



School Games for Health & Hygiene

Training Manual & Implementation Guide

Accelerate Program in SNNPR

Version 1.0: February 2021



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MINISTRY OF HEALTH · ETHIOPIA



NALA



Sightsavers



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■ Preparation

Notes for Facilitators

Tips & Schedule

This manual provides guidance on how to use games for health and hygiene education. The training sessions should be highly interactive and give appropriate practice time to participants, so that they can build confidence on how to use the activities in their own schools. Set the expectation from the beginning that participants should be active during the trainings. You can adapt the trainings to the local context, but ensure there is still time for practice and discussion. Provide the appropriate number of game materials for participants to use during the sessions.

Participants: This training manual is developed to be used for both the wereda level and the schools. Program staff will train the wereda representatives who will cascade the trainings down to the schools. For this reason, the trainings for both levels should include Sessions 1-5, so that all participants will have a chance to practice the activities before training or teaching others. However, Session 5 (planning) can be adapted based on the audience. Within the schools, the teachers should receive training from the trained school representative.

Cascading: The cascading plan is as follows:

- Program staff to wereda representatives- Sessions 1-5
- Wereda representatives to school representatives- Sessions 1-5
- School representatives to teachers not at training- Sessions 1-4
- Trained teachers to students- Lesson Plans in the Teacher's Handbook

Training Method: There are 5 Sessions that take 1-2 hours each to complete. Suggested times will be given in each part. This is the basic structure of each session:

1. **Opening:** Ask pairs to discuss questions or do an energizer activity.
2. **Direct Instruction:** Review the information with the participants. You can supplement this part with photos and presentation. Questions are included for discussion.
3. **Skills Focus:** Sessions 1-4 cover specific teaching skills to support the participants' professional development and improve their confidence as educators.
4. **Independent Practice:** Participants will have time to practice the games, discuss, or plan. Ensure that they understand the instructions.

Schedule: A 1.5-day training schedule is advised, as it gives extra time for discussion, practice, and planning:

Suggested Training Schedule		
Day	Hours	Session
Day 1	9:00-11:00	✓ Welcome Participants ✓ Session 1: Teaching about Trachoma
	11:00-11:15	Coffee Break
	11:15-1:00	✓ Session 2: Preventing Disease & Changing Behavior



	1:00-2:00	Lunch Break
	2:00-3:45	✓ Session 3: Storytelling to Build Connections in Early Childhood ✓ Closing for Day 1
Day 2	9:00-11:00	✓ Welcome Back ✓ Session 4: Games for Motivation & Goal-Setting
	11:00-11:15	Coffee Break
	11:15-1:00	✓ Session 5: Planning ✓ Closing for Day 2

Training Materials: Refer to the table below when distributing the materials. We recommend distributing the school materials at the end of the training, as these are larger amounts.

Materials Needed		
Type	Amount for Training	Amount for Schools
Pens, paper, flipchart, markers, tape	Determined by Facilitator	-
Training Manual	1 for each Participant	1 per school
Teacher's Handbook	1 for each Participant	5 per school (You can subtract the number given during the training)
Activity Book (Grades 1-2)	1 for each 4 Participants	~200 per school (May vary based on school size)
Board Games + Cards + Dice (Grades 3-5)	1 for each 4 Participants	8 sets per school
Challenge Posters (Health/ WASH Clubs)	1 for each 8 participants	2 per school
Medal for Hygiene Heroes	1 to show as example	2 per school
Handwashing set (wash basin + water + soap + clean towel)	1 for demonstration	-
Soap	1 for demonstration	10 per school

COVID-19 safety: When planning the training, follow all relevant COVID-19 guidelines. Ensure that the training is in a room with good ventilation and that participants will have access to hand sanitizer and/ or handwashing with soap throughout all sessions. Check participant temperatures and symptoms before they enter. Make sure participants wear masks and sit spaced apart. For group activities, participants should work with the same groups throughout the training to minimize close contact with others.



■ Introduction

School Games for Health & Hygiene

How to Motivate and Engage Students in their Health

The purpose of this manual is to provide schools with a framework for using educational games to promote good health and hygiene amongst students. Games are not only for fun during break times--- they can also be an important tool that teachers can use to motivate and engage students in the classroom and during school activities. Games promote peer learning, exploration, competition, and collaboration. The goal of this health program is for students to go beyond merely learning the healthy behaviors and to also motivate them to practice them and share with others.

Games for Health: The games and activities in this manual focus on behaviors that are important for preventing diseases that are spread due to a lack of personal hygiene and environmental cleanliness. The main focus is on preventing the spread of blinding trachoma and reducing the risk of intestinal worms (soil-transmitted helminths or STH) and schistosomiasis. These diseases are all neglected tropical diseases (NTDs) that are common in poor areas that lack safe access to water, sanitation, and hygiene (WASH). While medicine is important for treating these diseases, people may become re-infected if they do not make the necessary changes to their daily hygiene practices and environment.

Neglected Tropical Diseases (NTDs): At least a quarter of the world's population suffer from neglected tropical diseases (NTDs). These diseases do not usually cause death, but they may result in suffering, blindness, disability, and delays in physical and cognitive growth that impact a person's ability to go to school and work. Fortunately, it is relatively cheap and easy to prevent some of these diseases, including trachoma, STH, and schistosomiasis. For these three diseases, medicine in combination with simple changes to hygiene practices and improvements in environmental health can break the cycle of disease and poverty. This manual is designed for communities with a prevalence of trachoma.

Health Behaviors: A few key behaviors will help prevent these diseases. For the schoolchildren, this manual focuses on the following five key messages:

Key Message	Personal Behaviors
Clean hands	Wash hands with soap and water at key times
Clean face	Wash face with soap and water when dirty; Do not share face cloths
Clean environment	Use the latrine; Do not defecate outside or near water sources
Clean space	Clean latrines, rooms, and yard
Healthy Friends & Family	Share the healthy messages with others!



Teaching Methodology: Schools often focus primarily on the acquisition of knowledge, but this health program seeks to change people's behaviors. Behavior change is a process that requires more than awareness to occur. For this reason, this health program uses an interactive, game-based methodology to inspire behavior change amongst schoolchildren. It aims to achieve this through:

- ✓ **Building an emotional connection to the behaviors-** Knowledge of a disease is not always enough to inspire change. For this reason, young children do not need to thoroughly understand all the details of the disease; instead they are more likely to change if they form an emotional connection to the desired behavior. The program uses activities designed for children that encourage empathy through storytelling and a sense of peer belonging related to doing the desired behavior.
- ✓ **Motivating through active learning-** In this program, the children will do more than follow the teacher's instruction and will also actively participate through the activities. In the games, they will have a fun and informal environment in which to practice the behaviors, set goals, and receive peer feedback. They can freely explore the information and experiment with the behaviors in a playful way.
- ✓ **Empowering students as peer mentors and health messengers-** Even young children can share a story and pass on healthy messages to their friends and family. Older children can lead activities in their school that promote health and hygiene. By giving them responsibility, children can gain more ownership over their own health and actively improve the conditions around them. They will be responsible for ensuring that behavior change is happening at school and in their homes.

Changing simple daily habits (behaviors) can significantly reduce the risk of illness and protect children and their families. The program provides methods for teaching children about disease prevention through enjoyable and meaningful experiences. The recommended methods encourage exploration and creativity, which will increase the children's sense of personal competence and responsibility.

Special role of Teaching Staff: The most important adults during a child's formative years are his parents and teachers. Teachers play a central role in children's education and social development. Therefore, it is important to train school staff on health-related topics and equip them with skills that will empower them as role models and help them in their work with children. Due to their central role in the education of children, teachers are responsible for much of the program's success.

Since teachers know their students best, they should adapt the activities to better fit the needs of their students and the local context. The teachers and club coordinators can use the health program to create change in their schools and in the students' daily routines, encouraging healthy behaviors and reducing their risk of disease. Also, since teachers see their students on a daily basis, they will be able to monitor the impact of the program and encourage children to sustain positive changes to their behaviors.

Notes: Have fun with the program! While the goal is serious (reducing disease and improving children's health), the delivery should be enjoyable for all--- teachers and students.





■ All Educators and Trainers

Session 1

Teaching about Trachoma

1.1 Opening Questions

Suggested Time: 10 minutes

Give 5 minutes for pairs to discuss their questions together. After a few moments, bring everyone back together and ask the whole group questions. You can write down answers on a flipchart or ask participants to respond to each other.

- **For pairs:** Who was your favorite teacher during your school years? What characteristics did this teacher have that made him or her a good teacher?
- **For whole group:** What qualities make an effective teacher? What are good ways to motivate students to learn?

1.2 Introduction to the Program

15 minutes

Introduce the program to the participants.

This community was chosen for a health education program because of the prevalence of blinding trachoma here. Trachoma is most common in young children and also amongst women who are their caretakers. If it is not treated and prevented, then this disease can cause lifelong disability and problems. Fortunately, it is fairly easy to prevent trachoma with simple healthy changes to behavior. These healthy habits can significantly reduce the risk of illness and protect both children and their families from trachoma and other hygiene-related diseases.

Goal: The program aims to influence behaviors among children and create healthier hygiene habits both in schools and at home.

Tell participants to raise their hands to indicate their answer: For COVID-19, people were told to wear masks in public. Currently, how many people in your community wear masks when they are outside?

- Most people?
- About half of people?
- Almost no one?

Methods: Wearing masks against COVID-19 is an example of behavior change. People are aware that they should wear a mask, but a number of people still do not. Changing behaviors requires more than knowledge—it requires motivation, peer influence, and an emotional connection to the change. For children, the health program uses games and other interactive methods to deepen student engagement and inspire change amongst children. Games are not only for break times and can be an important part of classroom learning.

About the Training: To prepare teachers to use the activities in the classroom, the training also includes professional skills development for educators that emphasizes more engaging approaches to pedagogy. In addition, each session includes time for the participants to practice the skills and activities, so they can become more comfortable in using them later.



About the Games: There are three activities for the schools that will be introduced and practiced during the training. The first is an activity book for grades 1-2. It emphasizes storytelling as a tool for teaching hygiene. There is a competitive board game for grades 3-5, and the health and WASH clubs will compete against one another in a challenge game. These games will be explained and practiced in later sessions.

1.3 Overview of Trachoma

20 minutes

Review the information with the participants. You can supplement this part with photos, presentation, or discussion.

Ethiopia has the highest burden of trachoma globally, with 657 weredas endemic for trachoma and nearly 75 million people at risk of infection. These numbers are troubling as trachoma is the leading infectious cause of blindness in the world.

Ask and collect answers: Does your school (or the schools in your wereda) already have programs to help students stay healthy from trachoma or other diseases? What type of activities do they do?





About Trachoma: Trachoma is caused by a bacterium called *Chlamydia trachomatis* which spreads through contact with nasal and ocular discharge of an infected person, via eye-seeking flies, touch, and sharing of cloths. The disease is most prevalent in rural communities where there is often a lack of adequate sanitation and clean water.

Risk Groups: Children (ages 1-9) are especially vulnerable to infection from trachoma, due to their practice of unhealthy hygiene habits. However, the disease progresses slowly, and the more painful and disabling symptoms may not emerge until adulthood after repeated infections. Women suffer blindness from trachoma at four times the rate that men do, as they are exposed both as children and then later again as adults while taking care of children.

Signs & Symptoms: Trachoma usually affects both eyes, and the symptoms are often more severe in the upper lid. The disease often presents the following symptoms:

- Itching and irritation of the eyes and eyelids
- Discharge from the eyes containing mucus or pus
- Eyelid swelling
- Light sensitivity (photophobia)
- Eye pain
- Blurred vision
- Eyelids turning inwards (during an advanced stage of the disease)

Following repeated infections during childhood, a person's eyelashes turn inward and scratch the cornea while blinking. This leads to scarring, diminished vision, and eventually blindness.

Stages of Trachoma			
			
Normal Eye	Eye irritation and discharge	Eyelid swelling	Eyelids turn inward and eyelashes scratch cornea (advanced disease leading to blindness)



Transmission: Trachoma is contagious and spreads through contact with discharge from the eyes or nose of an infected person via various modes of transmission. An unclean face and an unclean environment (due to open defecation) serve as the settings for trachoma transmission.

Ask and collect answers: In what ways can trachoma make school more difficult for children? How can the advanced disease make life more difficult for adults?

The five main pathways of trachoma infection are:

- **Feces:** Feces attract the flies and provide a breeding area for them to multiply. Having feces in close proximity to living quarters or schools raises the risk of infection.
- **Faces:** Nasal and eye discharge contain the bacteria that can be transmitted to other individuals.
- **Flies:** ‘Eye seeking flies’ carry bacteria from the discharge on an infected person’s face to healthy people’s eyes, thus spreading the infection.
- **Cloths:** Sharing towels/cloths between infected and healthy people may transmit the bacteria to the healthy individual and infect him as well.
- **Hands:** Touching an infected eye with your fingers and then coming in contact with another individual (for example by hand shaking) can transmit the bacteria.

In Session 2, we will discuss specific behaviors to prevent trachoma. Now we will discuss different ways that you can teach this information to others.

1.4 Focus: Teaching Styles

15 minutes

Review the information with the participants.

Teacher-centered: Traditionally, most education has been centered around the teacher. In the teacher-centered approach, the teacher is in charge of all knowledge that the students learn, relying heavily on direct instruction and lecture. Students are viewed as passive learners or “empty vessels” who will need to listen to the teacher and absorb information. Students may answer questions or complete exercises during the class, but only in response to the teacher’s direction.

- ✓ **Recommended for:** Extremely large classes; Teaching a large amount of content in a short amount of time; Teaching a specific method (science, math)
- ✗ **Disadvantages:** It is not motivating or engaging for students; Young children may have a hard time paying attention; Students do not feel as much of a connection to the content

Learner-centered: The learner-centered approach has gained more attention in recent decades. In this approach, the students are not passive listeners but instead they actively lead their own learning under the guidance of the teacher. The teacher is still the authority in the classroom, but he or she does not monopolize the whole class. Instead the teacher acts as a facilitator and provides the framework for students to learn via activities, exploration, and peer learning. This approach empowers the students to develop skills, solve problems, and take ownership of their success.

- ✓ **Recommended for:** Teaching skills; Encouraging problem-solving and creativity; Inspiring behavior change; Developing critical thinking and self-reflection



- ✖ **Disadvantages:** It is difficult to cover a large amount of content; Quieter and less gifted students may not receive all the benefits of participation

Ask and collect answers: What style is more common in your community? Are any activities led by the students in the classroom?

Due to the advantages and disadvantages of both approaches, most teachers possess a combination of different teaching styles and vary their lessons accordingly. In fact, this training manual includes both teacher-centered and learner-centered sections, and it is considered a hybrid or blended style.

The following table features five teaching styles along the spectrum from the most teacher-centered to the most learner-centered.

	Teacher-Centered		← to →	Learner-Centered	
Style	Lecturer / Authoritative	Demonstrator/ Coach Style	Hybrid/ Blended	Facilitator/ Activity Style	Delegator / Group
Teacher's Role	To tell	To show	Mixed	To guide	To consult
Student's Role	To listen; to take notes	To watch; to follow instructions	Mixed	To participate; to explore	To collaborate; to initiate
Examples	Lectures; presentations	Demonstrations; Teacher models and students follow example	Mixed	Games; role play; discussion	Group work; projects

Sometimes teachers do not feel comfortable in using a more learner-centered approach, as they may feel it weakens their control on the classroom or will slow down the class. However, a teacher can still be an authority figure without being in the center of the classroom. Also, the students will be more engaged in their learning and will often retain the knowledge better from learner-centered activities, while also gaining skills that will help them be successful long-term. Since the goal of this health program is more than acquiring knowledge but also inspiring healthy changes, we promote the use of learner-centered activities (games).

Ask and collect answers: How can you convince a teacher who is nervous about using a learner-centered approach in the classroom?

1.5 Activity: Role Play

40 minutes

Go over the following instructions with the participants and then let them work in groups. You can walk around the room to check their progress and answer questions, but let the participants actively work together during this part.

To end Session 1, the participants will do a role play to review the material and practice the different teaching styles.



Instructions for Role Play:

1. Tell participants to get into groups of 4-8 people.
2. Tell them they will do a role play activity on teaching trachoma transmission (five main pathways). One person will play the “teacher” and the other participants will play the “students”. They can switch roles during the activity.
3. First the participants will role play a **teacher-centered class** on trachoma transmission. The teacher should do almost all of the talking in this role play. Give them 10 minutes to practice this role play.
4. Then they will role play a **student-centered class** on trachoma transmission. The students should do most of the talking in this example. They can learn through group work, drama, playing a game, or teaching each other. The teacher will help guide them but will let the students lead. Give them 10 minutes to practice this role play.
5. Walk around as the groups practice to answer questions and check progress.
6. After all groups had time to practice their role play, ask for 2 groups to come to the front and do their role play for everyone.
7. *Ask:*
 - Which method is more engaging for students?
 - Which method do you prefer and why? Or would you choose a different method to teach this material?





■ All Educators and Trainers

Session 2

Preventing Disease and Changing Behavior

2.1 “Stand Up” Energizer

Suggested Time: 15 minutes

Facilitator will lead the participants in an exercise where they will stand or sit in response to specific statements.

In the last session, we discussed different ways that people can teach information. However, it is also important to understand that people learn in different ways as well. When we teach students about trachoma, we want them to learn it in a way that they will remember and internalize. We will start this session in thinking about ourselves as learners too—how do we learn best?

Instructions for Energizer:

1. Facilitator will say a statement.
2. Participants will stand if the statement is true for them. They will sit if it is not.
3. Facilitator may call on participants to explain more.

Statements:

- Stand if you enjoy reading for pleasure (and not just for work).
- Stand if you have a good sense of direction and can find your way easily in new places.
- Stand if math or statistics is one of your favorite subjects.
- Stand if you like drawing and consider yourself good at it.
- Stand if you like to tell stories.
- Stand if you work best alone.
- Stand if you work best in teams and with other people.
- Stand if you can remember the words and tunes of songs very easily.
- Stand if you like to play sports.
- Stand if you like to spend time in nature and can identify many different types of plants and animals.

Follow up questions for discussion:

- Which statement did the most people stand for?
- If the group was full of scientists or policemen, do you think the answers would be different?

2.2 SAFE Strategy

15 minutes




Review the information with the participants. You can supplement this part with photos, presentation, or discussion.

As discussed in the last session, trachoma is a disease that causes eye problems. Usually it appears in young children as an eye infection with irritation and discharge. However, after



multiple infections, it can cause scarring of the eye and lead to vision problems and even blindness.

SAFE Strategy: Trachoma is a burden on both individuals and communities, as it makes it difficult for children to go to school and affected adults to work and care for their families. It has also led to a great economic cost to countries from lost productivity due to blindness and visual impairment. For these reasons, both the World Health Organization (WHO) and the Ethiopian government have prioritized trachoma as a disease for elimination. To prevent and eliminate trachoma, the World Health Organization (WHO) recommends the SAFE strategy:

SAFE strategy for trachoma		
Surgery		Treat the advanced/ blinding stage of disease with eye surgery
Antibiotics		Clear the infection with the antibiotic azithromycin, usually through mass drug administration (MDA) campaigns
Facial cleanliness		Promote washing faces and hands with soap and water to help prevent infection and re-infection
Environmental improvements		Improve access to clean water and sanitation in order to reduce transmission of the disease; Also, properly dispose of animal and human feces to reduce breeding grounds for flies

The first two components of the SAFE strategy—surgery and antibiotics—focus on **treatment** of active cases. The second two components—facial cleanliness and environmental improvements—focus on **prevention** of new cases. Both treatment and prevention are important for eliminating trachoma.

Ask and collect answers: Currently, most trachoma elimination programs only focus on the first two components—surgery and antibiotics. Why don't they also focus on the prevention components, such as the behavior aspects and WASH improvements?

Answer: People will see immediate results from surgery and medicine, which helps show impact to donors and governments. However, environmental improvements to WASH often require extra resources and money, and behavior change (such as face-washing and hand hygiene) can take a long time to see results and is often harder to monitor.

2.3 Behavior Change 20 minutes

Review the information with the participants.

Medicine is necessary to treat trachoma and kill the bacteria that makes people sick. We need to encourage students to take the medicine during the MDA, since it is an important step to getting healthy.



Ask and collect answers: Most people get better after taking the medicine. However, after a period of time, they may get sick again. Why?

Answer: Antibiotics kill the bacteria in their body at the time. However, people get re-infected because they continue to do the unhealthy habits that got them sick before. For this reason, this health program focuses on the F&E components (behavioral and environmental) as a way to break the cycle of infection.

Prevention behaviors: The school program teaches healthy behaviors that can prevent trachoma, as well as other WASH-related diseases. These healthy behaviors are based on 5 key messages, which are related to keeping your body clean and your environment clean.

Key Message		Personal Behaviors
Clean Hands		Wash hands with soap and water at key times
Clean Face		Wash face with soap and water when dirty; Do not share face cloths
Clean Environment		Use the latrine; Do not defecate outside or near water sources
Clean Space		Clean latrines, rooms, and yard
Healthy Friends & Family		Share the healthy messages with others!

Ask and collect answers: In your opinion, which key messages are most relevant to children in your community?

Clean Hands: Handwashing with soap and water is one of the most important behaviors for disease prevention. It helps prevent many diseases, many more than just trachoma. It is also one of the cheapest ways to prevent disease. The steps for proper handwashing are in **Appendix 1**, and it is a good idea for teachers to conduct a handwashing demonstration for students so they learn the proper method.



- *Connection to trachoma:* A sick person rubs their eyes and then touches a healthy person's hands. If they then touch their dirty hands to their eyes, they can spread the bacteria and get sick also.
- *Connection to other diseases:* Bacteria and parasites can spread through the fecal-oral route. This occurs when a person does not wash their hands after defecating and then eats, spreading the feces to their mouth. Even 1 gram of feces can spread disease, so it is very important for people to wash their hands!
- *Key times:* People should wash their hands 1) before eating or touching food, 2) after going to the bathroom, and 3) after playing or touching animals.

Note for educators: Tell your students, "Would you eat poop? If you don't wash your hands, you may be eating it!" Even one gram of feces, an amount you may not see, can spread disease.

Clean Face: Children should wash their faces with soap and water to prevent trachoma. When they dry their face, they should use a clean towel that is not shared with other children.

- *Connection to trachoma:* Dirty faces attract flies, and flies can spread trachoma from a sick child to a healthy one. Also, the bacteria can spread on dirty towels that are shared between people.
- *Key times:* It is important for face washing to be part of children's daily routine. In this health program, we recommend that children wash their faces 1) when they wake up and 2) before going to bed. They may also need to wash their faces if they get very dirty while playing.

Clean Environment: One of the most important facts to teach students is that feces can cause and spread disease. Even one gram of feces can be dangerous and can contain 10 million viruses, 1 million bacteria, and over a hundred parasites. We do not want these to spread to our water, our children, or ourselves. For this reason, it's extremely important that students use the latrine.

1 gram of feces can contain
10,000,000 viruses
1,000,000 bacteria
100 parasite eggs

- *Connection to trachoma:* Feces is a breeding ground for flies, and flies can spread trachoma.
- *Connection to other diseases:* Intestinal worms and schistosomiasis are also connected to open defecation. Flies can land on poop and then on our food, spreading parasites. People can defecate near water that people use, and we can get sick from it.

Clean Space: The areas that people regularly use (both inside and outside) should be clean of feces and garbage. A dirty environment attracts flies and can spread disease.

- *Connection to trachoma:* Flies breed in dirty environments, and they can spread trachoma between people.

Healthy Friends & Family: For the health program to be successful, the students will need to share the healthy messages with their friends and family. By making the students health



messengers, they will have more ownership over the behaviors as they will need to be role models for others. Also, their families can start making changes to improve health in the home.

Ask and collect answers: Teachers have a very important role in disease prevention. It is more than teaching students the material since they will need to actively change their habits and behaviors to healthier ones. How can educators demonstrate the importance of these behaviors to their students?





2.4 Multiple Intelligences

20 minutes





Review the information with the participants. You can supplement this part with presentation or discussion.

All people have different capabilities, strengths, and weaknesses, and we all learn in slightly different ways. However, in the past traditional education only focused on a narrow view of intelligence, and many students were left behind or lost confidence in their abilities. For this reason, the concept of **multiple intelligences** was proposed. Though some students may excel in lecture-based classes, others will shine when they have a chance to see concepts visually or do something with their hands. For this reason, it is important for teachers to use diverse teaching methods in order to reach more of their students.

To better understand how students learn and excel, eight types of intelligence were identified and are listed in the following table. Please note that all learners have varying degrees of capabilities in each, and even traditional learners will also benefit from other approaches (such as visual and game-based). We recommend teachers use at least 2-3 different types of methods in each class to ensure that their students excel.

Intelligence	Strengths	Methods for the Classroom
Picture Smart (Visual) 	Good at interpreting pictures, graphs, and charts; Enjoys drawing and painting; Recognizes patterns easily	Drawing; Using pictures and charts to show ideas
Word Smart (Verbal) 	Good at remembering written and spoken information; Enjoys reading and writing; Explains ideas well	Reading; Writing; Discussions; Storytelling
Number Smart (Mathematical) 	Good at solving problems; Enjoys thinking about abstract ideas; Calculates and computes data well	Conducting experiments; Solving problems; Playing games that use math and logic
Body Smart (Kinesthetic) 	Good at dancing and sports; Enjoys creating things with his or her hands; Learns by doing	Active games; Acting out concepts; Building objects



Music Smart (Musical) 	Good at remembering songs and melodies; Enjoys singing and playing instruments; Recognizes notes and musical patterns easily	Using songs and dance to teach concepts; Poetry; Clapping to memorize facts
People Smart (Interpersonal) 	Good at communicating; Sees situations from different perspectives; Able to resolve conflicts	Group work; Peer learning; Games
Self Smart (Intrapersonal) 	Good at analyzing his or her own strengths and motivations; Enjoys analyzing ideas and their own feelings; Excellent self-awareness	Journal writing; Goal-setting activities; Reflection
Nature Smart (Naturalistic) 	Good at recognizing and categorizing plants and animals; Enjoys being in nature; Interested in science	Nature walks; Connecting topics to the natural world; Cleaning school yard or starting a garden

In summary, all learners will benefit from the addition of different types of activities in the classroom. More students will be able to understand the material, and different activities will make it more engaging for all. As a note, it's not necessary for a teacher to try and find activities for all types of intelligences. All people have multiple intelligences and will benefit from a small, focused mix of activities that do not dilute the learning content.

Ask and collect answers:

1. Based on our opening activity, which intelligences are most common in this group?
2. We recommend including 2-3 different types of activities in a lesson. Why do we not recommend including 8 types of activities in a lesson to make sure that we address all the types of intelligences?

2.5 Activity: Songs

40 minutes

Go over the following instructions with the participants and then let them work in groups. You can walk around the room to check their progress and answer questions, but let the participants actively work together during this part.

To end Session 2, the participants will work together to make up a song that they can use to teach students how and when to properly wash their hands and faces. This song can be used as a way to engage students through their musical intelligence. Songs and rhymes are a good tool to help students remember important information and make the material more interesting for them.

Instructions for Song:



1. Tell participants to get into groups of 4-8 people.
2. Tell them they will make up a song about the key times for washing their hands and face with soap and water. The song can include other preventive behaviors as well, but it should include the key times as it relates to an activity in the student lesson plans.
3. The song should be in their local language, and it can be based on another popular song with new words.
4. As the groups work, walk around to check their progress and answer questions.
5. After 15-20 minutes, ask for a few groups to share their songs with everyone.
6. If there is time, you can ask for participants to vote on their favorite song and then learn it all together.
7. *Ask:*
 - How can you adapt the song to also be good for kinesthetic (body smart) learners?
 - You have a lot of visual learners in your class. How can you teach the prevention behaviors to them?

Song: _____

***Note:** Teachers will use the song to teach their students in grades 1-5.*





■ Early Childhood Educators (Grades 1-2)

Session 3

Storytelling to Build Connections

3.1 Key Message Energizer

Suggested Time: 10 minutes

Facilitator will lead the participants in an exercise where they will say the 5 key messages with claps in between.

In the last two sessions, we discussed the prevention and transmission of trachoma as well as different teaching and learning strategies. To review some of the information and energize the group, we will do a short exercise on the key messages.

Instructions for Energizer:

1. Facilitator will say, “We will now open Session 3 with the 5 key messages and a clap.”
2. Facilitator will say one of the key messages (clean hands) and everyone claps once together.
3. Point to a participant to say another key message, and everyone claps once again.
4. That person then points to another participant who says another key message etc.
5. Repeat it again but faster.

Ask:

- Any questions on the material from the first two sessions?

3.2 Early Childhood

15 minutes

Review the information with the participants. You can supplement this part with presentation or discussion.

Focus on Early Childhood: There are many reasons to implement a trachoma health education program that specifically targets young children, such as:

- Young children are highly vulnerable to infection from the disease. Repeated infections at a young age can lead to blindness in adulthood.
- Activities in early childhood are designed to create and establish certain behaviors and habits from a young age. Behaviors and habits that are adopted early are more likely to be sustained over the years and prevent future infections.
- Young children are more malleable and adaptable to change. They can learn and adopt new habits quicker and more easily than teenagers and adults.
- Children have the ability to influence others by passing on the information they learn, thus encouraging behavior change in their families and improving hygiene practices in the household.

Child Development: Early childhood (0-8 years old) is considered a critical period of human development, in which dramatic changes occur in all areas of life including physical, social-



emotional, and cognitive development. This period is a crucial formative period that shapes who a person will become. Studies have shown that early childhood education has far-reaching effects on intelligence, character, and future employment opportunities. For this reason, the United Nations and other policy makers have begun to promote early childhood education as an important investment for health, economy, and a country’s development.

The following 5 areas develop during early childhood:

Areas of development in early childhood	
Immune System	The immune system develops during the early ages and impacts a person’s lifelong health.
Behaviors & Habits	Young children learn habits and behaviors that stay with them for the rest of their lives.
Interaction & Communication	Children build skills to communicate and interact with other people and their environment, which influences the quality of their relationships throughout life.
Learning through Play	Children learn most effectively through playing, games, songs, and drama – learning through play helps them understand how to behave.
Thinking & Language	During these formative years, language and thinking development is crucial – which is why it’s important to speak to children, explain things in depth, ask questions, and tell stories.

Ask and collect answers: What are some new behaviors that young children (Grade 1) learn when they first come to school?

Possible Answers: Raising hand in class, standing in line with other students, going to the latrine (if they don’t have a latrine at home), etc.

3.3 Strategies for Messaging 10 minutes

Review the information with the participants. You can supplement this part with presentation or discussion.

Behavior Change: Behavior change is not an easy task and involves more than learning the healthy behavior. People also need motivation and practice to change. When you teach the prevention behaviors to young children, here are some strategies that may help:

- ✓ **Model the behavior-** Children learn behaviors by seeing and copying others. You can show them how to wash their hands and faces and then let them practice as well.
- ✓ **Build an emotional connection-** Storytelling is a good tool for teaching young children, as they can connect to the fictional characters and become invested in their actions.
- ✓ **Ask students to be teachers-** Responsive storytelling, like we will use in the **Healthy Friends Story Book**, asks students to take part in the fictional story. How can they help the characters



achieve their goal? Ask them to model the behaviors for others and act as the teacher in spreading important health messages.

- ✓ **Nurture imagination and creativity-** Imagination is an important tool for children's cognitive and social development. Through imagination, students can play with new ideas and create scenarios where they can experiment with what they learn.
- ✓ **Address multiple intelligences-** Engage the students through drawing, singing, acting, and playing. They will be more engaged and have more ways to internalize the material.
- ✓ **Create a routine-** Children will remember the behaviors if it becomes a part of their daily lives. Teachers can schedule a set time for handwashing each day or checking face cleanliness, so students know to expect it and be ready.

Ask and collect answers: Do you know any other strategies for teaching young children (0-8 years old)?

3.4 Storytelling

10 minutes

Review the information with the participants. You can supplement this part with presentation or discussion.

Storytelling is one of the oldest and most effective teaching tools. A story can illustrate key messages and teach important ideas in a way that is both engaging for students and connects them more deeply to the material. Listeners can feel an emotional or personal connection to the characters that they do not feel when the information is presented only as facts. Moreover, stories promote imagination, activating the listeners' brains in ways that lectures do not.

In the Classroom: When stories are used in the classroom, students can picture the story in their mind, make predictions, and use critical thinking skills to add to the story or solve problems in it. These activities improve students' listening and verbal skills. Storytelling can also help students build confidence in themselves as learners and inspire in them an interest in reading and literacy. The following tips will make storytelling even more engaging:

- ✓ **Use voices-** Play with the characters and use different voices for each of them.
- ✓ **Use body language-** Make gestures to illustrate key points or actions in the story.
- ✓ **Add to the story-** Add descriptions to enrich the narrative.
- ✓ **Ask students to respond-** Let them use their imagination to guess what happens next or create new situations in the story. They will be more engaged if they are actively responding to the story.
- ✓ **Adapt the story to the local context-** Use names and descriptions of local places so students feel even more connection to what is happening in the story.
- ✓ **Have fun when you tell the story-** If you enjoy it, then the students will enjoy it. Use a playful and humorous tone.

Ask and collect answers: What is a popular story for children in your community? Does it teach any important lessons?

3.5 Activity Book

45 minutes

Go over the following instructions with the participants and then let them work in groups. You can walk around the room to check their progress and answer questions, but let the participants actively work together during this part.



For grades 1-2, teachers will use the **Healthy Friends Story Book** to teach about trachoma and inspire healthy behaviors in the children. This story book is an interactive activity book with characters and puzzles to promote engagement and learning. To make sure that everyone is familiar with how to use the activity book, we will take some time now to practice using it and make it as interactive as possible. Make sure teachers also have time to practice using the book before they introduce it in the classroom.

Instructions for Story Book:

1. Tell participants to get into groups of 4-8 people.
2. Make sure each group has copies of the **Healthy Friends Story Book** and the **Teacher's Handbook**.
3. Tell them to first read through the lesson plan for Grades 1-2 in the **Teacher's Handbook (Section 3)**.
4. Then one person will take on the role of “teacher” and read through the story book by acting out the characters and encouraging responses from the students.
5. After the “teacher” finishes, the “students” will give feedback on parts that can be improved in how they deliver the story. They can refer to the tips above in **3.4**.
6. Then another person will take on the role of “teacher” and read through the story book, making the story as engaging as possible.
7. **Ask:**
 - Were there any parts of the story book that were not clear?
 - How can teachers add role play/ drama to the story book? What other activities can they add to expand on the material?





Session 4

Games for Motivation & Goal-Setting

4.1 Handwashing Demonstration

Suggested time: 15 minutes

Ask for 2 volunteers to come and demonstrate proper handwashing to everyone.

As stated before, handwashing with soap and water is one of the most important health behaviors that people can do. It is important for preventing the spread of many diseases, including trachoma, intestinal worms, and even COVID-19. For this reason, we want to be sure that students are washing their hands correctly. The steps to handwashing are in **Appendix 1**, and now two volunteers will demonstrate how to teach handwashing to students.

Instructions for Demonstration:

1. Ask for two volunteers to come to the front of the room. One will be the “teacher” and the other is the “student”.
2. Give them a handwashing set with wash basin, water, soap, and a clean towel.
3. The “teacher” will use the steps in **Appendix 1** to instruct the “student” in how to properly wash hands.

Ask:

- Do schools in your community have access to water for handwashing?
- If they don’t have access, what are some solutions they can use?

Possible answers: Students can rotate bringing in water to use for handwashing, as it does not need to be as clean as drinking water. The PTA can raise money for a handwashing station with soap.

Note: Two types of handwashing are included in the teaching materials. The steps for handwashing that we just demonstrated are included in **Appendix 1** and in lesson plans for Grades 2-5 and the student clubs. However, the early childhood (Grades 1-2) story book gives a simpler style that includes face washing. This alternative is presented as a way for young children to make face washing a part of their daily routine that they do twice a day. This alternative is also presented in **Appendix 2**.

4.2 Using Games in the Classroom

15 minutes

Review the information with the participants. You can supplement this part with presentation or discussion.

The school program includes two games to improve learning and promote hygiene-related behavior change. For grades 2-5, the **Clean Champion Board Game** is included and will be practiced in the next section. For the health and WASH clubs, the **Hygiene Heroes Challenge Game** is included and will be detailed more fully in 4.4.



Games for Learning: Teachers may be wary of using games in the classroom, as they may associate games with play and break times. However, games can be an extremely effective tool for teaching. Game-based learning can make learning more fun, engaging, and memorable. With games, learning does not only originate from one source (the teacher) but also comes from other players as well as the individual's own experimentation during gameplay. Games can be used to transmit more than information, as they can also support social development and self-learning skills. They are also an ideal tool for teaching behaviors to young children, as they provide peer feedback and reinforce key messages.

Ask and collect answers: What games do children play in your community? What skills do they learn from these games?

Benefits: Studies have shown that games can be an effective learning tool that both engages and motivates students. In comparison to lectures, games can more greatly improve long-term knowledge retention. They are also more effective at promoting healthier habits than passive learning styles, and thus are a recommended tool for encouraging behavior change. Games can also provide other classroom benefits, such as increasing concentration levels and improving children's ability to follow rules. Other benefits to students include improvement of:

- ✓ **Goal setting skills-** A game can provide the students with the chance to set individual or team goals and plan ways to achieve them. Goal setting promotes ownership of the content as well as independence.
- ✓ **Interpersonal skills-** Through teamwork and competition, students will gain valuable experience in working with their peers in different ways. Peer feedback will inform their actions, social development, and behaviors.
- ✓ **Self-learning skills-** Students can gain more confidence through game play by experimenting with new knowledge and skills throughout the game.
- ✓ **Leadership skills-** In a game, students have the opportunity to lead at different points and impact the game for themselves and others.

Ask and collect answers: Can you think of other benefits of game-based learning to students? To teachers?

Effective Use: For games to have value in the classroom, the teacher must design and use games that are engaging and relevant. The games should also give the students confidence and satisfaction so they feel more ownership over what they are learning. Four key questions the teacher should ask before using a game are:

- ✓ **Attention-** *Will this game keep the students engaged and interested until it ends?* For this reason, games should be age-appropriate. If the game is too juvenile, then students may get bored. If the game is too difficult, then students may be overwhelmed and feel lost and unmotivated. Using competition or collaboration between peers can also encourage more engagement from students.
- ✓ **Relevance-** *Does this game fit into the learning content and goals for this lesson?* The game should match what the students are currently learning in school and give them an opportunity to practice the content in a meaningful way.
- ✓ **Confidence-** *Will the students be able to practice the new information and skills during game play?* Through game play, students can experiment with the new information and



behaviors in a way that reinforces the correct way through peer feedback. Through this experimentation, students can gain more confidence in sharing key messages and performing target behaviors.

- ✓ **Satisfaction-** *Will the students feel satisfied during and after game play?* Students will feel more satisfied with a game if they clearly understand the rules and feel that the game is fair. The game should not feel like work or a burden for them to do. Instead it should be entertaining and fun.

The two games included in this program were designed with the previous questions in mind. However, teachers know their own students the best and are encouraged to adapt them to make them even more relevant and fun.

4.3 Clean Captain Board Game

40 minutes

Divide the participants into group and let them play the game according to the instructions.

Before using the games in the classroom, it is important that educators know how to play them. We will now break into teams and play the board game that we will be using with the students.

Instructions for Board Game:

1. Tell participants to get into groups of 4-6 people.
2. Make sure each group has the **Clean Captain Board Game** with the game cards.
3. Tell participants to read through the lesson plan for Grades 2-5 in the **Teacher's Handbook (Section 4)** to see if they have any questions or anything is unclear.
4. After reading through the lesson plan, they will play the game! They should follow the instructions on the back of the game board:
 - Players will make or choose a unique game token for themselves. As examples, their game token can be a rock or a scrap of paper with a picture.
 - Players will roll the dice to see who goes first. The person with the highest number will have the first turn, with players continuing in a clockwise manner after.
 - All players start with their tokens on "START".
 - In each turn, the players will roll the dice one time and move the corresponding number of spaces along the game board.
 - If they land on a blue space, they will pick a blue "Clean" card and follow the directions. All blue cards move the player forward or give them an extra turn for rolling the dice.
 - If they land on a brown space, they will pick up a brown "Dirty" card and follow the directions. All brown cards move the player backwards or lose them their next turn at rolling the dice.
 - If they land on a green space, they will pick up a green "Challenge" card and complete the challenge. All green cards give a task for the player to complete. The other players will judge if the player is correct. If yes, he/ she will move forward or get an extra turn. If no, then he/she will not move forward or backwards in this turn.



- In each turn, the player will only pick up one card for the first space they land on. However, some cards give them an extra turn, which means they will roll again and then get another card since it is considered a new turn.
- The first player to reach “END” wins the game!

5. Walk around the room as the participants play the game to check progress and answer any questions.

6. *Ask and collect answers:*

- Which multiple intelligences did this game use?
- Do you think this game answers the four questions from 4.2 about attention, relevance, confidence, and satisfaction?
- How could you change or improve this game?

4.4 Hygiene Heroes Challenge Game

30 minutes

Review the information with the participants. You can supplement this part with presentation or discussion.

The board game can be used easily during one classroom period, and students can play it more than one time. For the health and WASH clubs, their game is more extensive and will take place over 10 days. The **Hygiene Heroes Challenge Game** uses competition and teamwork to motivate the club members. Since this game can take several days to complete, we will not play it fully.

Instructions for Challenge Game:

1. Tell participants to get into groups of 4-8 people.
2. Make sure each group has the poster for the **Hygiene Heroes Challenge Game**.
3. Tell participants to read through the lesson plan for club members in the **Teacher’s Handbook (Section 5)** to see if they have any questions or anything is unclear.
4. One participant will play the role of “club coordinator” and the others are the “students.” The club coordinator will review how to play the game with the others.
 - Write student names on the poster. The poster will be used to record points from the challenges for each student.
 - Choose a challenge coordinator for the game. This person can be the club coordinator or a student who is not participating in the challenges. This coordinator will announce the challenges, judge completion, and award points.
 - Students will have a different challenge to complete on each day. Some challenges are individual, and some challenges can be completed in teams. If they complete the challenge in teams, then all team members receive the same number of points.
 - If they do not complete a challenge in time, they will get 0 points.
 - If they complete the first half of the challenge, then they will get 5 points.
 - If they complete the full challenge in time, they receive 10 points. The highest number of points per game is 100 (10 challenges for 10 points each.)



- If they complete the challenge outside of school (such as in Challenge 6), decide on how to verify the points. For example, another person can confirm it, or they can bring in a signed sheet saying they completed the challenge.
- After 10 challenges, the scores will be tallied. The two students with the highest score are the Hygiene Heroes! They will get a medal to wear around school. If there are more than 2 winners, they can rotate wearing the medal. Alternatively, you can do a tie-breaking activity.

5. To practice, the “club coordinator” will pick 1-2 challenges for the “students” to complete as examples. Participants will read through all the other challenges together.

6. As the groups review the game, walk around to check progress and see if there are any questions.

6. *Ask and collect answers:*

- Which multiple intelligences did this game use?
- Do you think this game answers the four questions from 4.2 about attention, relevance, confidence, and satisfaction?
- How could you change or improve this game?

We have now reviewed and practiced the three activities for this program: the activity book, the board game, and the challenge game. In the final training session, we will review what we learned, plan how to roll it out to the schools, and reflect on any final issues.





■ All Educators and Trainers

Session 5

Planning

5.1 Reflection Questions

15 minutes

Give 5 minutes for pairs to discuss their questions together. After a few moments, bring everyone back together and ask the whole group questions. You can write down answers on a flipchart or ask participants to respond to each other.

- **For pairs:** Which of the games (activity book, board game, challenge poster) do you think will work best in your community? Do you feel comfortable to cascade this training to the school level?
- **For whole group:** What new skills or information did you learn during the ToT? What do you think should be improved?

5.2 Action Plan for Gamification

30 minutes

Review the information with the participants. You can supplement this part with presentation or discussion.

After completing the ToT today, participants are expected to cascade the training to the next level. They should aim to cascade the training within the next month so the information is still fresh in their minds. All levels of the cascading should be complete within 1-3 months. To cascade the training, they can use the following guide:

Trainer	Participants	Timeframe	Content
NALA program staff	Wereda representatives	-	Sessions 1-5 in Training Manual
Wereda representatives	School representatives	7-30 days after NALA ToT	Sessions 1-5 in Training Manual
School representatives	Teachers	7-30 days after wereda ToT	Sessions 1-4 in Training Manual
Teachers	Students	7-30 days after school training	Lesson Plans in Teacher's Handbook

To help the participants prepare for rolling out the school program, they will now have some time to make an action plan in their wereda/ school groups.

Instructions for Action Plan:

1. Tell participants to get into groups by the wereda or school.
2. For the wereda level, they will fill out the action plan in **Appendix 3**.
3. For the school level, they will fill out the action plan in **Appendix 4**.



4. As the groups work on their plans, walk around to check progress and see if there are any questions.

5. *Ask and collect answers:*

- Will you be able to cascade the training within the next month?
- What preparations will you need to do to cascade the training?
- Look at the monitoring forms in Appendices 5-6. How can you use these forms to track the progress? Do you prefer to monitor in a different way?

***Note:** When the program is rolled out within the schools, the teachers for grades 3-5 will need to rotate when they teach the class so that they have enough board games available for their students.*

5.3 Brainstorming

40 minutes

Review the information with the participants. You can supplement this part with presentation or discussion.

Before ending the ToT today, we will now brainstorm some final issues and then discuss them as a group.

Instructions for Roundtable Discussions:

1. Divide participants into groups of 10-15 people.
2. Give groups a topic to discuss. Some of these questions are related to their action plans. Switch topics every 3-5 minutes.
 - How will you encourage attendance at your training?
 - How will you monitor the progress of the program in the school(s)?
 - What will you do if a school (or teachers within the school) are not using the games?
 - How can we make sure there is water and soap for handwashing at school?
 - Do you have ideas for engaging parents in the program?
 - What are challenges that you see with implementing the program?
3. Walk around to observe and encourage discussions.
4. After each question, ask for a few people to share their responses with everyone.

5.4 Closing

15 minutes

Facilitator will lead the participants in an exercise where they will list the 5 key messages with claps in between. The closing session can also be used for a short reflection or feedback form.

Thank the participants for taking part in the ToT and being motivated to make their communities healthier.

Instructions for Energizer:

1. Facilitator will say, “We will now close the ToT with the 5 key messages and a clap.”



2. Facilitator will say one of the key messages (clean hands) and everyone claps once together.
3. Point to a participant to say another key message, and everyone claps once again.
4. That person then points to another participant who says another key message etc.
5. Repeat it again but faster.

Ask:

- Any questions on the material from the ToT? Final thoughts or comments?



■ Appendix 1

Steps for Handwashing

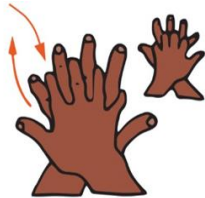
Use: You can use this page as a guide to show and model the steps for students. It is recommended to wash hands with soap for 20 seconds and target all parts of the hand.



1. Wet hands with water.

2. Wet hands with soap until it lathers with bubbles.

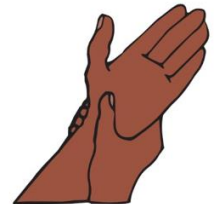
3. Rub hands palm to palm.



4. Rub back of each hand with the palm of the other hand with fingers interlaced.

5. Rub palm to palm with fingers interlaced.

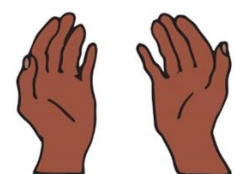
6. Rub with backs of fingers to opposing palms with fingers interlaced.



7. Rub each thumb clasped in opposite hand using rotational movement.

8. Rub tips of fingers in opposite palm in a circular motion.

9. Rub each wrist with opposite hand.



10. Rinse hands with water until all soap is gone.

11. Dry thoroughly with a clean towel.

12. Your hands are now clean!



■ Appendix 2

Handwashing + Face Washing

Use: You can use this page as a guide to model the steps to young children. The steps are simplified and face washing is included. The goal is for children to make face washing a daily habit and a part of their morning and evening routine.



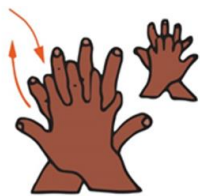
1. Wet hands with water.



2. Rub your hands with soap until it lathers with bubbles.



3. Rub hands palm to palm.



4. Rub one hand over the other with fingers interlaced.



5. Use your soapy hands to wash your face. Keep your eyes closed.



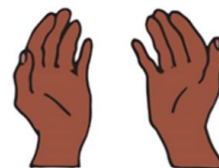
6. Rinse hands with water.



7. Rinse face with water to make sure all soap is gone.



8. Dry hands by shaking them or using a clean towel.



9. Your hands and face are now clean!



■ Appendix 3

Action Plan for Wereda Level

Use: The wereda representatives will use this form to plan how to roll out the program in their districts.

Action Plan for Gamification (Wereda)	
Wereda Name:	
Number of Primary Schools:	
Proposed Date for Training of School Representatives:	
Proposed Date for Schools to Roll out Program:	
What actions will you take to encourage attendance at the training of the school representatives?	
1.	
2.	
3.	
What actions will you take to monitor the progress of the program?	
1.	
2.	
3.	
What actions can you take if there are schools that are not using the program?	
1.	
2.	
3.	



■ Appendix 4

Action Plan for School Level

Use: The school representatives will use this form to plan how to roll out the program in their schools.

Action Plan for Gamification (Wereda)	
School Name:	
Number of Students:	
Proposed Date for Training of Teachers:	
Proposed Date to Roll out Program in School:	
What actions will you take to encourage attendance at the teacher training?	
1.	
2.	
3.	
What actions will you take to monitor the progress of the program?	
1.	
2.	
3.	
What actions can you take if a teacher is not using the games?	
1.	
2.	
3.	



■ Appendix 5

Monitoring Form for Wereda Level

Use: The wereda representative will use this form at the end of the school semester.

I. General

1. Date:	
2. Name:	
3. Phone/ Email:	
4. Wereda/ Zone:	
5. Number of schools in wereda:	

II. Training

6. Date of zonal training:	
7. Date of wereda training for schools:	
8. Number of people invited to wereda training:	
9. Number of participants who attended wereda training:	

III. Implementation

10. Number of schools that implemented all 3 games:	
11. Number of schools that implemented 1-2 of the games:	
12. Number of schools that did not start implementation:	
13. Number of schools visited for follow up:	
14. Number of schools reporting positive changes to behavior or WASH since program start:	

IV. Comments

15. Challenges during implementation:

16: School success story (case study):



■ Appendix 6

Monitoring Form for School Level

Use: School representative will return this form to the wereda representative.

I. General	
1. Date:	
2. Name:	
3. Wereda:	
4. School Name:	
5. Number of Students in School:	
II. Training	
6. Date of wereda training for school representatives:	
7. Number of school representatives at training:	
8. Date of individual school training:	
9. Number of teachers who attended:	
III. Implementation	
10. Number of students in grades 1-2:	
11. Number of students who completed Activity Book:	
12. Number of students in grades 3-5:	
13. Number of students who played board game:	
14. Number of students in Health/ WASH clubs:	
15. Number of students who played Challenge Game:	
IV. Impact after starting the program	
16. Do you see more students washing their hands?	<input type="checkbox"/> Yes, a lot <input type="checkbox"/> Yes, a few <input type="checkbox"/> No <input type="checkbox"/> Unsure
17. Do you see more students with clean faces?	<input type="checkbox"/> Yes, a lot <input type="checkbox"/> Yes, a few <input type="checkbox"/> No <input type="checkbox"/> Unsure
18. Has there been any improvement in cleanliness of the school?	<input type="checkbox"/> Yes, a lot <input type="checkbox"/> Yes, a little <input type="checkbox"/> No <input type="checkbox"/> Unsure
19. Has there been any improvement in water and/ or soap access in school?	<input type="checkbox"/> Yes, both <input type="checkbox"/> Yes, water <input type="checkbox"/> Yes, soap <input type="checkbox"/> No <input type="checkbox"/> Unsure
20. Do teachers feel more confident in teaching health-related topics?	<input type="checkbox"/> Yes, a lot <input type="checkbox"/> Yes, a little <input type="checkbox"/> No <input type="checkbox"/> Unsure



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