Participatory video for meaningful engagement of older people: a toolkit
Participatory video for meaningful engagement of older people: a toolkit
Participatory video for meaningful engagement of older people: a toolkit
ISBN 978-92-4-005891-0 [electronic version]
ISBN 978-92-4-005892-7 [print version]
© World Health Organization 2022

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence [CC BY-NC-SA 3.0 IGO; https://creativecommons.org/licenses/by-nc-sa/3.0/igo].

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization [WHO]. WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization [http://www.wipo.int/amc/en/mediation/rules/].


Cataloguing-in-Publication (CIP) data. CIP data are available at http://apps.who.int/iris.

Sales, rights and licensing. To purchase WHO publications, see http://apps.who.int/bookorders. To submit requests for commercial use and queries on rights and licensing, see https://www.who.int/copyright.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.
Contents

Acknowledgements iv

1. About this toolkit 1
   1.1 Audience 3
   1.2 Use 4
   1.3 Development 5

2. Background 6
   2.1 Participatory videos 8
   2.2 Use in the UN Decade of Healthy Ageing 8

3. Design and implementation of a participatory video project 15
   3.1 Phase 1: Planning and introduction in a community 16
   3.2 Phase 2: Implementation: workshop, filming and local screening 23
   3.3 Phase 3: Post-production and documentation 46
   3.4 Phase 4: Celebration and dissemination 49
   3.5 The future 50

Annex 1. Data management, data protection and safeguards ["Do no harm"] questionnaire 52

Annex 2. Monitoring and evaluation methods and tools 54
Acknowledgements

This toolkit, and the participatory video (PV) Voice pilot project on which it is based, was conceptualized and coordinated by Mary Manandhar, Technical Officer, Demographic Change and Healthy Ageing Unit, at the World Health Organization (WHO) in Geneva, Switzerland. The work was conducted under the direction of Alana Officer [Head of Unit] and the guidance of Etienne Krug, Director, Department of the Social Determinants of Health, and Naoko Yamamoto, Assistant Director-General, Division of Healthier Populations, at WHO headquarters.

The lead authors were Tricia Jenkins, InsightShare, Portugal; Mary Manandhar, WHO, Switzerland, and Soledad Muñiz, InsightShare, United Kingdom of Great Britain and Northern Ireland.

The toolkit, and the PV Voice pilot project on which it is based, were supported by the Public Health Agency of Canada, Government of Canada.

Acknowledgements are due to the important contributions of many people around the world who were involved in both the pilot project and the toolkit between September 2020 and February 2022.

For overall planning, training, facilitation and film production: Soledad Muñiz, InsightShare, the United Kingdom; Tricia Jenkins, InsightShare, Portugal; Ingrid Guyon, InsightShare, Spain; and Marlene Bovenmars, InsightShare, Canada.

For local community liaison and country logistics: Justin Derbyshire, Rachel Albone, Aidan Timlin, Faye Coggins, Jemma Stovell, Camilla Williamson, Ishaq Zaman and Sandra Amegee, HelpAge International, the United Kingdom; Roseline Kihumba, HelpAge International, Kenya; and Baralee Meesukh, HelpAge International, Thailand.

The design of the toolkit benefitted from three community pilot case studies conducted in Canada, Jordan and Togo. Acknowledgements are due to the following for their advice, engagement and support:

In Canada: “It’s our time to shine”

Film makers: Adam Debassige, M’Chigeeng; Cecilia Pitawanakwat, Wiikwemikkoong; Henry Mindamin, Wiikwemikkoong; Leona Nahwegahbow, Whitefish River; Lorraine Debassige, M’Chigeeng; Louie Francis, Wiikwemikkoong; Peter Nahwegahbo, Aundeck Omni Kaning; and Urban Mejaki, Wiikwemikkoong.

For enabling the local environment: staff of the Noojmowin-Teg Health Centre, Manitoulin Island, Ontario; Gregor Sneddon, HelpAge Canada; and Marlene Bovenmars, InsightShare, Canada.

For enabling the national environment: Enrique Vega, Patricia Morsch, Sandra del Pino, Brenda Cadena, Vanessa Victoria, Lauren Vulanovic, Mary Lou Valdez, WHO Regional Office for the Americas.

For drum performance, Dolores Chum; for drone footage, Neil Debassige at Fuel the Fire TV.

In Jordan: "Life after 60: we still have so much more to give"

Film makers: Anwar Alsamman, Awad Al Assooli, Fayza Al Nassar, Heyam Jaber, Hourieh Hasan, Ibtisam Smairat, Maryam Salameh, Metleb Awamreh, Muneer Alsheiter and Yousif Amayreh.

People who appear in the video: Ahmad Alqatawneh, Hanan Wshah, Mahmood Saidaat, Fatemah Alrababa’h and Leena Jaweesh.

For enabling the national environment: Samar Elfeky, Peggy Hanna, Banaan Saad Hamdallah Kharabsheh and Maha El-Adaway, WHO Regional Office for the Eastern Mediterranean; Ghada Alkayyali and Maria Christina Profili, WHO Country Office, Jordan; Feda’a Qatatshasah and Sawsan Mohammad Saada, HelpAge International, Jordan; Ibrahim Aqel, Esam Albarahmeh, Zaid Alzoubi, Raya Alzu’bi, Ayat Alansary and Rowaida Miqdadi, Institute for Family Health, Jordan; and Tricia Jenkins, InsightShare, Portugal.

Flute music: Samir Alshweiter and popular Jordanian songs by the Fursan Albadia Band.

In Togo: "The voices of older people speak to you"


For local implementation in Kpalimé, Togo: Kwaku Mawuëna Dzahini, Adjessi Videke Mokpokpo, Akagbo Komla Delase Guillaume, Univers de Solidarité et de développement UNI.SOLD, Togo; and Ingrid Guyon, InsightShare, Spain.
For enabling the national environment: all members of the National Platform of the Elderly in Togo; Francoise Bigirimana, Triphonie Nkurunziza, Saliyou Sanni and Seydou Ouaritio Coulibaly, WHO Regional Office for Africa; Abdel Aziz Mohamed Boubacar and Fatoumata Diallo Tidiane, WHO Country Office, Togo; Kawku Mawuêna Dzahini, Univers de Solidarité et de développement UNI. SOL.D, Togo; and Ingrid Guyon, InsightShare, Spain.

Although pilot projects were planned in other countries in other regions during 2021, they were postponed because of the COVID-19 pandemic. For their contributions to preliminary planning, acknowledgements are due to: Manfred Huber, WHO Regional Office for Europe; Neena Raina, Aparajit Ballav Dey, Pushpa Prabhu, Vishal Sharma, Mikiko Kande and Prasun Chatterjee, WHO Regional Office for South-East Asia; Hiromasa Okayasu and April Siwon Lee, WHO Regional Office for the Western Pacific; Teeranee Techasrivichien and Kanpirom Wiiboopanich, WHO Country Office, Thailand; Dieu Linh Pham, WHO Country Office, Viet Nam and Pooja Kishnani, InsightShare, Thailand.

Special thanks are also due to the following colleagues: Anshu Banerjee, Alana Officer, Ritu Sadana and Vânia de la Fuente Nuñez, WHO headquarters, Switzerland, for their contributions to country orientations; and Jack Fisher, Kazuki Yamada and Asiya Odugleh-Kolev, WHO headquarters, Switzerland, for reviewing drafts.

The following credits (in order of appearance) are for the images used in the film in Jordan, "Suffering of a refugee: a true story". They are licensed under a Creative Commons Attribution Non-commercial No Derivatives license:

- "After the attack of Assad death barrels on Aleppo, Syria", 6 February 2014, Freedom House
- "Syrian refugees leave a blanket distribution centre in Mafraq, Jordan", 6 January 2014, World Bank Photo Collection
- "Syrian refugees face an uncertain future", 6 January 2014, Mohammed Azkir, World Bank Photo Collection
- "Daily life in Zaatari refugee camp", 4 June 2014, World Bank Photo Collection
- "Zaatari refugee camp", 23 March 2017, Sahem Rababah, United Nations photo library
1. About this toolkit

This toolkit shows how the process known as "participatory video" (PV) can ensure meaningful engagement of older people and contribute to the UN Decade of Healthy Ageing [2021–2030] ("the Decade"). More information on the Decade is given in Box 1.

Box 1. The UN Decade of Healthy Ageing [2021–2030]

The Decade is a global collaboration that builds on the 2002 Madrid International Plan of Action on Ageing and is aligned with the last 10 years of Agenda 2030 and the 17 Sustainable Development Goals and its pledge to "leave no one behind". It commits all signatories to contribute to the progressive realization of the human rights of everyone, including older people, everywhere, and to harness the social and economic opportunities that population ageing provides. The Decade involves governments, civil society, international agencies, professionals, academia, the media and the private sector in improving the lives of older people, their families and the communities in which they live. Populations around the world are ageing faster than in the past, and this demographic transition will affect almost all aspects of society. Already, there are more than 1 billion people aged 60 years or older, most of whom live in low- and middle-income countries. Many do not have access to even the basic resources necessary for a life of meaning and dignity. Many others are confronted by barriers that prevent their full participation in society. The COVID-19 pandemic is revealing serious gaps in policies, systems and services. A decade of concerted global action on healthy ageing is necessary to ensure that older people can fulfil their potential in dignity and equality and in a healthy environment.

The proposal of the Decade for approval by Member States was based on a review of lessons learnt from other UN decades. A key factor identified was "bringing a human face to a powerful cause". The Decade focuses on four key actions: changing how we think, feel and act towards age and ageing; developing communities in ways that foster the abilities of older people; delivering integrated care and primary health services that are responsive to the needs of older people; and providing older people who need it with access to long-term care. All are critical for healthy ageing and are relevant in all humanitarian and development contexts.

The actions will be implemented through four “enablers”: enabling meaningful engagement of older people to ensure that their voices influence discussions on health and well-being; building capacity for integrated action across sectors; linking stakeholders to share experience and learn from others; and strengthening data, research and innovation to accelerate implementation.
WHO’s mandate is to further the right of all peoples to enjoyment of the highest attainable standard of health. As a key UN agency in the Decade, and acting as its Secretariat, WHO is committed to innovate and progress work on all these actions and enablers. This toolkit is based on the approach, methods and experience of a pilot PV Voice project conducted by WHO during 2020–2021 in which case studies were conducted in communities in three countries: Canada, Jordan and Togo. More detail is provided in Box 2.

**Box 2. PV Voice pilot project for the Decade**

The PV Voice project, implemented between late 2020 and early 2022, comprised pilot-testing of the feasibility of using PV to provide opportunities for meaningful engagement of older people to enable them to represent themselves and be heard locally, nationally and internationally. The project was supported by the Government of Canada.

HelpAge International and InsightShare provided support on the following technical aspects:

**HelpAge International** is a global network of organizations that promote the right of older people to lead dignified, healthy, secure lives. Its role in the project was identifying local partners who could and were willing to host and support a PV workshop by recruiting participants, coordinating the logistics and producing documents.

**InsightShare** is an internationally recognized provider of PV for transformative change, particularly among some of the world’s most marginalized communities, including indigenous peoples. InsightShare’s role in the project was to guide small groups of older people in making films, creating a space for dialogue with local decision-makers and producing documents.

Three pilot sites were chosen in Canada, Jordan and Togo. Films were produced by older people in each country and were screened locally to stimulate dialogue. Successful completion of PV at these three sites during the pandemic, with adequate safeguards and protection, demonstrates the feasibility of the method. The full story of PV implementation can be found as Reports from the Field from Manitoulin Island in Canada, Amman in Jordan and Kpalimé in Togo.

The films were formally launched at a virtual event held on 29 March 2022. The films are all publicly available on the Decade Platform.
1.1 Audience

This toolkit is for anyone who wants to engage meaningfully with their communities on aspects of healthy ageing [see Box 3] from the perspectives of older people.

It can be used with various groups, including:

- older people and their families who are participating in activities during the Decade, either themselves or with organizations in order to access resources;
- state and non-state actors, such as civil society organizations working with older people during the Decade; and
- UN agencies, other international organizations and any group that wishes to catalyse, commission and fund meaningful engagement of older people during the Decade.

Box 3. Healthy ageing

Healthy ageing consists of developing and maintaining the functional ability that enables well-being in older age. Functional ability combines the intrinsic capacity of the individual, the environment in which they live and how they interact with their environment. The functional ability of each person includes being able to be and do what they have reason to value. Several domains of functional ability have been identified as crucial: to move around; build and maintain relationships; meet basic needs; learn, grow and make decisions; and contribute. The goal of the Decade is to optimize older people's functional ability [See World report on ageing and health].
1.2 Use

The first Decade "enabler" relates to the meaningful engagement of older people to ensure that their voices, and those of their families, caregivers and community members, are heard and influence discussions on health and well-being.

Meaningful engagement and the empowerment of older people at all stages will be essential for bringing a human face to the Decade and setting the agenda for healthy ageing at national and sub-national levels. Bottom-up, person-centred approaches will be necessary in formulating policy and co-designing and evaluating systems, services and programmes to further actions, because older people are experts in their own lives, agents of change and rights holders as well as service beneficiaries. The empowering, creative, collaborative processes that comprise PV strengthen the capacity of small groups of older people and members of their families and communities to advocate for progress in the four action areas of the Decade. The videos that older people make can open new opportunities for dialogue and are expected to catalyse interest in and replication of the approach in more communities of older people. This is expected to increase the visibility and meaningful engagement of older people during the Decade.

The aim of this toolkit is to provide people working on Decade actions with practical ways to understand and use the methods in the PV process for meaningful engagement of older people, to amplify their voices and foster healthy ageing everywhere. It is designed as a reference and an information source for those interested in using PV in the context of the Decade. It positions PV as a feasible, interactive, inspiring, sequential process and a set of practical tools and exercises for placing older people at the centre of work in the four action areas. It is intended to generate and inspire fresh approaches to policy, service provision and attitudes to older people and ageing as the Decade progresses.

The toolkit sets out steps in planning, preparing, equipping, facilitating and managing PV, including obtaining consent and use of the films for dialogue with decision-makers and for wider advocacy.
1.3 Development

As outlined in Box 2, the toolkit emerged from the PV Voice pilot project. It also arises from other WHO work on community engagement and from the work of the two organizations that were contracted to implement the project, InsightShare and HelpAge International, as follows:

- WHO has developed technical guidance on community engagement with other population groups (e.g., mothers), on specific health issues (e.g., infectious diseases) and on health systems, research and service providers. WHO defines community engagement as "a process of developing relationships that enable stakeholders to work together to address health-related issues and promote well-being to achieve positive health impact and outcomes" [WHO community engagement framework for quality, people-centred and resilient health services].

- HelpAge International's Voice Framework and the underlying principles are used to elicit the experiences of older people in many countries, to improve their lives, health and well-being, rights and participation.

- For more than 20 years, InsightShare's PV methods have enabled groups and communities to identify issues that are important to them and to represent themselves through digital visual media, including films and photographs. They decide what to say and who to say it to.

All three organizations are strongly committed to meaningful engagement and voice. The PV Voice project and this toolkit are therefore built on solid foundations.
2. Background

2.1 Participatory videos

PV is a visual media tool based on facilitated techniques in which small groups of people collaborate in exploring issues that are important to them in their communities and to mobilize themselves and others to take collective action. PV has evolved in settings around the world on various issues over the past 50 years, with a growing community of practice, and is recognized as a tool for positive social change and for building a sense of inclusion and confidence.

PV is a powerful participatory process in which people at grassroots level learn how to make a video in easy, accessible ways. Through creative, interactive, empowering participatory games and exercises, the method mobilizes people and communities to tell their own stories, explore issues and articulate concerns and solutions while remaining in control of how they will be represented. PV films draw their creative power from the authenticity of their content.

PV is "learning by doing" and peer-to-peer experiential collaboration and is thus very different from conventional film-making and styles such as documentaries. PV is guided by an external facilitator with specialist training, field experience and a background in community-based participatory methods. Participants take an active role in shaping, filming and disseminating their own videos. They are encouraged to take control over what they create and how they wish to present it to and discuss it with their communities and local decision-makers. There is minimal control of any equipment by the facilitator, apart from an introduction to the video equipment on the first day of a PV workshop.

The films produced during the PV cycle are not an end in themselves. They are a means to an end, contributing to bottom-up, community-contextualized dialogue dynamics for transformative change. PV catalyses meaningful engagement, creating new spaces for learning, communication, co-generation of knowledge and potential solutions to the challenges faced by community members. This involves other community members and decision-makers, who may take part in making the video, and one or more community screenings, at which people can contribute views and ideas and wider debate and discussion are encouraged.

Fig. 1 illustrates the broad sequence of steps used in PV. More details are provided at https://insightshare.org/methods/.
Participants plan, film and edit their own videos, ensuring they have control over the whole process and that their unfiltered voices are heard by key audiences.

Fig. 1. The PV cycle. Source: InsightShare
2.2 Use in the UN Decade of Healthy Ageing

The Decade builds on the Madrid International Plan of Action on Ageing and is aligned with Agenda 2030, which commits all signatories to contribute to progressive realization of the human rights of everyone, including older people, everywhere and to harness the social and economic opportunities that population ageing provides. WHO’s mandate is to further the right of all peoples to enjoyment of the highest attainable standard of health.

PV supports a rights-based approach, consistent with the universal human right of people everywhere to be heard and to participate in decisions that affect their lives. It focuses attention on the fact that the realization of human rights by all people all the time is essential to combating issues such as poverty, injustice, marginalization and discrimination and to developing the capacity of communities and individuals to realize their rights.

PV amplifies and centres the unfiltered, authentic voices of rights holders [older people] through a bottom-up, collaborative, empowering process that can catalyse constructive, collective dialogue with duty-bearers [service providers, local authorities and institutions] to ensure that they fulfil their obligations. PV and its participatory methods "pass the microphone" to people at the grassroots level so they can directly "speak their truth to power", shaping their pathways to transformative change.
PV usually begins with a theme or focus – in this case, healthy ageing and the action areas of the Decade. Exploration of these themes is a core part of the process; however, rather than receiving information from outside “experts”, who may not have local knowledge or understand the issues, the PV facilitator can guide participants through a series of exercises and games to analyse the theme or focus from different angles and to propose different scenarios and situations, in order to delve into the topic from their lived experience.
PV allows people to decide what changes and solutions they want in the context of their community’s values, "home-known rights", world view, knowledge, structures, social norms and behaviours. In the PV cycle, these are acknowledged and respectfully placed centre-stage rather than imposed by outsiders. This is particularly important when engaging with indigenous peoples whose concepts of being in the world or whose languages may have little resonance with some of the terminology used for healthy ageing and the Decade. Likewise, many terms in indigenous languages that refer to healthy ageing may have no equivalent in the dominant languages.

The main aim of PV is reflection, horizontal dialogue and communication, reflection, engagement and empowerment rather than products. PV can be successful without a finished video at the end! The central tool of PV – the video – can even be viewed as an "enemy of the process" because mention of a video frequently makes people think of promotion [e.g., health promotion], communication [e.g., a health issue or a service] and publicity [e.g., of their organization or agenda]. This may occur, for example, when exposure to genuine participatory processes is limited, there is little confidence in them, or there is fear of the unknown. The aim of PV is to support participants in producing the best video possible, so that they are proud of their achievement and can use the film for advocacy on issues that are important to them.

"The authenticity of the film shines through the remarkable group of people who produced this video."

Mike Erskine, The Manitoulin Expositor, after watching the film made by older people on Manitoulin Island.
PV and its participatory methods\(^2\) thus have many benefits, beyond [most probably] producing a film. They:

- **build** the confidence of participating individuals and communities,
- **increase** the participation of marginalized groups and individuals,
- **develop** the critical consciousness of participants,
- **foster** understanding and awareness in communities,
- **show** value for and support of and disseminate local knowledge and solutions,
- **enable** participants to communicate clearly with their target audience(s),
- **empower** communities to continue change and development,
- **increase** capacity for advocacy and
- **challenge** injustice and inequality.

The challenges and limitations of PV should also be considered, including the requirement for specific competence of the facilitator; the capacities and agenda of the local partner; the intensity of the PV cycle, necessitating dedicated time, appropriate logistics and adequate resources; and realistic, committed sustainability and long-term engagement with participants.

• **What PV can bring to each of the four action areas of the Decade**

• **Changing how we think, feel and act towards age and ageing**

Stereotyping [how we think], prejudice [how we feel] and discrimination [how we act] towards others or ourselves based on age is called "ageism". Despite the many contributions of older people to society and their wide diversity, ageism is common in policies, systems and services such as health, long-term care, the law, labour and education and is seldom challenged. PV can increase individuals’ power, such as:

- **Power to be**: By increasing self-esteem and agency, engagement in PV can change self-perception and increase feelings of self-worth, confidence and empowerment, helping to break down self-stigmatization and shift the perceptions of others. PV can spread awareness about ageism, understanding of rights and campaigning against ageism. Older people need knowledge and understanding to support their demands for change and to strengthen accountability.

- **Power to act**: PV can provide opportunities for older people as individuals and through collective action on issues they care about to raise their voices about their lived experiences of ageism and influence wider discussion on preventing and reducing ageism through policy and law, education and intergenerational interventions – three strategies that have been found to work.

- **Power within and power over institutions to be held accountable**: PV can make older people's roles, contributions and capabilities more visible to policy-makers, service providers and others. Older people can use PV to advocate for demand-led changes in policies and services.

• **Developing communities in ways that foster the abilities of older people**

Physical, social and economic environments are important determinants of healthy ageing and powerful influences on the experience of ageing and the opportunities that ageing offers.

---

3 While ageism has existed for centuries in all countries, contexts and cultures, the concept is relatively new and does not – yet – exist in every language [see Box 1 in *Global report on ageism. Geneva World Health Organization; 2021.*]

Age-friendly environments are better places in which to grow, live, work, play and age. They are created by removing physical and social barriers and implementing policies, systems, services, products and technologies that address the social determinants of healthy ageing and enable people, even when they lose capacity, to continue to do the things they value. Various sectors are involved, including housing, transport, education, labour, information and communication, urban development, health and long-term care (including assistive technologies).

The development of age-friendly cities and communities requires understanding of what is important to older people: the challenges they face, what they want to be able to do and how they can live the lives they have reason to value. PV can contribute to ensuring that older people are not only heard but have full opportunity to be part of the dialogue for decision-making. PV can provide insights into key aspects of accountability, such as monitoring access to services and social protection and in designing complaints mechanisms. PV has been used to ensure that people who have experienced abuse feel able to speak, be heard and seek justice, helping to restore their feelings of power and control and contributing to harm prevention and reduction. PV can create new opportunities for dialogue among diverse stakeholders (horizontal among community members and vertical between communities and decision-makers), bringing their perspectives to planning and overall improvement of communities that foster healthy ageing for current and future generations.

- Ensuring that primary health care is responsive to older people

Older people require non-discriminatory access to good-quality essential health services that include: prevention; promotion; curative, rehabilitative, palliative and end-of-life care; safe, affordable, effective, good-quality essential medicines and vaccines; dental care; and health and assistive technologies. Use of these services should not cause the user financial hardship. This requires leadership and governance, financing, human resources, medical products, vaccines, technologies and information systems.

Strong primary health care ensures that older people are at the centre of decision-making and that services are designed and delivered as person-centred care. Meaningful engagement of older people should increase demand for high-quality, accessible, acceptable health services.

In engaging meaningfully with older people as users, and in some cases and settings as providers of primary health care, PV can
create dialogue among diverse stakeholders on key issues in primary health care based on older people's experiences, needs and preferences in their contexts. Local film screenings will be crucial for this and for wider advocacy. Using PV, older people can play a role in monitoring health services and holding planners and providers to account.

• **Providing older people who need it access to long-term care**

Significant declines in physical and mental capacity can limit older people's ability to care for themselves and to participate in society. Access to rehabilitation, assistive technologies and supportive, inclusive environments can improve the situation. Many people, however, reach a point in their lives when they can no longer care for themselves without support and assistance from a caregiver. Access to good-quality long-term care is essential for such people to maintain their functional ability, enjoy basic human rights and live with dignity. Long-term care requires effective leadership and governance, financing and coordination across health and social sectors, services and settings.

It is crucial to ensure that caregivers – whether formal, informal or family, in all care settings – understand what is important to the older people in their care and that they work with older people rather than seeing them as passive recipients of care and support.

Given the shortcomings in care systems in many countries and contexts, meaningful engagement approaches such as PV can support an increased demand for high-quality care suitable for diverse older people. PV can support monitoring and accountability of long-term care and providers, particularly in relation to quality of care. PV can create dialogue among various stakeholders on older people's needs in long-term care based on their experiences. As in other action areas, PV screenings will be crucial for this as well as for wider advocacy.
3. Design and implementation of a participatory video project

This section sets out the steps and approaches involved in designing and implementing a PV project with older people, drawing on the experiences of the three pilot tests and other PV experiences around the world.

Fig. 2. Phases of a participatory video project

It should be noted that in phase 2 about **14 days** are necessary to produce a rough cut for community screening. A "save the date" for a local community screening should be decided and shared with the intended audience at the start of phase 2. The time required for the other phases will depend on the local context and the capacity and availability of those involved.

PV projects can be conducted in a variety of physical and cultural contexts and can be approached according to how a community group of older people wishes to represent itself, the topics they consider are important to them and their preferred way of learning.
The PV facilitator plays a pivotal role as the guide throughout the process and as a "reader" of the context and the older people and their preferences and capacities. The facilitator works with the local organization to plan PV workshops thoroughly, constantly adapting workshop activities to meet the needs of the participants as they recognize the key issues they wish to explore, their technical skills and their storytelling capability.

3.1 Phase 1: Planning and introduction in a community

Selecting local partners

When identifying partners for a PV project, it is important to ensure that there are seeds of democratic civic governance locally, which could be further developed through PV for meaningful engagement in decision-making. PV should not be a one-off activity. Discussions on healthy ageing should be linked to the local partner's work and build on it in the long term.

The local organization or community group should have the capacity [including for risk assessment and mitigation, see below], resources and time for planning, implementation and dissemination. For implementation of a PV cycle, the local partner should provide appropriate space for the workshop, acquire materials, recruit participants; arrange for refreshments and travel for participants and the facilitator, organize interviews with community members or decision-makers during the workshop, identify and book a venue for local community screening and raise awareness locally. [See Box 4.]

Tip: In some circumstances, one or two local staff might be seconded from the hosting community organization partner to participate full-time during the workshop and filming, if the older people agree. They can assist in practicalities such as logistics, interpretation and troubleshooting and provide local know-how. This will also build capacity and foster the longer-term sustainability of the PV process. For example, in Canada, the Executive Director of HelpAge Canada supported the facilitator throughout the PV, increasing his own skills in group facilitation and video-making, which he is using in other activities of the organization.

---

5 Governance refers to mechanisms, institutions and processes through which authority is exercised in the conduct of public affairs. Good governance and human rights are mutually reinforcing – both are based on core principles of participation, accountability, transparency and State responsibility [https://www.ohchr.org/sites/default/files/Documents/Publications/FAQen.pdf].
Selecting participants

The optimum size of a PV group is **8–10 people**. This ensures that participants can develop trust, can participate equally and have enough hands-on access to equipment during the workshop [Box 5].

The most important attribute to seek in selecting participants is willingness to learn about the Decade and to share their experiences, stories and perspectives. A keen interest in and experience of community mobilization and positive social action would be advantages.

Decisions about whether to share stories [in video] publicly or privately outside the group or whether to share them anonymously or openly

---

**Box 4. Checklist for logistical preparations for a PV project**

**Workshop space rental:** Ideally, a large room that is available for use throughout the workshop, with two or three tables on the sides, a chair per person, natural light, access to the outside and power points. It should be possible to leave papers on the walls overnight.

**Interpretation:** Ideally, the interpreter should be from the local community or region rather than from the capital city, for example. The local partner might decide to allocate a member of staff to interpret, who should be a different person from the manager or coordinator of the project.

**Accommodation and transport:** Book accommodation for the facilitator, and organize their local transport [arrival, departure, workshop, fieldwork, screening]. During field work and the screening, coordinate local transport for the participants, the facilitator and the interpreter.

**Stationery:** Flipchart paper x 2–3 rolls, Post-it® notes x 2–3 packs, large marker pens in different colours x 15, Blu-tac® and masking or paper tape, coloured paper, printing of certificates for participants.

**Equipment:** Appropriate local multi-plug for charging equipment; rental or sourcing of a big screen, projector and audio system [speakers] for the screening event.

**Food:** Coffee, tea and snacks [morning and afternoon breaks] and lunch during the workshop for participants, the facilitator and the interpreters; breakfast and dinner for the facilitator during local stay; during fieldwork, this could be extended to others who give interviews or are part of filming; farewell dinner for the facilitator, interpreter and participants on the last evening.
will be taken by the participants (individually and collectively) at a later stage. PV also includes many opportunities to engage and consult with other community members through a variety of participatory techniques and activities, including screening of the video.

For many people who have never had the need or the opportunity to use a computer in their daily lives, digital technology may seem daunting, even irrelevant. PV provides an opportunity to demystify the technology by introducing digital skills for creative, meaningful, purposeful engagement with learning as part of an enjoyable, sociable experience. It will also help to bridge the digital divide between generations.

Box 5. Checklist for recruitment of local participants

A PV project in a community should seek:

**Gender and diversity:** Ideally, the gender balance should be equal and include lesbian, gay, bisexual, transgender, queer and intersex people. The group should also reflect the ethnic mix and diversity of the community and local area and include people with diverse abilities if possible.

**Language:** Participants should have a common language (ideally, their mother tongue) so they can communicate easily and with nuance. This is essential for engaging with indigenous people. Professional interpretation is necessary if the PV facilitators cannot speak the participants' mother tongue. The appropriate time allocation and resources should be fully considered.

**Education and literacy:** PV is experiential and action-based for full, active participation of everyone regardless of their literacy. No formal education is required. People with no education can participate as actively and effectively as those who have had formal education.

**Media experience:** Experience in producing or consuming media (audio or visual, print, digital) is neither required nor desirable. Participants will learn to communicate through video in a participatory, egalitarian way. They may use alternative approaches to tell their stories, such as by role play or with drawings and animations. PV is a good way to enhance digital skills and confidence.
Equipment

Accessibility and the possibility of continuing to create video beyond the project is at the heart of PV. The local partner should therefore consider what equipment they, or the community, already have and/or whether they would like to invest in equipment and capacity-building. Excellent results can be achieved with mobile phone rigs, external microphones and simple lighting and with tablets and mobile phones as well as camcorders. Table 1 provides a list of equipment suggested for implementing a PV cycle.

Table 1 Suggested equipment for PV

<table>
<thead>
<tr>
<th>Item</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visualization in participatory planning cards</td>
<td>A collection of different shapes, colors and sizes of cards [VIPP = Visualisation in Participatory processes] for exercises and documenting thoughts, ideas, workshop processes, learning.</td>
</tr>
<tr>
<td>Camcorder</td>
<td>Full HD Camcorder (PAL) for video recording during training and video workshop</td>
</tr>
<tr>
<td>Memory cards</td>
<td>2 x 32G memory cards for storing video files.</td>
</tr>
<tr>
<td>Batteries</td>
<td>2 longlife batteries. Other batteries for mics etc. [AA/AAA]</td>
</tr>
<tr>
<td>Tripod</td>
<td>Fluid head tripod to support camera and enable steady shots and camera movement [panning, tilting].</td>
</tr>
<tr>
<td>Shotgun microphone</td>
<td>Directional microphone that can be attached to the camera or a boom for recording high quality sound with reduced background noise/interference.</td>
</tr>
<tr>
<td>Windsocks</td>
<td>Covering for microphone to protect from wind noise.</td>
</tr>
<tr>
<td>Interview microphone</td>
<td>Directional microphone used in interview situations.</td>
</tr>
<tr>
<td>Cables</td>
<td>Stereo cables to connect handheld mic and shotgun mic to camera as well as adaptor to connect projector to laptop.</td>
</tr>
<tr>
<td>Headphones</td>
<td>Monitoring sound as video recording takes place.</td>
</tr>
<tr>
<td>Laptop</td>
<td>Macbook Pro for video editing.</td>
</tr>
<tr>
<td>External hard drive</td>
<td>For storing video files.</td>
</tr>
<tr>
<td>Mouse</td>
<td>Alternative cursor movement to track pad [some people find mouse easier to use].</td>
</tr>
<tr>
<td>Mini-projector</td>
<td>Portable projector to enable immediate playback visible to the whole group during the workshop process. Note: this is not generally powerful enough for public screening.</td>
</tr>
<tr>
<td>External mini speakers</td>
<td>Bluetooth connectable external speaker for playback during workshop.</td>
</tr>
<tr>
<td>SLR camera</td>
<td>For photographing the workshop ‘behind the scenes’, portraits of participants etc.</td>
</tr>
</tbody>
</table>
How to protect everyone involved

The principle of "Do no harm" should underpin every PV project for the Decade. Even with the best intentions, harm can always be done inadvertently during a PV Voice. This is a key consideration in selecting the local partners in the project who will recruit local people. For example, could the project cause rather than reduce conflict in the community? How can this risk be mitigated? Risk assessments should include every potential risk, including for unintentional harm and the more obvious risk factors associated with any project with people in vulnerable situations.

A fair, open, positive culture is key to ensuring that everyone involved in the project knows how to report harm should it be necessary. Annex 1 is a WHO questionnaire for data management, data protection and safeguarding.

Risk assessment and inclusive working practices

Risk assessment is best conducted at the location[s] where the PV will take place, with local policies and practices. The assessment should account for national factors [e.g., climatic conditions] and local risks, both generally and those specifically associated with the participants. Table 2 is a template used by WHO.

Table 2. Risk assessment template

<table>
<thead>
<tr>
<th>Risk</th>
<th>Vulnerability</th>
<th>Inherent risk</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Likelihood</td>
<td>Impact</td>
</tr>
<tr>
<td>Epidemic/pandemic infection</td>
<td>1 Very unlikely</td>
<td>1 Very low</td>
</tr>
<tr>
<td>Earthquake, aftershock</td>
<td>2 Unlikely</td>
<td>2 Low</td>
</tr>
<tr>
<td>Fire</td>
<td>3 Moderately likely</td>
<td>3 Moderate</td>
</tr>
<tr>
<td>Road accident</td>
<td>4 Likely</td>
<td>4 High</td>
</tr>
<tr>
<td>Cyclone, typhoon, hurricane</td>
<td>5 Very likely</td>
<td>5 Severe</td>
</tr>
<tr>
<td>Flooding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Terrorist threat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strong winds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Landslide</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health risks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COVID-19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Air pollution</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crime (against staff)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cold wave</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Protecting people and safeguarding are key responsibilities of organizations that design and implement PV with people who are in situations of vulnerability. In preparing a PV project during the Decade, therefore, reasonable steps should be taken to protect participants, staff, volunteers and other parties involved, such as interviewees.

*Box 6 lists considerations for implementing a PV during the COVID-19 pandemic.*

**Box 6. PV during the COVID-19 pandemic**

Our country experiences show that community PV can still be conducted in such contexts. Considerations to minimize risk and maximize safety for all involved are as follows.

- Adopt the COVID-19 risk control and mitigation procedures of national and local authorities, and establish agreed protocols on how everyone should behave.
- Start the workshop with a discussion on the elements for mitigating risk.
- Depending on the above, consider providing hand-washing facilities, clean, appropriate masks daily for each participant and testing kits or procedures.
- Conduct activities outdoors if possible and/or use workshop spaces with good air ventilation.
- Sanitize all PV equipment (cameras, microphones) with disinfectant wipes or spray after every use.
- Use extension cables on microphones or a boom pole to enable interviews to be conducted at a distance if Bluetooth connection is not possible.

**Free, informed prior consent**

The principles of informed consent, including respect, beneficence, non-maleficence and justice, are all central to PV. Taking time and care to ensure that all contributors give genuinely informed consent reinforces the ethical standards of PV and ensures that the facilitator and participants consider the needs, sentiments and safety of everyone involved.

---

*6 For more information, see Research Ethics Review Committee (ERC). Geneva: World Health Organization; 2022 [https://www.who.int/groups/research-ethics-review-committee/guidelines-on-submitting-research-proposals-for-ethics-review/templates-for-informed-consent-forms].
Discussions on informed consent with participants during planning and conversations with contributors while obtaining consent are valuable opportunities for exploring key aspects of consent, such as:

- the potential risks and benefits of being filmed;
- any steps necessary to hide a contributor’s identity;
- how to credit or acknowledge contributors;
- the basis for participation, depending on the local context and circumstances. It is recommended that participants be reimbursed for any costs incurred by participating in the PV so as not to unfairly exclude those without the means to pay for these. For instance, if transport is required, this could be provided or expenses reimbursed;
- further opportunities for engagement; and
- the audiences who will view the film and possible platforms for their distribution.

Obtaining consent throughout the PV protects all parties – the participants (team making the video), contributors (people from the local community or decision-makers who are interviewed or filmed), facilitators, funders and organizers. Everyone involved should understand where, when and why the footage can be used. The three stages of consent are:

1. Consent to participate: Discuss all aspects of filming with each contributor before any filming begins (purpose, background of project, participatory nature, involvement as contributors, plans for dissemination of the footage and video).

2. Consent after filming, including during editing: Reconfirm after filming that each contributor is still willing to take part and give their consent. They may wish to review the footage before giving their consent.

3. Consent to share: Once a rough cut has been produced of a finished video, contributors can view it and decide whether they still wish to be included.

These stages constitute a respectful, thorough means to ensure that all contributions are made in an open, informed, participatory manner. If a contributor decides at the last minute to withdraw their consent,
that decision should be respected, regardless of the impact on the project. If the wider group wishes to share their video, the section in which the contributor who has withdrawn consent appears, must be deleted and replaced by footage cleared by the participants for wider sharing.

**Tip:** Video recordings of contributors giving consent is a useful alternative to written forms, especially if literacy is a barrier to full understanding of a written consent statement. The participant is asked to explain the purpose of the film being created and to state their willingness to take part as well as to confirm with which audiences they want to share the video.

### 3.2 Phase 2: Implementation: workshop, filming and local screening

Section 2.2 described the general principles and processes of PV. This section describes the steps in PV, with examples of exercises and activities used in WHO's PV Voice pilot project in three countries.

Readers are encouraged to refer to the full country case studies accessed via the links in Box 2, as they describe how the PV cycle was implemented in different communities and also the challenges encountered and addressed and lessons learnt.

**Building trust**

Building bonds of trust, respect and understanding among participants is the first stage in a PV. This will influence everything that follows. The first activities should focus on group bonding, getting to know one another [often a new group of people is brought together] and agreeing the parameters of the workshop and approaches to collective decision-making.

**Tip:** To punctuate a day’s activities and provide a break from video creation, some "energizers", such as the Mirror Me Game described below, are welcome opportunities to move, take some fresh air and re-set, ready for the next creative stage of the process.

Interrupting the workshop with physical activity, such as singing and dancing, can also increase group bonding, energy and motivation. These may also be incorporated into the video if the group so wishes. Many people are proud to demonstrate such cultural elements.
A group may agree to outline practical organization of discussions and establish ground rules. For example, in Jordan, the participants had travelled from outlying areas and therefore agreed to work intensely in the morning and leave soon after lunch. The number of days for the workshop was adjusted accordingly, and the planned heavy midday meal was replaced by a lighter one to avoid afternoon drowsiness. In Canada, the participants agreed to start each day with a gratitude and reflection circle ceremony according to their traditions.

Exploring topics and ideas

The PV workshop should then identify issues associated with healthy ageing and the Decade actions.

Tip: Refer to the Decade website for ideas and terminology.

This involves exploring the factors that can contribute to healthy ageing (or not!), such as how older people are represented in society, intergenerational relationships, changing working life, challenges for older people in different locations (e.g., urban, rural) and the contributions that older people make to the community.
Below are examples of participatory exercises that were used to explore the question "What is healthy ageing?" and issues related to the four action areas of the Decade.

The "problem tree" can help participants to identify the root causes and impacts of problems (e.g., attitudes to age and ageing; the "age-friendliness" of their local environment) and explore solutions that could influence positive change. In Jordan, the group captured the issues as petals in an "ideas garden":

**Problem tree**

The tree is a powerful visual metaphor for applying the logic of cause and effect and input and output.

1. Ask participants to draw a tree with a thick trunk, a network of roots and many branches.

2. Agree on a significant problem that the group wishes to discuss, such as "ageism", and ask a group member to write, draw or symbolize the problem on the tree trunk.

3. Discuss with the group how the tree represents the whole problem, its causes and outcomes.

4. Start by discussing the possible causes of the problem (e.g., negative media representations of older people). As each cause is identified, participants write, draw or symbolize their ideas on a different root.

5. Then, discuss the effects or outcomes of the problem (e.g., society sees older people only as frail or dependent), and write, draw or symbolize these ideas on the branches of the tree.

6. When the problem tree is completed, ask one or two participants to present the tree to the group as a means of revising what was learnt. This could be filmed by other participants and included in the final participatory video, or it could be used to identify issues and then rehearse how they can be articulated.

7. Discuss the group’s findings. Encourage participants to propose and explore possible solutions. A "solution tree" could be drawn in the same way to identify solutions (roots) and the effects of those solutions (branches).
Problème d'Aide et de Perte d'Autonomie

- Stigmatisation
- Se sentir abandonner
- Aide à domicile
- Alimentation

- Préoccupation (maladies)
- Isolément
- Conflic
- Intergénérationnel
- Incompréhension

- Pas d'activité économique
- Maladies
- Manque d'aide économique

- Examen médical
- Manque d'autonomie

- Vieillissement
- Bonheur

Problem Tree. © WHO/Ingrid Guyon, InsightShare
Ideas Garden, Amman, Jordan. © WHO/Tricia Jenkins, InsightShare
The "river of life" exercise can give participants a temporal perspective of their own lives, community, campaign or struggle by plotting key events or experiences that they consider, for example, have shaped, currently shape or will shape their future healthy ageing, using the "river" as a metaphor.

**River of life**

1. Ask participants to imagine their lives (if they are working individually), the life of their community (e.g., village or district) or that of a peer group (e.g., other older people) as a long, winding river, and ask one or all the participants to draw it on a long piece of paper (the length of two or three flip chart sheets stuck together is a good length for a group river!).

2. Decide which is the start and which is the end.

3. Encourage the participants to suggest key events in the life of the "river" that can be plotted along its course. Each event can be signified by a different word, drawing or object placed along the riverbank.

4. Consider with the group how to represent different phases or events. For example, good times could be signified by drawing calm waters, and difficult times could be represented by rocks or rapids in the river. Positive changes and influences could also be shown as tributaries that feed into the river.

5. Once all the key events and influences have been plotted, the river can be used as the focal point for in-depth discussion, reflection and planning the content and design of the video.
The "walking opinion" exercise combines movement with opportunities for meaningful conversations about aspects of healthy ageing, broken down into manageable topics and the use of questions and responses. For example, this was an effective exercise in Togo, as it allowed the older people to question their own and other people’s attitudes.

Walking opinions

1. Establish an imaginary line in the workshop area with one end being "good" and the other "bad", or one being "I strongly agree" and the other "I strongly disagree".

2. A participant or facilitator makes a statement related to healthy ageing or a Decade action area.

3. The group positions itself along the imaginary line, depending on how much they agree or disagree with the statement.

4. The facilitator asks different participants along the line to explain why they positioned themselves at that spot.

5. The process is repeated with different statements.

6. Reflect on the exercise with the group, and identify areas for further exploration or discussion.
A "video statement" exercise can help participants to make simple statements on specific subjects, helping to identify points of agreement and disagreement, create spaces for group discussion and raise critical consciousness. This is a useful technique for building confidence in front of a camera, getting used to seeing themselves on screen and building technical skills. Later, it is a powerful way to communicate specific points in the video they produce.

**Video statements**

1. A subject is proposed by the facilitator, and participants are given about 5 minutes to prepare a simple statement for a specific audience (e.g., a local politician).

2. One or two participants set up the camera on a tripod with a microphone and headphones [re-enforcing technical and practical skills].

3. Participants take turns to record their statements on camera, looking directly into the lens and addressing their chosen audience.

4. After each participant has completed their statement to the camera, they assume the role of camera operator to record the statement of the next participant.

5. When all the participants have delivered a statement and used the camera to record another participant, review and discuss the footage with the group. Ask the group to consider the content [what is said] and technical aspects [e.g., composition, quality of sound, image].

6. Write down any lessons learnt about visualization on participatory planning cards, and repeat the exercise, this time asking participants to choose the subject.
Action–reflection–action

PV includes many games and exercises drawn from well-established participatory learning and action methods used widely in community development practice. As these proceed, the PV workshop space becomes an active learning environment generated collectively by the group to share and be referred to throughout the workshop.

Each time an action is performed (whether a participatory game to explore a topic or a video exercise), the group immediately reflects upon the task or watches the recording, discusses the outcomes (e.g., can we improve this shot) and captures the learning by colourful visualization on participatory planning cards or post-it notes, which are displayed on the walls of the workshop space.

The learning can be captured in words or drawings, and colour coding can be used to identify themes for group discussions. In this way, nobody has to take notes or worry about remembering what they are discussing or learning.

A "Story circle" can be used to explore what is meant by healthy ageing and the action areas of the Decade and to agree the topics to be explored in detail. This is a structured way for each person to contribute a personal story from their own lives. In Jordan, this

---

**Story circle**

The story circle enables participants to share deep, honest stories from their own lives. Personal stories can help to humanize the issues that the group is exploring.

1. Agree on the topic, and give time for the group to think about their own personal experiences in relation to the topic.
2. Each person has 2 minutes to tell their story. The group is asked to "listen deeply" and to respect the telling of each story.
3. After each story has been shared, the group can ask questions.
4. When everyone has shared a story, ask the group to re-tell their stories in view of the group feedback and questions.
5. Capture key moments on participatory planning cards. Discuss the stories. Could they be the basis for questions to ask in interviews? Could they form the basis of a dramatization?
exercise led to exploration of how the participants could have more agency in fostering healthy ageing.

The "positive and negative" game and a "shot-type quiz" are other ways of encouraging storytelling and at the same time refining filming techniques.

Positive and negative

This exercise can show that there is more than one way to present a story or issue, even in the same location, through the choice of shot types, camera angles and soundtrack.

Divide the group into two production teams.

- Group A is given 15 minutes to use a variety of shot types to show the local neighbourhood in its most positive light.
- Group B is given 15 minutes to use a variety of shot types to show the local neighbourhood in its most negative light.
- Review and compare the footage to decide which shots and composition suggest "positive" and which suggest "negative" views.
- Discuss how this can help to decide what to include and omit in the film, what will dominate the story and how different choices of image and shot-type influence the way in which an audience "reads" a story.
- Discuss how the addition of sound or music could further convey a positive or negative message.

Shot-type quiz

- Form one group per production kit.
- Ask each group to film a series of shots to represent the main shot types: extreme close-up, close-up, mid-shot, long shot, landscape shot.
- Replay the footage from each group, and discuss framing.
- Ask the group to draw a representation of each shot type on a participatory planning card to add to the "technical knowledge" space on the learning wall.
Planning and "storyboarding"

Once the key topics have been agreed by the group and they have become familiar with different approaches to storytelling (e.g., interviewing, “vox pop”8, direct statements to camera, role play), the group decides on the shape and content of their video by storyboarding each section.

Storyboarding consists of drawing each "scene" of the video so that participants can envisage the kinds of shots they wish to use and the locations.

At this point, the audience or audiences for the video should be identified with the participants, with plans for dissemination, as this will affect how they construct their narratives and represent key issues. They might also consider producing short clips from their videos for social media messaging.

For a dramatization or role-play, the sequence could be drawn out shot by shot, with the narration written underneath, if a variety of shot types are to be used for dramatic effect. This approach enables participants to shape the narrative and also plan logistics, such as choosing locations, identifying interviewees and arranging interviews.

In Canada, the storyboarding exercise evolved into "A great day in my life in 10 years’ time". This approach can counteract a tendency to ask older people to look into their past. In this exercise, each person shared a story of their future. This revealed clearly what each person felt was important to their own mental, physical and social well-being, which could be discussed by the group in relation to “healthy ageing”.

---

8 “Vox pop”, from the Latin ‘vox populi’, "voice of the people". In film-making, it refers to short interviews with members of the public, the man or woman "on the street".
A great day, Manitoulin Island, Canada. © WHO/Marlene Bovenmars, InsightShare
In Jordan, street “vox pops” were used effectively to raise the interest of the wider public. The participants took the opportunity to discuss healthy ageing and the actions of the Decade.

Vox pops, Amman, Jordan. © WHO/Tricia Jenkins, InsightShare
Filming

Ideally, two production kits are available so that the group can be split into two. For example, one group could conduct interviews while the other identifies location shots to use as cutaways [illustrative shots to show location or activity] to avoid overuse of “talking heads”. All participants should be fully engaged throughout.

As the process is transparent, filming group exercises throughout the workshop to be included in the final video can demonstrate how issues were explored and decisions made collectively.

Role play

Role play offers an opportunity to dramatize issues in order to stimulate discussion and bring in other community members. Role-play sequences should be rehearsed before shooting, when decisions are made on where to place the camera to allow fluid movement between scenes. Role play was used in all three of the WHO PV Voice films.

- In Togo, the participants chose to use exaggerated role play of family interactions to emphasize intergenerational dynamics with the aim of sparking community discussion.
- In Jordan, the participants used role play to highlight barriers to accessing health care and medicines, again to spark discussion during screening and later.
- In Canada, neighbours and family members were involved in some dramatized scenes.

"At this age, I never thought I would learn new technology. I'm surprised where I'm at with this film, where to put the cameras and how set it up and even the tripod, but it was a new learning experience and I'm happy that at this age I was welcome to come and take part."

Urban - participant
Role-play storytelling

Using drama to tell a story can bring an entirely different dimension to storytelling in a PV production.

1. Decide on an issue, event or story as a group.

2. Encourage all participants to contribute ideas to the scenario, subject, characters, dialogue and actions.

3. Practise acting out some of the ideas.

4. Storyboard each scene in the drama.

5. Plan shooting of the drama. Are all the scenes in the same location? What camera shots will be used? Where will the camera be positioned? How will sound be recorded?

6. Agree on the shooting sequence, then film the drama.

7. Review the footage, and discuss and revise it if necessary.
Direct statements to camera can have a strong effect. For example, in Togo, this was done in one sequence to convey a positive view of ageing and a view that reaching the age of 60 does not mean having no more value [reflected in the title the participants gave to their film].

Audience pathway – This exercise can help map the structure of the video, as the group plans the journey through which they intend to take their audience and the messages they want to convey along the way. The exercise can be annotated with a shooting schedule and a map of locations.

**Audience pathway**

1. Ask a participant to draw a long, winding path on a large sheet of paper.

2. Mark one end as the "start" and the other as the "end".

3. Explain that the audience of any video should be taken on a journey, with many points of interest along the way.

4. For the audience, the journey often begins from a position of ignorance (e.g., about the place, people, context, situation) but, it is hoped, will end with learning how to act on the video’s messages.

5. Discuss with the participants the likely starting point for their audience. Draw symbols, write or place objects to represent those decisions.

6. Now jump to the end of the journey and ask the group to consider where they want to “take” their audience. This is important, as it establishes what the group wants the audience to have understood when the journey [the video] has been completed. This will make planning of the route [sequence of events or information] much easier. Draw symbols, write or place objects to represent those decisions.

7. Encourage the participants to draw symbols, write or place objects along the path in the order in which they want to bring various messages to the attention of their audience. Do this until the journey is completed.

8. Discuss the journey outlined and how it is related to the video that is planned or awaiting editing. Make any necessary changes, then use the pathway to plan shooting and organize editing.
Audience pathway, Kpalimé, Togo. © WHO/Ingrid Guyon, InsightShare
Some groups may decide to include longer personal testimonies in their films to highlight specific situations. This was the case in Jordan, where the group decided to include a longer clip of one group member who was a Syrian refugee.

Additional film footage can be shot or sourced elsewhere and included as the process evolves and according to participants' ideas. For example:

- In Canada, a local videographer contributed drone footage and natural environmental shots, and a local drummer and singer performed for the soundtrack.

- In Togo, additional footage of the landscape was taken from inside a moving vehicle, and joyful singing and dancing were added to set an energetic, positive tone overall.

- In Jordan, the refugee who gave her testimony found copyright-free photos online to illustrate scenes she had spoken about. Other participants also found photographs for contextual shots of the neighbourhood and cultural life and media footage to provide context for the testimony of the Syrian refugee.

**Tip:** At all stages of the PV, participants should be encouraged to use the video as an opportunity to invite community members, decision-makers and other stakeholders as audiences in order to change their perspectives by suggesting solutions rather than taking an accusatory approach (for example on intergenerational dynamics or provision of services).
Participatory or collaborative editing

Editing is an important, powerful stage in PV but presents the greatest challenge to participation. When time is short or computer literacy is poor, collaborative rather than participatory editing can be used. This entails editing by both the facilitator and the participants. Two ways of doing this are working on paper and with a projector for a large group.

Generally, editing involves the following:

1. Go through the video footage filmed for each sequence, and decide together which sequences the participants will use. Refer to the storyboard as a guide.
2. Save the agreed shots for each sequence, and place each in a labelled folder.
3. Agree on titles and captions. These can be hand-drawn and filmed or generated in the editing package, depending on the group.
4. If original music is recorded on video or audio, place this recording in another labelled folder.
5. Conduct "paper editing" by asking participants to draw an image for each sequence on a piece of A4 paper. Stick these on the wall with Blu-tac® or masking tape, and decide on the order of sequences to ensure the best way of telling the story. Participants can move each sequence around to see what works best until they agree on the final version.
6. After selecting the editing package that the participants will use, show them how to import the sequences they have selected into the programme and to arrange them on the "timeline" by dragging and dropping each sequence in order. Demonstrate selection of the "in" and "out" points of the sequences and addition of illustrative "cutaway" shots, such as locations or people doing the activities being spoken about, to illustrate the main sequences.
7. Make sure that a clock is visible to everyone in the room to ensure that each participant has an equal amount of time at the computer. Draw a clock on paper, and divide it into sections according to the number of participants at each computer or laptop (ideally, no more than four people). Assign a colour to each section, and give each participant a colour. Tell the participants that when they see the minute hand on the clock in the section with their colour, they should operate the mouse and control the computer while the others offer suggestions and support.
8. When the first version of the edit is complete, share it with the whole group for feedback before progressing to the completely edited video.
9. Export the video [known as the "share" video] into the highest quality format possible for screening to a wider audience on a large screen.
Community screening and dialogue

Once the rough cut has been completed, it is time to prepare for a community screening. This process should be led by the participants and engage as many people as possible in discussing the issues raised in the film. A community screening is not only the climax of the workshop for the participants but is also key to stimulating discussion and influencing future change.

A wide audience should be invited, including friends, family members, the wider community and local decision-makers and service providers.

Steps in planning a screening should include:

- Identification of the date for the screening before the project starts [see Phase 2]. A "save the date" should be circulated to potential invitees [to be decided by participants].

- Plan how to present the project, and lead a discussion based on the material created during the workshop to focus discussions on healthy ageing, action areas and the recommendations made in the video.

- Make time for one or two rehearsals.

---

**Box 7. Suggested outline of a community screening of a PV film**

- Welcome address: Describe the content, objectives and intention of the screening.

- Introduction to the project: Outline the production of the video, and share experiences of participation and learning.

- Introduce the video.

- Screen the video without a pause.

- Discussion, facilitated by nominated participants in which the audience is asked to share reactions to the video and explore the questions raised. A good way to get started is to ask for a show of hands in response to questions raised in the film, such as "How many people agree?". Then, invite comments and questions.

- Another approach can be to divide the audience into groups to facilitate group discussions, which are reported to the whole audience at the end.

- Record discussion points, and summarize: This could be audio- or video-recorded for transcription, or participants could be asked to write key elements on a flip chart. The latter is generally more practical and less resource intense.

- Closing statements: A short closing address that summarizes the key points raised in the discussion and any action points.

- Thanks and close.
• Ensure that the venue has good projection facilities and sound amplification and a large enough screen so that a large audience can watch it comfortably.

• In the context of COVID-19 or another public health issue, local rules and restrictions should be adhered to. In WHO's PV Voice project, although the pandemic curtailed the size of the audiences for community screenings, which was virtual in Canada, the screenings were feasible, with some adaptations [see Box 6].

In any community screening, it is important to capture any discussion.

In Canada, a mix of community members, a local elected politician, local press¹⁰ and decision-makers from various sectors participated and made reflections:

"Administrators, decision-makers, politicians need to pay attention to the views of older people. They need to all watch this film. I will share the video with the elders' council and have a discussion and hear their recommendations and forward them to other agencies such as the actors building the new Wiikwemkoong nursing home".

**Margaret Manitowabi, Wiikwemkoong Elders' Council**

In Canada, the project has ignited the ambitions of the participants to improve their video production skills and learn how to edit so that they can continue to produce PV beyond the project. The Noojmowin Teg Health Centre generously contributed the fees for the workshop to enable the group to purchase video equipment. They have received training in use of their new kit from InsightShare.

"There are lots of good recommendations in the video. We need to look at what has been mentioned. There is a lack of communication of these needs to policy makers. The resources are not flowing."

**Carol Hughes, Member of Provincial Parliament**

In Jordan, the local partner recognized the potential of the film to change perceptions:

"It is possible that the film will influence and change public perceptions of older people's demands and needs, but it must be widely spread through the media and social media in order for the greatest number of people to see it, whether on an individual level or through governmental organizations and institutions."

**Esam Albarahmeh, Institute for Family Health Head of Operations**

In Togo, the participants expressed many positive reactions to the screening:

"Old people have a lot to say, but they don't have the opportunities to express their problems. Change is not immediate, but we need to stay optimistic as they felt they were listened to. I really enjoyed going back to my community yesterday and hearing the people talking about what we did and seeing them happy. They were not expecting this. I am proud."

**Nicholas Hounzangbe**

The participants developed ideas for following up the project, including making films on issues such as gender and engaging with refugees. They also proposed the idea of a "Seniors video hub".

In Togo, the participants expressed many positive reactions to the screening:

"Old people saw the old people, us, mobilizing, and this motivated them. We touched their hearts."

**Kpatanyo Komla-Kuma**

"I am a certified trainer in working with older people in the local community. I plan to show the video on field visits and training of community leaders, volunteers and in the training of employees working with older people in the private and public sector."

**Haya Albadr, Institute for Family Health trainer**
In Togo, the PV catalysed orientations to healthy ageing and the Decade among national stakeholders, including the Government, the national platform on the elderly and the WHO Country Office. The local partner plans to use the film to advocate for more funding for programmes for older people and for addressing ageism. The older people themselves intend to take more training in facilitation so they can convey what they have learnt to other communities.

### 3.3 Phase 3: Post-production and documentation

After the community screening, additional changes may be made based on discussion with the audience at the event, representing input to the final version of the video[s] from the wider community. If the video is longer than 15 minutes or more than one video has been produced, it is a good idea to produce a short version to promote them and direct audiences to the website or platform on which they are hosted.

"People agreed to be interviewed spontaneously because we are directly approaching them regarding themes that involve them, and this could help to solve many problems. The older people become aware of their problems by talking to us, and this is already a change."

**Koffi Nayou**
There are generally three phases post production for a final version of the film (Table 3).

**Table 3. Three phases of post-production**

<table>
<thead>
<tr>
<th>Video output</th>
<th>Use</th>
</tr>
</thead>
</table>
| **Rough cut** | · Programmatic: raising awareness and engagement locally  
 · Edited in-country, screened, evaluated  
 · Copy provided for each participant and partners on USB sticks |
| **Final cut** | · Programmatic: raising awareness and engagement locally and nationally  
 · Creating national interest in the views of older people represented in the video and the potential of such interventions to involve older people meaningfully in the actions of the Decade  
 · Footage polished by editor, and titles, music and subtitles added  
 · Note: Support required from the local partner to create subtitles |
| **Summary film** | · For programmatic, communications and dissemination purposes  
 · Produced from excerpts from each film and images from workshops  
 · Consider producing short clips from the videos to package for social media messaging to encourage visits to relevant websites or a streaming channel on which the full videos are hosted |

Every workshop is an opportunity to learn and refine approaches and techniques for other PV workshops. Facilitators should keep a diary and provide a report as part of an overall project report for stakeholders. A template for a facilitator’s report for this project is shown in Box 8 [below].

During a PV workshop, almost every activity includes time for reflection, and participants are frequently asked to think about and assess their own experience of the workshop. Many of the exercises in the workshop are therefore accompanied by paper, video or photographic materials to contribute to monitoring and evaluation of a project to determine what the participants have learnt as a group and as individuals about the values of the Decade and enabling the voices and meaningful engagement of older people.

**Annex 2** provides examples of monitoring and evaluation methods and tools used throughout the workshop, with indicators.
Box 8. Template for a facilitator’s report

**Location and participants’ profiles:** The location, group, partner and diversity of the group [age, background, ethnicity, ability and gender]

**Summary of activities:** How the workshop was conducted: activities with the group, choice of certain activities and not others, if appropriate. You could attach your actual workshop plan and a short narrative describing the rationale according to the country context and the group.

**Focus of debates:** What key issues emerged? Action areas, policy or voice for healthy ageing? Please specify all the issues discussed during the workshop.

**Engagement of the wider community:** Who and how many other people in the wider community participated in the project [e.g., were interviewed, arranged interviews, provided other support to the workshop, made suggestions at screenings of sequences and final screening and discussion]. Describe the attendees at the screening.

**Issues presented in the video:** What issues were presented in the video? Were they different from the issues that arose during the workshop? How did the participants decide on them? How did they choose to represent issues and older people [e.g., interviews, dramatized sequences]?

**Recommendations from the community:** What recommendations will the community make [e.g., changes to policy, service provision, attitudes to ageing? Propositions for ways of doing and seeing what works?].

**Impact on meaningful engagement with older people:** Can you suggest how evidence of an impact could be shown?

**How are the participants and partners planning to disseminate the video?** Who do the participants and partners want to reach?

**Quotes from participants, partners and audiences:** Any quotes recorded during the PV or screening?

**Lessons and recommendations:** Include any specific observations of your own and from participants, partners and the wider community on PV and its effectiveness in amplifying voice.
3.4 Phase 4: Celebration and dissemination

Once the final edited versions of the video are ready, they are sent to the participants and local host organizations, which then action their plans for dissemination devised during the workshop.

Participation in a PV workshop, culminating in a community screening, is an affirming experience. If the process stops there, however, it can create an anti-climax. Planning of dissemination during the workshop, with a schedule of ways to use the videos, ensures that the experience has built meaningful engagement of the older people who participated. It creates opportunities for civil society to connect not only with community members and local decision-makers but also with national policy-makers and even contribute to international discussions and debates on healthy ageing through the Decade platform.

Taking every opportunity to bring the voices of older people into decision-making spaces is crucial to ensuring their meaningful engagement in policy-making and for designing services or influencing interventions and programme design to address issues related to healthy ageing [Box 9].

Box 9. Examples of wide dissemination of the PV Voice pilot projects

On 21 September 2021, excerpts from the video created in Togo and new material filmed by participants in Canada were screened at a side-event of the 48th Human Rights Council: “Human rights in older age: towards the elimination of ageism and age discrimination”. People joined live via Zoom and could watch the screening on UN Web TV.

In November 2021, a clip comprising excerpts from all three videos was presented at the International Federation of Ageing conference on Rights Matter, which was seen in person at Niagara Falls and online.

On 29 March 2022, WHO organized an online PV premiere screening of the three videos, and invited reflections from “thought leaders” in various sectors and countries.

These events raised awareness at national, regional and global levels about the Decade and its enablers on the voice and meaningful engagement of older people in all actions.
3.5 The future

The Decade offers a sustained opportunity for older people to contribute and advocate meaningfully for positive social change at all levels – individual, community, policy and system.

PV, as implemented in Canada, Jordan and Togo, has demonstrated that the approach is well suited for exploring issues from diverse perspectives and engaging older people meaningfully in discussing healthy ageing, not only in terms of health care but also the wider social, physical and economic determinants of health. Participants in the PV Voice project gained skill in identifying issues and created compelling stories not only to stimulate discussion at local and national levels but also to contribute to international discussions by participation at global events.

This toolkit outlines practical ways in which PV can be replicated anywhere. It can contribute to ensuring that older people are meaningfully engaged and how they can advocate for and discuss healthy ageing as experts through their journey and their own experiences and realities.

Let us harness the energy and wisdom of the participants who generously contributed their time and engaged in the process with such enthusiasm, commitment and good humour, follow their example and create more opportunities for meaningful engagement of older people on healthy ageing through participatory methods.
The PV films and lessons learnt can be disseminated in many ways. The most comprehensive route is through the Decade platform, which is waiting to showcase, promote and amplify the voices of older people, worldwide, now. Let's use it!

Other routes for sharing and dissemination the videos include:

- local, national and international partner networks;
- media outlets;
- strategic opportunities, such as the International Day of Older Persons (1 October), and other international days relevant to the content of the films;
- multilateral events: the World Health Assembly, the UN General Assembly, "SDG lab\textsuperscript{11}\textsuperscript{11} events, regional commissions and national reviews and appraisals of the Madrid International Plan of Action on Ageing; and
- national, regional and global conferences related to older people, health and well-being, human rights and Decade action areas, enablers and cross-cutting issues (e.g., social isolation and elder abuse).

\textsuperscript{11} The SDG Lab is a multi-stakeholder initiative that contributes to the implementation of the Sustainable Development Goals (SDGs). \url{https://www.sdglab.ch}
## Annex 1.

### Data management, data protection and safeguards ("Do no harm") questionnaire

<table>
<thead>
<tr>
<th>Questions</th>
<th>Responses should cover</th>
<th>Proposed mitigating actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>What key contextual factors could promote or prevent the risk of abuse?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has a household or community gender analysis been conducted [or accessed]? What key points emerged?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you consulted older women and included those with disabilities with concerns about personal safety in the project? What key points did they raise?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you consulted older men and included those with disabilities in the project? What key points did they raise?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What relevant services and resources are available locally? Are you in contact with them? Do they know what you are doing?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What are the points of interaction between staff or volunteers and older people [beneficiaries] or other vulnerable community members during the project?</td>
<td>• Training courses in public events</td>
<td>• Home delivery services</td>
</tr>
<tr>
<td>What are the risks of abuse at these points in your programme?</td>
<td>• Community delivery of services</td>
<td>• Working with a partner</td>
</tr>
<tr>
<td></td>
<td>• Research</td>
<td>• Research</td>
</tr>
<tr>
<td></td>
<td>• Communications</td>
<td>• Communications</td>
</tr>
<tr>
<td></td>
<td>• Donor visits</td>
<td>• Donor visits</td>
</tr>
<tr>
<td></td>
<td>• Monitoring visits</td>
<td>• Monitoring visits</td>
</tr>
</tbody>
</table>
### Questions

What are the potential risks to the safety of older people and others engaged in the project [from staff or from external sources]?  
Think about how engagement may change power dynamics or may threaten the position of others outside the programme/project, and engagement might increase risks to physical safety or for exposure.

<table>
<thead>
<tr>
<th>Responses should cover</th>
<th>Proposed mitigating actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Confidentiality of data</td>
<td></td>
</tr>
<tr>
<td>• Media engagement, communications</td>
<td></td>
</tr>
<tr>
<td>• Travel</td>
<td></td>
</tr>
<tr>
<td>• Physical security</td>
<td></td>
</tr>
<tr>
<td>• Environmental hazards</td>
<td></td>
</tr>
<tr>
<td>• Household relationships</td>
<td></td>
</tr>
<tr>
<td>• Community relationships</td>
<td></td>
</tr>
<tr>
<td>• Political relationships and influence</td>
<td></td>
</tr>
</tbody>
</table>

What are the potential risks to the safety of staff of working in the project [from project beneficiaries or the wider community]?  
Could engagement in the project change power dynamics or threaten the position of people outside the programme?  
Could engagement in the programme increase risks to physical safety or exposure?

<table>
<thead>
<tr>
<th>Responses should cover</th>
<th>Proposed mitigating actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Confidentiality of data</td>
<td></td>
</tr>
<tr>
<td>• Media engagement, communications</td>
<td></td>
</tr>
<tr>
<td>• Travel</td>
<td></td>
</tr>
<tr>
<td>• Physical security</td>
<td></td>
</tr>
<tr>
<td>• Environmental hazards</td>
<td></td>
</tr>
<tr>
<td>• Household relationships</td>
<td></td>
</tr>
<tr>
<td>• Community relationships</td>
<td></td>
</tr>
<tr>
<td>• Political relationships and influence</td>
<td></td>
</tr>
</tbody>
</table>
## Annex 2.
### Monitoring and evaluation methods and tools

<table>
<thead>
<tr>
<th>Method</th>
<th>Process</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Portrait Gallery</strong></td>
<td>• Participants interview one another in pairs based on three questions each.</td>
<td>Baseline data (individual and group).</td>
</tr>
<tr>
<td></td>
<td>• The listener visualises their partner’s description.</td>
<td>Visual representation of each person in the group.</td>
</tr>
<tr>
<td></td>
<td>• This visualisation is used to enable each participant to introduce their partner.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Audio/video record the introductions.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• The ‘portraits’ contribute to the visual ‘learning wall’ that develops in the workshop space.</td>
<td></td>
</tr>
<tr>
<td><strong>Star chart [see example below]</strong></td>
<td>• A multi-pointed star is provided for each person and/or for the group. Each point has an indicator which could have a skill/accomplishment/quality.</td>
<td>Baseline data then formative evaluation participant-led.</td>
</tr>
<tr>
<td></td>
<td>• Can be decided together through discussion, or could be pre-determined, then discussed and amended if required.</td>
<td>Visual representation of learning journey of individuals and/or group [tbd].</td>
</tr>
<tr>
<td></td>
<td>• Learning journey captured at different points in the project.</td>
<td>Can be used as a visual prompt for participants to use in video diary or interview.</td>
</tr>
<tr>
<td></td>
<td>• Different colour for different points within the learning journey.</td>
<td></td>
</tr>
<tr>
<td><strong>Video diaries</strong></td>
<td>• Facilitators and participants can undertake.</td>
<td>Private and safe space to share thoughts and feelings.</td>
</tr>
<tr>
<td></td>
<td>• Introduce purpose and confidential nature of the diaries to the group.</td>
<td>Consent to share cleared clips with wider audience required - specific requirements noted e.g. anonymity or restricted use [e.g. as written quotes only].</td>
</tr>
<tr>
<td></td>
<td>• Encourage short entries - 1-2 minutes max.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Record every day.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Facilitator compiles diary entries for each participant to be reviewed by the diarist and a third party [e.g. partner representative].</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Cleared clips agreed with facilitator - uncleared clips erased.</td>
<td></td>
</tr>
<tr>
<td><strong>Daily reflections</strong></td>
<td>• Convene all participants in a circle at the beginning of the day [starting day two].</td>
<td>Keep brief and consistent to two comments per person.</td>
</tr>
<tr>
<td></td>
<td>• Explain that you would like everyone to reflect on experience from the previous day, citing one thing that they enjoyed and one thing they would like to change or improve.</td>
<td>Visual capture of reflections.</td>
</tr>
<tr>
<td></td>
<td>• Facilitator begins, then others take turns moving around the circle.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Capture on VIPP cards and contribute to learning wall.</td>
<td></td>
</tr>
</tbody>
</table>
## Annex 2 (continued)

<table>
<thead>
<tr>
<th>Method</th>
<th>Process</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Group discussion</strong></td>
<td>• Divide participants into groups of 4</td>
<td>Discussion questions can be designed to focus on Decade action points or they may arise following day 4 or 5 of the workshop through group activities.</td>
</tr>
<tr>
<td></td>
<td>• Give each group a printed list of questions to discuss and report back on.</td>
<td>Discussion questions can also focus on PV process and what it means for each person/group.</td>
</tr>
<tr>
<td></td>
<td>• Provide flipchart paper and pens to record discussion outcomes, OR</td>
<td>Discussion could also be used to help group determine what film[s] they want to make.</td>
</tr>
<tr>
<td></td>
<td>• If literacy is an issue adapt structure, e.g. by asking groups to discuss one question at a time and reporting back - facilitator can capture.</td>
<td>Key points from group discussion captured on flip chart.</td>
</tr>
<tr>
<td></td>
<td>• Each group find a quiet space and discuss for approximately 20-30 minutes.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Reconvene entire group. Nominate one person to present back key points.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Each group present in turn, allowing time to discuss at end of each presentation.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Facilitator summarises main points and agrees any revisions.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Flipchart shared on learning wall.</td>
<td></td>
</tr>
<tr>
<td><strong>Telegram</strong></td>
<td>• This exercise should follow group discussion.</td>
<td>Anonymous.</td>
</tr>
<tr>
<td></td>
<td>• Provide all participants with paper and pen.</td>
<td>Read by facilitators at end of the project.</td>
</tr>
<tr>
<td></td>
<td>• Invite each participant to write a message giving feedback or constructive analysis that perhaps they didn't want to share with wider group, or they simply forgot!</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Approximately 5 minutes.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Responses go in box or bag.</td>
<td></td>
</tr>
<tr>
<td><strong>Story circle</strong></td>
<td>• Participants and facilitator sit in a circle.</td>
<td>Produces narrative based evaluation rather than discussion or responses to questions.</td>
</tr>
<tr>
<td></td>
<td>• Ask for participants to volunteer to scribe.</td>
<td>Stories are told in participants own words, enabling us to ask the question Why is the story told in that particular way?</td>
</tr>
<tr>
<td></td>
<td>• Question to be agreed prior to circle - to focus individual storytelling towards a specific topic.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Each person is invited to tell a short personal story that reflects their life experiences in response to the question.</td>
<td>Each person’s voice has unique qualities, as do the ways in which they use their voices to tell stories - performative elements, pauses, uses of particular words, emphasis in particular places.</td>
</tr>
<tr>
<td></td>
<td>• Audio or video record the stories as told</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Feedback from participants to individual storytellers focusing on positive responses or suggestions - e.g. I’d really like to hear more about...</td>
<td></td>
</tr>
</tbody>
</table>


## Annex 2 (continued)

<table>
<thead>
<tr>
<th>Method</th>
<th>Process</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stakeholder interview</strong></td>
<td>· Video interviews recorded with key stakeholders at the end of the project with a focus on the learning rather than a measurement of impact.</td>
<td>Stakeholders could include: partner representative/ support staff, local leader, duty-bearer/ decision maker/ policy maker. Objectives 4, 5, 6</td>
</tr>
</tbody>
</table>
| **Partner learning survey** | · Google forms short survey to gather data on the learning journey of the partners at beginning and end of the project in each country.  
            · Track skills building of HelpAge partners in each country.  
            · Showcase learning from this data via visual representation | Set baseline and evaluate learning journey.  
            Word clouds/graphs/charts may be used to represent trends.  
            Quotes from surveys to be gathered.  
            Objectives 4, 5, 6 |