

Standard Operating Procedures on Health Activities *for Inclusive Self-Help Groups (ISHGs)*

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Annex 1 – ISHC/ISHG Health Volunteer Application Form

Purpose

The SUNI-SEA project aims at strengthening ISHGs to conduct health-related activities to ultimately reduce the burden of NCDs. This SOP manual provided guidance to ISHG volunteers on how to proceed for conducting health activities such as screening, health promotion, and linking with primary health care by collaborating on certain health activities and creating synergies for referring from community to PHC and back, as well as monitoring procedures, with the technical support of Project Officers.

Roles and responsibilities

Roles and responsibilities of ISHG volunteers

There will be 3 volunteers per ISHG. The role of ISHG volunteers will be to provide basic screening services as well as health promotion and education for community members. ISHG volunteers will receive a 5-day training with all necessary information, tools, and materials, to conduct such activities. It is important to note that Primary Health Care (PHC) workers already conduct health promotion and screening activities in the communities. The role of ISHG volunteers will be focused on prevention and increasing knowledge and awareness on NCD illnesses and services available at the PHC. ISHG volunteers will be responsible for linking with Primary Health Care nearest facilities and respective health staff, to create synergies between communities and PHC and improve take-up of services at PHC level. ISHG volunteers will be based in their respective communities, and will receive benefits from ISHG groups, whether they are ISHG members or not.

Roles of the volunteers

- To participate in the 5-day training to learn to motivate community members, to deliver health activities, and to link with PHC facilities.
- To work with ISHG management committee to conduct basic health information session in ISHG monthly meeting and other occasional events to ISHG members and community members according to ISHG's action plan
- To work with ISHG management committee and local organizations to develop IEC materials on relevant health topics as required
- To conduct basic health screening to all ISHG members, homecare clients, and community members (aged over 40 years old)
- To record health activities and report to ISHG main committee management members and to project officers
- Attend monthly case management meeting (normally before ISHG's monthly meeting) to review each case: situation, need, who does what and plan for next month activities

- To participate in other training and capacity building activities to improve knowledge and skills on health-related issues

Health volunteer selection criteria and qualifications;

- Has a heart willing and ready to frequently and regularly help community people
- Has time and good health
- Does not require money for their support (volunteer time)
- Lives in the same village/ward as the ISHG that they are responsible to follow up
- Do agree to follow ISHC/ISHG's volunteer requirements
- Able to volunteer on a regular basis of at least 2 hours per week, and not exceeding 5 hours.
- Willing and ready to provide information on activities done in the month to ISHG's management committee in charge to put in volunteer's monthly reports;
- Can be ISHC/ISHG member or a non-member
- Ability to communicate and engage with the whole community
- Some background or knowledge in health is preferred
- Basic reading and writing knowledge

Roles and responsibilities of Project Officers (POs)

There will be 3 project officers; 1 in Mandalay region (covering Pyin Oo Lwin, Mattaya, Patheingyi) and 1 in Ayeyarwaddy Region (covering Patheingyi, Kangyidaunt, Shwe Thauung Yan), and 1 in Yangon Region, each responsible for all ISHGs in each region. POs will provide technical support and monitor activities of health volunteers. Project Officers will coordinate between volunteers and PHC to ensure synergies are being created. In addition, POs will monitor health activities of ISHG conducted by the volunteers and will ensure smooth coordination between volunteers and management board to ensure activities are conducted efficiently.

POs will take responsibilities as listed below throughout the project and will build up the sustainability of these practices and system, by allowing ISHGs to learn, assimilate learnings, and build capacity to function on their own. After the project management structure of ISHG and TNC will take ownership.

The Project Officer will be responsible for the following tasks:

- Supervise the volunteers in carrying out their activities in ways consistent with the project objectives and strategies
- Ensure that volunteers are familiar with the objectives, strategies and procedures of the project
- Co-ordinate and liaise with township and district level officials as well as with ISHG/TNC and Older People's Federation (OPF) regularly
- Assist in preparing ISHG 6-Month Work Plan for health activities and budgets and their revisions as and when required
- Conduct field visits to monitor progress and identify issues and challenges in building synergies between communities and PHC, and report to HAI.
- Provide recommendations to ISHG volunteers, health staff from respective closest health facilities, and HelpAge International project staff for their consideration.

- Conduct one midterm evaluation with PHC providers on synergies between community and PHC, and perceptions on community intervention and referral system.
- Identify other local implementing partners/ local community group in the area
- Coordinate with the central office (Yangon) regarding logistics and procurement arrangements for approved community/group activities such as to ensure effective and timely delivery of project inputs
- Transfer responsibility to ISHG management and TNC and ensure that this transfer of responsibility goes smoothly for project sustainability.
- Oversee the collection of village, village tract, and township level data for planning and monitoring
- Prepare and submit Monthly reports (standard format will be provided) for HelpAge International

PO selection criteria and qualifications;

- A university degree in public health, or closely related discipline
- Willingness and interest to work with Older People
- Strong interpersonal and advocacy skills for facilitating participation of communities in project activities
- Good computer skills including Ms-Office (Word, Excel & PowerPoint) and preferably experience with data collection software such as SurveyBe
- Good team spirit and respect for diversity
- Mature with good communication and management skills
- Proficient in written and spoken English and Myanmar
- Good relationship with government departments at township and district levels
- Experience working with Older People is preferred
- Experience in working and dealing with INGOs will be an advantage
- Good English speaking skills and reading and writing knowledge

Roles and responsibilities of Management/Leader ISHGs or Township Network Committee

Health volunteers will be under the management of head/leader of ISHG and Township Network committee. Management/Leader ISHGs or Township Network Committee will provide support when health volunteers face any difficulties/challenges in their volunteer work. Moreover, they will cooperate with township coordinators for technical support to health volunteers. If needed, they will support to link with local authorities and relevant stakeholders.

- Coordinate/cooperate with project officers for the selection of volunteers who have best performance and awarding
- Supervise the health volunteers about their functionality to prevent the vacant volunteers
- Support health volunteers if they need any support from management structure
- Solve the difficulties/challenges of the health volunteers if needed in case
- Manage, supervise and monitor ISHGs

Procedures

ISHGs will have a yearly plan to include when they decide to conduct specific activities under each theme. All the items below are the minimum recommendations, but ISHG can choose to conduct more activities based on their capacity and time allocation. ISHG health volunteers and committee management board members should work together to plan yearly activities effectively. Some items are to be included in monthly meetings, and for effective planning ISHG volunteers are encouraged to meet briefly at the end of the monthly meetings to discuss and plan next monthly meeting agenda (for instance agreeing on the topic of the health education session and physical exercise demonstration activity).

For effectively running the activities, ISHG volunteers will receive a 5-day training, where they will be trained on how to deliver health promotion sessions, engage the community in physical exercise, deliver basic screenings for community, and link with PHC facilities.

Health promotion

As mentioned, ISHG will receive a 5-day training, in which they will first be taught on healthy lifestyles, NCDs, and also community needs and empowerment mechanisms. ISHG will then teach communities what they have learned in the training. From the training curriculum, there will be modules already available for ISHG to use to conduct their health promotion sessions.

The minimum expectations for ISHG for health promotion sessions are the following:

- Hold **short health education sessions** (around 15 minutes) at every ISHG monthly meeting during the communication sessions, using training materials
- Hold **longer education sessions** open for all community members on a quarterly basis.
- Coordinate with Basic Health Staff (BHS) from respective Sub-Rural Health Center/Rural Health Center (SRHC/RHC) for conducting health promotion sessions (at least 2 yearly in coordination). POs will support in arranging these coordinated health promotion sessions.
- Update/put in place a “library” with relevant materials for health information
- Put in place a contact list with information on existing services nearby, and contact numbers from respective project officer, and persons to coordinate with.

The short education sessions held in monthly meetings, will be mainly informative, aimed at promoting awareness of other health activities and services outside of the ISHG, while the longer education sessions will have stronger emphasis on improving knowledge on healthy behaviors and will aim at engaging individuals and communities in identifying health aims and concerns of the community and addressing these through planned action. These longer education sessions will be held (in addition to and outside of the monthly meetings) for all community members (not restricted to ISHG members) and will be longer, so combining several modules from the training curriculum, allocating more time to "games" and more participation for planned action.

Physical exercise

Though physical exercise should be practiced at every monthly meeting, the actual follow-up of the practice differs across ISHG. Some ISHG are highly committed, whereas others have difficulties in motivating the group to practice physical exercise.

The practice of physical multimodal exercise (flexibility, cardiovascular, progressive strength training) should be promoted in monthly meetings through the trained volunteers. Existing country specific material is reviewed and gathered, and tools such as sample exercise demonstration sheets, workout routine examples, and videos, are developed, and will be available for ISHG members to use, to guide their sessions, and distribute to communities joining the practice.

The minimum expectations for ISHG members for physical exercise are the following:

- **Short demonstration of physical exercises** at every monthly meeting. The exercise should be accessible/feasible for all ISHG members and will be held before health education sessions at every ISHG monthly meeting, to energize members at meetings and to promote and illustrate flexibility and stretching exercises. A catalogue of materials will be made available for ISHG volunteers to demonstrate exercises to members and volunteers will choose a new exercise each month.
- In addition to monthly demonstrations on physical exercises to be performed, ISHG members will hold a **monthly physical activity event**, open for the whole community. This event will last about 1 hour and ISHG members will be first promoting the practice of physical multimodal exercise for a healthy lifestyle, and second demonstrating and performing different types of exercises (a combination of strength, flexibility, and balance) each month.
- Lastly ISHG members will be encouraged to **establish a sports group/club** for the whole community. Formation and participation in such sports groups will be encouraged but not forced, and the type of exercise performed in the group/club will be based on the community's interest.

Screening

ISHG members will perform basic low-cost and user-friendly screening such as screening for hypertension, oral cancer, and other risk factors. The screening package is the minimum-screening package for community-based screening. ISHG members will be provided with a scale, BP monitor, and measurement tape for screening.

Further, information will be recorded in electronic format using a tablet and pop up messages for individuals who need to be referred to PHC facility, based on referral criteria and for counseling advice to be given to screened members. Tablets and all information necessary will be provided.

In addition, some individuals will need to be referred to PHC facility and will be asked to come back to the ISHG clinic in the next month for follow-up information regarding the visit at the clinic, and others will be classified as high risk, requiring regular screening. To follow-up on these persons, ISHG members will be provided with a referral and follow-up sheet, which can be found in Annex A. Finally, ISHG members will also be responsible for encouraging individuals with risk factors to engage in health lifestyle. At the end of each screening, an individual booklet will be provided, or updated, for the person screened, with information obtained from the session and recommendations for healthy living.

The minimum expectations for ISHG members for physical exercise are the following:

- Hold community screening two times a month for half a day on chosen fixed days (for both ISHG members and community members)
- Provide door-to-door screening for identified “vulnerable” community members (ref. to ISHG list)

- Provide door-to-door follow-up for referred members to monitor if member is following screening frequency recommendations and other advice provided from the health facility (refer to monitoring checklist for referred patients)
- Complete the follow-up/referral sheet as soon as a person is identified as high risk and/or is referred to PHC
- Follow-up as required on persons in the follow-up/referral sheet

Screening steps
<i>Step 1. Registration</i>
Volunteers will register each ISHG member and community member in the tablet – fill name, age, father’s name, national registration card number, address, mobile number, sex etc. A form of consent will be distributed for all members, and only if members consent, screening can take place. All ISHG members will be screened at least once a year (if consenting to screening procedures). When a new member joins, standard procedures should ensure ISHG volunteers register the member in the system and offer screening services. For outside members screening services will be offered twice a month and registration will follow same procedures. Each community member (ISHG and non-ISHG) will have a unique identifier to ensure confidentiality, and when person is known, registration number will pop-up on the tablet screen when name is entered allowing to check previous registration.
<i>Step 2. Screening</i>
Volunteers will screen all consenting ISHG members and community members 40 years and above according to the list provided. Material will be provided for biometric measures (weighting scale, BP monitor), and tablets will be provided with guided questions on NCD screening.
<i>Step 3. Referral if needed</i>
Criteria will be defined for patients in need of referral and guidelines and recommendations will be included in the tablets, sending targeted messages to ISHG volunteers for referral procedures. The referral/follow-up sheet will be provided.
<i>Step 4. Brief counseling and health promotion</i>
ISHGs volunteers will give brief advice on health education on healthy diet, regular physical exercise, counselling on tobacco uses and harmful use of alcohol to all screened patients after the screening. They will also counsel patients for importance to follow-up on recommendations adherence of treatment in addition to the general health education topics. A pamphlet/hand-out with basic ‘healthy living’ information will also be handed out. At the end of each screening, an individual booklet will be provided, or updated, for the person screened, with information obtained from the session and recommendations for healthy living. The booklet will be provided.

Synergies with PHC

The SUNI-SEA project aims at encouraging community groups and BHS to work together and learn from each other in order to create synergies and a sustainable referral system both ways (from community to PHC and back). ISHG's are expected to connect and facilitate events with respective PHC staff throughout the year.

The minimum expectations for ISHG's for building synergies with PHC are the following:

- Develop a map and contact numbers for available health services at nearest primary health care facilities and services provided by other INGOs in coordination with health staff
- Regularly update the map and contact numbers
- Hold learning exchange sessions between relevant health staff and ISHG volunteers once every two-three months and more if emergency (e.g. nCoV) (each ISHG decides on topic based on needs (e.g. how to better mobilize people, how to deliver screening)
- Invite relevant health staff to community health promotion (2 in a year)

Monitoring processes

For Myanmar SUNI-SEA one of the three ISHG volunteers (or all three) will be an M&E focal that will report to the Project Officers on a monthly basis. Project Officers will be responsible for providing support and doing yearly monitoring visits for each ISHG groups.

Project Officers will check report quality from ISHG while collecting reports and while visiting the ISHGs. They will also provide technical support and solve the issues raised at the M&E visits. Three Project Officers will be hired in Ayewarddy Region and Mandalay Region, and Yangon Region, so they will be responsible for about 30 ISHGs each.

Monitoring process for ISHG volunteers

Reporting for monthly activities

ISHG volunteers will report to POs monthly via tablets. A monthly report of activities form will be programmed into the tablet and the M&E focal will take responsibility for filling the form each month reporting on activities (information will be gathered from records from monthly meeting attendance, health promotion sessions, etc). They will communicate by with POs by Viber if they need any direct support.

Reporting for the screening process

Two (2) screenings per month will be conducted. During these screenings; one (1) ISHG volunteer takes responsibility for filling in tablet information, while one (1) other takes responsibility in filling in the referral/follow-up form, and the last one (1) is providing support taking measurements, etc.

Information obtained from screened persons at the community will be recorded in the tablets and will be automatically synced to HelpAge server when Internet connection is available.

The tablet will indicate with pop-up messages if the member needs to be referred (based on referral criteria agreed upon). Further, for follow-up, ISHGs will follow the same procedure as in PHC facilities, using the 10-year CVD risk. In order to follow-up on those persons, a referral and follow-up form will be provided to ISHG volunteers to keep a record of that information. ISHG volunteers will have the necessary information to contact those who need to be followed-up after x months and who have been referred to PHC.

A hand out health booklet form will be provided to each screened person, in which they will fill in general information obtained from the ISHG screening, along with referral information and follow-up information.

Each referred person will take that booklet to the PHC facility and will fill in with information obtained from the PHC. Further, if referred, the individual will also be asked to fill a client satisfaction form after their visit to the PHC facility.

Monitoring process for Project Officers

Monitoring from distance ISHGs

As mentioned earlier, Project Officers will be responsible for collecting forms from ISHGs (via tablet or Viber) monthly. They will report to HAI quarterly. Project Officers will check report quality from ISHGs

while collecting reports and while visiting the ISHGs. They will also provide technical support and solve the issues raised at the M&E visits.

Monitoring visits to ISHGs and respective RHC/SRHC

POs will also be responsible in providing support, and doing yearly monitoring visits for each ISHG group. During these visits, POs will collect information on ISHG's challenges, and achievements in conducting the health (ISHG Monitoring and Supervision Checklist), and will then summarize on volunteer functionality (Summary Volunteer Functionality) by reporting results to HelpAge, Yangon office.

Summary of forms to be used for monitoring

For ISHG volunteers

- Monthly report of activities
 - Frequency: Monthly
 - To be filled by: ISHG volunteer
 - To be sent to: Respective PO
- Referral and Follow-up
 - Frequency: As needed during screening sessions
 - To be filled by: ISHG volunteers
 - To be sent to: Respective PO

For people screened/referred to PHC

- Health booklet first draft done
 - Frequency: Each screening session
 - To be filled by: Individual screened, with support from ISHG
 - To be kept in individual's hand

ANNEX 1 - ISHC/ISHG HEALTH VOLUNTEER APPLICATION FORM

for ISHC/ISHG name _____ Village _____

Sub-district _____ District/Township _____

Name _____

Home Address _____

Work Phone _____ Home Phone _____

EDUCATION

Highest Level of Education _____

EMPLOYMENT

Current Employer, if applicable:

Position/Title _____

Dates of Employment (starting, ending) _____

Company/Employer _____

Address _____

Would you like us to keep your employer abreast of your volunteer service and achievement?

No Yes

Current Occupation -----

SKILLS & EXPERIENCE

Special training/skills/hobbies _____

Groups/clubs/organizational memberships _____

Please describe your prior volunteer experience (include organization names and dates of service) _____

What experiences have you had that may prepare you to work as a volunteer in the field of health?

Why do you want to volunteer? [Or, What do you want to gain from this volunteer experience?]

REFERENCES

Please list three people who know you well and can attest to your character, skills, and dependability. Include your current or last employer.

Name/Organization	Relationship to you	Length of relationship	Phone number

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by [.....OPA federation]. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with [...OPA federation] or my termination as a volunteer.

If accepted, I agree to abide by the rules and regulations set by the ISHC/ISHG.

Signature _____ Date _____

(Sign and write full name)