

Community Led Education & Action against NTDs (CLEAN): Building Community Capacity to Improve Health with the CLEAN Approach



A Facilitator's Guide for Community Groups

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NALA- NTD Advocacy, Learning, Action

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Introduction

Overview

The purpose of this manual is to provide you and your communities with tools for leading a successful program to improve community health. The sessions included in this manual focus on information and behaviors that are important for preventing such diseases as schistosomiasis, intestinal worms, and blinding trachoma. These diseases are often spread through a lack of personal hygiene and environmental cleanliness, and simple behaviors can help prevent them from spreading. While medicine is important for treating these diseases, people may become reinfected 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 schistosomiasis, trachoma, and soil-transmitted helminthiasis (STH or intestinal worms). 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 at least one of these NTDs. The table below lists some basic information on them:

	Disease	Symptoms		Disease Prevention Behaviors
Parasites	Schistosomiasis , also called bilharzia	<i>Short-term</i> <ul style="list-style-type: none"> ▪ Abdominal Pain ▪ Diarrhea ▪ Nausea ▪ Cough ▪ Bloody feces or urine ▪ Muscle aches 	<i>Long-term</i> <ul style="list-style-type: none"> ▪ Malnutrition ▪ Stunted growth ▪ Anemia ▪ Learning difficulties ▪ Enlarged liver ▪ Organ damage 	<ul style="list-style-type: none"> ✓ Using a latrine ✓ Boiling unsafe water for 1 minute before bathing or drinking ✓ Avoiding infected water bodies ✓ Keeping water bodies clean with no feces and urine
	Soil-transmitted helminthiasis , also called STH or intestinal worms (Examples: hookworm and roundworm)	<i>Short-term</i> <ul style="list-style-type: none"> ▪ Abdominal Pain ▪ Diarrhea ▪ Weight loss ▪ Tiredness ▪ Nausea ▪ Cough 	<i>Long-term</i> <ul style="list-style-type: none"> ▪ Malnutrition ▪ Stunted growth ▪ Anemia ▪ Learning difficulties 	<ul style="list-style-type: none"> ✓ Using a latrine ✓ Washing hands with soap and water ✓ Washing/peeling/cooking vegetables and fruit ✓ Wearing shoes ✓ Keeping a clean environment
Bacteria	Trachoma	<i>Short-term</i> <ul style="list-style-type: none"> ▪ Itching and irritation of eyes and eyelids ▪ Eye discharge ▪ Eyelid swelling ▪ Light sensitivity 	<i>Long-term</i> <ul style="list-style-type: none"> ▪ Visual impairment ▪ Blindness 	<ul style="list-style-type: none"> ✓ Using a latrine ✓ Washing face with soap and water ✓ Washing hands with soap and water ✓ Not sharing dirty face cloths ✓ Keeping a clean environment

Key Messages

The community health education program includes general information on disease transmission as well as a focus on prevention through personal hygiene and environmental cleanliness. The following key messages emphasize personal behaviors that both adults and children can do to prevent disease:

Key Messages	Target Behaviors
Clean Body <ul style="list-style-type: none"> ✓ Clean hands ✓ Clean face ✓ Clean feet 	<ul style="list-style-type: none"> ➤ Washing hands with soap and water at key times ➤ Washing face with soap and water when dirty ➤ Wearing shoes and avoiding areas with feces
Clean Environment <ul style="list-style-type: none"> ✓ Clean place ✓ Clean food ✓ Clean water 	<ul style="list-style-type: none"> ➤ Using the latrine; Cleaning latrines, rooms, and yard ➤ Washing/Peeling/Cooking fruits and vegetables ➤ Storing water in clean containers; Avoiding long periods of time in unsafe water; No urinating or defecating near water sources

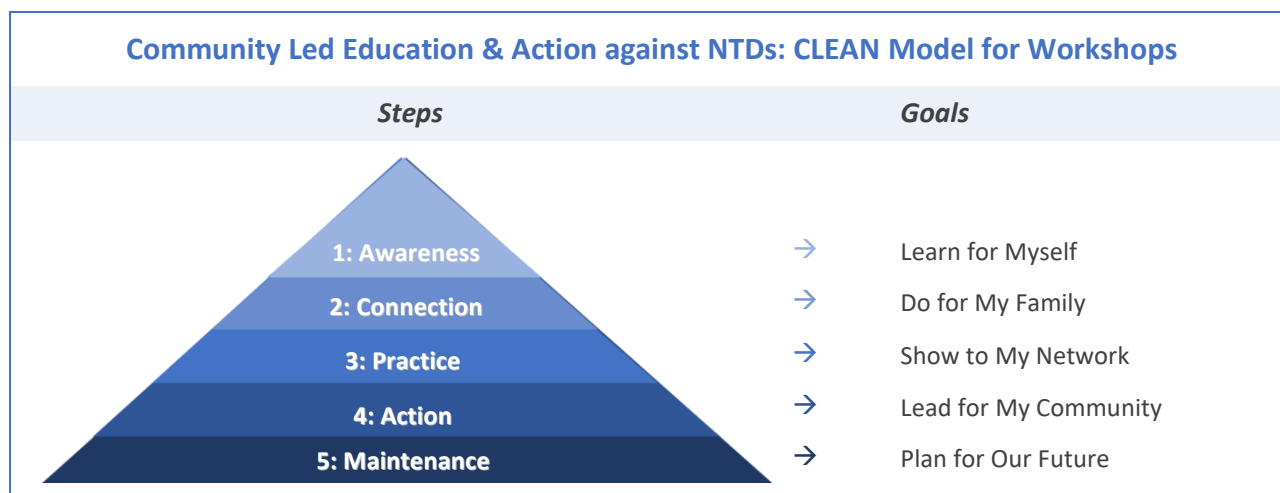
The CLEAN Approach

The manual promotes Community Led Education and Action against NTDs (CLEAN). The CLEAN program is designed with the following elements:

1. **Participatory approach-** Community members are best placed to understand their local context. For this reason, participants take an active role in the CLEAN program: from identifying community needs to planning appropriate actions and monitoring their outcomes. Their active participation in all stages of the program helps ensure its sustainability.
2. **Interactive activities-** The sessions include games, storytelling and role play to increase engagement of the participants and enable them to connect the information to their own lives.
3. **Behavior change techniques-** Education programs often focus on the acquisition of knowledge, but the CLEAN program also aims to change people's behaviors. Behavior change is not an easy task and involves more than learning the correct behavior. Therefore, the sessions incorporate several strategies to extend knowledge into practice. These strategies include:
 - *Recognition of behavior change as a process-* Studies have shown that knowledge is only one step in the process of behavior change. People also need the motivation to change, confidence to make the change, and continued action to maintain it. The sessions apply this framework by incorporating motivating activities, practice, planning, and follow up.
 - *Use of emotional motivators-* Studies show that people respond more to emotional and social cues like nurturing and peer pressure than to knowledge of disease.
 - *Making the behaviors easy to do-* Show people how to do the actions and make sure they have what is needed to do them.
 - *Localizing the examples-* When possible, use examples that closely resemble the community, school, and household.
4. **Women as health agents-** The involvement of local women is critical for the success of a community health program, as they are often the ones who care for children and maintain hygiene in the home. For this reason, the CLEAN program not only teaches women to improve health but also empowers them to take the lead in local campaigns.

Structure of the CLEAN Program

The sessions in this manual are designed for the Health Development Army (HDA) in Ethiopia, a network of mostly female community volunteers under the direction of Health Extension Workers (HEW). However, these sessions can be adapted for use by other community groups. Most activities do not require reading or writing comprehension. The five sessions in the CLEAN Program are based on the following model:



In this community led model for behavioral change, participants go through a step-by-step process to create sustainable change in their own homes and communities. Each level requires a more expansive role: from the first step when the individual gains awareness through the last step when the community is activated to maintain the healthy changes. An overview of each step is given below:

1. **Step 1: Awareness** ([Session 1](#))
 - Participants gain awareness of diseases in their community and how they are transmitted.
2. **Step 2: Connection** ([Session 2a](#) and [Session 2b](#))
 - They then connect these diseases to unhealthy behaviors in their community, and they also learn how the prevention of these diseases is connected to healthy behaviors.
3. **Step 3: Practice** ([Session 3](#))
 - Participants not only practice the healthy behaviors but also practice how to deliver the health messages to their families and women in their network.
4. **Step 4: Action** ([Session 4](#))
 - Participants plan for collective action to improve health in their community through small campaigns or projects.
5. **Step 5: Maintenance** ([Session 5](#))
 - For sustainability, maintenance is practiced through reflection, encouraging community support for their activities, and follow up.

Notes on Using the Manual

The manual is divided into six parts:

- ✓ [Part One](#) provides information on how to prepare for the CLEAN program and includes an outline of all the sessions.
- ✓ [Part Two](#) provides detailed plans for Sessions 1-4 in the Training of Trainers (ToT).
- ✓ [Part Three](#) includes detailed plans for Session 5, which is conducted 1-2 months after the ToT.
- ✓ [Part Four](#) includes a framework for conducting community follow up.
- ✓ [Part Five](#) and [Part Six](#) include materials used in the sessions, as well as additional resources.

***The CLEAN manual is a guide, and communities are encouraged to adapt the sessions to their needs. ***

Part One

Preparation

1.1 Hold a Community Consultation

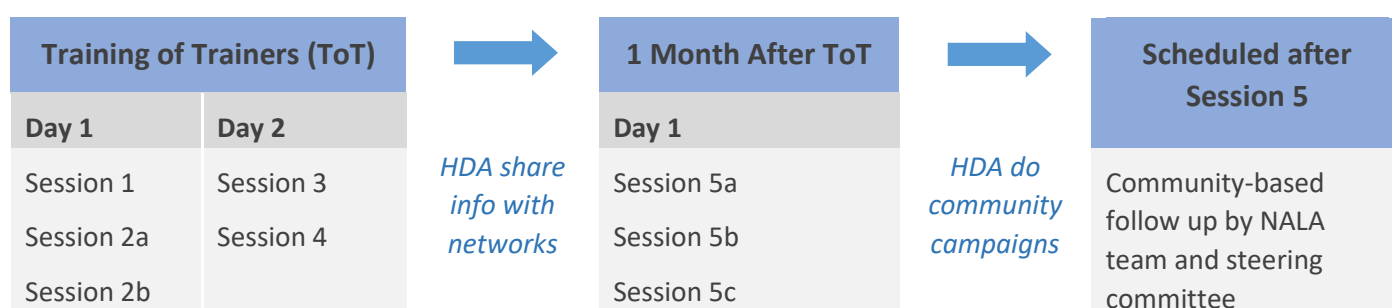
Before starting the CLEAN workshops, hold a community consultation to introduce the program and gain initial feedback on the materials. Invite relevant people from the community such as community leaders, local officials, religious leaders, and health workers. In this consultation, it is recommended to:

- ✓ Discuss the need for the program by describing the prevalence of hygiene-related NTDs in the community and how they can be prevented with healthy behaviors. Why do they think these diseases are prevalent?
- ✓ Introduce the CLEAN Program: its timeframe, goals, [target behaviors](#), and how the program will utilize the HEW and HDA networks to reach households in the community. In addition, small grants will be given to the HDA networks to improve community health in the kebeles.
- ✓ Divide participants into groups and ask for initial feedback on workshop materials, such as graphics and card games. The images should be relevant and understandable to the community.
- ✓ Ask the participants to brainstorm possible challenges and barriers to the target behaviors. What are some potential solutions?

If the participants question the need for the program or its content, inform them that the formative assessment showed that many people in the community do not practice these healthy behaviors and that disease prevalence is high. Children are most at risk, and it can negatively impact their futures if healthy changes are not made. Moreover, though initial surveys showed that some people are aware of healthy behaviors, observations revealed that many people do not practice them. The point of the program is to go beyond awareness and create sustainable change.

1.2 Plan the Dates

The CLEAN program contains five parts. The first four parts are given during a two-day Training of Trainers (ToT) to HEW and HDA team leaders. After the ToT, the participants have a month to share the information with their networks and begin house-to-house visits. After this month, the fifth session is given. During this session (Session 5), the participants debrief and reflect on their activities. They also finalize plans for campaigns or small projects they can do in their communities to improve health. Community-based follow up is done to observe the projects and impacts on the community. The table below shows the timeframe:



Plan the dates with enough time to prepare the materials, find a location for the sessions, and invite all the participants. It is important that Session 5 is at least one month after the ToT but no longer than 2 months later. This timeframe ensures follow up and monitoring of the HDA activities, and it also encourages maintenance of the behaviors. After Session 5, community follow up visits will be scheduled by the NALA team to the different kebeles.

1.3 Prepare the Materials

Prepare all the materials at least one week before the sessions. The chart below will help in planning:

Materials Needed			
Type	Number	Purpose	Date
Pens, paper, flipchart, markers, tape	N/A	For facilitator	All sessions
CLEAN Manual	1 for each HEW	Reference; training tool	ToT
Flipbooks	6+ for each HDA team leader	For house-to-house visits	ToT
Transmission Card Game	1 per 4-6 participants in ToT	Activity during ToT	ToT
Sanitation Card Game	1 per 4-6 participants in ToT	Activity during ToT	ToT
Handwashing sets (water, soap, basin)	1 per 10 participants in ToT	Activity during ToT	ToT
Worksheet on Roles of Men and Women (5.3)	1 per 4-6 participants in ToT	Activity during ToT	ToT
Common objects for game (bottle, string, pencil, etc.)	1 per 4-6 participants in ToT	Activity during ToT	ToT
Community Health Education Evaluation (6.2)	1 for each HEW	Debriefing Aid	Session 5
Community Campaign Planning Sheet (6.3)	1+ per kebele group and extras	Community Campaign Planning	Session 5
Budget for Community Campaign in Kebele (6.4)	1+ per kebele group and extras	Community Campaign Planning	Session 5
Kebele Observation Form (6.5)	1+ per kebele	Monitoring & Evaluation	Community Follow Up

1.4 Invite Participants

The CLEAN program utilizes local women's networks to spread behavior change to the community. Community leaders are also engaged in Session 5 in order to approve and support project ideas. The chart below describes who to invite and when:

Session	Participants	Time Needed
ToT (Sessions 1-4)	HEW, HDA team leaders	10 hours (divided in 2 Days)
Session 5	HEW, HDA team leaders, community leaders	5 hours (1 Day)
Community Follow Up	NALA representatives, steering committee (if formed), selected HEW and HDA team leaders to represent kebeles	2+ days to conduct visits

The CLEAN manual is designed for use by large or small groups.

1.5 Review the Training Outline

The outline below gives the recommended timeframe and topics for all sessions.

Training Outline		
Participants	<u>All sessions</u> <ul style="list-style-type: none"> ▪ Health Extension Workers ▪ HDA team leaders 	<u>Session 5</u> <ul style="list-style-type: none"> ▪ Community Leaders ▪ Steering committee (if formed)
Facilitator	NALA trained representative	
Materials	<u>ToT (Sessions 1-4):</u> <ul style="list-style-type: none"> ✓ Flipchart and marker ✓ Pens and paper ✓ Tape ✓ Flipbooks for HDA ✓ CLEAN Manuals for HEW ✓ Transmission Card Game ✓ Sanitation Ladder Card Game ✓ Handwashing set- basins, water, soap ✓ Worksheet on Roles in WASH (5.3) ✓ Soap for each participant ✓ Common objects for game (ball, string, pencil, empty bottle, etc.) 	<u>Session 5:</u> <ul style="list-style-type: none"> ✓ Small Project Planning Sheet (6.3) ✓ Budget for Community Project in Kebele (6.4)
Suggested Timeframe	<p>DAY ONE</p> <p><u>Session 1: Awareness of NTDs in My Community (115 minutes)</u></p> <ol style="list-style-type: none"> 1. Opening: "Stand Up" Energizer (20 min) 2. Introduction: Diseases in the Community (10 min) 3. Introduction: Community Health Program (10 min) 4. Activity: Transmission Card Game (25 min) 5. Guided Practice: Disease Transmission (20 min) 6. Guided Practice: Storytelling (25 min) 7. Closing (5 min) <p>Coffee break (15 min)</p> <p><u>Session 2a: Connection of Good Health to Clean Body Behaviors (100 minutes)</u></p> <ol style="list-style-type: none"> 1. Opening Activity: Personal Stories (20 min) 2. Guided Practice: Clean Body Behaviors (10 min) 3. Activity: Handwashing in Groups (25 min) 4. Guided Practice: How to Teach Children to Wash their Faces (10 min) 5. Discussion: Shoe-wearing (25 min) 6. Closing (10 min) <p>Lunch break (1 hour)</p> <p><u>Session 2b: Connection of Good Health to a Clean Environment (90 minutes)</u></p> <ol style="list-style-type: none"> 1. Opening Activity: Roles in WASH Activities (20 min) 2. Activity: Sanitation Ladder (25 min) 3. Guided Practice: Clean Environment & Health (10 min) 4. Discussion: Open Defecation (25 min) 5. Closing (10 min) 	

DAY TWOSession 3: Practice on Teaching Households about Healthy Behaviors (100 minutes)

1. Opening Activity: Song or Rhyme (30 min)
2. Guided Practice: Behavior Change (15 min)
3. Activity: Cost-Benefit Discussion (20 min)
4. Activity: Role Play (25 min)
5. Closing (10 min)

Coffee break (15 min)Session 4: Action Toward Improving Community Health (120 minutes)

1. Opening: WASH in your Community (10 min)
2. Activity: How Can We Use this Object? Game (25 min)
3. Guided Practice: Community Campaigns (15 min)
4. Activity: Planning a Small Project in Groups (25 min)
5. Presentation: Small Project Ideas (40 min)
6. Closing (5 min)

Lunch break (1 hour)ToT Evaluation (90 minutes)

1. Presentation: Groups Finish Presenting Small Projects (40 min)
2. Feedback on ToT Sessions (40 min)
3. Feedback on ToT Graphics (10 min)

ONE MONTH AFTER ToTSession 5a: Maintain Behaviors through Community Mobilization (90 minutes)

1. Opening: Speech by Community Leader (20 min)
2. Activity: Review (25 min)
3. Activity: Debriefing Roundtables (45 min)

Coffee break (15 min)Session 5b: Maintain Behaviors through Community Mobilization (90 minutes)

1. Opening: Community Campaigns (15 min)
2. Overview: Planning Community Campaigns (15 min)
3. Activity: Kebele Project Plans (60 min)

Lunch break (1 hour)Session 5c: Maintain Behaviors through Community Mobilization (120 minutes)

1. Opening: Welcome from the Steering Committee (20 min)
2. Presentation: Kebele Project Plans (90 min)
3. Closing (10 min)

1-2 MONTHS AFTER SESSION 5

Community-based Follow Up: NALA staff and steering committee visit different kebeles to monitor progress

Part Two

Training of Trainers (ToT)

2.1 Day One

Full plans for the ToT sessions are below. Facilitators may adapt them as needed.

Sessions on the first day focus on disease awareness and the practice of preventive hygiene behaviors.

Session 1: Awareness

Title	How A Lack of Personal Hygiene and a Dirty Environment Make Us Sick
Materials Required	<ul style="list-style-type: none"> ✓ Transmission Card Game (one set per 4-6 people) ✓ Tape ✓ CLEAN Manuals (one per Health Extension Worker) ✓ Flipbooks (5+ for each HDA team leader)
Objectives	<p>Participants will become familiar with the community health education program: its structure, their roles, and key messages.</p> <p>Participants will gain a deeper understanding of hygiene-related NTDs that are common in their community.</p>
<p>1. Opening: “Stand Up” Energizer</p> <p><i>20 minutes</i></p>	<p><i>1. Introduce yourself and welcome the participants:</i></p> <p>“Welcome to the Training of Trainers (ToT) for NALA’s community health program. As health workers and volunteers, you already hold a very important role in improving community health. In this woreda, many children and their families get sick from diseases that are very easy to prevent. This program will give you both knowledge and tools on how to prevent these diseases. The trainings will be interactive and include group activities, games, and discussions. Since you will be active in leading these healthy changes in your community, we want you to be active during the trainings.”</p> <p><i>2. To get the participants energized and learn more about them, tell them to stand for a short opening activity:</i></p> <p>“Stand Up” Energizer</p> <ul style="list-style-type: none"> ▪ Facilitator will say a statement. ▪ Participants will stand if the statement is true for them. They will sit if it is not. ▪ Facilitator may call on participants to explain more. <p>Example Statements:</p> <ul style="list-style-type: none"> ✓ Stand if you have children. ✓ Stand if you have grandchildren. ✓ Stand if you have more than 10 grandchildren. ✓ Stand if you have been in the Health Development Army or Health Extension Program for 5 years or more. ✓ Stand if you know someone who has been sick with stomach problems in the last year. ✓ Stand if you know someone who has had eye problems in the last year. ✓ Stand if you know at least 10 people in this room. (If yes, ask them to introduce the people) ✓ Stand if you were not introduced and please introduce yourself.

	<p>✓ Stand if you want to learn how to improve health in your community.</p>
<p>2. Introduction: Diseases in the Community <i>10 minutes</i></p>	<p>1. <i>Explain:</i></p> <ul style="list-style-type: none"> - This community was chosen for a health education program because of the prevalence of intestinal worms and trachoma here. - These diseases are most common in children and can cause lifelong problems, such as blindness, organ damage, and learning difficulties. - These diseases don't usually kill people, but they cause lots of problems. They make it difficult for children to go to school and for adults to work and care for their families. <p>2. <i>Say:</i></p> <p>"Medicine is important to treat these diseases and kill the worms and bacteria that make them sick. We need to encourage people to take medicine during the MDA. It is an important step in getting healthy."</p> <p><i>Ask:</i></p> <p>"However, many people get sick again with these diseases after taking medicine. Do you know why?"</p> <p><i>(Answer: The medicine kills the worms and bacteria in their body at the time, but people get reinfected. They continue to do the unhealthy habits that got them sick before, such as walking barefoot or having dirty faces.)</i></p> <p>3. <i>Ask and collect answers:</i></p> <p>"Do you already teach hygiene behaviors to the community? Which ones?"</p> <p>4. <i>Ask and collect answers:</i></p> <p>"Have you seen the impact of these diseases in your community? How?"</p>
<p>3. Introduction: Community Health Program <i>10 minutes</i></p>	<p>1. <i>Explain the Key Messages of the program:</i></p> <ul style="list-style-type: none"> - The CLEAN program teaches healthy behaviors to keep us, our families, and our communities healthy. - These healthy behaviors relate to keeping your body clean and your environment clean. - For a clean body, the healthy behaviors are washing hands, washing faces, and wearing shoes for clean feet. <p><i>Ask and collect answers:</i></p> <p>"What are some behaviors that people can do to keep a clean environment?"</p> <p><i>(Possible answers: Using a latrine, cleaning the yard and home, not defecating on the ground or near the water)</i></p> <p>2. <i>Explain:</i></p> <ul style="list-style-type: none"> - However, changing behaviors takes more than knowledge. Sometimes people know the healthy behavior, but they do not change. - Behavior change needs motivation and an emotional connection. For this reason, you will also learn different ways to teach these behaviors to your families and communities and motivate them toward healthy changes. <p><i>Ask:</i></p> <p>"Do you see this happen in your community? People know the correct behavior, but they do not do it?"</p> <p><i>(Examples: Open defecation, handwashing, drinking alcohol...)</i></p>

3. Explain:

- Behavior change also takes time to maintain. For this reason, there is another session after the ToT as well as community follow up.
- During the ToT, you will learn more about how these diseases are transmitted and how to prevent them. You will also learn different ways to teach people during household visits.
- In a month, there will be a session for you to plan a campaign or project for your community. There are small grants we can give to support your ideas.
- After that session, we will schedule times to visit the different kebeles to observe the impacts of the community campaign and community health education.

4. Say:

“You have a very important role in your communities in disease prevention. It is more than teaching people the information. How can we as health messengers demonstrate the importance of these behaviors?”

**4. Activity:
Transmission
Card Game**

25 minutes

1. Explain:

- **One of the most important facts to teach your communities is that feces can cause and spread disease.**
- Talk to your children and community members about feces, use the common word for it, and help them understand that all poop—human, animal, child, adult-- can be extremely harmful and make people sick.
- This is why it's important that people learn to use the latrine properly, wash their hands, and keep their environment clean.
- Even one gram of feces can be dangerous and can contain 10 billion viruses, 1 million bacteria, and over a thousand parasites. We do not want these to spread to our water, our children, or ourselves.

1 gram of feces can contain
1,000,000,000 viruses
1,000,000 bacteria
1000 parasites

2. Introduce the game:

"We will play a game now to see the different ways that feces can make us sick."

3. Tell participants to move into groups of 4-6 people. Give each group a set of *Transmission Cards*:**Transmission Card Game**

- Participants will need to put the cards in order to show the different ways that someone can get sick from feces.
- Give an example and tape the cards to the wall or board: 1) Animal card → 2) Fly card → 3) Person eating card → 4) Sick person card.
- Explain the example: Animal poops near a tomato plant. Fly lands on poop and then on tomatoes, bringing a small amount of poop to the tomato. Person eats the tomato without washing it, and therefore he eats a little bit of the poop. The boy gets sick.
- Tell participants to use the cards to map as many ways as possible for the boy to get sick.
- The group with the most correct ideas is the winner.
- Walk around the groups to make sure they understand the activity and see the transmission clearly. Ask them to explain the order.

(Other correct examples: 1) Boy pooping near water → 2) Girl collecting water nearby → 3)

Boy drinking water as he eats → 4) Boy is sick.

1) Boy pooping → 2) Dirty hands (he did not wash hands after pooping) and then he touches his brother's hands → 3) Brother eating food → 4) He gets sick)

4. Explain:

- One way that may not be clear is the bare feet card.
- Tape up the cards on the wall/ board to show the transmission route: 1) Boy or animal defecating outside → 2) Person walking barefoot → 3) Sick Boy
- Explain that sometimes tiny parasitic worms in the feces can go through the skin of the feet and make people sick also.
- For example, hookworm goes through bare feet to make people sick.

Ask:

"There is open defecation near water. It rains. What happens to the feces?"

"What are other ways that feces can spread?"

5. Say:

"As we just learned, even a tiny amount of feces can make us sick if it gets into our mouths. It is gross to imagine, but there are many ways that we may eat poop without knowing it. Also, some tiny parasitic worms from feces can get through the skin in our feet and make us sick."

5. Guided Practice: Disease Transmission

20 minutes

1. Make sure that all participants have a flipbook. HEW should have a copy of the manual.

- The flipbooks should be used by HDA members for household visits to teach families about the diseases and how to prevent them.
- It is important that all participants understand them completely. We will review all the cards during the sessions.
- The HEW also have copies of the training manual if they need to teach any other HDA members.

2. Tell participants to look at **Card 1 in their flipbook. Say:**

- Intestinal worms are parasitic worms. They include hookworms and roundworms. They are very small and hard to see, but these worms or their eggs can spread through feces.
- Ask: "Based on the transmission map, how does a person who is sick with intestinal worms spread the disease to another person?"

(Answers: 1) By drinking water that was contaminated by feces. 2) Flies land on feces and then on food that people eat. 3) By ingesting their eggs due to having dirty hands while eating or 4) from eating dirty or uncooked food. 5) By walking barefoot on soil that is infected with them—the larva can go through the skin.)

Explain:

- When a person who is sick with intestinal worms defecates outside, worm eggs and larva from their feces go to the soil where people walk. The contaminated soil can get on fruits and vegetables.
- Animal feces can also spread the worms to humans and should be avoided.

3. In groups, ask participants to think of ways to stop the transmission. Ask them to think of barriers for each of the 5 transmission routes on the card. Walk around to check understanding.

(Possible answers: 1) No defecation near water sources. 2) No open defecation leads to fewer flies. 3) Washing hands. 4) Washing or cooking vegetables before eating. 5) Wearing shoes.)

4. Tell participants to look at **Card 2** and say:

- Trachoma is a type of bacteria that gets in people's eyes. It is the leading infectious cause of blindness in the world and is very common in Ethiopia.
- Ask: "Based on the transmission map, how does one person with trachoma transmit the disease to another person?"

(Answer: 1) Flies can spread the bacteria to people's eyes. 2) Dirty hands that touch the bacteria can also spread it to the eyes. 3) It can also spread when facial cloths are shared between sick and healthy people because nose and eye discharge may contain the bacteria.)

Ask:

"What attracts the flies?"

(Answer: dirty faces and feces)

5. In groups, ask participants to think of behaviors that will stop the transmission of trachoma. Ask them to think of barriers for the 3 transmission routes on the card. Walk around to check understanding.

(Possible answers: no open defecation, washing faces, washing hands)

6. Ask and collect answers:

"How does open defecation spread parasitic worms and trachoma?"

(Answer: Feces spreads the parasitic worms to the water and soil where people walk and swim. Feces also attracts flies that can spread bacteria to people's eyes.)

6. Guided Practice: Storytelling

25 minutes

1. Introduce the activity:

"To end the first session, I will tell you a short story that may be similar to life in your community. Stories are a good way to teach health messages to people. People can connect to the characters in the stories and learn from their actions."

2. Tell participants to look at **Card 3**:

"You can also use the flipbook to tell a story to teach others. I'll give an example now, which you can adapt to better fit your community."

Read the story ([5.2 Stories for Community Health Education](#)) Ask what names are common for a girl and a boy and the community and use them:

(Girl) loved her big brother (Boy) very much. She was scared of dogs, and (Boy) would walk with her to school and hold her hand to protect her if any dogs came.

One day, (Boy)'s eyes were very red. He said they were itching, and he kept rubbing them. However, (Girl) did not want to walk to school alone. (Boy) said that he could still walk her. As usual, he held her hand, but sometimes he would stop to rub his eyes. A fly came near (Boy)'s eyes, and he swatted at it. (Girl) did not mind the flies. They were always around and often flying near her eyes. Her teacher told her to wash her face more, but she always forgot.

A few days later, she woke up and her eyes were red and itchy. When (Boy) walked her to school that day, the sunlight hurt her eyes. Her teacher noticed their red eyes and told (Boy) to go to the health post with her. At the health post, the health worker told them, "It looks like you have trachoma. Take this medicine to get better. However, you can get sick again if you're not careful. To stay healthy, you need to clean your face when it's dirty, wash your hands, and don't use dirty cloths on your eyes."

(Boy) listened and was careful to do these healthy behaviors. However, after (Girl) got better,

	<p>she went back to being dirty. Her eyes would get red and itchy often. After a period of time, it became harder and harder for <u>Girl</u> to see until she finally became blind.</p> <p>3. Tell the participants to sit in groups of 4-6 people. They will discuss the following questions. Walk around to make sure they understand:</p> <ul style="list-style-type: none"> ✓ How did <u>Girl</u> get sick? ✓ What do you think her life is like after she becomes blind? ✓ What do you think happened to <u>Boy</u>? How is his life? ✓ If you were <u>Girl</u>'s mother, what would you do?
<p>7. Closing: Summary 5 minutes</p>	<p>1. Summarize:</p> <ul style="list-style-type: none"> - The goal of this session was to introduce the education program and learn basic facts about intestinal worms and trachoma. - We used a story as a tool for reviewing and thinking ahead about prevention. - Interactive methods enhance understanding and help people remember. <p>2. Say:</p> <p>"In the next two sessions, we will learn more about ways to prevent diseases. Any questions or comments?"</p>

Coffee Break

Session 2a: Connection

Title	Connection of Good Health to Clean Body Behaviors
Materials Required	<ul style="list-style-type: none"> ✓ Flipbooks ✓ Handwashing set- basins, water bottles, soap, paper towel (1 set per 10 people) ✓ Small mirror
Objectives	<p>Participants will gain practical experience in hygiene behaviors they can do at home.</p> <p>Participants will brainstorm potential barriers and solutions to the behaviors.</p>
<p>1. Opening Activity: Personal Stories 20 minutes</p>	<p>1. Tell participants to look at Card 4:</p> <p>"You can use this card to tell a story about how a young boy got sick with intestinal worms."</p> <p>Ask and collect answers:</p> <p>"In this picture, what are some of his symptoms after getting sick?"</p> <p>(Answers: nausea, diarrhea, fever, tiredness, weakness)</p> <p>Explain:</p> <ul style="list-style-type: none"> - Intestinal worms can also cause coughing, weight loss, and stomach pain. - Over a long time, the disease can cause anemia, malnutrition, stunt a child's growth, and cause learning difficulties. <p>2. Say:</p> <ul style="list-style-type: none"> - "It's also effective to use personal stories of yourself or people you know."

- Talk with the person next to you and tell a true story about yourself or a person you know who suffered from these symptoms.
- How did it affect their daily lives? If they were a child, how did it affect the mother's life?
- Did they go to the health post and get treatment?
- Did they get sick again?
- What would you tell them now if they were sick?

3. *After a few minutes of partner discussion, ask if anyone wants to share their story.*

4. *Explain:*

- Diarrheal diseases are very dangerous for young children under five years old and can sometimes cause death.
- For older children, the symptoms may not be as severe but the disease can have a long-term impact on their lives and affect their learning, growth, and overall health.
- Intestinal worms may also cause problems for the mother and baby during pregnancy.

2. Guided Practice: Clean Body Behaviors

10 minutes

1. *Say:*

“Now we will talk about personal hygiene behaviors that protect against intestinal worms and trachoma. These behaviors relate to having a clean body, especially clean hands, clean face, and clean feet.”

2. *Tell participants to look at **Card 6**. Explain:*

- One of the most important behaviors is washing hands with soap and water.
- People use their hands all day for many different types of activities, but we should always wash our hands when touching two types of things.
- “According to the card, we should always wash our hands **after** touching what?”

(Answer: After touching feces)

- Always wash hands after touching any feces, yours or your child's. Babies can also spread disease in their poop.
- “According to the card, we should always wash our hands **before** touching what?”

(Answer: Before touching food)

Explain:

- **The most important times to wash hands are after contact with feces and before contact with food.** The reason is that feces carries disease. If it's on our hands when we eat, we can ingest it.
- “Like we saw, even 1 gram of feces can carry worms and bacteria. We may not see such a small amount, so we need to be sure and wash hands.”

3. *Explain:*

- In the household, there should be a place for people to wash their hands.
- Water for handwashing does not have to be as clean as drinking water, but it should be from a source that is not contaminated by feces. Water needs to be stored in a clean container and have soap available.

3. Activity: Handwashing in Groups

25 minutes

1. *Distribute basins, water bottles, soap, and paper towel to groups. You can combine groups if there are not enough handwashing sets. Alternatively, you can have handwashing stations already set up that groups gather around.*

2. *Tell participants to look at **Card 7** and say:*

- Handwashing with soap and water is one of the most important behaviors for disease

prevention. It helps prevent many diseases, many more than the ones we talk about today. It is also one of the cheapest ways to prevent disease.

- "We want to be sure that households know how to wash their hands correctly. This card shows the steps for correct handwashing that you can model to children and families."

3. *Instruct 2 people in each group to be the "handwashing teachers." One person will say the step, and the other person will do it. They will model the behavior as they would to children in a household. Give extra time if other people in the group want to practice also.*

Emphasize:

- Handwashing should take at least 20 seconds.
- "Remember to wash between your fingers and under your nails also."

4. Guided Practice: How to Teach Children to Wash their Faces

10 minutes

1. *Tell participants to look at **Card 8**. Say:*

- This card shows two of the clean body behaviors to teach households.
- "Why is it important to wash your face with soap and water?"

(Answer: Dirty faces attract flies, which may carry trachoma.)

Explain:

- Trachoma is very common in young children and also women who take care of them.
- To prevent vision problems and blindness, tell mothers to wash their children's faces.
- If mothers or their children have symptoms of trachoma, they should go to a health worker.

2. *Take out the mirror. Explain:*

- Here are a few ideas to tell mothers so their children will wash their faces.
- They can set a specific time every day for children to wash their faces so it becomes a habit. For example, children can wash their face before going to bed.
- They can put a mirror near the water for face washing. Children can use the mirror with an older family member before and after washing their face to check how clean it is.
- For young children, you can also use a puppet or small toy to play with them and remind them to check their face in their mirror.

3. *Ask and collect answers:*

"Do you have other ideas to help children remember to wash their faces?"

5. Discussion: Shoe-Wearing

25 minutes

1. *Continue with **Card 8**:*

- The second behavior on the card is wearing shoes.
- "Why is it important for people to wear shoes outside?"

Explain:

- Wearing shoes helps prevent intestinal worms since worms go into the skin of the feet from the soil.

2. *Say:*

- When we visited this community before, we saw a large number of people not wearing shoes.
- Also, surveys show that many children in this woreda have intestinal worms.
- We want to understand better the reasons why people don't wear shoes and how we can convince them that they are important.

	<p>3. <i>Introduce the activity:</i></p> <p>Shoe Discussion</p> <ul style="list-style-type: none"> ▪ One side of the room will think of reasons why people don't wear shoes (barriers). ▪ The other side of the room will think of ways to convince them to wear shoes (solutions). ▪ Start with the barrier side. ▪ For each barrier, ask the solution side to think of a solution for it. ▪ If needed, give the participants 1-2 minutes to discuss before answering. ▪ If there are too many people, you can ask for two groups of 10 volunteers each to lead the discussion from each side. <p>4. <i>Summarize some of the barriers and solutions that you heard during the discussion.</i></p>
<p>6. Closing</p> <p>10 minutes</p>	<p>1. <i>Ask and collect answers:</i></p> <p>“Do you see any potential barriers to the other two clean body behaviors: handwashing with soap and facewashing?”</p>

Lunch Break

Session 2b: Connection

Title	Connection of Good Health to a Clean Environment
Materials Required	<ul style="list-style-type: none"> ✓ Worksheet 5.3 Roles of Men & Women in WASH Activities (1 per 4-6 participants) ✓ Sanitation Ladder Card Games (1 per 4-6 participants) ✓ Pens ✓ Tape ✓ Flipbooks
Objectives	<p>Participants will assess and evaluate WASH practices that are common in their community.</p> <p>Participants will gain a practical understanding for how the sanitary condition of the environment impacts health.</p>
<p>1. Opening Activity: Roles in WASH Activities</p> <p>20 minutes</p>	<p>1. <i>Welcome the participants back from lunch.</i></p> <p>2. <i>Ask participants to get in groups of 4-6 people. Give a worksheet on WASH roles (5.3) to each group.</i></p> <p>3. <i>Introduce the activity:</i></p> <ul style="list-style-type: none"> - In our homes, each person has a different role. Mothers, fathers, and children all have different responsibilities. - Some of these responsibilities have a big effect on the health of everyone in the home. <p><i>Explain the activity:</i></p> <p>WASH Roles</p> <ul style="list-style-type: none"> ▪ Explain each image so that they are clear to the participants. ▪ In groups, they will mark who is responsible for each activity in the household. They should answer what is most common in their community.

- Then they should discuss how each activity is important to health for the family.
- Give an example. Point to the first activity on the sheet and ask, “What person is responsible for cleaning at home? Usually is it the father, mother, or children?” “How is cleaning related to health?” (*Possible answer: Cleaning is important for health because feces and trash attract flies.*)
- Participants can pick more than one person for each activity.
- This worksheet will not take much time, so make sure participants discuss why each activity is important to the family's health.

4. *Call on a different group to answer for each activity:*

“Who is responsible for this activity?”

“How is this activity related to health in the household?”

Ask follow up questions:

- Cooking-- What behavior is important to do before cooking and touching food? (*Washing hands, washing the food*)
- Taking care of children- Can older children help care for children also?
- Washing clothing- Where do people wash clothing in the community? Do they stand in the water? Wear shoes?
- Collecting water- Where do people get water for their homes? Is this a clean water source that cannot get dirty from feces? If it's not clean, do people treat the water before using it?

5. *Adapt the following statement if needed and say:*

“Women have a very important role in health in the home. Many of their daily activities, like cooking and cleaning, can affect the health of the whole household. For this reason, it's very important that women learn and practice the healthy behaviors too. This will help keep them and children healthy.”

Ask:

“How can we get men more involved in health promotion?”

**2. Activity:
Sanitation
Ladder**

30 minutes

1. *Say:*

“The cleanliness of a person’s surroundings affects their health. For this reason, we will also talk about environmental health behaviors that prevent disease. These behaviors relate to having a clean environment, especially a clean place, clean water, and clean food.”

2. *Explain:*

- To have a clean environment, we need to stop open defecation.
- “If people defecate on the ground or in the water, it can spread diseases. Each gram of feces is dangerous, so we need to keep it away from where people walk and the water we use.”
- For very small children (under 5 years old), diarrheal diseases can be very dangerous and cause death.
- Handwashing and proper disposal of feces will significantly decrease the number of children and people who get sick.

3. *Introduce the game:*

“We will play a game now to look at the different ways that feces can be disposed. Some ways are better and safer than others.”

4. *Tell participants to move into groups of 4-6 people. Give each group a set of **Sanitation Ladder Cards**:*

Sanitation Ladder Card Game

- Participants will put the cards in order from worst to best way to dispose of feces.
- Some options are equally problematic.
- Participants should use all the cards.
- They should discuss why one way is better or worse than the others.

Walk around the groups to make sure they understand the activity and are discussing.

5. Take a set of cards and tape to the wall/board. Ask a different group to name one card in the order.

"Which card is the worst?"

"Which card is next?"

"Does everyone agree?" (*Ask for an explanation if not.*)

6. After the discussion, make sure that certain points are clear. Say or reconfirm them at the end:

- Open defecation on land or water is the worst way to dispose of feces.
- Burying feces is safer than open defecation, but the person needs to bury it deep enough so that no animal can get to it.
- A latrine can also cause disease if it is close to water. If people build a latrine, they need to make sure it is not near any water sources that people use.
- Latrines should be safe to use, far from water sources, and clean. They should be air flow to get rid of the bad smells.
- The best latrines have a handwashing station close to them.
- Closed water containers are safer than open ones because flies and animals can land on the water if it is open.

3. Guided Practice: Clean Environment and Health

10 minutes

1. Tell participants to take out their flipbooks and look at **Card 9**:

"On the left, this card shows two very important ways that the environment can be unhealthy. On the right, it shows two ways that we can make it safer for ourselves and our children."

Explain:

- We already discussed the dangers of open defecation, and how using a clean latrine is the safest way to dispose of feces.
- Feces should be washed down the latrine and not be seen outside.
- Ask: "Why is it important to clean the latrine?"

(Answer: Bad smells keep people from using them. Dirty latrines attract flies that can spread diseases.)

2. Continue with **Card 9**. Ask:

"What behavior do you see on the bottom?"

Explain:

- The yard and rooms where people walk should also be clean of feces and trash. A dirty environment attracts flies and can spread diseases.
- Ask: What should families do with animal feces near their homes?

(Possible answer: Animal feces also carries diseases. Clean it up and keep it away from the home. If it is used for fertilizer, it should be handled carefully. Proper handwashing is important whenever a person touches feces.)

3. Tell participants to look at **Card 10**:

- This card shows a sanitation ladder from worst to best way to dispose of feces.
- You can use this card with households. Ask them what level they are at now and how they can move up to a healthier level.
- It may be hard for them to go to the highest level at first, but this card gives them options.
- Remind them that handwashing should be done at every level, as it is one of the most important ways to prevent disease.
- A handwashing station should be close to the latrines.

4. Tell participants to look at **Card 11**:

- This card shows two other ways that people can keep their homes and their families healthy.
- Ask: "What is the healthy behavior at the top?"

Explain:

- Even if we collect water from a clean source or treat it, it can still get dirty from how we store it.
- It is important to store water in clean, covered containers. Clean water can become contaminated by a dirty container.
- Also, water should be stored in closed containers. Why?

(Answer: Flies or other animals can land in the water and contaminate it with dirt and feces.)

Ask: "What behavior is at the bottom?"

Explain:

- It is important for people to wash, peel, or cook fruits and vegetables before eating.
- As we saw earlier, these foods can get feces and germs on them from our hands or flies.

**4. Discussion:
Open
Defecation**
25 minutes

1. Say:

"As we discussed today, a clean environment is very important for good health. To have a clean environment, there must be a safe way to dispose of human and animal feces. We have seen that there are some latrines in the community. However, we also see that open defecation is still a problem. How can we make sure that open defecation stops in the community?"

2. Introduce the activity:

Open Defecation Discussion

- One side of the room will think of barriers. What are reasons why people do not use a latrine or dispose of feces in a safer way?
- The other side of the room will think of solutions to these barriers. How can they convince people to dispose of feces in a safer way?
- Start with the barrier side.
- For each barrier, ask the solution side to think of a solution for it.
- If needed, give the participants 1-2 minutes to discuss before answering.
- If there are too many people, you can ask for two groups of 10 volunteers each to lead the discussion from each side.

3. Summarize some of the barriers and solutions that you heard during the discussion.

5. Closing of

1. Say:

Day 1 <i>10 minutes</i>	<p>"Tell me one word to describe how to be healthy. It can be something we talked about today or something different."</p> <p><i>Give an example (medicine). Go around the room and collect answers.</i></p> <p>2. <i>Say:</i></p> <p>"Tomorrow we will talk about strategies for teaching households and for improving health in your communities."</p>
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2.2 Day Two

The second day of the ToT focuses on skills training for delivering health messages and promoting community health.

Session 3: Practice

Title	How to Teach Households about Healthy Behaviors
Materials Required	<ul style="list-style-type: none"> ✓ Flipbooks ✓ Paper and pens ✓ Flipchart and markers
Objectives	Participants will gain practical knowledge on how to use interactive activities and behavior change techniques to educate their community.
1. Opening Activity: Song or Rhyme <i>30 minutes</i>	<p>1. <i>Welcome the participants to the second day of the ToT. Introduce the activity:</i></p> <ul style="list-style-type: none"> - Songs and rhymes are another interactive method that help children and families remember important information. - Songs can be taught to mothers during household visits, and they can use them to teach their children the healthy behaviors. <p>2. <i>Ask:</i></p> <p>"What is your favorite childhood song?" "What is a song that children like to sing in your community?"</p> <p>3. <i>Tell the participants to work in their groups and brainstorm:</i></p> <ul style="list-style-type: none"> ▪ Make up a song/ rhyme about handwashing, cleaning, or another key behavior in their local language. ▪ It can be based on a popular song from the area and use new words. <p>4. <i>Ask the groups to share their rhymes.</i></p> <p>5. <i>If there is time, groups can vote on their favorite rhyme and learn it.</i></p>
2. Guided Practice: Behavior Change <i>15 minutes</i>	<p>1. <i>Explain:</i></p> <ul style="list-style-type: none"> - Today we will practice how to educate the community about healthy behaviors. - Remember that behavior change requires more than knowledge. - Like the process of doing a buna ceremony, it requires a few steps. <p><i>Ask and collect answers:</i></p> <p>"Can anyone explain to me the steps in the buna ceremony? Can I just buy the coffee beans and put them in hot water?"</p> <p>2. <i>Explain:</i></p>

- Behavior change is a part of life. Children behave differently from adults. Married people behave differently than single people.
- However, more than knowledge is needed to change a person's behavior.
- To make these changes, people require motivation and a reason to change. They require practice. They also need a reason to continue to do the new behaviors.
- Emotions, social pressure, or a life-changing event encourage people to change.

3. Ask participants to get in groups and discuss:

- A young woman has her first baby. How does her daily life change?
- What behaviors change? Does she wake up at the same time every day? Do the same activities?
- What motivates her to change?
- What happens if she doesn't change her behaviors?

4. Say:

"When you visit households, it's important to remember the emotional connection to change. Use stories and emotions to convince mothers of the importance of change to their children's health and future lives. Once enough people practice these behaviors, there will be social pressure for other people to practice them also. You can help lead these changes to improve health in your community."

3. Activity: Cost-Benefit Discussion

20 minutes

1. Introduce the activity:

- People may give cost as a reason for not changing, such as financial cost or time cost.
- "Let's look at some of the costs of good health vs. bad health."

2. Give paper and pens to each group. Explain the activity:

Cost-Benefit Debate

- One side of the room will write down the costs of items needed for good health: soap, shoes, etc.
- They will also write down the costs of time needed for good health activities: cleaning, collecting water, handwashing, facewashing, etc.
- The other side of the room will write down the costs of bad health for a family: How much time is lost from school and work? How much time is lost from a mother who needs to care for a sick kid? How much income may be lost because of sickness?
- They will also write down the long-term costs of bad health, if a person is disabled.
- After 3-5 minutes, ask the good health side to give you their costs. Write them down on the flipchart under "Cost of Good Health."
- Then ask the bad health side to give you their costs. Write those costs down on the flipchart under "Cost of Bad Health."
- Ask for feedback from participants.

Ask:

"Do you think that cost is a good reason not to do healthy behaviors? What will you say to a mother who gives it as a reason?"

4. Activity: Role Play

25 minutes

1. Tell participants to look at **Card 12**:

- The first picture on the card shows a home with many unhealthy behaviors.
- The second pictures shows an HDA member educating the family with the flipbook.
- For this activity, we want you to act out the situation.

2. Tell participants to get in groups of 4-6 people. Explain the activity:

- Two people start. One person will act like the mother of the household. The other person

	<p>will be the HDA member.</p> <ul style="list-style-type: none"> - The HDA comes to the home and sees all the unhealthy behaviors. - What behaviors does the HDA member try to teach? How does the mother respond? - Two other people in the group now act. It's a month later. Are there still problems? Are the children healthier? - Participants can also make up their own situation with the role play. - Walk around and observe groups. <p>3. Ask 2-3 groups to share their skits.</p>
<p>5. Closing 10 minutes</p>	<p>1. Ask and collect answers:</p> <p>"Which of these strategies will you use during the household visits: cost-benefit discussion, song, flipbook, stories?"</p> <p>"Any strategies that you will not use? Why or why not?"</p> <p>2. Say:</p> <p>"Over the next month, you will be delivering the health messages to your community. Use the strategies and the flipbooks. Remember any new ideas or challenges that you have so that we can discuss them in next month's session."</p>

Coffee Break

Session 4: Action

Title	How to Lead Your Community through a Small Project or Campaign
Materials Required	<ul style="list-style-type: none"> ✓ Several common objects for the game, such as a ball, fork, pen, empty water bottle, a piece of string, empty Coca Cola can, socks, etc. ✓ Pens and paper
Objective	Participants will be able to creatively design campaigns or small WASH projects to improve health in the community.
<p>1. Opening: WASH in your Community 10 minutes</p>	<p>1. Say:</p> <ul style="list-style-type: none"> - The community health education program includes household education by the HDA, which you will do over the next month. - The program also includes community campaigns that you will plan in groups to improve health and WASH (water, sanitation, hygiene) in your community. - Your groups will formally plan and start these campaigns after the session next month. - However, we want you to start thinking creatively of ideas now and as you do the health education in the community. <p>2. Ask the participants to partner with another person and discuss:</p> <p>"What are some problems you see with water, sanitation and hygiene (WASH) in your community? Why is it a problem?"</p> <p>3. Ask a few pairs to share their answers.</p>

2. Activity: How Can We Use this Object? Game

25 minutes

1. Introduce the game:

“We will now play a game to help us think creatively before we design our projects. This game will show us that even with limited resources, we can be creative with how we use them.”

2. Give an example with an empty water bottle:

- This bottle is used to carry and drink water.
- “What else can we use it for? Let’s think of some ideas.”
- Blow into the bottle to make a noise. For example, it can be a musical instrument.

Ask the participants for other ideas. Ideas can be anything, and they do not need to relate to health:

(Examples of other uses for the water bottle: vase for flowers, cut the bottle in half and add soil and seed to make a planter, paint it to make a toy boat, etc.)

4. Play the game:

Game: How can we use this object?

- Divide participants into small groups.
- Each group gets a random object.
- They must think of different ways to use the object. The ideas can be anything and do not have to relate to the education program.
- The group with the most ideas is the winner.

5. Ask 2-3 groups to share some of their ideas.

3. Guided Practice: Community Campaigns

15 minutes

1. Say:

“Now we will think of campaigns and small projects that you can do in your community to make it a healthier place. Today we are thinking of initial ideas. In the session next month, we will plan our campaigns for each kebele, and your kebele groups can apply for small grants to implement them.”

2. Ask and collect answers:

“Why do we want to do small projects or campaigns in the community?”

(Answer: To improve WASH conditions or raise awareness with limited money and resources)

3. Say:

“Now we will look at some ideas for small projects and campaigns. These projects help raise awareness or help solve a problem in the community and make it a healthier place.”

Give an example:

- There is a problem at Kebele A. Most people do not wash their hands with soap.
- The HDA members in Kebele A met to discuss the problem. They spoke with a local merchant and bought a large number of soaps for a lower price.
- With a local community leader, they decided to hold a large community event. During the event, the community leader talked about the importance of handwashing and the HDA members gave a presentation on the proper method for washing hands. They handed out soaps to people who came.
- “How can they encourage people to come to this event?”

4. Give another example:

- There is a problem in Kebele B. There is a big problem of open defecation during market days as more people come to the area. No one uses the public latrine because it smells

	<p>bad.</p> <ul style="list-style-type: none"> - The HDA members in Kebele B met to discuss the problem. They decided to use some money to improve the public latrine and hire someone to clean it. People will tip a small amount of money to use the latrine, and this money would pay the cleaner's salary and buy soap. - "How can they encourage people to use the public latrine?" <p>5. Give another example, but let the participants think of the solution:</p> <ul style="list-style-type: none"> - There is a problem at Kebele C. Many children have red, itchy eyes, and there is a fear that it is trachoma. - "What are some ideas for what they can do?" <p><i>(Possible idea: Hold a coffee ceremony for young mothers and use the time to explain the importance of face-washing. Invite a blind person from the community to speak about their difficulties to the group.)</i></p>
<p>5. Activity: Planning a Small Project in Groups <i>25 minutes</i></p>	<p>1. Say:</p> <p>"Now we will design our own projects in groups. Divide into groups by your kebele. Each group will think of a problem related to health in their kebele. You will think of a campaign to mobilize the community and present your idea to everyone after."</p> <p>2. Emphasize:</p> <ul style="list-style-type: none"> - The point of these campaigns is to mobilize the community toward healthy change. The campaigns can be awareness events or small projects to improve WASH. It should <u>not</u> include large infrastructure construction. - These projects should be low-cost and use many resources already in the community. <p>3. Participants divide into kebele groups. Kebeles can choose their own problem that is relevant to them and the health program. Ideas:</p> <ul style="list-style-type: none"> ▪ Problem 1: Many people do not wear shoes in the community. ▪ Problem 2: Many parents do not know to prevent disease. ▪ Problem 3: There is a lot of trash and flies everywhere. ▪ Problem 4: People are using the stream (or other water source) to urinate and defecate. ▪ Problem 5: When people collect water, they use dirty containers. ▪ Problem 6: Too many people use the water source, and it dries out quickly. <p>3. Give each group a piece of paper and pen. They can write or discuss the following:</p> <ul style="list-style-type: none"> ✓ What is the problem? ✓ What is their solution? ✓ What materials do they need? ✓ What steps are needed to do this project? ✓ What are some potential challenges they may have? <p>4. In groups, participants discuss their problem and their small project solution. Walk around to check progress, encourage creativity, and answer questions.</p>
<p>6. Presentation: Small Projects <i>40 minutes</i></p>	<p>1. Each kebele group will now present their ideas and tell what steps and materials are needed. If there is not enough time for each group to present during this session, some of the groups can present after lunch.</p> <p>2. As each group presents, ask questions if anything is unclear in their idea. Let other participants ask questions also.</p>

7. Closing

10 minutes

1. Ask and collect answers:

"In your opinion, which solution that you saw today would work the best for your community?"

2. Say:

"We had great ideas today. Over the next month, you will meet with other HDA members and households in your community. Be aware of the problems that you see. Think about other ideas that may help raise awareness in the community or improve conditions there. Bring those ideas to the session next month."

3. Explain:

- After lunch, we will have a short evaluation of the ToT and materials.
- Over the next four weeks, you will teach the health messages and behaviors to other HDA members and households.
- Remember that in a month, we will have the last session of the program. During this session, we will debrief on your activities and the progress of the community health education.
- In Session 5, we will also formally plan the community campaigns for each kebele.
- After that session, we will plan follow-up visits to your kebeles to monitor progress on health education, community campaigns, and behavior change.
- "Any questions?"

Lunch

After lunch, take the time to debrief with participants about the Training of Trainers (ToT) and receive feedback on it. Their feedback will be used for future trainings. A suggested outline is below.

Evaluation Session: Training of Trainers (ToT)**1. Presentation:
Small Projects**

40 minutes

1. *If needed, give time after lunch for the remaining kebele groups to present on their project ideas.*

**2. Feedback:
ToT Sessions**

40 minutes

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

2. *Ask and discuss. Alternatively, participants can fill out a survey form:*

- ✓ What was your favorite part of the ToT? Why?
- ✓ What was your least favorite part?
- ✓ Which activities will you use? (Ask about specific activities: stories, songs, cost/benefit discussions, etc.)
- ✓ Was anything not clear that you learned?
- ✓ Do you feel comfortable to deliver the health messages now?
- ✓ Do you expect any challenges in teaching the program? What?
- ✓ What are your thoughts on planning a community campaign during the next session?
- ✓ Any questions or suggestions?

**3. Feedback:
Graphics***10 minutes*

1. *Ask participants to look at all the graphics in the flipbook.*

- ✓ Are the graphics in the cards clear?
- ✓ Any suggestions to make them clearer or more relevant?

2. *Say:*

“Over the next four weeks, you will be delivering the health messages to your network and to households in your community. Use these flipbooks as a teaching aid.”

Part Three

Session for Community Campaigns

3.1 Between the Training of Trainers (ToT) and Session 5

There should be at least 1 month (but no more than 2 months) between the ToT and Session 5. This break will give time for the HDA members to deliver the health education to their networks.

Assemble a steering committee (or other group of local community leaders) to support the community health program before Session 5. They will attend Session 5 to hear the campaigns and small project ideas from the HDA. They will discuss and give initial approval to suitable campaigns. In addition, they may also support community follow up to observe the impact of the health program on the community.

3.2 Notes for Session 5

A month after the ToT, plan to hold the final session with the HEW and HDA team leaders. Also invite relevant woreda officials and community leaders, as well as the steering committee in order to help approve and support the community campaign ideas. Remind participants the week before.

Discuss with the steering committee about the budget per kebele for the campaigns. These grants are not for large WASH infrastructure projects but instead are for smaller community-led mobilization activities. Therefore, the budget requests should be minimal. Examples of community campaigns include: community events to raise awareness, small improvements to existing WASH infrastructure, coffee ceremonies to educate young mothers on hygiene, or a small salary to a guard to watch the water point if it is being overused or bothered by animals.

3.3 Session 5

******Ask a community leader to open the session with a short speech on the importance of the health extension program and women toward improving community health. ******

Session 5a: Maintenance

Title	How to Improve and Maintain Community Health through Community Mobilization
Materials Required	<ul style="list-style-type: none"> ✓ Flipchart and markers ✓ Paper and pens ✓ 6.2 Community Health Education Evaluation (1 per HEW)
Objectives	Participants will reflect and evaluate their progress on the community health program.
1. Opening: Speech by Community Leader 20 minutes	<ol style="list-style-type: none"> 1. A community leader will speak about health in the community and the importance of women. 2. He can say that he is excited to hear about their progress in the health program and approve of their project ideas.
2. Activity: Review 25 minutes	<ol style="list-style-type: none"> 1. Divide participants into kebele groups. Explain: <ul style="list-style-type: none"> - As a quick review, each group will get a different question about the health material. - They will discuss the question and decide on an answer. - They will present the answer to everyone. 2. Give 1 question to each group. Some groups may have the same question. Possible

	<p><i>questions:</i></p> <ul style="list-style-type: none"> ▪ What are 5 ways that feces can spread to people and make us sick? ▪ What are the 3 personal hygiene (clean body) behaviors that we learned in the ToT to teach the community and stop the spread of disease? ▪ What are the 3 clean environment behaviors that we learned in the ToT to teach the community and stop the spread of disease? ▪ What are 3 symptoms of intestinal worms? ▪ What are 3 ways that trachoma spreads? ▪ What is the safest way to store water? ▪ Why is it important to wear shoes? ▪ Why is open defecation a problem? ▪ Explain the steps in handwashing. ▪ What are the two most important times for washing hands? ▪ What are some fun ways to teach facewashing to children? ▪ Describe 3 steps in the sanitation ladder. What is the worst way to dispose of feces? Medium way? Best way? <p>3. Ask each group to present their question and answer. Ask other groups if the answers are correct.</p>
<p>3. Activity: Debriefing Roundtable 45 minutes</p>	<p>1. Tell participants to sit with their kebele groups. Say:</p> <p>“Today we would like to hear about your experience over the last month in teaching health education to the community.”</p> <p>2. Give HEW a copy of 6.2 Community Health Education Evaluation. They can use this sheet to lead their conversation. Alternatively, the discussion can be more open. For the open discussion, give groups a new question to discuss every 3 minutes. Possible questions for the debriefing include:</p> <ul style="list-style-type: none"> ✓ Over the last month, what were some of the activities that you did related to the health program? ✓ Which of the key behaviors did you teach over the last month? Which behaviors do you think are most relevant to your community? ✓ What were some of the challenges of delivering the health messages? ✓ What were some of the achievements? ✓ Were you asked a question that you were not able to answer? What? ✓ Did you use the flipbook? Was it successful? ✓ Did you speak to community members who practiced open defecation? What did you tell them? ✓ Did any of the community members give you new ideas or stories to use? <p>3. Ask each kebele group to share at least one challenge or achievement from the last month.</p>

Coffee Break

Session 5b: Maintenance

Title	How to Improve and Maintain Community Health through Community Mobilization
Materials	✓ Flipchart and markers

Required	<ul style="list-style-type: none"> ✓ Paper and pens ✓ 6.3 Small Project Planning Sheet (1+ per kebele group and extras) ✓ 6.4 Budget for Community Project in Kebele (1+ per kebele group and extras)
Objectives	Participants will prepare plans for community projects or campaigns in their kebeles.
1. Opening: Community Campaigns <i>15 minutes</i>	<p>1. <i>Ask and collect answers:</i></p> <p>“During the ToT, you planned small campaigns or projects to mobilize the community to improve health. What was your idea then? Over the last month, did you have another idea that is more suitable for your community?”</p>
2. Overview: Planning Community Campaigns <i>15 minutes</i>	<p>1. <i>Explain:</i></p> <ul style="list-style-type: none"> - In this session, you will work in your kebele groups to plan a campaign to mobilize your community to improve health. - During the ToT, you discussed some ideas. Over the last month, we hope that you thought more about what your community needs. - Your group can plan an awareness campaign, event, or small project to do in your community. - You can request a small grant to cover the costs of doing this campaign. - In this session, you will write your plan and estimate a budget. - After lunch you will present your ideas for initial approval. - Each group can present more than one idea, as long as you complete the forms. <p>2. <i>Emphasize:</i></p> <ul style="list-style-type: none"> - The point of these campaigns is to mobilize the community toward healthy change. The campaigns can be awareness events or include small improvements to WASH. It should <u>not</u> include large infrastructure construction. - These projects should be low-cost and use many resources already in the community. <p>3. <i>Ask:</i></p> <p>“Any questions before you work with your group?”</p> <p><i>*Note: Participants may ask about the total budget for the project. Decide on a budget per kebele with the steering committee beforehand.</i></p>
3. Activity: Kebele Project Plans <i>60 minutes</i>	<p>1. Give copies of the Community Campaign Planning Sheet (6.3) to each kebele group. Give a Budget for Community Campaign in Kebele (6.4) to the HEWs in the kebele group. Only one person needs to fill in the sheets, but everyone should participate in the discussion.</p> <p>2. <i>Say:</i></p> <p>“Now each of the groups will plan a small project or campaign for their kebele. One sheet is for writing down the steps of the plan and the other is for the budget. You will present the ideas and budget to the steering committee after the coffee break.”</p> <p>3. <i>Walk around to check progress on the plans, answer questions, and see if the budget is realistic. Encourage creativity.</i></p>

Lunch Break

Session 5c: Maintenance

Title	How to Improve and Maintain Community Health through Community Mobilization
Materials Required	<ul style="list-style-type: none"> ✓ Flipchart and markers ✓ Paper and pens
Objectives	Participants will present plans for community projects or campaigns in their kebeles.
1. Welcome from the Steering Committee <i>20 minutes</i>	<ol style="list-style-type: none"> 1. <i>The steering committee welcomes the participants back from the break.</i> 2. <i>They introduce themselves and their roles.</i> 3. <i>Today they will be approving of the community projects. They will conduct community visits to follow up on them later.</i>
2. Presentation: Project Plans <i>90 minutes</i>	<ol style="list-style-type: none"> 1. <i>Kebele groups present their plans for approval.</i> 2. <i>Community leaders, steering committee, and other participants can ask questions if needed.</i> 3. <i>The steering committee can give initial approval to projects if they are relevant to the community and the health program.</i>
3. Closing <i>10 minutes</i>	<ol style="list-style-type: none"> 1. <i>Thank participants and steering committee for all their hard work today.</i> 2. <i>Remind participants that the steering committee and NALA representative will visit their kebeles over the next month to monitor progress on health education and the community projects.</i> 3. <i>Ask and collect answers:</i> <p style="margin-left: 20px;"><i>“To end the session today, I want each person to give one word to describe how they feel about the program or their planned project.”</i></p>

Part Four

Community-Based Follow Up

4.1 Notes for Community-Based Follow Up

Coordinate a time with HEW and HDA team leaders to visit their kebele after Session 5. The follow up visits should be at least one month after Session 5 but no more than two months after. This break ensures that the HDA and HEW have time to implement the health program and campaign. Community campaigns should be implemented before or during the visit. [Form 6.5](#) can be used to record observations and information from the follow up.

A NALA representative and selected members of the steering committee will take part in the follow up visit. The HEW and HDA team leaders should accompany the team. They will help coordinate both parts of the follow up as well as answer questions and provide feedback on the program.

The follow up consists of two parts:

1. **Community Observation Walk:** During the first part of the follow up, the group will visit community water points and WASH infrastructure. Note areas of open defecation. Also note observable behaviors, such as shoe-wearing and facial cleanliness. During this time, it is important to engage the HDA or other community members in assessing problems.
2. **Community Forum:** This forum should include HEW, HDA team leaders, community leaders, community members who received the household health education, PTA and school representatives. The forum will include:
 - ✓ Debriefing on health education activities
 - ✓ Discussion of any challenges or opportunities the HDA had in working with the community
 - ✓ Conversation with community members about health education and its impact. Did they see changes in behavior or improvements to WASH in the community?
 - ✓ Overview of community campaign or project: attendance, successes, challenges
 - ✓ Summary of findings from the observation walk
 - ✓ Discussion on how the community can improve any problems or overcome challenges.
 - ✓ Discussion of needed next steps and potential opportunities.

Debrief with the HEW and steering committee. What additional action is needed in this community?

4.2 Suggested Outline

A suggested outline for the community-based follow up is below.

Community-Based Follow Up	
Conducted By	<ul style="list-style-type: none"> ▪ NALA representative ▪ Steering committee members
Coordinated With	HEW and HDA team leaders in each kebele
Materials	<ul style="list-style-type: none"> ✓ Pen and paper for note-taking ✓ Camera ✓ Kebele Observation Form (6.5)- a few copies per kebele
Suggested Timeframe	1-2 weeks to visit all kebeles

Suggested Outline1 Week Before Visit

1. Coordinate a time with HEW and HDA team leaders to visit their kebele. They should accompany the team during the visit.
2. Tell them that the visit has two parts: an **observation walk** and a **community forum**. During the observation walk, the group will visit community WASH sites and observe community behavior.
3. The HEW and HDA will need to help organize the community forum. It should include HEW, HDA team members, community leaders, and community members that received the household health education or participated in the community campaign. PTA and school representatives should also be invited for their input.
4. Community campaigns should be completed by this date or on this date.
5. If they have not yet done the campaign, this visit would be a good time to do it.

Day of Visit

1. Use [Form 6.5](#) to record observations and notes from the visit.
2. **Community Observation Walk:** Meet with HEW and HDA team leaders to do the community observation walk.
 - ✓ Walk to see the main water points and any WASH infrastructure (such as public latrines) in the community.
 - ✓ Engage the HDA in assessing the problems.
 - ✓ Observe and note the behavior of people in the community, such as shoe-wearing or using clean water containers.
 - ✓ Note sites of open defecation. Are there common areas where people defecate in the community?
3. **Community Forum:** After the observation walk, hold a community forum.
 - ✓ This forum should include HEW, HDA team leaders, community leaders, community members who received the household health education, PTA and school representatives.
 - ✓ The community forum will include a debriefing on health education activities and community campaign progress.
 - ✓ Ask about any challenges or opportunities the HDA had working with the community.
 - ✓ Ask community members about health education. Was there an impact, such as changes in behavior?
 - ✓ Discuss findings from the observation walk and ask for community input on how to improve them.
 - ✓ Ask community members about community campaign or project (if already completed). If project is physical, visit it and take notes.
4. Take photos of community meetings and projects.
5. Debrief visit with steering committee and HEW to see if additional action is needed.
 - ✓ If there were challenges and barriers, how can they handle them effectively?

Additional Follow-Up Completed as Needed

1. Refreshment trainings
2. Debriefings
3. Community surveys

Part Five

Training Materials

5.1 Overview

Materials for the sessions and additional educational resources are on the following pages. A table outlining them is below:

Resource	Description	Audience
5.2 Stories for Community Health Education	This resource includes three short stories that can be used with the flipbook to teach about disease transmission.	✓ HDA members
5.3 Roles of Men and Women in WASH Activities	This sheet is used during the ToT to encourage discussion on gender roles in WASH and how these roles impact the health of the household.	✓ ToT Participants
5.4 Rules for Card Games	This resource includes rules for two card games (sets of 8 cards each) that can be used during the ToT to encourage discussion about disease transmission and sanitation methods.	✓ ToT Participants
5.5 Additional Activities	This sheet includes additional interactive activities that can be used during the sessions or during a refreshment training.	✓ Training Participants

5.2

Stories for Community Health Education

Directions: These stories are used to explain disease transmission. People can add more details to them and adapt them to better match their communities. They can be used in combination with the story cards in the flipbook.

Story One: Yohanes & Dawit (Intestinal Worms)

Yohanes and Dawit were good friends who went to school together in _____. One day, they were walking to school and Yohanes stopped. He told Dawit, “My stomach hurts. I need to go to the bathroom.” Yohanes went behind a fruit bush and pooped. After he finished, he said to Dawit, “I feel sick. I’m going home.”

Dawit walked the rest of the way to school alone. After school, he walked the same way home. He was not wearing shoes. He stopped at the fruit bush and picked fruit to eat. Flies were all around.

A few days later, Dawit woke up and his stomach hurt very badly. He sat up to call his mother, and suddenly he started coughing. His mother came to him and felt his forehead—it was hot with fever. She decided to take him to the health post.

At the health post, Liya the health worker told Dawit, “You have intestinal worms. Take this medicine to get better. However, you can get sick again if you’re not careful. To stay healthy, you should....”

Questions

1. How did Dawit get sick?
2. List three unhealthy behaviors that Yohanes or Dawit did. Are these behaviors common in your community?
3. What recommendations did the health worker give to Dawit to stay healthy?
4. What do you think will happen to the boys if they continue to practice the unhealthy behaviors?

Story Two: Ephrem (Schistosomiasis)

One day, it was very hot outside. Ephrem and his friends decided to go swimming in the stream to feel cooler. They played in the water for a long time. When they needed to poop, they found a bush right next to the water and pooped behind it.

A few days later, Ephrem woke up with a bad rash. His skin itched. He thought it would go away and decided not to tell his mother. However, later in the month, Ephrem started to feel nausea. His stomach hurt badly, and he had diarrhea.

His mother noticed that he was not feeling well and decided to take him to the health post. At the health post, Liya the health worker told Ephrem, “You have bilharzia. Take this medicine to get better. However, you can get sick again if you’re not careful. To stay healthy, you should....”

Questions

1. How did Ephrem get sick?
2. Do people defecate near water bodies in your community? Do people use this water (for laundry, swimming, drinking, etc)?
3. What recommendations did the health worker give to Ephrem to stay healthy?

4. What do you think will happen to Ephrem if he continues to practice these unhealthy behaviors?

Story Three: Solomon and Mazaa (Trachoma)

Mazaa loved her big brother Solomon very much. She was scared of dogs, and Solomon would walk with her to school and hold her hand to protect her if any dogs came.

One day, Solomon's eyes were very red. He said they were itching, and he kept rubbing them. However, Mazaa did not want to walk to school alone. Solomon said that he could still walk her. As usual, he held her hand, but sometimes he would stop to rub his eyes. A fly came near Solomon's eyes, and he swatted at it. Mazaa did not mind the flies. They were always around and often flying near her eyes. Her teacher told her to wash her face more, but she always forgot.

A few days later, she woke up and her eyes were red and itchy. When Solomon walked her to school that day, the sunlight hurt her eyes.

Her teacher noticed their red eyes and told Solomon to go to the health post with her. At the health post, Liya the health worker told them, "It looks like you have trachoma. Take this medicine to get better. However, you can get sick again if you're not careful. To stay healthy, you need to clean your face when it's dirty, wash your hands, and don't use dirty cloths on your eyes."

Solomon listened and was careful to do these healthy behaviors. However, after Mazaa got better, she went back to being dirty. Her eyes would get red and itchy often.









After a period of time, it became harder and harder for Mazaa to see. Then later she became blind.

Questions

1. How did Mazaa get sick?
2. What do you think her life is like after she becomes blind?
3. What do you think happened to Solomon? How is his life?
4. If you were her mother, what would you do?

5.3 Roles of Men and Women in WASH Activities

Directions: Describe the pictures to the participants. Tell them to mark each WASH activity (left side) with who is responsible for the activity. Give an example so the activity is clear. They can mark more than one person for each activity.

		Person Responsible		
		Men 	Women 	Children 
WASH Activities	Cleaning 			
	Cooking 			
	Taking care of children 			
	Washing clothes 			
	Collecting water 			

5.4 Rules for Card Games

1. Transmission Card Game*

- Participants will put the 8 cards in order to show the different ways that someone can get sick from feces.
- Give an example and tape the cards to the wall or board: 1) Animal card → 2) Fly card → 3) Person eating card → 4) Sick person card.
- Explain the example: Animal poops near a tomato plant. Fly lands on poop and then on tomatoes, bringing a small amount of poop to the tomato. Person eats the tomato without washing it, and therefore he eats a little bit of the poop. The boy gets sick.
- Tell participants to use the cards to map as many ways as possible for the boy to get sick.
- The group with the most correct ideas is the winner.
- Walk around the groups to make sure they understand the activity and see the transmission clearly. Ask them to explain the order.

Modification: Transmission Card Game with Blank Cards

- **Description:** This card is a modification of the [Transmission Card Game](#), but it may be more suitable for smaller groups (less than 60 people). This modification allows for more creativity and free-thinking, but the responses will need to be monitored more closely to prevent incorrect assumptions.
- Pass out 8 cards and pens to the different groups: One card will show a picture of open defecation, and another card will show a sick child. The other six cards will be blank.
- Participants will need to think of the different ways that feces may spread to a person's mouth or feet and make them sick.
- They draw the different ways and make their own transmission route maps.
- Facilitator walks around to check understanding.

*Transmission Card Game adapted from Wood S, Sawyer R, Simpson-Hebert M. *PHAST Step-by-step Guide: A Participatory Approach for the Control of Diarrhoeal Disease*. Geneva, World Health Organization (1998).

2. Sanitation Ladder Card Game**

- Make sure all 8 cards are clear to participants.
- Participants will put the cards in order from worst to best way to dispose of feces.
- Some options are equally problematic.
- Participants should use all the cards.
- They should discuss why one way is better or worse than the others.
- After groups finish discussing, create a Sanitation Ladder with everyone. Ask: Which card is first? Next? If groups disagree, ask them to explain their reasons.

**Sanitation Ladder Card Game adapted from UNICEF, *Participatory Health and Hygiene Education Field Guide*. Zimbabwe (2002).

5.5**Additional Activities**

Several interactive activities are included in the sessions. These games and activities are an additional resource to support learning.

Activity 1: Invite a Community Member to Speak

Description: Invite a person from the community who is blind or has suffered from intestinal worms or schistosomiasis. Ask them to tell their story and how the diseases impacted their lives. Participants can ask them questions.

Purpose: This activity helps participants see the real human connection to the diseases.

Activity 2: Invite a Model Family to Speak

Description: For Session 5, invite a family from the community who has made a big change in their behavior since the household visit by the HDA member.

Purpose: This activity gives a real example of how change is possible.

Activity 3: Community WASH Walk

Description: This activity is suitable for smaller groups (less than 60 people) in their own community. Walk with community members to the different WASH sites: public latrines, water sources, etc. Ask them to think of problems they may see. Ask to visit any sites of open defecation. Mark any feces you see with a colored paper. Ask how the feces may spread back to people and make them sick: Are there animals or flies in the area? Is it close to water that people use?

Note: Let community members lead the discussion and decide on potential problems and solutions. Point out open defecation if you see it, but ask them to think of how it can transmit to people and make them sick. What do they see as problems? What can they improve to make the community healthier?

Activity 4: Community WASH Mapping

Description: During the ToT, divide participants into kebele groups. Give each group 1-2 large sheets of paper and a marker. Tell them they will map their community and note water points, latrines, and places of open defecation. Lead an example for the whole group that is relevant to the area. What is in the center of the kebele? Where are most of the homes? Where is the water source? Are there other water sources? Where is open defecation common? Where are large animals kept? Where is the school?

Purpose: This exercise will help localize the situation for the participants and enable further conversation on WASH in the community.

Activity 5: The Whisper Game

Description: Participants line up 15-20 people in a line. Whisper a short message to the first person in line and make sure that no one else hears it. Example of a message is: "We will stay healthy by having clean hands, clean face, clean feet, clean food, clean place, and clean water." The person must then whisper the message in the ear of the next person and so forth down the line. They have to whisper what they hear, even if it does not make sense. At the end of the line, ask the last person to say what he heard. The line with the most correct message is the winner.

Purpose: This game helps people learn the importance of spreading messages correctly.

Activity 6: The Drawing Game

Description: Divide participants into teams. One participant from Team 1 goes to the blackboard. Whisper to them something to draw that is related to the health education sessions. The participant has to draw it without saying anything. Once they start drawing, their team has 30 seconds to guess what it is. If their team does not guess it in time, then the other team can guess. Once a team guesses the correct answer, they must also give one fact about it. Then that team will get a point. The winner is the first to get 4 points.

Purpose: This game is a fun way for participants to review the material.

Activity 7: Six Colors

Description: Ask participants to get in groups of 6 people and give them six different pieces of colored paper or colored beads. Each person in the group will represent a different color. Each color will have a different role in explaining diseases and preventions: 1) *White*- Give basic facts about the diseases and their transmission; 2) *Red*- Describe the emotions that people may feel when they or their child is sick with these diseases (can be told as a story); 3) *Yellow*- Describe the healthy behaviors that can help prevent these diseases; 4) *Green*- Talk about the challenges and barriers that may stop people from making the healthy changes; 5) *Black*- Talk about possible solutions to these challenges; 6) *Blue*- Lead the discussion, navigate between colors, and keep the time allocated for each speaker (2-3 minutes each).

After assigning the roles, let each color speak about their assigned topic within the group of 6. Encourage feedback after each one of the speakers, as other members of the group might have additional ideas.

Modification: This method can be used in front of an audience during a community event.

Activity 8: "Safe Play" Discussion (schistosomiasis areas)

Description: In areas with high prevalence of schistosomiasis, it may be common for children to play in the water. Explain that the more time that a person is in the water, the more likely that they will get sick. Start a discussion with participants about other games that the children can play outside of the water. Ask groups to demonstrate or give examples of these games.

Purpose: Reduce time that children spend in the water in schistosomiasis-prevalent areas.

Activity 9: Worm Tag (example of Safe Play activity for schistosomiasis areas)

Description: Using chalk or rope, designate an area in the yard to be a water body contaminated with parasitic worms (schistosomiasis). Choose one child to be the worm, and he will stay in the "water". The other children wait on the edge. When you call out, "In the water!", all the children jump in and cannot leave until you tell them "Out of the water!" Call them out quickly the first time, but wait longer to call them out each time after. While they are "in the water", the worm chases them and tags the other children. All the children who are tagged are now "sick" and must act it.

Ask: "What happens the longer you stay in the water with the worm?"

Modification: After 1-2 rounds, ask one of the tagged children to be another worm. Continue with more "worms" each round until it is very hard for all students to not be tagged. Explain that the more that people poop in the water, the more worms there will be to make more people sick.

Part Six

Project Resources & Follow Up

6.1 Overview

Planning forms help the training participants plan and lead projects for their community. Monitoring should be completed to check progress on activities. A table outlining the suggested tools is below:

	Form	Description	Completed by
Planning	6.3 Community Campaign Planning Sheet	This planning sheet is used during Session 5 to plan campaigns for the kebeles.	✓ HDA team leaders and HEW from each kebele
	6.4 Budget for Community Campaign in the Kebele	This sheet is used during Session 5 to estimate costs of the community campaigns.	✓ HEW
Monitoring	6.2 Community Health Education Evaluation	This sheet is used by HEW during the debriefing to assess progress of HDA in delivering the health education program to the community.	✓ HEW
	6.5 Kebele Observation Form	This sheet is used by NALA staff and the steering committee during the community-based follow up. They use it to note progress on community health education and campaigns.	✓ NALA representative ✓ Steering Committee

6.2

Community Health Education Evaluation

Date: _____ Kebele: _____ Wereda: _____

Health Extension Worker: _____

1. Team Leader:	2. How many HDA members did the team leader train on the health program?:	3. How many households were visited by HDA in this team to teach the health materials?
<i>Name:</i>	<i>Number:</i>	<i>Number:</i>
4. Since the ToT, did they do other activities related to the health program? Write a short description.		
5. Which behaviors do they think are the most relevant to their community? Why?		
6. What were some of the challenges of delivering the health messages?		
7. What were some of the achievements or opportunities that they saw?		
8. Did any of the community members give them new ideas or stories to use?		

6.3

Community Campaign Planning Sheet

This sheet will help you plan your campaign or small project. They should be low-cost and easy to do.

1. Kebele:		
2. Problem:		
3. Small Project solution:		
4. What health messages will you promote?		
5. Who will benefit from this campaign?		
6. Materials needed:		
7. What steps are needed to do the campaign or project?	<i>Step:</i>	<i>Person Responsible:</i>
	1)	
8. What are some potential challenges?		
9. Sustainability plan- How will you make sure the progress from the campaign is maintained over a long time?	<i>Step:</i>	<i>Person Responsible:</i>
	1)	

6.4

Budget for Community Campaign in Kebele

Each kebele team can request money for activities and materials for their community campaign or project.

Examples of materials include soap, refreshments, advertising, small WASH improvements, etc.

<i>Material Needed</i>	<i>Purpose</i>	<i>Estimated Cost</i>	<i>Actual Cost</i>
<i>* Total must be approved. If only a partial amount is approved, then the community must supply the remaining costs.</i>	Total		

6.5

Kebele Observation Form

Date: _____ Kebele: _____ Wereda: _____

Follow Up By (List Names): _____

PART 1- OBSERVATION WALK

1. Visit all public latrines in the kebele. Do you observe any of these WASH problems?	
<input type="checkbox"/> No public latrines <input type="checkbox"/> Unsafe <input type="checkbox"/> Lots of flies <input type="checkbox"/> Dirty and bad smell <input type="checkbox"/> Lack of soap <input type="checkbox"/> Lack of handwashing areas near latrines <input type="checkbox"/> Other: _____	
2. Ask for an estimate of how many people have household latrines.	<input type="checkbox"/> 0- 30% <input type="checkbox"/> 30- 60% <input type="checkbox"/> 60-80% <input type="checkbox"/> 80-100%
3. Where do people get drinking water?	<input type="checkbox"/> Water pump/tap <input type="checkbox"/> Protected well <input type="checkbox"/> Unprotected well <input type="checkbox"/> Rainwater <input type="checkbox"/> Natural source: _____ <input type="checkbox"/> Other: _____
4. Where do people get water for laundry and bathing?	<input type="checkbox"/> Water pump/tap <input type="checkbox"/> Protected well <input type="checkbox"/> Unprotected well <input type="checkbox"/> Rainwater <input type="checkbox"/> Natural source: _____ <input type="checkbox"/> Other: _____
5. Visit the local water sources. Do you observe any of these WASH problems?	
<input type="checkbox"/> Contamination by animal or human feces <input type="checkbox"/> No running water <input type="checkbox"/> Contamination by trash <input type="checkbox"/> Not functional (broken) <input type="checkbox"/> People collecting water with dirty containers <input type="checkbox"/> Other: _____	
6. Do you observe any of these unhealthy behaviors in the kebele?	
<input type="checkbox"/> Open defecation (humans) <input type="checkbox"/> Open defecation (animals) <input type="checkbox"/> Dirty hands <input type="checkbox"/> Dirty faces <input type="checkbox"/> People without shoes <input type="checkbox"/> Dirty water containers <input type="checkbox"/> Dirty yards <input type="checkbox"/> Other: _____	
7. Number of people seen with no shoes:	_____

PART 2- COMMUNITY FORUM

8. How many HDA members in the kebele received training from their team leaders on the health education program?	_____
9. How many households were visited by HDA members to teach the health education materials?	_____
10. Which community campaign or project was planned for this kebele?	

11. Date of community project:	_____

12. Number of people who attended or participated:

13. Which **health messages** were promoted because of this project?

- Handwashing with soap Facewashing Wearing shoes No open defecation
 Cleaning Washing fruits and vegetables Storing water safely Other: _____

14. What are **challenges** or **achievements** of the community health education or campaign?

15. According to the HDA, have there been any **improvements** to community WASH since the program?

16. Discuss the findings of the observation walk. Ask the community members for **solutions** to observed problems.

17. Discuss with community members. What are the **next steps** to improving WASH and health in their community?

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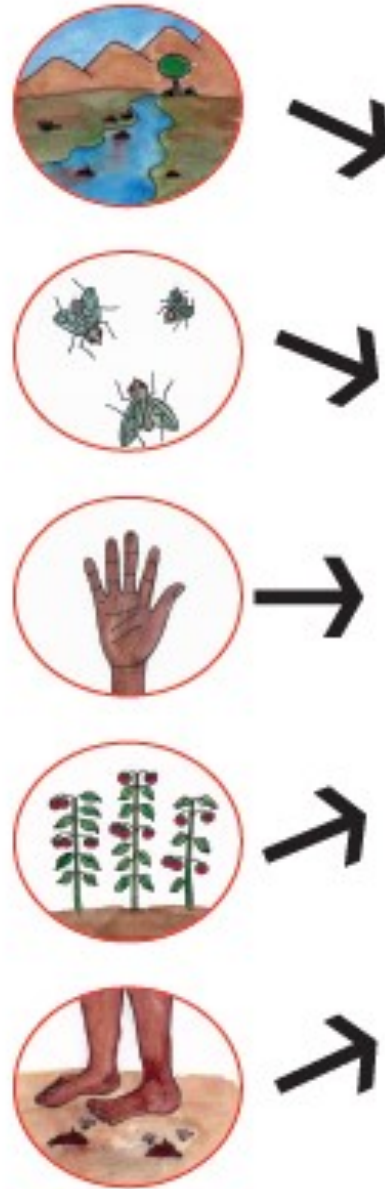
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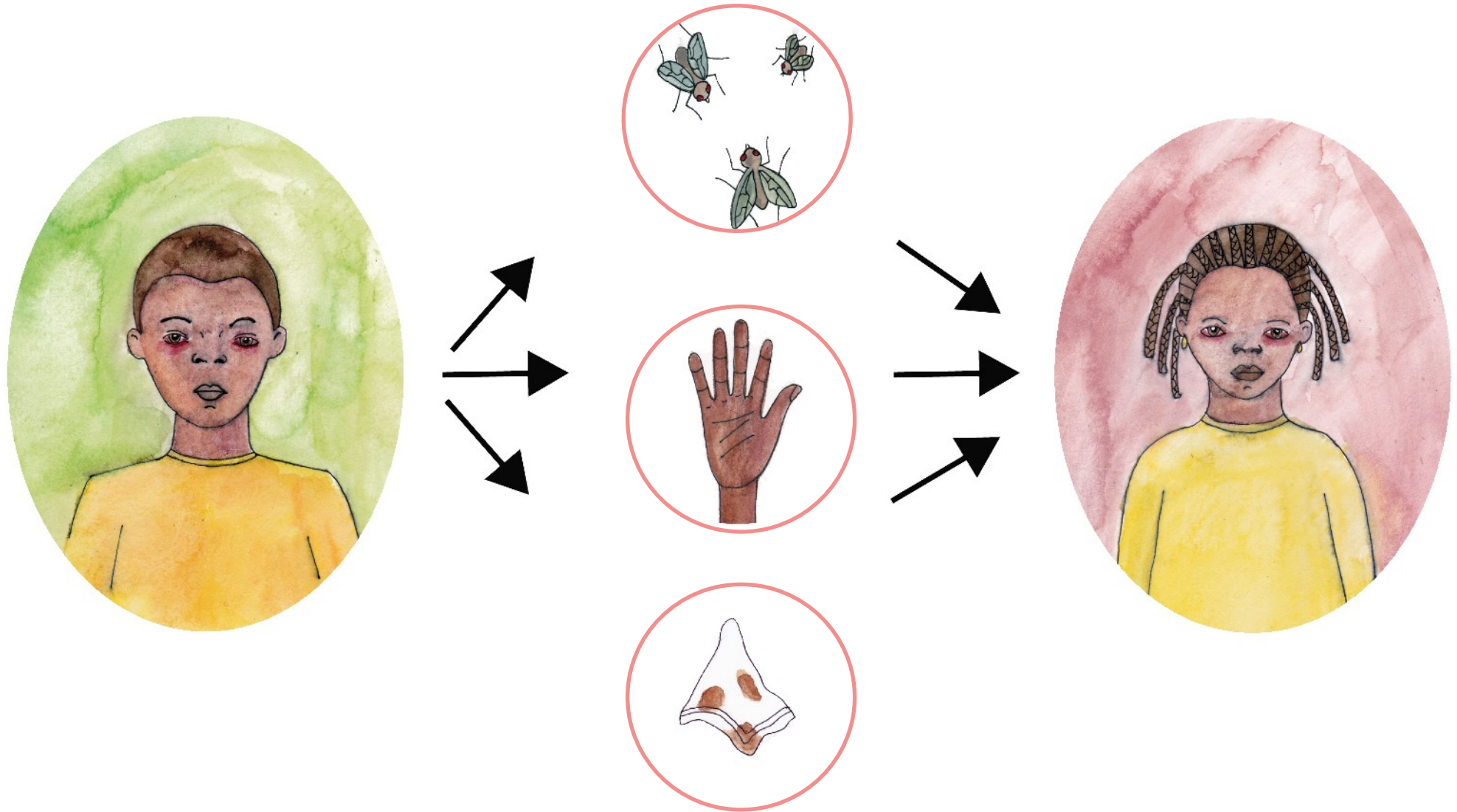
Federal Democratic Republic of Ethiopia
Ministry of Health



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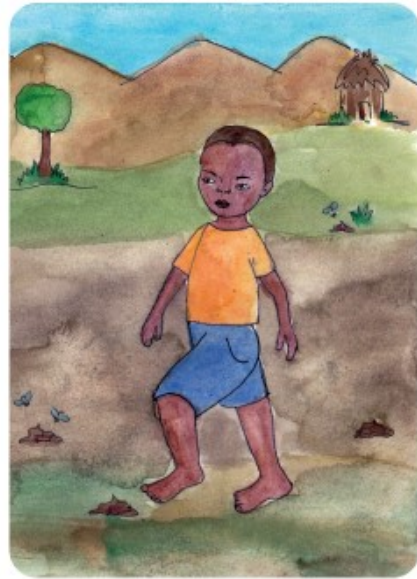
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3. በአይን ማዘ በሽታ የታመመች ልጅ ታሪክ



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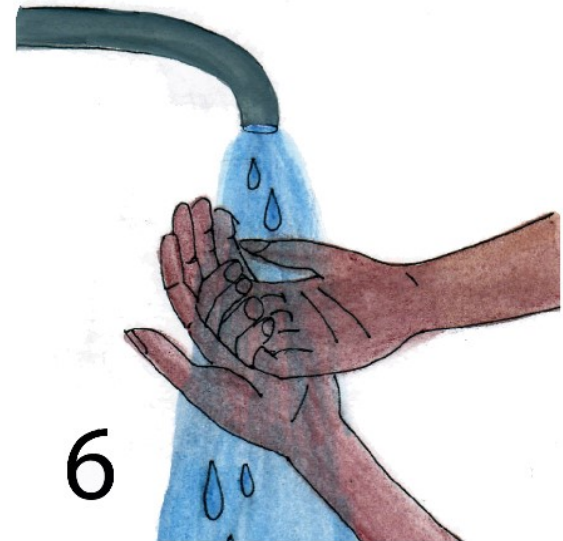
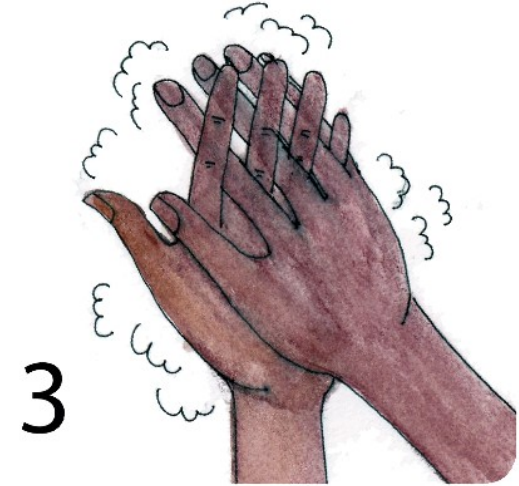
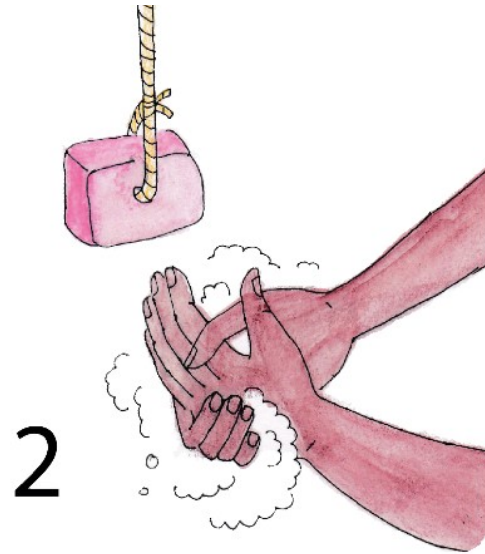
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6. እጅ ለመታጠብ ትክክለኛው ሰዓት



7. እጅ የመታጠብ ሂደት



8. ጤናማ ባህሪያት፡ ፊት መታጠብ እና ጫማ ማድረግ



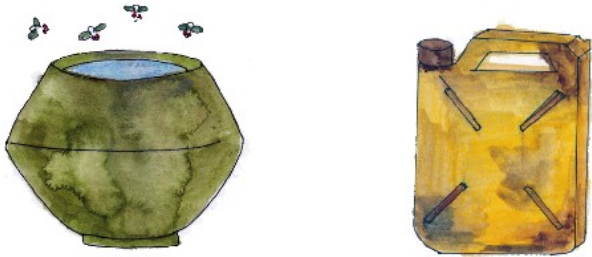
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10. ዓይነ-ምድርን ማስወገጃ መንገዶች



11. ጤናማ ባህሪያት፡ ውሃን በትክክል ማጠራቀም እና ፍራፍሬዎችን ማጠብ



12. በሴቶች የጤና ልማት ስራዊት አባላት ስለ ጤናማ ባህሪያት የሚማሩ የቤተሰቦች ታሪክ

