

# AP Community Health Workshop

1-5 June 2015 | Bangkok, Thailand

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## 1. Background

Community-Based Health and First Aid (CBHFA) is an approach of the International Federation of the Red Cross and Red Crescent Societies (IFRC) aimed at supporting communities so that individuals, households and the community in general are empowered to take charge of their own health, including reducing risks and strengthening resilience to health threats. The approach, in an effort to promote community participation and focus on behaviour change, has produced a set of simple and easy to use tools which have been adapted by National Societies to local context and applied by community health volunteers.

New modules and guidelines have been developed to reinforce the CBHFA toolkit and to further support NS in expanding the range of health issues that their community health programmes and initiatives can address and respond to. These include the Healthy Lifestyle (HL) Module as IFRC contribution to the prevention of non-communicable diseases (NCD) and the Violence Prevention (VP) Module. An Epidemic Control for Volunteers' (ECV) toolkit was also produced to complement an existing CBHFA module. In addition, a planning, monitoring, evaluation and reporting (PMER) toolkit was also developed to also support NS in strengthening the programming quality of its community health initiatives, ensuring that these are evidence-based.

The IFRC has also committed to scaling up its contribution to community resilience strengthening, which requires an all-inclusive and multi-sectoral approach, and possibly change in mindsets. Many NS have already ventured into integrating CBHFA with other community-based programmes such as disaster risk reduction (DRR), water and sanitation, shelter, to name a few. These efforts include looking for ways of harmonising their tools, currently focusing on community-based participatory assessment.

IFRC has also been contributing to meeting the Millennium Development Goals 4, 5, 6 and 7, through community health programmes. As the international community is shaping the post-2015 agenda, through the Sustainable Development Goals (SDG), the IFRC is contributing to multi-stakeholder consultations and is also reflecting on how our community health programmes and approach help in achieving these emerging goals. To this effect, there is an on-going process of further developing the CBHFA approach and its tools.

Many of the Asia Pacific NS are implementing community health programmes and interventions. A 2014 IFRC global mapping exercise conducted to better understand the utilization of the CBHFA approach showed that 22 Asia Pacific NS have programmes following the CBHFA approach which have served 44% of the five million beneficiaries reached by a total of 109 NS. AP NS volunteers and master facilitators also account 69% and 36% of total global pool, respectively. The above reflect the rich experience, knowledge and skills of Asia Pacific NS in relation to community health and the strong potential to contribute to regional and global discussions to expand IFRC knowledge base.

An Asia Pacific Community Health Workshop is planned on 1-5 June 2015 in Bangkok, Thailand, as part of the knowledge sharing and capacity strengthening efforts of the IFRC Asia Pacific Health Team in community health. This workshop is supported by the Finnish Red Cross.

## 2. Purpose and objectives

The five-day workshop is organised to **facilitate knowledge sharing of good practices and lessons learned on evidence-based community health programming** – which will ultimately contribute to the enhancement of capacity of NS health managers and coordinators to design, implement and manage these programmes.

The specific objectives of the workshop are to:

- Ø Learn and discuss recent developments and future directions in CBHFA across the world, and how these relate to recently-adopted IFRC framework for community resilience and related declarations, as well as the post-2015 global development goals, agenda and priorities.
- Ø Share recent experiences, lessons learnt, local tools and materials produced through the implementation of programmes using CBHFA approach, including efforts related to integrated programmes and harmonization of tools.
- Ø Revise on the CBHFA PMER toolkit, with focus on M&E using experiences of NS
- Ø Agree on the way forward and next steps for 2015-2016

## 3. Workshop Content and Methodology

The workshop will cover the following topics:

- Ø Global updates on the concept and practice of CBHFA, including the global agenda for the further development of the approach
- Ø Positioning of NS community health programmes in the light of IFRC framework for community resilience and related declarations, Universal Health Coverage (UHC), as well as the Hyogo Framework for Action on Disaster Risk Reduction (HFA2), and Sustainable Development Goals (SDG)
- Ø Further developments on Healthy Lifestyle (HL) to address NCD, including adaptation and roll-out of HL training module for communities, roll out of HL in the workplace, development of the HL on-line community
- Ø Scaling up of Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) in NS community health programmes
- Ø Improving evidence-based programming through application of mHealth tools – using rapid mobile phone-based (RAMP) assessments – and PMER tools and processes
- Ø Implementation of the CBHFA approach in different settings and contexts

These topics will be delivered through a variety of adult-learning methods, such as brief topic or case study presentations done at plenary or through small groups, demonstrations followed by practical exercises. The detailed agenda is currently being developed and will be made available to selected participants.

A report will be produced which will also highlight key discussions and agreed recommendations, including an action plan that Asia Pacific NS engaged in community health will collectively work together in 2015 and beyond.

## 4. Participants

### 4.1. Eligible participants

The workshop is organized for NS health advisers, managers and coordinators at headquarters or branches who are actively involved in the implementation of their community health programmes. NS staff who are responsible for PMER of their community health programmes will be given preference to attend the workshop. IFRC field staff heavily supporting community health programming are also encouraged to attend.

A good English knowledge and speaking skills are expected to all participants. All interested parties should also be able to commit time for pre-workshop tasks such as, but not limited to –

- Ø Completion of the on-line CBHFA e-learning module available at the IFRC Learning Platform, if not yet done. The module can be accessed through this link: <http://www.ifrc.org/what-we-do/health/cbhfa/e-learning/>
- Ø Completion of the on-line Healthy Lifestyle Community: <http://www.healthylifestylecommunity.org/>
- Ø Review/revision to deepen understanding on the CBHFA PMER toolkit, including NCD and violence prevention modules.
- Ø Completion of an on-line CBHFA pre-workshop survey about a month before the workshop.
- Ø Preparation/submission of brief case studies on key areas related to CBHFA with focus on the topics enumerated in section 3 (Workshop Content and Methodology) of this paper.  
Related to above, preparation of posters/wall/space presentation (using innovative ways, yet low cost), which they need to carry during the meeting. The information and content brief of the same will have to be delivered, at least 15 days prior to the meeting to Ms Jessie Lucien: [jessie.lucien@ifrc.org](mailto:jessie.lucien@ifrc.org), so that slots for presentation can be arranged, accordingly.
- Ø Submission of key documents related to on-going community health programmes, such as evaluation reports and case studies, promotional materials such as videos, proposals with logframe, plans of action for 2015 and beyond.

### 4.2. Application and selection procedures

Interested parties may send application forms by completing and submitting an Expression of Interest Form, together with an updated Curriculum Vitae. The latter should ideally highlight their experience and training in community health programming. Applications shall also include a Letter of Endorsement signed by the secretary general of the National Society (or the head of IFRC field office).

While the submission of completed Expression of Interest Form and other documents will facilitate one's inclusion in the selection process, it MUST be taken note that it is not a guarantee of acceptance to the workshop. Selected candidates will be notified and provided with detailed information regarding the workshop.

The deadline for the submission of applications is on or before 20 April 2015.

### 4.3. Participant costs

Participants are expected to be supported by their sending NS, or through their bilateral partners. However, the IFRC secretariat can cover the cost of return economy flight, visa, accommodation, per diem and travel insurance of NS participants who require sponsorship. Interested parties are requested to ensure to indicate in their application form if they need support of the above-mentioned costs.

## 5. Facilitators and resource persons

The workshop is organized and facilitated by members of the IFRC Health Team (Asia Pacific and Geneva) who are actively supporting community health programming and the further development of the CBHFA approach.

Workshop discussions will be enriched through resource persons consisting of experienced NS health advisers, managers and coordinators; technical managers from related sectors employing community-based approaches (such as WASH, DRR or NS development); PMER experts; and external experts on thematic health areas covered during the workshop (such as NCD or RMNCAH).

## 6. Contact information

For more information and details on the workshop, please contact Jim Catampongan, Health Coordinator, International Federation – Asia Pacific Zone Office, via the following:

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