and a commitment to meeting them.

Community assessment – A community health assessment is a process by which community members gain an understanding of health concerns and health care systems of the community by identifying, collecting, analyzing and disseminating information on community assets, strengths, resources, vulnerabilities and needs.

Facilitator – A person who organizes and provides services for a meeting, training or other event. This person enables a process to encourage and guide people to find their own solutions to the problems or tasks at hand.

Health education – Health education is often aimed to improve specific health behaviours and to develop health literacy. An example would be learning opportunities addressed to a high-risk group in order to prevent a particular disease.

Health facility – A broad range of places where health care is provided, from small clinic or health centre with few resources to a large, well-equipped hospital.

Health promotion – The process of enabling people to increase control over, and to improve their health through a wide range of activities.

Health worker – Professional qualified people whose main activities are aimed at protecting or enhancing health. They include those who provide health services, such as doctors, nurses and midwives.

Implementing body – A group of people who are given the task of carrying out or fulfilling specific action.

Learning by doing – A concept of education that uses hands-on experiences to teach individuals how to do a given task.

Primary health care – Essential health care made accessible at a cost a country and community can afford, with methods that are practical, scientifically sound and socially acceptable.

Programme manager – An individual who supervises an organized set of projects/services seeking to attain specific objectives.

Supervisor – A person whose job is to oversee and guide the work or activities of another group of people.

Volunteer leader – A volunteer whose role is to guide or direct other volunteers.

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.

Together for humanity

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.

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