

# Community Outreach to Prevent Blinding Trachoma

Job Aid to Strengthen Health Response for  
Community Health Workers & Volunteers  
(HDA)

Training Manual

Accelerate Program in SNNPR



Version 1.0: June 2021

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## ■ Preparation

# Notes for Facilitators

## Tips & Schedule

This manual provides guidance on how to train community health workers and volunteers to educate their communities on trachoma prevention and control. The training sessions should be highly interactive and give appropriate practice time to participants, so they can build confidence on how to use the job aid in their own communities. 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 flipbooks for participants to use during the sessions.

**Community Flipbook:** Based on feedback for the Health Extension Program, a need was assessed for more visual job aids and prioritization tools. The Health Development Army (HDA) is often responsible for house-to-house health messaging, though many of its members are low literate. For this reason, the use of text-heavy trainings and guides can be ineffective. Also, often health extension workers (HEW) have limited capacity to provide more than basic follow up to HDA members and may also struggle in explaining prevention methods to illiterate community members in an effective way. To address this gap, we developed the **Community Flipbook for Trachoma Prevention** and accompanying training guide. The content of the flipbook is highly visual and color-coded for easier use, with sections divided for assessment, explanation, and recommendation.

**Training:** The training accompanies the Community Flipbook. It is planned to be short and active, with an emphasis placed on understanding all the parts of the flipbook as well as practicing scenarios that use the flipbook in action. The role play activities (scenarios) are the most important part of the training, as they build the capacity of the health workers and volunteers to effectively use the job aid in their work. The goal of the flipbook and training is to improve health messaging on the community and household level as well as strengthen the capacity of the HEW and HDA to deliver these messages.

**Participants:** This training manual is designed to be used for both the woreda level and the health posts. Program staff will train the woreda representatives who will cascade the trainings down to the health posts. For this reason, the trainings for both levels should include Sessions 1-3, so that all participants will have a chance to practice in the activities before training or teaching others. However, Session 4 (planning) can be adapted based on the audience.

**Cascading:** The cascading plan is as follows:

- Program staff to woreda representatives- Sessions 1-4
- Woreda representatives to HEW- Sessions 1-4
- HEW to HDA team leaders- Sessions 1-3

**Training Method:** There are 4 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. This section closely follows the sections in the flipbook, so they can become familiar with how to use it.
3. **Scenario:** Role play is used to ensure that participants can effectively use the flipbook to respond to a variety of potential scenarios.

**Schedule:** A 1-day training schedule is advised with time given for discussion, practice, and planning:

Suggested Training Schedule		
Day	Hours	Session
Day 1	8:30-10:30	✓ <b>Welcome Participants</b> ✓ <b>Session 1:</b> Overview of Trachoma
	10:30-10:45	<b>Coffee Break</b>
	10:45-12:30	✓ <b>Session 2:</b> Environmental & WASH Factors
	12:30-2:00	<b>Lunch Break</b>
	2:00-3:45	✓ <b>Session 3:</b> Connection to Personal Hygiene
	3:45-4:00	<b>Coffee Break</b>
	4:00-5:30	✓ <b>Session 4:</b> Planning ✓ <b>Closing</b>

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

Materials Needed		
Type	Amount for Training	Amount for Health Posts
Pens, paper, flipchart, markers, tape	Determined by Facilitator	-
Community Flipbook	1 for each Participant	10 for each health post
Training Manual	1 for each Participant	2 for each health post
Handwashing set (wash basin + water + soap + clean towel)	1 for demonstration	-

**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 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

# Community Outreach to Prevent Blinding Trachoma

## Strengthening the Capacity of HEW and HDA

The goal of this health program is to strengthen the capacity of community health workers and volunteers to keep their communities safe from trachoma. Instead of focusing on long presentations and dense texts, this program uses a visual Community Flipbook that is simple to use and a training that is scenario-based and highly active.

**Behaviors for Health:** The flipbook and training 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.

**Focus Areas:** Fortunately, a few key behaviors will help prevent these diseases. For the community and household, this manual focuses on the following four areas:

Key Areas	Household Behaviors
Trachoma Knowledge	Go to health institute for treatment if there are trachoma symptoms; Take family to attend MDA
Environmental Cleanliness	Clean latrines, rooms, and yard to reduce flies; Fence animals
WASH Facilities	Use the latrine; Ensure access to water and soap for personal hygiene
Personal Hygiene	Wash hands with soap and water at key times; Wash face with soap and water twice a day

**Methodology:** Trainings for health workers are often dense and full of information. However, this job aid and training use both visual aids and interactive ones (role play) to ensure that the



message delivery is engaging and immersive. Both the training and the flipbook are skills-focused and structured in the following way:

- ✓ **Assessment-** Participants will be able to rapidly assess risks for disease on the household level. This assessment includes symptoms, WASH availability, behaviors, and environmental conditions.
- ✓ **Explanation-** Based on their risk assessment, the participants will gain confidence in explaining how these risks cause disease. They will use pictures and steps to illustrate the concepts to families.
- ✓ **Recommendation-** After explaining the need for change, they will then make their recommendations to the family. Every family can improve their behaviors and home environment to better prevent disease, and the participants will be able to recommend specific actions that can help them achieve a healthier home.

**Special role of Community Health Workers:** In many communities, the HEW and HDA are the most trusted sources of health information, and many people turn to them to receive important health information and advice. They also have the deepest reach within the community through house-to-house visits. For these reasons, they are uniquely placed to bring these important messages about trachoma prevention to families. As adult women and young children are at highest risk of contracting trachoma, the HEW and HDA are the best-placed to reach these vulnerable groups and positively impact their health.

**Notes:** Have fun with the program! While the goal is serious (reducing disease and improving community health), the delivery should be enjoyable for all.

## ■ Training

# Session 1

## Overview of Trachoma

### 1.1 Opening Questions

*Suggested Time: 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:** How active is the Health Development Army (HDA) in your community? What types of activities do they do?
- **For whole group:** What are the benefits to using the HDA to reach community members? What are the challenges?

### 1.2 Introduction to the Program

*20 minutes*

*Introduce the program to the participants. Make sure that all participants have a copy of the **Community Flipbook**.*

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 strengthen the capacity of community health workers and volunteers to teach about trachoma to their communities.

#### *Ask and collect answers:*




- What are effective ways to spread health messages to people who cannot read?
- Are any of these methods used in your community now? What methods work best?

**Community Flipbook:** The Health Development Army (HDA) is often responsible for house-to-house health messaging, though its members do not always know how to read. For this reason, the use of text-heavy trainings and guides can be ineffective. Also, often health extension workers (HEW) have limited capacity to provide more than basic follow up to HDA members and may also struggle in explaining prevention methods to illiterate community members in an effective way. To address this gap, we developed the **Community Flipbook for Trachoma Prevention**. The content of the flipbook is highly visual and color-coded for easier use, with sections divided for assessment, explanation, and recommendation.

**About the Training:** The training is planned to be short and active, with an emphasis placed on understanding all the parts of the flipbook. We will use role play in each session to practice the flipbook in action. The role play is the most important part of the training as it builds the capacity of the health workers and volunteers to effectively use the job aid in their work.

Ask participants to open to page 1 of the flipbook. Look over the “How to Use the Community Flipbook” guide on the right of the page.

**How to Use the Flipbook:** The flipbook is intended to be used by HDA members as they make household visits or by HEW as they consult with community members. Images are used to help explain the disease and its prevention with text included as reference. To aid them in their explanation, the flipbook is divided into four parts that cover trachoma in general as well as highlight the important behaviors needed to prevent the disease. Each part is sub-divided into 3 color-coded steps that will help the health workers and volunteers prioritize their messaging for each family.

Color-Coding Guide		
<b>Assessment</b>		The first step in each part is an <b>assessment</b> , which is marked by a purple clipboard and purple text. This part includes questions that assess knowledge and the current situation in the household.
<b>Explanation</b>		An <b>explanation</b> follows the assessment, marked by the green speech bubble and green text. This step includes images and information that will help teach the family about trachoma and the prevention behaviors,
<b>Recommendation</b>		The last step in each part is to give a <b>recommendation</b> . Recommendations are marked by text highlighted in yellow along with yellow stars. They visually inform the family of what changes to make to prevent trachoma.

**1.3 Overview of Trachoma** 20 minutes

*Review the information with the participants. Use the images and text in Part One of the flipbook when relevant.*

Ethiopia has the highest burden of trachoma globally, with 657 woredas 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:
- Are there already programs in your community or in the schools that teach about trachoma?
  - How do local people usually treat eye infections? Are there any local beliefs about it?

**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 may begin to turn inward and scratch the cornea while blinking. This leads to scarring, diminished vision, and eventually blindness.

*Ask participants to turn to **page 2 of the flipbook**. The first part of the flipbook covers trachoma symptoms and knowledge. In the assessment step (in purple), the HDA will assess for risks in the household.*

- How can they use the pictures in the first question to ask about symptoms?
- In the second question, why is it important to know if there are young children or adult women in the household?

**Stages of Trachoma:** On **page 3**, the explanation of trachoma starts, and the HDA can use these parts to explain trachoma to the household. The stages of trachoma are included so that the HDA can show them the effect of trachoma on the eyes over time and after repeated infections.

Stages of Trachoma			
			
Normal Eye	Eye irritation and discharge	Eyelids swell and eyelashes turn inwards	Eyelashes scratch the cornea, causing scars that lead to vision problems and blindness (advanced cases)

**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. The main pathways of trachoma infection are:

- **Flies:** 'Eye seeking flies' carry bacteria from the discharge on an infected person's face to healthy people's eyes, thus spreading the infection.

- **Dirty 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.
- **Cloths:** Sharing towels/cloths between infected and healthy people may transmit the bacteria to the healthy individual and infect him as well.

In addition, two other risk factors are linked to trachoma because they attract flies and increase the chances of infection:

- **Feces:** Feces attract the flies and provide a breeding area for them to multiply. Therefore, open defecation near homes or schools raises the risk of infection.
- **Dirty Faces:** Flies are more attracted to dirty faces and are also more likely to pick up bacteria (from eye or nose discharge) and spread it if the face is unclean.





*Ask participants to follow along on **page 3 of the flipbook**. The green section gives a general overview of trachoma.*

- How can the advanced disease make life more difficult for adults?
- Of the 5 infection risk factors, which are a problem in your community?

## 1.4 Treatment and Recommendations 15 minutes

*Review the information with the participants. Use the images and text in Part One of the flipbook when relevant.*

**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		
<b>Surgery</b>		Treat the advanced/ blinding stage of disease with eye surgery
<b>Antibiotics</b>		Clear the infection with the antibiotic azithromycin, usually through mass drug administration (MDA) campaigns
<b>Facial cleanliness</b>		Promote washing faces and hands with soap and water to help prevent infection and re-infection
<b>Environmental improvements</b>		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 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. However, this trachoma program emphasizes the behavior and WASH elements, as we will see in the following sessions.

*Ask participants to look at the recommendations on page 4.* The yellow section includes recommendation that the health worker or volunteer can give to the family.

- What two recommendations are given?
- Why is this step important?

## 1.5 Role Play: Using the Flipbook

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 practice using the flipbook in action.

### *Instructions for Role Play:*

1. Tell participants to get into groups of 4 people.
2. They will do a role play activity on using Part One of the flipbook during a household visit. They will choose 1-2 people to be health workers, and the others will be household members.
3. In the scenario, at least one family member has trachoma symptoms. The health worker(s) will act out the assessment with them and explain more about trachoma. They will then give recommendations to the family.
4. Walk around as the groups practice in order to answer questions and check progress.
5. After all groups had time to practice their role play, ask for 1-2 groups to come to the front and do their role play for everyone.
6. *Ask:*
  - Was the flipbook helpful?
  - Did anyone change their recommendations based on the family's situation?

## ■ Training

# Session 2

## Environmental & WASH Factors

### 2.1 Opening Discussion

*Suggested Time: 20 minutes*

*Participants will work together to brainstorm barriers and solutions to ending open defecation.*

In the last session, we discussed how feces in the environment can lead to more flies that spread trachoma. In fact, **open defecation** is one of the biggest risks for spreading infectious diseases, and it is still common in many communities in Ethiopia. In this session, we will review the parts of the flipbook that cover the importance of environmental cleanliness and using a latrine. We will now do an exercise to think of ways that we can better influence the households to stop the practice of open defecation.

#### Instructions:

1. Participants will get in pairs. They will write down 5 reasons why people still practice open defecation. Make sure they have blank paper and pen for writing.
2. After 3 minutes, ask them to join another group. Now in their groups of 4, they will compare their lists.
  - They will pick 3 reasons that are the most common barriers to ending open defecation.
  - They should write down 3 solutions to these barriers. How can we convince people to stop open defecation?
3. After 5 minutes, end the group discussion. Ask for a few groups to share their barriers and solutions.

#### Ask:

- Which of these solutions will be the easiest for the HEW and HDA to use in their work with the community?
- Which is the hardest?

**Note:** If literacy level is an issue during the cascaded trainings for the HDA, then participants can also discuss without writing. Alternatively, you can make mixed groups with at least one writer per group.

### 2.2 Environmental Cleanliness

*15 minutes*

*Review the information with the participants. They can also refer to Part 2 in the flipbook.*

Health workers and volunteers play an important role in community health. The flipbook is designed to support them in assessing risks during household visits, though it can also be used in consultations at the health post. As proper household hygiene and sanitation are essential for preventing disease, Part 2 provides a structured way for HEW and HDA members to work with families on improving their environmental conditions and protecting their health.

**Assessment:** The flipbook includes an assessment of the household environment on **page 5**. The HDA will walk around and check the yard for 1) feces, 2) trash, 3) animals that are unfenced in the yard, and 4) many flies. They will also check with the family about how often they clean their yard and home.

*Ask and collect answers. Participants can refer to **page 5** for the assessment questions and images.*

- Why is it important to know if there are animals in the yard that are not in a fence?
- How could a HEW use this page with a community member at the health post?

**Environmental Risks:** A dirty environment can lead to many health problems by attracting flies and acting as a breeding ground for bacteria and parasites. A few risks that can be quickly assessed in a household visit are:

- **Large number of flies:** Flies are common around the world, especially during certain times of year. However, it is important to note if you see more flies than normal, especially if the flies are focused in certain parts of the yard near trash or bad smells. Flies pose a health risk, as they can spread trachoma (and other germs) between people.
- **Open defecation:** One of the most important facts to teach community members 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 people use the latrine and keep their living environment free of feces.

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

Preventing open defecation will also help prevent trachoma. Feces are a breeding ground for flies, and flies can spread trachoma. 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.

- **Trash:** Flies are attracted to trash, and they often use it as a breeding ground. Bacteria can also grow and spread on trash. For this reason, garbage should be covered if it's near the home or buried at a safe distance from the home (10m) and water sources (30m). If the family or community dug a pit for use in burning the trash, please make sure they know that not everything should be burned due to toxic fumes, such as plastics, rubber, and chemicals. Also, the fire should be closely monitored and at a safe distance from the home and water sources.
- **Animals in Yard:** Animals that are not in a fence can bring more feces and flies to the household. Germs can also spread to humans via animal feces.



**Recommendations:** The family should clean the inside and outside of their home at least 1 time a week. They can bury or burn the trash at least 10 meters (10 second walk) from their home and 30 meters (30 second walk) from any water source. If they burn the trash, it should be in a pit that is closely monitored, and they should not burn plastics, rubber, chemicals or other garbage that will release toxic fumes. Also, a fence can help keep animals from bringing flies and more feces in the areas close to the home.

*Ask and collect answers:*

- How do people commonly dispose of garbage in your community?
- Are the recommendations on page 6 relevant for your community?

## 2.3 WASH Conditions

15 minutes

*Review the information with the participants. They can also refer to Part 3 in the flipbook.*

Access to safe water, sanitation, and hygiene (WASH) facilities can make a huge difference in a family's health. For this reason, the WASH conditions of the household should be checked during home visits and consultations. Part 3 of the flipbook provides a framework for the HEW and HDA to assess and advise families on WASH in their homes.

**Assessment:** The two most important WASH factors for the HDA to assess during household visits are the 1) condition of the latrine and 2) access to water and soap for personal hygiene. **Page 7** of the flipbook includes two checklists they can use for reference.

*Ask and collect answers. Participants can refer to **page 7** for the assessment questions and images.*

- Some people may not use the latrine if there is a bad smell. How can the family improve the smell from the latrine?
- Why is it important that the washing area (for hands and face) be close to the home?

**Sanitation Ladder:** To help families improve their household sanitation, a sanitation ladder is included on **page 8**. The HDA volunteer can use it with the family to discuss where they are on the ladder now. What step can they move up to next? It may be difficult for them to move up several steps at once, so try to realistically set a goal with the family on how they can move up 1 or 2 steps on the ladder. On the next visit, you can discuss moving up even more.

- **Open defecation:** The lowest step on the ladder is open defecation. As discussed in the last section, open defecation is very dangerous to people's health. If a family has no latrine and practices open defecation, the risks should be discussed with them.
- **Burying feces:** Burying the feces removes it from the immediate environment and is safer than open defecation. However, it can still cause health problems if it is buried close to water or near living areas. It can be exposed by rain or other animals.
- **Pit latrine:** A pit latrine is preferable to burying as it removes the feces further from the environment. The hole should be at least 1.5 meters deep, and a structure can provide privacy. However, a basic pit latrine may be less safe than one that uses a concrete slab. It should also be cleaned on a regular basis to prevent bad smells and flies.

- **Pit latrine with slab:** A pit latrine with a concrete slab is safer than a basic pit latrine. There is less risk of someone falling in or hurting themselves near the hole. However, it should also be cleaned on a regular basis to prevent bad smells and flies.
- **Ventilated improved latrine with handwashing:** An improved latrine will have a ventilation pipe for removing bad smells as well as a station for handwashing with soap. It is much safer and nicer to use than the other options, and it should also be cleaned on a regular basis.

All latrines should be built at least 30 meters from any water source that people use so as not to cause leakage and contamination of the water. Also, the latrines should be cleaned regularly. Handwashing should be encouraged and recommended at every step.

## 2.4 Role Play: Sanitation Ladder

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.*

Now we will practice how the health workers and volunteers can use the sanitation ladder to make recommendations to a family.

### Instructions for Role Play:

1. Tell participants to get into groups of 4 people.
2. First, two people will role play a scene in which one of them is the HDA member with the flipbook and the other person is the household member. In this scene, the family practices open defecation. They can use the barriers and solutions discussed in the session opening as part of the role play. How can the HDA convince the family to move up the sanitation ladder?
3. Next, the other two people will role play a scene. One of them is the HDA member and the other person is from the household. In this scene, the family has a pit latrine that they share with another family but it's very dirty. What can the HDA recommend to them to improve their WASH conditions?
4. Walk around as the groups practice in order to answer questions and check progress.
5. After all groups had time to practice their role play, ask for 1-2 groups to come to the front and do their role play for everyone.
6. *Ask:*
  - Do you think it will be hard for families to make these changes?
  - How can we make sure that the WASH conditions are improved and maintained over time?

## ■ Training

# Session 3

## Connection to Personal Hygiene

### 3.1 Handwashing Demonstration

*Suggested Time: 15 minutes*

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

Handwashing with soap and water is one of the most important health behaviors that people can do. It is essential to the prevention of many diseases, including trachoma, intestinal worms, and even COVID-19. For this reason, we want to be sure that people are washing their hands correctly. The steps to handwashing are on **page 11** of the flipbook (and in **Annex 1**).

#### Instructions for Demonstration:

1. Ask for two volunteers to come to the front of the room. One is the “health worker/volunteer”, and the other is the “family.”
2. Give them a handwashing set with wash basin, water, soap, and a clean towel.
3. The “health worker” will use the steps on **page 11** of the flipbook to instruct the “family” on how to properly wash hands.

#### *Ask:*

- Did you see any increase in handwashing due to messaging about COVID-19?
- What are other ways that we can use to teach the community about the importance of handwashing?

### 3.2 Personal Hygiene

*20 minutes*

*Review the information with the participants. They can also refer to Part 4 in the flipbook.*

In the last session, we discussed the environmental factors that affect trachoma transmission. In this session, we will look at the personal behaviors that can prevent it. A few simple changes to a person’s daily behaviors can make a huge difference in their health. These changes are especially important for young children, who are at high risk of infection from trachoma. Fortunately, they can also learn new behaviors quickly and make them lifelong habits.

**Assessment:** On **page 10**, the flipbook includes an assessment of personal hygiene in the household with an emphasis on clean hands and clean faces. The HDA volunteer should check the hands and faces of all members of the household who are home, including adults and children. They should also ask how often the family members practice hand and face washing.

*Ask and collect answers. Participants can refer to **page 10** for the assessment questions and images.*

- The HDA member can ask the family to self-check themselves during the assessment. Do you think this is a good or bad idea? Why?

- Why is it important to know if they use a clean cloth?

*Answer:* Sharing towels/cloths can transmit the bacteria between people.

**Personal Hygiene:** A lack of personal hygiene can greatly increase the risk of trachoma infection. Dirty hands and dirty faces can be a breeding ground for the bacteria and also attract flies that spread it between people. For this reason, regular hand and face washing with soap and water can protect children and their families from this disease as well as many others.

**Clean Hands:** Handwashing with soap and water is one of the most important behaviors for disease prevention. The steps for proper handwashing are on **page 11** of the flipbook and also in **Annex 1** of the training guide.

- **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!
- **Teaching tips:** We recommend that HDA members do a handwashing demonstration for the household so they learn the proper method. The family should practice also during the demonstration. Handwashing should take at least 20 seconds and should include soap. If there is no soap available, ash can be used but it is not as effective as soap.

*Note:* Ask the community members, "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 and adults 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.
- **Teaching tips:** You can also use the handwashing demonstration as a chance for the family to wash their faces as well. They can add a step to wash their faces with their soapy hands and then wash the soap off with water before washing it off their hands. However, if no soap is available, do not use ash to wash the face as it may irritate the eyes. Only water should be used for face washing if no soap is available.

**Key times:** Hand and face washing should be a part of the family's daily routine. There are certain key times during the day when it is very important that people wash. **Page 12** of the flipbook includes an illustration of the key times.

- **Key times to wash hands:** People should wash hands every time after touching feces, including 1) after using the latrine and 2) after cleaning a baby's poop. They should also wash 3) after touching animals as animals are often dirtier than humans. Washing hands

with soap and water will remove the germs from their hands and prevent diseases from being spread.

Also, it is very important to wash hands before touching food, including 4) before preparing food and 5) before eating or feeding others. By washing your hands before touching food, it prevents the fecal-oral route of disease transmission.

*Note:* Even babies and animals can carry dangerous germs in their feces. They may not seem sick, but they can still carry bacteria or parasites in their feces that can make people sick. For this reason, people should be careful about hand hygiene and sanitation with any feces.

- **Key times to wash faces:** In this health program, we recommend that people wash their faces 1) when they wake up and 2) before going to bed. People will be more likely to maintain the behavior if it is a daily habit. Also, they may need to wash their faces if they get very dirty while playing or working.

**Recommendations:** Page 13 of the flipbook includes recommendations that the HDA member or HEW can give the family.

- **Self-monitoring:** Recommend that the family performs its own checks on hand and face cleanliness every morning and night. For example, a parent or older brother/ sister can check the younger children's faces to make sure they are clean before they leave for school and before they go to bed. They can also encourage children to check their own faces with a mirror that is hung on the wall or near the washing area.
- **Practicing together:** Parents should show their children how to wash their hands and faces correctly. It can be a fun activity that everyone does together, and it will encourage proper practice.

*Ask and collect answers:*

- Parents should also practice proper hand and face washing. Why?

*Possible answers:* Adults also need to protect their own health. If they are healthy, then they are better able to care for their families and less likely to spread diseases. Also, they act as role models to their children. If children see that having clean hands and faces is important to their parents, they will also grow to believe it is important.

### 3.3 Behavior Change

15 minutes

*Review the information with the participants.*

Changing simple daily habits (behaviors) can significantly reduce the risk of illness and protect children and their families. However, behavior change is not an easy task and involves more than learning about the healthy behavior.

*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?

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.

**Inspiring change in adults:** Adult women and young children are the two groups most at risk of becoming infected with trachoma. However, all adults will benefit from improvements to their WASH conditions and personal hygiene, as it will protect them against other diseases as well as motivate their own children to be healthier as well. Some strategies to promote behavior change in adults:

- ✓ **Use emotional motivators-** Parents want to nurture and take care of their children. Connect the behaviors to protecting their children and giving them a better future.
- ✓ **Make the behaviors easy to do-** Show people how to do the behaviors and help them brainstorm solutions to any barriers they have. For example, if they do not want to buy soap, tell them it will save them money over time by saving on health visits and missed work and school.
- ✓ **Localize the examples-** Give examples and stories relevant to the local community. Challenge misconceptions that are common in the community.
- ✓ **Peer pressure-** People are more likely to do a behavior if other people are also doing it. Convince people with status in the community to also openly promote and practice the behaviors.
- ✓ **Follow up-** Check on the households again in the near future to see if they have maintained their practice of healthy behaviors.

**Inspiring change in children:** As stated before, young children are highly vulnerable to infection from trachoma. Repeated infections at a young age can lead to blindness in adulthood. However, young children are also more adaptable to change. They can learn and adopt new habits quicker and more easily than teenagers and adults. Behaviors and habits that are adopted early are more likely to become lifelong habits and prevent future infections.

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.
- ✓ **Create a routine-** Children will remember the behaviors if they become a part of their daily lives. Parents can schedule a set time for handwashing each day or checking face cleanliness, so children know to expect it and be ready.
- ✓ **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.
- ✓ **Teach with play-** Children often learn through play and by acting out situations with their imagination. Ask them to act out a story about the healthy behaviors, make up a dance or song about them, or draw a picture to show their friends.
- ✓ **Act as role models-** Children look up to their parents and will imitate their behaviors. If parents show that having clean hands and a clean face is important, then their children will learn that value and be more likely to practice the behaviors.

*Ask and collect answers:* Do you know any other strategies for teaching young children (1-9 years old)?

### 3.4 Role Play: Misconceptions

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.*

A major obstacle to behavior change is misinformation and misconceptions. In the COVID-19 pandemic, misinformation spread and prevented many people from taking the disease seriously and practicing prevention behaviors. As health messengers, the HEW and HDA must be able to confront the misconceptions that the community has and encourage them to seek valid health advice and practice healthy behaviors. In this role play, we will act out scenes where you will respond to misconceptions that we have heard in our work before. Please feel free to add other false beliefs that are common in your communities.

#### Instructions for Role Play:

1. Tell participants to get into groups of 4 people.
2. They will take turns as the HDA member and the family. The family member will state one of the misconceptions below, and the HDA member will respond to it. Then the next two people will take the next misconception and respond to it, alternating until they go through the list.
3. They will take turns in their groups responding to these misconceptions:
  - “A baby’s poop is clean and doesn’t carry germs!”
  - “The smell from the latrine is what is making us sick.”
  - “Trachoma is caused by being outside in the sun too long.”
  - “Married women shouldn’t wash their faces and try too hard to look nice, or people will talk.”
  - “My children will just get dirty again. It doesn’t matter how many times I tell them to wash their hands and faces.”
  - “All children get eye infections. I don’t need to take her to see a health worker.”
  - “My child is only 7 years old. She’s too young to take medicine in the MDA.”
  - “It is healthier and more natural to go outside in nature and not use a latrine.”
  - Another misconception you have heard in your community?
4. Walk around as the groups practice in order to answer questions and check progress.
5. After all groups had time to practice their role play, go through the misconceptions and ask for responses.
6. *Ask:*
  - What other misconceptions have you heard in your community?
  - Why is it important to respond to misconceptions?

# Session 4

## Planning

### 4.1 Reflection Questions

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:** Do you think the flipbook and training will be useful tools for preventing trachoma in the community? Any ideas for improvement?
- **For whole group:** How can we make sure the program is a success? What challenges do you see in rolling it out to the HDA and the community?

### 4.2 Action Plan

30 minutes

*Participants will work together in groups to make an action plan to roll out the program. Introduce the activity and walk around to check progress.*

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	Woreda representatives	-	Sessions 1-4 in Training Manual
Woreda representatives	HEW in health post	7-30 days after NALA ToT	Sessions 1-4 in Training Manual
HEW	HDA team leaders and members	7-30 days after woreda ToT	Sessions 1-3 in Training Manual
HDA	Households	7-30 days after HDA training	Community Flipbook

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

#### Instructions for Action Plan:

1. Tell participants to get into groups by their woreda or health post.
2. For the woreda level, they will fill out the action plan in **Annex 2**.
3. For the health post level, they will fill out the action plan in **Annex 3**.

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 **Annexes 4-6**. How can you use these forms to track progress? Will you also monitor in a different way?

### 4.3 Brainstorming

40 minutes

*Participants will now brainstorm potential challenges and solutions in groups. Introduce the activity and walk around to check progress.*

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 8-10 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 the trainings?
  - How will you monitor the progress of the program in the community?
  - What will you do if the HDA are not using the flipbook?
  - Only a certain number of flipbooks will be distributed to the health posts. How can we make sure the HDA is still able to reach the maximum number of households?
  - What are challenges that you see with implementing the program?
  - How can we address those challenges?
  - What next steps (beyond using the flipbook) should the community take to eliminate trachoma and improve public health?
  - Any questions or suggestions?
3. Walk around to observe and encourage discussions.
4. After each question, ask for a few people to share their responses with everyone.

### 4.4 Closing Words

10 minutes

*Facilitator will thank the participants and lead them in an exercise to describe traits that are needed to be an effective health messenger.*

The HEW and HDA play a special role in community health. In many communities, they are the most trusted sources of health information, and many people turn to them to receive important health information and advice. They also have the deepest reach within the community through

house-to-house visits. For these reasons, they are uniquely placed to bring important messages about trachoma prevention to families.

*Instructions for Closing Words Exercise:*

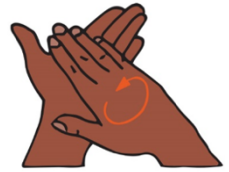
1. Thank the participants for taking part in the ToT and being motivated to make their communities healthier.
2. Ask each participant to give one word or phrase to describe a quality that a health messenger should have to be effective.
3. Start with an example: “Trust.”
4. Go around the room and collect other words that describe an effective health messenger.
5. At the end, ask everyone to clap and acknowledge their own important role in improving health in their communities and bringing a better future for all.



■ Annex 1

# Steps for Handwashing

**Use:** You can use this page as a guide to show and model the steps for households. 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.

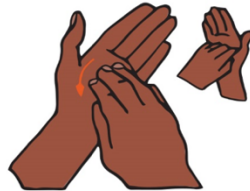
3. Rub hands palm to palm.



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

5. Rub palm to palm with fingers interlaced.

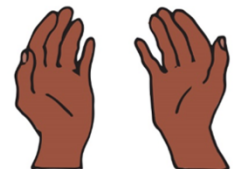
6. Rub with backs of fingers to opposing palms with fingers interlaced.



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!

■ Annex 2

# Action Plan for Woreda Level

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

Action Plan for HEP Job Aid (Woreda)	
Woreda Name:	
Number of Health Posts:	
Proposed Date for Training of Health Extension Workers (HEW):	
Proposed Date for HEW/ HDA to Roll Out to Community:	
What actions will you take to encourage attendance at the training of the HEW?	
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 health posts that are not using the flipbook?	
1.	
2.	
3.	

■ Annex 3

# Action Plan for Health Post

**Use:** The health extension workers (HEW) will use this form to plan how to roll out the program in their communities.

Action Plan for HEP Job Aid (Community)	
Kebele Name:	
Number of Households:	
Proposed Date for Training of HDA:	
Proposed Date to Roll out Program to Community:	
What actions will you take to encourage attendance at the HDA 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 an HDA member is not using the flipbook?	
1.	
2.	
3.	

■ Annex 4

# Data Collection Form for Health Post

**Use:** The trained health extension worker (HEW) will use this form to record information on cascaded activities. He/she will submit this form to the Accelerate Champion (woreda representative) within 2 months of the training.

Date: \_\_\_\_\_ Name of HEW: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Woreda: \_\_\_\_\_ Kebele: \_\_\_\_\_ #HDA: \_\_\_\_\_

## I. Training

1. Date of woreda training for health posts:	
2. Number of <b>HEW</b> from health post who <u>attended</u> training:	
3. Date of <u>cascaded training</u> from HEW to <b>HDA</b> :	
4. Number of <b>HDA members</b> who <u>attended</u> the training:	

## II. Implementation

5. Number of <b>flipbooks</b> distributed to health post:	
6. Number of <b>HDA</b> who reported they <u>used</u> the flipbook:	
7. Number of <b>households</b> visited by HEW/HDA with the flipbook:	

## III. Feedback from HEW

8. What change do you see in <b>knowledge</b> of HDA (related to trachoma and its prevention) due to the training/ flipbook?	<input type="checkbox"/> Increased knowledge <input type="checkbox"/> No change <input type="checkbox"/> Decreased knowledge
9. What change do you see in <b>confidence</b> of HDA (related to delivering health messages) due to the training/ flipbook?	<input type="checkbox"/> Increased confidence <input type="checkbox"/> No change <input type="checkbox"/> Decreased confidence
10. What changes have you seen in the community since cascading the flipbook? (mark all that apply)	<input type="checkbox"/> Improved WASH access in homes <input type="checkbox"/> Increased awareness of trachoma <input type="checkbox"/> Improved hygiene practices <input type="checkbox"/> No change <input type="checkbox"/> Negative impact

## IV. Narrative

11. Challenges during implementation:

12: Community success story:

■ Annex 5

# Data Collection Form for Woreda Level

**Use:** The woreda representative will use this form to collect data on trainings as well as cascaded activities reported by the health posts. He/she will use this information to submit to the project team periodically.

Date: \_\_\_\_\_ Name of Representative: \_\_\_\_\_

Zone: \_\_\_\_\_ Woreda: \_\_\_\_\_

# Health posts in woreda: \_\_\_\_\_ # HEW: \_\_\_\_\_ #HDA: \_\_\_\_\_

## I. Training

- |  |  |
|--|--|
| 1. Date of zonal training:                                   |  |
| 2. Date of woreda training for health posts:                 |  |
| 3. Number of <b>HEW</b> <u>invited</u> to woreda training:   |  |
| 4. Number of <b>HEW</b> who <u>attended</u> woreda training: |  |

## II. Implementation

- |  |  |
|--|--|
| 5. Number of <b>health posts</b> that <u>cascaded training</u> to HDA:   |  |
| 6. Number of <b>HDA members</b> who attended the training:   |  |
| 7. Number of <b>health posts</b> that <u>received</u> the flipbook:  |  |
| 8. Number of <b>total flipbooks</b> distributed:   |  |
| 9. Number of <b>health posts</b> that reported they <u>used</u> the flipbook:  |  |
| 10. Number of <b>households</b> visited by trained HEW/ HDA:   |  |
| 11. Number of <b>health posts</b> reporting increased knowledge and confidence of HDA to prevent trachoma since program start: |  |
| 12. Number of <b>health posts</b> visited for follow up within 2 months of the training:                                       |  |

## III. Comments

13. Challenges during implementation:

14: Community success story (case study):





■ Annex 6

# Household Reporting Form

**Use:** The woreda representative will use this form to conduct spot checks on households in the intervention community. He/ she will visit households four times throughout the project period (1 initial, 2 midline, and 1 post-implementation.) Detailed protocol for conducting the household visits is attached.

Date: \_\_\_\_\_ Name of Representative: \_\_\_\_\_  
 Zone: \_\_\_\_\_ Woreda: \_\_\_\_\_ Kebele: \_\_\_\_\_

<b>Household:</b> _____	
1. Latrine access in home:	<input type="checkbox"/> Private <input type="checkbox"/> Shared with other households <input type="checkbox"/> None
2. Type of Latrine:	<input type="checkbox"/> Ventilated, Improved Latrine <input type="checkbox"/> Pit Latrine with slab/ platform <input type="checkbox"/> Pit latrine, no slab/ platform <input type="checkbox"/> None <input type="checkbox"/> Other: _____
3. Condition of latrine (mark all that apply):	<input type="checkbox"/> Many flies <input type="checkbox"/> Feces visible near latrine <input type="checkbox"/> Trash near latrine <input type="checkbox"/> Strong smell <input type="checkbox"/> Looks unsafe <input type="checkbox"/> No privacy door or curtain
4. Water access in home at time of visit:	<input type="checkbox"/> Yes, there is water in or near the household <input type="checkbox"/> No
5. Water usage in home: (mark all that apply)	<input type="checkbox"/> Cooking <input type="checkbox"/> Cleaning <input type="checkbox"/> Drinking <input type="checkbox"/> Personal Hygiene <input type="checkbox"/> Other: _____
6. Hand/ face washing facility at home:	<input type="checkbox"/> Yes, with soap and water <input type="checkbox"/> Yes, but no soap and/or no water <input type="checkbox"/> No
7. Number of people in household:	Number of adults: _____ Number of children (0-9 years old): _____ Number of children (10-17 years old): _____
8. Number of people with clean faces (no visible dirt, discharge, or flies on face) in household:	Number of clean faces observed: _____ Number of dirty faces observed: _____
9. Number of people with clean hands (no visible dirt, including under fingernails) in household:	Number of people with clean hands observed: _____ Number of people with dirty hands observed: _____
10. Did someone talk to your household about trachoma? (mark all that apply)	<input type="checkbox"/> Yes, HDA <input type="checkbox"/> Yes, HEW <input type="checkbox"/> Yes, in school <input type="checkbox"/> Yes, at community event <input type="checkbox"/> No
11. Did you make any changes after learning about trachoma? (mark all that apply)	<input type="checkbox"/> Yes to personal hygiene <input type="checkbox"/> Yes to WASH in home <input type="checkbox"/> Yes, other: _____ <input type="checkbox"/> Not sure <input type="checkbox"/> No

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