

# Community Led Education & Action against NTDs (CLEAN):

## Strengthening Community Leadership to Improve Health with the CLEAN Approach



### ► *A Facilitator's Guide for Community Leaders*

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

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

## The CLEAN Approach

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

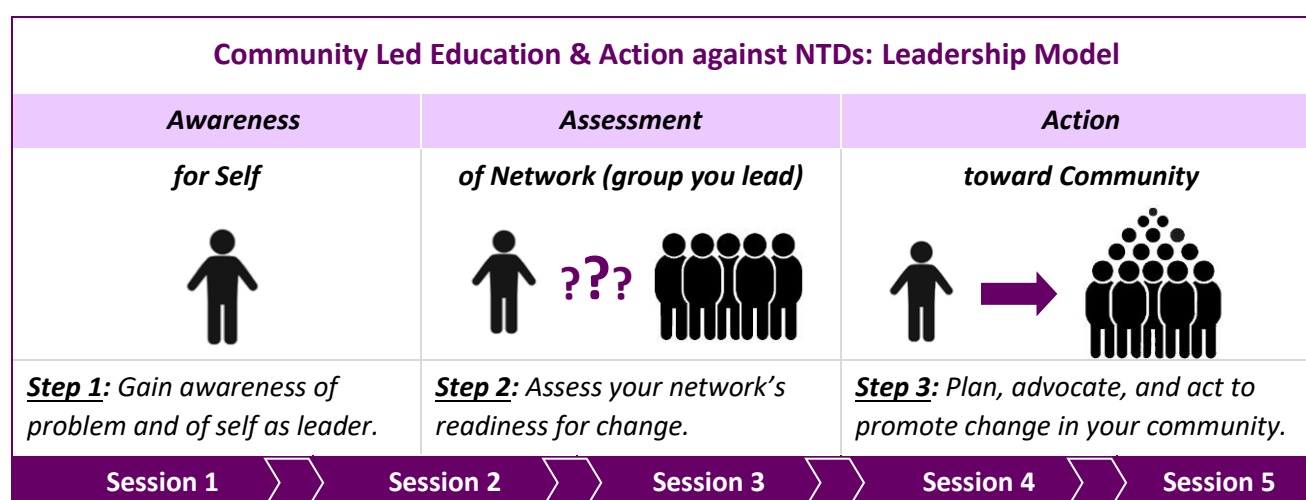
1. **Participatory approach-** Community members are best placed to understand their local context. For this reason, participants take an active role in the CLEAN program: from identifying community needs to planning appropriate actions and monitoring their outcomes. Their active participation in all stages of the program helps ensure its sustainability.
2. **Active Learning-** The sessions include discussions and groupwork 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 key influencers-* Local leaders have social influence over many community members. Studies have shown that the need for social acceptance may motivate people's actions more than only knowledge of the 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.
4. **Transformational Leadership-** This training program supports a transformational leadership approach that inspires change in individuals and communities. Some leaders seek to keep things the same, and they use existing systems and tradition to maintain the status quo. However, transformational leaders are dynamic role models with a vision of change, and they motivate others toward a better future.

## About the Leadership Program

This manual is designed for leaders of the local community where the project takes place. These leaders may include religious leaders, village administrators, clan leaders, and local officials. The training participants are chosen because they are **key influencers** in the lives of the local population and can impact them significantly. The importance of their role as health influencers (more than health messengers) will be discussed in the sessions.

## Structure of the Program

The program promotes the approach of transformational leadership—that leaders can inspire change and motivate others toward a better future. A transformational leader will do more than deliver the health messages to their network, but they will also influence their behavior. The model for this process is below:



In the CLEAN leadership model for behavior change, participants go through a step-by-step process to create change in their communities. An overview of the sessions is given below:

1. **Session 1: Awareness of NTDs in my Community**
  - Participants gain awareness of diseases in their community and how they are transmitted.
2. **Session 2: Connection of Health to Behavior**
  - They then learn how the prevention of these diseases is connected to healthy behaviors.
3. **Session 3: Community Readiness Assessment**
  - Participants evaluate the strengths and weaknesses of their networks in order to assess their readiness for change.
4. **Session 4: Action toward Improving Community Health**
  - Participants plan for collective action to improve health in their community.
5. **Session 5: Reinforcement & Reflection**
  - Two to three months after the ToT, the community leaders will meet again to review their actions and refresh their knowledge.

## Notes on Using the Manual

The manual is divided into four parts:

- ✓ [Part One](#) gives information on how to prepare for the program as well as an outline of the sessions.
- ✓ [Part Two](#) provides detailed plans for Sessions 1-4 of the Training of Trainers (ToT).
- ✓ [Part Three](#) includes detailed plans for Session 5, which is conducted 2-3 months after the ToT.
- ✓ [Part Four](#) includes 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 program, 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, 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 key influencers to reach the community.
- ✓ Divide participants into groups and ask for initial feedback on session materials, including graphics. 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 training can be completed in one day, though a follow up session ([Session 5](#)) is recommended 2-3 months after the ToT in order to evaluate the leaders' progress and provide support as needed.

#### 1.3 Prepare the Materials

Prepare all the materials at least one week before the sessions. As a note, some group activities require literacy skills. In the case that some leaders are not literate, be sure to add them to groups with participants who can read and write and include them actively in the discussion.

The chart below will help in planning:

Materials Needed			
Type	Number to Print	Pages	Date
Pens, paper, flipchart, markers, tape	N/A	N/A	All sessions
CLEAN Leadership Manual	3 for each kebele group (to be stored in kebele administration office)	34 pages (A4)	ToT
Community Flipbooks	1 for each participant	11 pages (A3)	ToT
Posters	3 for each kebele group	1 page (A1)	ToT

Handwashing sets (water, soap, basin)	1 per 10 participants in ToT	N/A	ToT
Chalk or turmeric spice	1	N/A	ToT
WASH Pre-Assessment Form ( <a href="#">4.2</a> )	1+ for each kebele group	2 pages (A4)	ToT
Community Campaign Planning Sheet ( <a href="#">4.4</a> )	1+ per kebele group and extras	1 page (A4)	ToT
ToT Feedback Survey ( <a href="#">4.5</a> )	1 for each participant	1 page (A4)	ToT

### 1.4 Invite Participants

The CLEAN program utilizes key influencers to positively impact behavior change in the community. We recommend inviting 5+ community leaders from each kebele, including kebele administrators, religious leaders, local officials, and other key influencers. When inviting participants, be aware of potential conflicts and cultural issues that may exist between different ethnic and religious groups. Also, it may be more effective to hold separate leadership sessions for men and women if local gender norms would limit the women's engagement in mixed settings.

### 1.5 Review the Training Outline

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

Training Outline	
<b>Participants</b>	Local religious leaders, kebele administrators, other local leaders, representatives from the woreda health office
<b>Facilitator</b>	NALA trained representative
<b>Materials</b>	<ul style="list-style-type: none"> <li>✓ Flipchart, marker, tape</li> <li>✓ Pens and paper</li> <li>✓ Community Flipbooks</li> <li>✓ Posters</li> <li>✓ CLEAN Leadership manuals</li> <li>✓ Handwashing set- basins, water, soap</li> <li>✓ Chalk or turmeric spice (for Germs game)</li> <li>✓ WASH Pre-Assessment Form (<a href="#">4.2</a>)</li> <li>✓ Community Campaign Planning Sheet (<a href="#">4.4</a>)</li> <li>✓ Feedback on ToT (<a href="#">4.5</a>)</li> </ul>
<b>Suggested Timeframe</b>	<p><b>Training 1 Day</b></p> <p><u>Session 1: Awareness of NTDs in My Community (90 minutes)</u></p> <ol style="list-style-type: none"> <li>1. Opening: "Stand Up" Energizer (10 min)</li> <li>2. Introduction: Community Health Program (15 min)</li> <li>3. Guided Practice: Transmission of Intestinal Parasites (20 min)</li> <li>4. Guided Practice: Transmission of Trachoma (15 min)</li> <li>5. Activity: What makes a leader? (25 min)</li> <li>6. Closing (5 min)</li> </ol> <p>Coffee break (10 min)</p>

**Session 2: Connection of Health to Behavior (110 minutes)**

1. Opening: “Germs Everywhere” Game (15 min)
2. Guided Practice: Clean Body Behaviors (15 min)
3. Activity: Handwashing in Groups (25 min)
4. Guided Practice: Clean Environment Behaviors (20 min)
5. Discussion: Open Defecation (30 min)
6. Closing (5 min)

**Lunch break (1 hour)****Session 3: Community Needs Assessment (80 minutes)**

1. Opening: Using the Poster (15 min)
2. Activity: WASH Pre-Assessment for Community (25 min)
3. Activity: SWOT Analysis (30 min)
4. Closing (10 min)

**Coffee break (10 min)****Session 4: Action toward Improving Community Health (120 min)**

1. Opening: Vision Statement (15 min)
2. Activity: Kebele Project Plans (40 min)
3. Presentation: Groups Present Ideas (55 min)
4. Closing: Feedback on ToT Sessions (10 min)

**\*2-3 MONTHS AFTER ToT\*****Session 5: Maintain Behaviors through Community Mobilization (120 minutes)**

1. Opening: Panel of Health Influencers (40 min)
2. Activity: Review Game (30 min)
3. Activity: Debriefing Roundtables (45 min)
4. Closing (5 min)



## Part Two

### Training of Trainers (ToT)

#### 2.1 Sessions 1-2

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

The first two sessions focus on disease awareness and the practice of preventive hygiene behaviors.

#### Session 1

Title	Awareness of NTDs in my Community
<b>Materials Required</b>	<ul style="list-style-type: none"> <li>✓ Flipchart, marker, tape</li> <li>✓ Pens and paper</li> <li>✓ Community Flipbooks</li> <li>✓ CLEAN Leadership manuals</li> </ul>
<b>Objectives</b>	<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>Participants will be able to identify and prioritize key characteristics needed for leadership.</p>
<b>1. Opening: “Stand Up” Energizer</b>  <i>10 minutes</i>	<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 local leaders in your kebele, you hold a very important role in community life. We invited you to this program because you are respected and influential in your networks. Though you may not usually work with health issues, you still have the ability and status to motivate people toward healthier lives.”</p> <p>“In this woreda, many people get sick from diseases that are very easy to prevent. This program will give you both knowledge and tools to prevent these diseases. The trainings will be interactive and include group activities 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><b>“Stand Up” Energizer</b></p> <ul style="list-style-type: none"> <li>▪ Facilitator will say a statement.</li> <li>▪ Participants will stand if the statement is true for them. They will sit if it is not.</li> <li>▪ Facilitator may call on participants to explain more.</li> </ul> <p>Example Statements:</p> <ul style="list-style-type: none"> <li>✓ Stand if you are from a rural kebele.</li> <li>✓ Stand if you are from an urban kebele.</li> <li>✓ Stand if you are a religious leader.</li> <li>✓ Stand if you are a kebele administrator.</li> <li>✓ Stand if you are a local official.</li> <li>✓ Stand if you have a different leadership role. <i>(Ask them to explain their role)</i></li> </ul>

## 2. Introduction: Community Health Program

15 minutes

- ✓ Stand if you speak more than 1 language.
- ✓ Stand if you speak more than 2 languages. (*Ask which languages*)
- ✓ Stand if you have children.
- ✓ Stand if you have more than 10 children. (*Ask them how many*)
- ✓ 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 want to learn how to improve health in your community.
- ✓ Stand with your other leaders from your kebele.

3. Ask everyone to sit with their kebele group.

1. Explain:

- 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.

2. Say:

"Medicine is important to treat these diseases, and it kills the worms and bacteria that make people sick. We need to encourage people to take medicine during the MDA. It is an important step in getting healthy."

Ask:

"However, many people get sick again with these diseases after taking medicine. Do you know why?"

(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.)

3. Ask and collect answers:

"Do you already teach hygiene behaviors to the community? Which ones?"

4. Hand out 3+ **CLEAN leadership manuals** to each kebele groups. Tell the participants to open their manuals and look at the [Key Messages](#) in the Introduction on page 3.

Say:

- The CLEAN program teaches healthy behaviors to keep us, our families, and our communities healthy.
- The healthy behaviors are based on these 6 key messages, which are related to keeping your body clean and your environment clean.

Review these messages and say they are the main behaviors to be taught.

Key Messages for Good Health	
Clean Body	Clean Environment
✓ Clean hands	✓ Clean place
✓ Clean face	✓ Clean food
✓ Clean feet	✓ Clean water

Ask and collect answers:

"In your opinion, which key messages are most relevant to your networks?"

5. 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 and key influencers demonstrate the importance of these behaviors?"

### 3. Guided Practice: Transmission of Intestinal Parasites

20 minutes

1. Give each participant a **Community Flipbook**.

Say:

- These cards can help you teach the material to other community members.
- You can use the cards to ask questions, tell stories, and explain disease transmission and prevention.
- You will also receive posters later today that can be used to show healthy behaviors.
- It is important that everyone understands these cards completely. We will review all the cards during the sessions.

2. 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 million viruses, 1 million bacteria, and 100+ parasite eggs. We do not want these to spread to our water, our children, or ourselves.

#### 1 gram of feces can contain

10,000,000 viruses

1,000,000 bacteria

100 parasite eggs

3. Tell participants to take out their set of cards and look at **Card 1**. Say:

- This picture shows how a boy got sick with schistosomiasis.
- Schistosomiasis is caused by a parasitic worm. They are very small, and it may be impossible to see them when they are in the egg or larva stage.

Ask: "Based on the picture, how does the boy get sick?"

(Answer: The boy got sick by swimming in water that was contaminated by feces. The feces carried parasitic worm eggs.)

Explain:

- The worms get in the water when someone who is sick with schistosomiasis defecates in the water. Eggs from their feces then infect the snails.
- The worms grow inside the snail until they are big enough to swim. Then they can infect people in the water by going into their skin.

Ask: "Based on the picture, what are the boy's symptoms?"

(Answer: Abdominal pain, bloody diarrhea, nausea, tiredness)

*Explain:*

- The disease may also cause fever, coughing, and a rash.
- Over the long-term, infection may lead to malnutrition, growth problems, and difficulty learning and working. The disease may also result in organ damage and other health problems.

*\*Note: This description is tailored toward intestinal schistosomiasis and not urinary schistosomiasis. Please adapt as relevant to the community.\**

**4. Tell participants to look at *Card 2*. Say:**

- Intestinal worms are also parasitic worms. They include hookworms and roundworms. They are very small, and it may be impossible to see them before they infect someone.

*Ask: "Based on the picture, how does the boy get sick?"*

*(Answer: The boy got sick by walking barefoot near feces that contained worms.)*

*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.
- Some worms can go through the skin in people's bare feet.
- People can also ingest worm eggs while eating dirty or uncooked food or by eating with dirty hands.
- Animal feces can also spread the worms to humans and should be avoided.

*Ask: "What are the boy's symptoms?"*

*(Answer: Abdominal pain, diarrhea, nausea, tiredness)*

*Explain:*

- The symptoms are similar to schistosomiasis. The disease may also cause fever, coughing, and a rash.
- Over the long-term, the infection may lead to malnutrition, growth problems, and difficulty learning and working.

**5. Tell participants to look at *Card 3* and say:**

- This card shows how a sick person spreads worms to another person.
- This transmission map includes intestinal worms and the worms that cause schistosomiasis.

*Ask:*

*"In pairs, look at the transmission map. Discuss each disease route. How does a person who is sick with intestinal worms spread the disease to another person?"*

*(Answers: Transmission routes → 1) Water- We can get worms by drinking water or swimming in water that is contaminated with poop. 2) Flies- Flies land on poop and then on food that we eat. 3) Hands- We get sick by not washing our hands after using the bathroom or before eating. Worm eggs can be on our hands. 4) Food- If we do not wash or cook fruits and vegetables before eating, they may be dirty from poop and worm eggs. 5) Feet- Some worms can go through the skin when people walk barefoot.)*

*After a few minutes of paired discussion, ask:*

*"How would you tell your networks about these disease transmission routes? Will you use pictures or a story as an example?"*

*Ask for a few participants to give examples.*

	<p><b>6.</b> <i>In pairs, 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.</i></p> <p><i>(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.)</i></p> <p><b>7.</b> <i>Ask and collect answers:</i></p> <p><i>"Have you seen the impact of these diseases on your schools and your community? How?"</i></p>
<p><b>4. Guided Practice: Transmission of Trachoma</b></p> <p><i>15 minutes</i></p>	<p><b>1.</b> <i>Tell participants to look at <b>Card 4</b> and say:</i></p> <ul style="list-style-type: none"> <li>- 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.</li> <li>- You can prevent the disease with good hygiene behaviors.</li> <li>- Ask: "Based on the transmission map, how does one person with trachoma transmit the disease to another person?"</li> </ul> <p><i>(Answer: 1) Flies- Flies land on nose or eye discharge from a sick person and then land on the face of a healthy person. 2) Dirty Hands- A sick person rubs their eyes and then touches a healthy person's hands. If they touch their dirty hands to their eyes, they can also get trachoma. 3) Dirty Cloths- A sick person rubs their eyes with a cloth, and then a healthy person uses the same cloth on their eyes.)</i></p> <p><i>"So, for instance, a child gets trachoma from a fly. Then his mother cleans his face with a cloth, and afterwards she cleans his brother's face with the same cloth. This will transmit trachoma to the brother as well."</i></p> <p>Ask:</p> <p><i>"What attracts the flies?"</i></p> <p><i>(Answer: Dirty faces attract flies. Also, flies breed in poop and dirty environments.)</i></p> <p><b>2.</b> <i>In pairs, 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.</i></p> <p><i>(Possible answers: washing faces, washing hands, no open defecation, not sharing face cloths)</i></p> <p><b>3.</b> <i>Tell participants to look at <b>Card 5</b>:</i></p> <p><i>"This card shows the impact of trachoma. It usually begins as eye irritation with discharge, but after multiple reinfections, it can make a person blind."</i></p> <p>Ask:</p> <p><i>"How can trachoma make life difficult for people?"</i></p>
<p><b>5. Activity: What makes a leader?</b></p> <p><i>25 minutes</i></p>	<p><b>1.</b> <i>Say:</i></p> <p><i>"You were chosen to participate in this program because you are Key Influencers in your community. That means that people respect and listen to you. For this activity, we'll discuss more about what it means to be a leader and how we can use these qualities and resources to improve community health."</i></p> <p><b>2.</b> <i>Tell participants to first sit in groups of 3:</i></p> <ul style="list-style-type: none"> <li>- In groups of 3, discuss: What is needed to be a good leader? List 8+ qualities that a good</li> </ul>

	<p>leader has. This list can include personality traits, skills, knowledge, or physical resources.</p> <p><i>Provide paper and pens as needed. Give 3-5 minutes for discussion.</i></p> <p><b>3. After a few minutes, tell the groups to join another group. Now each group will have 6 people. Explain:</b></p> <ul style="list-style-type: none"> <li>- In groups, review both lists that you made.</li> <li>- Discuss and put all the qualities in order from the most important to the least.</li> </ul> <p><i>Give 5-7 minutes for group discussion.</i></p> <p><b>4. Ask each group to share their five most important qualities of a good leader.</b></p>
<b>6. Closing: Summary</b> <i>5 minutes</i>	<p><b>1. Summarize:</b></p> <ul style="list-style-type: none"> <li>- The goal of this session was to introduce the health program and learn basic facts about schistosomiasis, intestinal worms, and trachoma.</li> <li>- In the next session, we will learn more about ways to prevent diseases.</li> </ul> <p><b>2. Ask and collect answers:</b></p> <p>“We discussed many important leadership qualities today. Which qualities do you think will be the most important to lead health improvements in your community?”</p>

### Coffee Break

## Session 2

Title	Connection of Health to Behavior
<b>Materials Required</b>	<ul style="list-style-type: none"> <li>✓ Community Flipbooks</li> <li>✓ Handwashing set- basins, water bottles, soap, paper towel (1 set per 10 people)</li> <li>✓ Pens and paper</li> <li>✓ Chalk or turmeric (to color hands for game)</li> </ul>
<b>Objectives</b>	<p>Participants will gain practical experience of hygiene behaviors that can prevent disease.</p> <p>Participants will brainstorm potential barriers and solutions to the behaviors.</p>
<b>1. Opening Activity: “Germs Everywhere”</b> <i>15 minutes</i>	<p><b>1. Introduce the activity:</b></p> <p>“This next activity is another good way to show how germs spread through dirty hands.”</p> <p><b>2. Play the game:</b></p> <ul style="list-style-type: none"> <li>- Ask for 10 participants to come to the front.</li> <li>- Ask 3 participants to cover both palms of their hands with chalk (charcoal, ash, or turmeric can also be used). They are the people who “did not wash their hands.”</li> <li>- Tell all the participants to stand in two lines that face each other. The participants with dirty hands are in different parts of the line.</li> <li>- One person will start by shaking the hand of the second person for 5 seconds. The second person will move and shake the third person’s hand and so forth.</li> <li>- After everyone shakes hands, ask participants to raise hands if they see any dust on them. Even a small amount of dust will count.</li> </ul>

- Ask everyone with dirty hands to act like they are sick.

**3. Say:**

“The chalk on their hands represents the germs that they touched during the day—from soil, feces, dirty cloths, animals, etc. You won’t see the germs, but they spread easily between people. That is why handwashing is so important.”

**Ask:**

“What would happen if everyone in the line had clean hands?”

**2. Guided Practice: Clean Body Behaviors**

15 minutes

**1. Say:**

“Now we will talk about personal hygiene behaviors that protect against intestinal parasites 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*. Say:**

- This card shows two of the clean body behaviors to teach community members.
- “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. Also, women who take care of children are at high risk of infection.
- To prevent vision problems and blindness, tell people to wash their faces.
- If you see someone with symptoms of trachoma, they should go to a health worker.

**3. Continue with *Card 6*:**

- 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 can go into the skin of the feet from the soil.
- If children do not have shoes, teach them to avoid dirty areas, especially areas with feces on the ground. However, they may still get sick if they do not have shoes.

**Ask:**

“Is it common for people in your community to wear shoes? Women and children also? What are reasons why some people may not wear shoes?”

**4. Tell participants to look at *Card 7*. 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 a 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."

**5. Explain:**

- In people's homes and in community centers, there should be a latrine and 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 8** 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 community members know how to wash their hands correctly. This card shows the steps for correct handwashing that you can model to your networks."

**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 families in the community. 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: Clean Environment Behaviors**

*20 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. 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.)*

**4. 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.)*

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

- This card shows a sanitation ladder from worst (left) to best (right) way to dispose of feces.
- You can use this card with families. 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.

**6. 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.

<b>5. Discussion: Open Defecation</b> 30 minutes	<p><b>1. Say:</b></p> <p>"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 people stop open defecation in the community?"</p> <p><b>2. Introduce the activity:</b></p> <p><b>Open Defecation Discussion</b></p> <ul style="list-style-type: none"> <li>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?</li> <li>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?</li> <li>Start with the barrier side.</li> <li>For each barrier, ask the solution side to think of a solution for it.</li> <li>If needed, give the participants 1-2 minutes to discuss before answering.</li> <li>If there are too many people, you can ask for two groups of 10 volunteers each to lead the discussion from each side.</li> </ul> <p><b>3. Summarize some of the barriers and solutions that you heard during the discussion.</b></p>
<b>6. Closing</b> 5 minutes	<p><b>1. Ask and collect answers:</b></p> <p>"Do you see any potential barriers to handwashing with soap or facewashing?"</p>

### Lunch Break

## 2.2 Sessions 3-4

Sessions 3-4 of the ToT focus on assessing the community's needs and planning a health intervention.

### Session 3

Title	Community Readiness Assessment
<b>Materials Required</b>	<ul style="list-style-type: none"> <li>✓ Flipchart, marker, tape</li> <li>✓ Posters</li> <li>✓ Pens and paper</li> <li>✓ WASH Pre-Assessment Form (<a href="#">4.2</a>)</li> </ul>
<b>Objectives</b>	<p>Participants will assess and evaluate WASH practices that are common in their community.</p> <p>Participants will evaluate the strengths and weaknesses of their networks in order to assess their readiness for change.</p>
<b>1. Opening: Using Poster</b> 15 minutes	<p><b>1. Welcome the participants back to lunch.</b></p> <p><b>2. Hand out 3 Posters to each kebele group. Tell the groups to look at the poster. Ask each group to discuss:</b></p> <p>"What are 3 ways that you can use this poster?"</p>

	<p><b>3. Ask a few groups to share their ideas.</b></p> <p><b>4. Ask and collect answers:</b></p> <p>“Are all the images in the poster clear? Do you think that you will use the poster?”</p>
<p><b>2. Activity:</b> <b>WASH Pre-Assessment for Community</b> <i>25 minutes</i></p>	<p><b>1. Say:</b></p> <p>“Schistosomiasis, intestinal worms, and trachoma are spread through a lack of access to safe water, sanitation, and hygiene (WASH). It is important that there are clean latrines for people to use and a way for people to wash their hands with soap. It is also important the environment is clean and does not attract more flies.”</p> <p><b>2. Ask and collect answers:</b></p> <p>“How can we encourage more community members to use soap for handwashing?”</p> <p><b>3. Ask participants to sit in groups by kebele. Hand out the <a href="#">WASH Pre-Assessment Form</a> to the groups, or ask them to turn to <a href="#">Section 4.2</a> in their manuals to see the form. Say:</b></p> <ul style="list-style-type: none"> <li>▪ Each kebele group will fill out a WASH pre-assessment form. This form will help assess what is needed to make your community healthier.</li> <li>▪ The kebele groups will use this form to identify gaps and problems with WASH in their community. In the next session, they will make plans to address some of these issues.</li> <li>▪ “Answer the questions as best as you can.”</li> </ul> <p><i>Give an example by asking the first question out loud.</i></p> <p><i>Walk around as they work to see if there are any questions.</i></p> <p><b>4. Ask and collect answers:</b></p> <p>“What is your community’s biggest challenge with WASH?”</p>
<p><b>3. Activity:</b> <b>SWOT Analysis</b> <i>30 minutes</i></p>	<p><b>1. Participants will stay in their kebele groups. Hand out a large piece of flipchart paper and markers to each group.</b></p> <p><b>2. Ask them to turn to <a href="#">Section 4.3 SWOT Analysis</a> in their manuals as reference. Say:</b></p> <p>“In your kebele groups, you will assess the needs and resources of your community.”</p> <p><i>Explain the activity:</i></p> <p><b>SWOT Analysis</b></p> <ul style="list-style-type: none"> <li>• Draw a line and divide your paper into four squares.</li> <li>• The first box is <u>Strengths</u>. What are the strengths of your community related to health? What resources, people, practices, or qualities will make change easy in this community?</li> <li>• The second box is <u>Weaknesses</u>. What are the weaknesses or problems of your community related to health? What resources, people, practices, or qualities will make change difficult in this community?</li> <li>• The third box is <u>Opportunities</u>. Think beyond your kebele. What other opportunities are there that could improve health? Are there other NGOs, woreda-level groups, economic factors, etc. that could improve health in the community?</li> <li>• The last box is <u>Threats</u>. Think beyond your kebele. What threats are there that could hurt the community’s health or readiness for change? Are there issues related to security, politics, economics, etc. that could hurt health in your community?</li> </ul> <p><i>Walk around to check understanding and progress.</i></p>

<b>4. Closing</b> <i>5 minutes</i>	<p><b>1. Ask and collect answers:</b></p> <p>“Based on your SWOT, do you think your community is ready to improve health and eliminate these diseases?”</p>
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### Coffee Break

## Session 4

Title	Action toward Improving Community Health
<b>Materials Required</b>	<ul style="list-style-type: none"> <li>✓ Flipchart, marker, tape</li> <li>✓ Pens and paper</li> <li>✓ Community Flipbooks</li> <li>✓ Community Campaign Planning Sheet (<a href="#">4.4</a>)</li> <li>✓ ToT Feedback Survey (<a href="#">4.5</a>)</li> </ul>
<b>Objectives</b>	Participants will be able to creatively design campaigns or projects to improve health in the community.
<b>1. Opening: Vision Statement</b> <i>15 minutes</i>	<p><b>1. Ask and collect answers:</b></p> <p>“Health messengers spread health messages to other people. However, as leaders, you have the ability to be <b>Health Influencers</b>. How is a health messenger different from a health influencer?”</p> <p><i>(Possible answers: Health influencers do more than spread messages and raise awareness. They can also impact change in the community by directly motivating behavior through their own actions. They can lead initiatives and campaigns to create real change.)</i></p> <p>Say:</p> <p>“As leaders, you have the ability to lead change in your community and make a better future. We talked about some of the health and WASH problems that you have in your community, and now we will talk about how we can lead change to improve them.”</p> <p><b>2. Ask groups to work together and write down a vision for the change they want to see. This vision statement can be 1-3 sentences long and describe the future they want for their community.</b></p> <p><b>3. Ask for a few groups to share.</b></p>
<b>2. Activity: Kebele Project Plans</b> <i>40 minutes</i>	<p><b>1. Explain:</b></p> <ul style="list-style-type: none"> <li>- In this session, you will work in your kebele groups to plan a campaign to mobilize your community to improve health.</li> <li>- Your group can plan an awareness campaign, event, or small WASH project to do in your community.</li> <li>- You can focus on one key behavior or health message for your community, such as handwashing or ending open defecation.</li> <li>- Each group can present more than one idea.</li> </ul>

	<p><b>2. Give examples of other community campaigns and projects. A few ideas are below:</b></p> <ul style="list-style-type: none"> <li>- A kebele in South Bench woreda holds a monthly sanitation campaign to clean the public areas.</li> <li>- A school in Bero added the routine of handwashing before a meal to their school feeding program.</li> <li>- Other schools have raised money to hire cleaners, build fences, or make other infrastructure improvements.</li> <li>- A religious leader in Adwa woreda raised money to construct a latrine and handwashing station at his church.</li> <li>- In another kebele, a religious leader used weddings as a way to teach people to wash their hands before eating.</li> </ul> <p><b>3. Emphasize:</b></p> <ul style="list-style-type: none"> <li>- The point of these campaigns is to mobilize the community toward healthy change. The campaigns can be awareness events or include improvements to WASH.</li> <li>- These projects should use resources already in the community.</li> <li>- “Any questions before you work with your group?”</li> </ul> <p><b>4. Give copies of the <a href="#">Community Campaign Planning Sheet (4.4)</a> to each kebele group. Only one person needs to fill in the sheets, but everyone should participate in the discussion.</b></p> <p><b>5. Walk around to check progress on the plans, answer questions, and see if the plan is realistic. Encourage creativity.</b></p>
<p><b>3. Presentation: Groups Present Ideas</b></p> <p>55 minutes</p>	<p><b>1. Each kebele group will now present their ideas and tell what steps and materials are needed.</b></p> <p><b>2. As each group presents, ask questions if anything is unclear in their idea. Let other participants ask questions also.</b></p> <p><b>3. After all groups present, ask:</b></p> <p>“In your opinion, which idea (besides your own) did you like the best?”</p> <p>“Will you make any changes to your plan after hearing the other ideas?”</p> <p><b>4. Say:</b></p> <p>“We had great ideas today. Over the next two months, you will act as a Health Influencer in your community by spreading the healthy messages and leading your campaign. You do not have to do the idea that you presented today. Instead you can adapt your plan as needed.”</p>
<p><b>4. Closing: Feedback on ToT Sessions</b></p> <p>10 minutes</p>	<p><b>1. Thank the participants for taking part in the ToT and being motivated to make their communities healthier.</b></p> <p><b>2. Explain:</b></p> <ul style="list-style-type: none"> <li>- In 2-3 months, there will be a refresher session to review and share experiences.</li> <li>- “We look forward to hearing about your community campaigns and projects then!”</li> </ul> <p><b>3. Pass out the <a href="#">ToT Feedback Survey</a> to participants.</b></p> <p>“Please take 5-10 minutes to fill out this form for us. Thank you!”</p>

**End of Day**

## Part Three

### Refresher Session

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

Two to three months after the ToT, invite the community leaders to a refresher session. The break will give them time to deliver the health messages to their networks and lead their community campaign. The refresher course serves as a way to re-motivate them and refresh their knowledge of key messages. It also gives them the chance to share experiences and learn from each other. Moreover, this session is a good opportunity to monitor the program's progress.

Before the refresher session, identify community leaders who were especially successful in leading a community campaign. Invite them to sit on a panel during the refresher session. Try to pick at least 1 community leader from each kebele that ran a campaign. We also recommend inviting woreda officials to this session.

**\*\***Identify and invite successful community leaders (health influencers) at least 1 week before the refresher session. Tell them you would like them to speak on their experience during the session. **\*\***

### Session 5

Title	Reinforcement and Reflection
<b>Materials Required</b>	<ul style="list-style-type: none"> <li>✓ Flipchart, marker, tape</li> <li>✓ Pens and paper</li> <li>✓ Kebele Health Initiative Summary (<a href="#">4.6</a>) if there is time</li> </ul>
<b>Objectives</b>	<p>Participants will evaluate their progress on the community health program.</p> <p>Participants will reflect and share their experience with other leaders.</p>
<b>1. Opening: Panel of Health Influencers</b> 40 minutes	<p><b>1.</b> Based on the success of their community health project, invite at least one community leader from each kebele (that ran a successful campaign) to sit at the front of the room.</p> <p><b>2.</b> Say:</p> <ul style="list-style-type: none"> <li>- Welcome the participants to the refresher session.</li> <li>- This session will both reinforce their knowledge on disease prevention and provide a space for them to share their experiences.</li> <li>- The day will start with a panel of Health Influencers. These leaders all led successful health campaigns in their kebele, and they will share their experience and answer questions.</li> </ul> <p><b>3.</b> Ask the people on the panel to briefly introduce themselves and their project.</p> <p><b>4.</b> Start the panel discussion with 1 question. An example question is below:</p> <p>“What was your biggest challenge with your project? How did you overcome it?”</p> <p><b>5.</b> Ask other participants to ask questions to people on the panel.</p>

**2. Activity:  
Review Game**  
30 minutes

1. Divide participants into kebele groups. Give them each a large piece of paper and marker.
2. Play the game:

**Review Game**

- Facilitator will ask a review question.
- In their kebele group, participants will write the correct answer on the paper.
- The group that finishes their answer first will present it. If they are correct, they get a point.
- If they are incorrect, then another group has a chance to answer and get the point.

*Possible questions:*

- ✓ 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?

**3. Activity:  
Debriefing  
Roundtable**  
45 minutes

1. Divide participants into 5 random groups. To randomize groups, ask participants to count off to 5. All the people who were 1's sit together, 2's, 3's, etc.

**2. Say:**

"We would like to hear about your experience with the health program since the training."

3. Give groups a new question to discuss every 3 minutes. Possible questions include:

- ✓ 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?
- ✓ Did you use the poster or community flipbook? How?
- ✓ Did you speak to community members who practiced open defecation? What did you tell them?
- ✓ What work is still needed in the community to improve health?
- ✓ Did any of the community members give you new ideas or stories to use?

4. Ask each discussion group to share at least one challenge or achievement from the last month.

**4. Closing**  
5 minutes

1. Thank participants for all their hard work.

**End of Day**

## Part Four

### Training Materials

#### 4.1 Overview

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

Resource	Description	Session
<a href="#">4.2 WASH Pre-Assessment Form</a>	This sheet is used during the ToT. It is used to assess WASH conditions in the community before planning a campaign.	✓ ToT Session 3
<a href="#">4.3 SWOT Analysis</a>	This sheet is used as a guide for determining a community's readiness for change.	✓ ToT Session 3
<a href="#">4.4 Community Campaign Planning Sheet</a>	This planning sheet is used for kebele group to plan health campaigns or projects.	✓ ToT Session 4
<a href="#">4.5 Feedback on ToT</a>	This survey is given at the ending of the ToT as a quick assessment by participants.	✓ ToT Session 4
<a href="#">4.6 Kebele Health Initiative Summary</a>	This sheet is used by community leaders to debrief and assess progress on health initiatives in the community.	✓ Refresher training or follow-up meeting
<a href="#">4.7 Additional Activities</a>	This sheet includes additional interactive activities that can be used during the sessions or during a refreshment training.	--



## 4.2

**WASH Pre-Assessment Form**

Date: \_\_\_\_\_ Woreda: \_\_\_\_\_ Kebele: \_\_\_\_\_

Completed by: \_\_\_\_\_

**1. What is the community's main source of water?**

- ☐ Water pump/tap      ☐ Protected well      ☐ Unprotected well      ☐ Rainwater  
☐ Natural source (i.e. stream): \_\_\_\_\_      ☐ Other: \_\_\_\_\_

**2. In what ways do people use this water source? (Check all that apply)**

- ☐ Drinking      ☐ Washing clothing      ☐ Cooking      ☐ Swimming      ☐ Defecation      ☐ Cleaning  
☐ Other: \_\_\_\_\_

**3. Where do people in your community go to the bathroom (defecate) usually? Check all that are correct.**

- ☐ Latrine at home      ☐ Shared latrine      ☐ Public latrine      ☐ Outside in a field  
☐ In a stream or other water source      ☐ Other: \_\_\_\_\_

**4. Are there public latrines in the following places? Check all that have a latrine.**

- ☐ Religious center      ☐ Health office      ☐ Market      ☐ Other public place      ☐ No public latrines at all

**5. How many times a week is the public latrine cleaned?**

\_\_\_\_\_ By Who? \_\_\_\_\_

**6. Is there a handwashing station near the public latrine?**

- ☐ Yes, with soap and water      ☐ Yes, with only water      ☐ No

**7. Do most community members have a private latrine for their home?**

- ☐ Yes, and they use it often      ☐ Yes, but they do not use it often      ☐ No

**8. Are there any reasons why a community member would not use a latrine? Describe.**

\_\_\_\_\_

\_\_\_\_\_

**9. Are these hygiene practices common for MEN in your community? Check all that are correct.**

- ☐ Washing hands with soap and water      ☐ Washing hands with only water      ☐ Using a latrine always  
☐ Wearing shoes      ☐ Washing faces when dirty      ☐ Washing fruits and vegetables before eating  
☐ Cleaning latrine and home

**10. Are these hygiene practices common for WOMEN and CHILDREN? Check all that are correct.**

- ☐ Washing hands with soap and water      ☐ Washing hands with only water      ☐ Using a latrine always  
☐ Wearing shoes      ☐ Washing faces when dirty      ☐ Washing fruits and vegetables before eating  
☐ Cleaning latrine and home

**11. Are most people in the community aware of these health issues? Check all that are correct.**

- ☐ Trachoma      ☐ Intestinal parasites (STH and schistosomiasis)      ☐ Danger of open defecation  
☐ Importance of handwashing with soap      ☐ Importance of wearing shoes  
☐ Importance of facewashing      ☐ Other: \_\_\_\_\_

**12. How do most community members get health information?**

- ☐ School      ☐ Community leaders      ☐ HEW or HDA      ☐ Government      ☐ Other: \_\_\_\_\_

**13. Is there a market day or festival day when many people from outside the community come?**

When: \_\_\_\_\_ Estimated number of people: \_\_\_\_\_

What latrines do they use? \_\_\_\_\_

**14. In your opinion, what is the biggest hygiene or WASH problem in your community?**


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**15. What are the biggest challenges to fixing this problem? (Not just resources)**


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## 4.3

**SWOT Analysis**

*Directions: This activity should be completed by kebele groups. It is recommended to use large paper and write ideas as a group. Below is a template and guiding questions.*

**S**trengths

*What qualities or practices does your community have that are good for health?*

*What resources will help improve health?*

*What people will help improve health?*

**W**eaknesses

*What beliefs or practices in the community are bad for health?*

*What resources are lacking?*

*What people may limit healthy change?*

**O**pportunities

*Are there other opportunities (outside your network) that can help improve health?*

*Are there other NGOs or government offices that can help?*

**T**hreats

*What are external (or uncontrollable) threats to the community that may hurt health?*

## 4.4

**Community Campaign Planning Sheet**

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

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

## 4.5

**ToT Feedback Survey**

Date: \_\_\_\_\_ Wereda: \_\_\_\_\_ Kebele: \_\_\_\_\_

Completed by: \_\_\_\_\_

Question	Answer
1. How satisfied are you with the training?	<input type="checkbox"/> Very satisfied <input type="checkbox"/> Neutral <input type="checkbox"/> Not satisfied
2. Do you think the training is important and useful to you or your community?	<input type="checkbox"/> Very useful <input type="checkbox"/> Neutral <input type="checkbox"/> Not useful
3. Do you feel comfortable to deliver the health messages now?	<input type="checkbox"/> Very comfortable <input type="checkbox"/> Neutral <input type="checkbox"/> Not comfortable
4. Do you feel comfortable to plan a community campaign now?	<input type="checkbox"/> Very comfortable <input type="checkbox"/> Neutral <input type="checkbox"/> Not comfortable
5. Is the poster clear?	<input type="checkbox"/> Very clear <input type="checkbox"/> Neutral <input type="checkbox"/> Not clear
6. Are the graphics in the cards clear?	<input type="checkbox"/> Very clear <input type="checkbox"/> Neutral <input type="checkbox"/> Not clear
7. Was the length of the training sufficient?	<input type="checkbox"/> Sufficient <input type="checkbox"/> Training too long <input type="checkbox"/> Training too short
8. Was the training interesting and engaging?	<input type="checkbox"/> Very interesting <input type="checkbox"/> Neutral <input type="checkbox"/> Not interesting
9. What was your favorite part of the training? Why?	<hr/> <hr/>
10. What was your least favorite part of the training? Why?	<hr/> <hr/>
11. Do you have any recommendations to improve the training?	<hr/> <hr/>

## Kebele Health Initiative Summary

Completed by: \_\_\_\_\_

*Directions: Describe any community-led activities that took place since the NALA training. Examples: awareness campaign, sanitation project, etc.*

[illegible]

*Directions: Describe any specific improvements to WASH infrastructure in the community since the NALA training.*

[illegible]

## 4.7

**Additional Activities**

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

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**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.

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**Activity 2: 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?

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**Activity 3: 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.

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**Activity 4: How do we use this object?**

**Description:** Divide participants into small groups. Each group gets a random object (empty water bottle, spoon, string, etc.) They must think of different ways to use the object. The group with the most ideas is the winner.

**Purpose** This game encourages participants to think creatively about how they use resources.

**Extension:** In the same groups, ask participants to choose a real WASH problem in their community and think of creative solutions. They should include steps and resources in their plan.

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**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: “Clean” Energizer

**Description:** This activity will get participants energized and refresh their memory of the [Key Messages](#).

1. Divide participants in groups of 3.
2. Each person in the group of three will take turns saying a different clean body message (“Clean Hands”, “Clean Face”, “Clean Feet”). Let them go 3 times, faster each time.
3. Stop them. Tell them to replace “Clean Hands” with a hand clap. They take turns (\*hand clap\*, “Clean Face”, “Clean Feet”). They go 3 times, faster each time.
4. Stop them. Tell them to replace “Clean Face” by covering the eyes. They take turns (\*hand clap\*, \*cover eyes\*, “Clean Feet”). They go 3 times, faster each time.
5. Finally, stop them and tell them to replace “Clean Feet” with a foot stomp. They take turns (\*hand clap\*, \*cover eyes\*, \*foot stomp\*). They go 3 times, faster each time.

**Extension:** Now ask participants to take turns saying a different clean environment message (“Clean Place”, “Clean Food”, “Clean Water”). Ask them to replace the words with related actions.

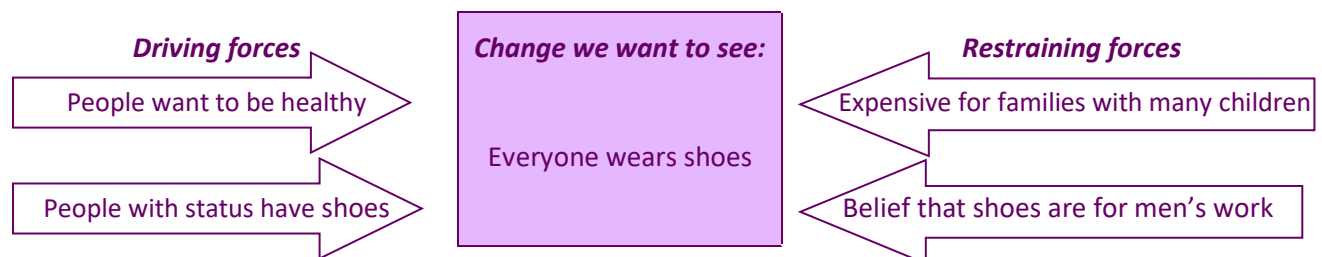
### Activity 7 “Safe Play” Discussion (schistosomiasis areas)

**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 8: Force Field Analysis

**Description:** Ask each group to write down 1-3 changes they want to see with WASH or personal hygiene in their community. They should write down the change they want to see in the middle of the paper (like example below). Then on the left, they should list the driving forces toward changes—the people or practices that will help achieve the goal. On the right, they will list the restraining forces—the people or practice that will be obstacles to change.



**Purpose:** Identify potential resources and challenges to change.

**Extension:** Ask participants to specifically think of women, child, and people with disabilities. Are the driving and restraining forces different for them than the whole community?

## List of Works Consulted

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