

Health Literacy & Empowerment for Adult & Families

LEAF Program

Training Manual

Merck-NALA Project in SWEPR

Version 1.0: February 2023



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MINISTRY OF HEALTH - ETHIOPIA



NALA

MERCK



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Content: NALA Foundation

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■ Preparation

Notes for Trainers

Tips & Schedule

This manual provides guidance on how to lead a successful health education and hygiene promotion program for low-literacy adults. The training sessions should be highly interactive and give appropriate practice time to participants, so that they can build confidence on how to conduct the lessons. Set the expectation from the beginning that participants should be active during the trainings. You can adapt the trainings to the local context, but ensure there is still time for practice and discussion. Provide the appropriate number of materials for participants to use during the sessions.

Participants: This training manual is developed to be used as a part of the Integrated Functional Adult Education (IFAE) program. Program staff will train teachers of the adult education program, as well as relevant wereda staff and health extension workers (HEW). After being trained, teachers will implement the lessons with the adult learners in their classes.

Invite the following people:

Adult Education Program Teachers	Teachers will deliver the lesson plans and lead the program in their sites.	11 total
Local Officials	Local officials will supervise and monitor implementation.	4 total
School Principals	Principals coordinate the teaching sites and may have a role in WASH advocacy there.	19 total
Selected HEW	HEWs will provide support on the community level.	27 total

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

- **Opening:** Ask pairs to discuss questions or do an energizer activity.
- **Direct Instruction:** Review the information with the participants. You can supplement this part with photos and presentation. Questions are included for discussion.
- **Group Activity:** Each session includes time for participants to work together and practice the activities that the adult learners will be doing.

Learning Materials: The program consists of the following materials:

- **Training manual:** The training manual includes all the material that will be transmitted to the students, as well as planning activities for implementers. The first four training sessions can be adapted into lessons for the adult learners. Session 5 is for planning purposes.
- **Card set:** Each of the 4 health lessons (and corresponding training session) has a color-coded set of cards that will be used during the group activities.

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





Suggested Training Schedule		
Day	Hours	Session
Day 1	9:00-11:00	<ul style="list-style-type: none"> ✓ Welcome Participants ✓ Session 1: Health Access & NTDs
	11:00-11:15	Coffee Break
	11:15-1:15	<ul style="list-style-type: none"> ✓ Session 2: Understanding Disease Transmission
	1:15-2:30	Lunch Break
	2:30-4:30	<ul style="list-style-type: none"> ✓ Session 3: Preventing Disease ✓ Closing for Day 1
Day 2	9:00-11:00	<ul style="list-style-type: none"> ✓ Welcome Back ✓ Session 4: Advocating to Improve Health
	11:00-11:15	Coffee Break
	11:15-1:15	<ul style="list-style-type: none"> ✓ Session 5: Planning ✓ Closing for Day 2

Training Materials: Refer to the table below when distributing the materials.

Materials Needed	
Type	Amount for Training
Pens, paper, flipchart, markers, tape	Determined by Training Facilitator
Training Manual	1 for each Participant
Card Pack	10 packs for each IFAE teacher, 1 pack for other training participants
Handwashing steps (laminated A4 paper)	5 for each IFAE teacher, 1 for other training participants
Handwashing set (wash basin + water + soap + clean towel)	1 for demonstration

Health & Safety: When planning the training, follow all relevant COVID-19 guidelines. Ensure that the training is in a room with good ventilation and that participants have access to hand sanitizer and/ or handwashing with soap throughout all sessions.



■ Introduction

LEAF Program

Health Literacy & Empowerment for Adults & Families

Overview: The purpose of this manual is to provide low literacy adults with the knowledge and skills on how to improve their own health and that of their families. The sessions included in this manual focus on information and behaviors that are important for preventing neglected tropical diseases (NTDs). 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 water, sanitation, and hygiene (WASH) infrastructure 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		Prevention Behaviors
Parasites	Schistosomiasis, also called bilharzia	<i>Short-term</i> ▪ Abdominal Pain ▪ Diarrhea ▪ Nausea ▪ Cough ▪ Bloody feces or urine ▪ Muscle aches	<i>Long-term</i> ▪ Malnutrition ▪ Stunted growth ▪ Anemia ▪ Learning difficulties ▪ Organ damage	<ul style="list-style-type: none"> ✓ Use a latrine ✓ Avoid contaminated water bodies ✓ Keep water bodies clean from feces and urine
	Soil-transmitted helminthiasis, also called STH or intestinal worms (Examples: hookworm and roundworm)	<i>Short-term</i> ▪ Abdominal Pain ▪ Diarrhea ▪ Weight loss ▪ Tiredness ▪ Nausea ▪ Cough	<i>Long-term</i> ▪ Malnutrition ▪ Stunted growth ▪ Anemia ▪ Learning difficulties	<ul style="list-style-type: none"> ✓ Use a latrine ✓ Wash hands with soap and water ✓ Wash/ peel/ cook vegetables and fruit ✓ Wear shoes





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"> ✓ Use a latrine ✓ Wash face with soap and water ✓ Wash hands with soap and water ✓ Do not share dirty face cloths ✓ Keep a clean environment
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Key Messages: The adult 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 are grouped by **clean body messages** (related to personal hygiene) and **clean environment messages** (household and environmental sanitation). They emphasize behaviors that adults and children can do to prevent disease:

Key Message	Target Behaviors
Clean Body	
✓ Clean Hands	→ Wash hands with soap and water at key times
✓ Clean Face	→ Wash face with soap and water twice a day
✓ Clean Feet	→ Wear shoes; Avoid walking in areas with feces if barefoot
Clean Environment	
✓ Clean Place	→ Use the latrine; Clean latrines and living areas
✓ Clean Food	→ Wash/ peel / cook fruits and vegetables
✓ Clean Water	→ Store water in clean, covered containers; Avoid long periods of time in unsafe water; Do not urinate or defecate near water sources

Adult Learners: The LEAF program is designed with a methodology relevant to adult learners. Research has shown that adults and children learn differently and often approach education with different motivations. Unlike children in a structured school environment, adults have many competing priorities for their time beyond education. Fortunately, they are often more able to work independently and can be more self-directed than children. Their motivation can be further increased by contextualizing the content to fit their lives. Hands-on practice and a problem-centered approach may also support their learning. Regardless of educational background, adult learners have years of experience to share, which can also be a valuable resource in the classroom.

LEAF Program: The Health Literacy & Empowerment for Adults & Families (LEAF) program is designed to promote health literacy amongst low-literate adults and improve their ability to make informed choices that improve their own health and their family’s health. It is designed to promote the following elements:

- ✓ **Health Literacy:** Health literacy is the ability of people to **1) access** health services and relevant information, **2) understand** health information and directives, **3) apply** this information correctly, and **4) advocate and act** toward improving one’s own health and the health of others. Each of these four goals will be covered in a different lesson.
- ✓ **Lifelong Learning** - Learning itself is a great source of personal empowerment and increases one’s sense of well-being. Adult education can help to equalize this situation and empower people from more disadvantaged socioeconomic backgrounds.





- ✓ **Accessibility:** Program materials use visual tools and discussion so they are accessible to low literacy adults. They do not require strong reading or writing comprehension.
- ✓ **Ownership:** One of the goals of the program is to build the confidence of Individuals to take responsibility for their and their family's health.
- ✓ **Community of Health:** The program seeks to engage adult learners through dialogue and peer learning. In this way, they can support and motivate each other to improve their health and environmental conditions.

Structure of the Program: The first four sessions each have a health literacy and NTD prevention goal. The activities and information in them can be directly adapted into lessons for the adult learners. Session 5 is only for the Training of Trainers, as it relates to planning for the program. The goals for the first four sessions are in the table below:

Branches of LEAF Program				
	Session 1	Session 2	Session 3	Session 4
Health Literacy Goal	Access health services & information	Understand health information & directives	Apply health information correctly	Advocate & act toward improving health
Disease Prevention Goal	Gain awareness of NTDs and their symptoms	Understand how these diseases are transmitted	Practice disease prevention behaviors	Share health messages with others

Notes: Please adapt the sessions and activities to best fit your local context. And have fun with the program! While the goal is serious (reducing disease and improving health), the delivery should be enjoyable for all.

■ Training

Session 1

Health Access & NTDs

1.1 “Stand Up” Energizer

Suggested Time: 15 minutes

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

Welcome to the Training of Trainers (ToT) for the Health Literacy & Empowerment for Adults & Families (LEAF) program. It is designed to promote health literacy amongst adult learners in your community and strengthen their ability to make informed choices that improve their own health and their family’s health. The first four sessions of this training can be adapted into lessons for the adult learners.

During this training as well as in the lessons delivered to the students, we encourage everyone to work together and participate actively. First, let’s do an activity to introduce ourselves.

Instructions for Energizer:

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

Statements:

- Stand if you traveled more than 1 hour to get to the training. *(Find out who traveled the farthest.)*
- Stand if you work in education.
- Stand if you work in health.
- Stand if you think that education is an important part of health. *(Ask someone to explain more.)*
- Stand if you participated in a NALA training before.
- Stand if you speak more than 1 language.
- Stand if you speak more than 2 languages. *(Ask which languages.)*
- Stand if you know someone who is blind in your community.
- Stand if you believe that eye infections are common in the community.
- Stand if you know someone who has been sick with stomach problems in the last year.
- Stand if open defecation is a problem in your community.
- Stand if you want to improve health in your community.
- **Clap** if you’re ready to start the training.

Follow up questions for discussion:

- Why do you think this health program is important for students in the adult education program?

Modification for Adult Learners: *In the classroom, many students already know each other, so you can exclude this activity or focus on the health-related questions to open their interest.*





1.2 Introduction to the Program

20 minutes

Introduce the program to the participants.

This community was chosen for this program because of the prevalence of intestinal parasites here. Intestinal worms and schistosomiasis are very common in rural areas of Ethiopia, where there is a lack of clean water, sanitation, and hygiene (WASH) services. These diseases are part of a group of diseases called neglected tropical diseases (NTDs) that are common in poor areas. These diseases do not often cause death, but they can cause lifelong problems, such as organ damage, learning difficulties, and physical disability that can make it difficult for people to work, learn, or care for a family. Children are at especially high risk of these diseases.

Fortunately, it is fairly easy to prevent these diseases with simple changes to behavior and environment. These healthy changes can reduce the risk of illness and protect children and their families.

Goal: The program aims to prevent hygiene-related diseases in rural communities by promoting health literacy amongst low-literate adults.

Ask and collect answers:

- Define literacy. How does being literate help people?
- Define health literacy. How can being “health literate” help people?

Focus on Health Literacy: Health literacy is the ability of people to **1) access** health services and relevant information, **2) understand** health information and directives, **3) apply** this information correctly, and **4) advocate and act** toward improving one’s own health and the health of others.

Key Messages: To support the goal of disease prevention, the LEAF program teaches healthy behaviors to families most at risk in the community. The key messages are grouped into **clean body** (personal hygiene) and **clean environment** (household and environmental sanitation) messages:

Key Message	Target Behaviors
Clean Body <ul style="list-style-type: none"> ✓ Clean Hands ✓ Clean Face ✓ Clean Feet 	<ul style="list-style-type: none"> → Wash hands with soap and water at key times → Wash face with soap and water twice a day → Wear shoes; Avoid walking in areas with feces if barefoot
Clean Environment <ul style="list-style-type: none"> ✓ Clean Place ✓ Clean Food ✓ Clean Water 	<ul style="list-style-type: none"> → Use the latrine; Clean latrines and living areas → Wash/ peel / cook fruits and vegetables → Store water in clean, covered containers; Avoid long periods of time in unsafe water; Do not urinate or defecate near water sources

About the Training: The training includes 5 sessions. The first four sessions each have both a health literacy and disease prevention goal. The activities and information in them can be directly adapted into lessons for the adult learners. Session 5 is only for the ToT, as it relates to planning for the program. The goals for the first four sessions are in the table below:





Branches of LEAF Program				
	Session 1	Session 2	Session 3	Session 4
Health Literacy Goal	Access health services & information	Understand health information & directives	Apply health information correctly	Advocate & act toward improving health
Disease Prevention Goal	Gain awareness of NTDs and their symptoms	Understand how these diseases are transmitted	Practice disease prevention behaviors	Share health messages with others
Card Set	Purple (4 cards)	Yellow (12 cards)	Blue (6 cards)	Green (5 cards)

Card Packs: The first four sessions have a color-coded set of cards to use. These cards are a visual tool that is appropriate for low-literate adults. We will do all the activities with the cards during the training, so that you will be able to model the activities to the adult learners.

Ask and collect answers:

- In your classrooms, what teaching tools or methods have worked best?

1.3 About Intestinal Parasites *Suggested Time: 20 minutes*

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

In Ethiopia, infections by parasites such as soil-transmitted helminths (STH or intestinal worms) and schistosomiasis (SCH) are widespread. These parasites often cause intestinal problems that can lead to longer-term damage if not treated. Some types of schistosomiasis can also affect the urinary and reproductive systems, though the urinary infection is less common in this area.

Ask

- Are people aware of these diseases in your community?
- Have you seen the impact of intestinal parasites in your community? How?

About Intestinal Worms: Intestinal worms are parasitic worms that include hookworms and roundworms. They are very small and hard to see, but these worms or their eggs can spread through feces in the environment. Open defecation, limited access to safe water and sanitation, and poor personal hygiene are risk factors.

About Schistosomiasis: Schistosomiasis is also a parasite that can infect the intestine. However, the symptoms and long-term impacts are often more severe than intestinal worms. These parasites spread via snails in water sources that have been contaminated with feces or urine from infected people. Open defecation and the use of contaminated water sources are risk factors.

Risk Groups: People in rural communities with limited access to safe water and sanitation are at high risk of intestinal parasites. Diarrheal diseases are especially 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. These diseases can also cause problems for a mother and baby during pregnancy.

Signs & Symptoms: Short term symptoms of intestinal parasites include:

- Nausea
- Diarrhea
- Fever
- Tiredness
- Stomach pain
- Weight loss
- Blood in feces or urine

Diarrhea can be especially dangerous for very young children. In the long-term, these diseases can cause malnutrition, anemia, learning difficulties, organ damage, and can stunt a child's growth.

Ask

- How do local people usually treat these symptoms? Are there any traditional treatments for them?

Treatment: Deworming pills are effective at killing these parasites. That is why it is important to encourage people to take medicine during the MDA, as it is an important step to getting healthy. However, people may get reinfected because they continue to practice the unhealthy behaviors that got them sick before. For this reason, it is also important to teach healthy habits to prevent disease.

1.4 About Trachoma

20 minutes

Review the information with the participants.

Trachoma is another common NTD in this zone. Ethiopia has the highest burden of trachoma globally, with 64.6 million people at risk of infection. These numbers are troubling as trachoma is the leading infectious cause of blindness in the world.

Ask and collect answers:

- Are there already programs in your community or in the schools that teach about trachoma?
- How do local people usually treat eye infections? Are there any local beliefs about it?

About Trachoma: Trachoma is caused by bacteria that spreads through contact with discharge from the eyes and nose of an infected person, via eye-seeking flies, touch, and sharing of cloths. The disease is most prevalent in rural communities where there is often a lack of sanitation and clean water. Open defecation and poor facial hygiene are risk factors.

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









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

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

Following repeated infections during childhood, a person's eyelashes turn inward and scratch the eye while blinking. This leads to scarring, diminished vision, and eventually blindness. The stages of trachoma are shown in the table below:

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

Treatment: Antibiotics clear the infection, and these pills are often distributed during MDA campaigns. The blinding stage of the disease can be treated with surgery. To prevent the disease, people should practice hand and face washing as well as improve water and sanitation conditions in their communities.

Ask and collect answers:

- How might life be more difficult if you have vision problems?

1.5 Activity: Health Post Role Play 45 minutes

*In this activity, participants will use the **4 purple cards** to role play characters visiting a health post. Start with a short discussion about health access before starting the role play.*

Now we will do a role play activity with the **purple cards**. You can adapt this activity for use with the students. The goal of the activity is to review information about the diseases we just learned and also to increase the confidence of the students to ask for information when visiting a health facility.

Ask and collect answers:

- Do most people in the community know where the health posts are? What hours and days are they open?
- Are there people who do not visit a health facility when they are sick? What are reasons why they don't go?





- How can we get more people to seek treatment when they or their children are sick?

It is important to make sure that your students know the locations and hours for the health posts. Now we will do the role play with the health post as the setting. Review the instructions with the participants before they start.

Instructions for Role Play:

1. Tell participants to get into groups of 4-5 people.
2. Each person gets a purple card with a character on it. If there are 5 people in a group, two people can role play the mother and child card.
3. They will each act out the role of their character in a health post.
 - One person is the health worker, and the others are visitors waiting to speak with her.
 - The health worker should be someone who remembers the information well from the session. You can also alternate this role to help participants review.
4. Each person will take a couple of minutes to look at their picture and create a story for their character. They must introduce themselves as their character.
 - What are their characters' names?
 - Why are they at the health post? Do they have symptoms? Do they need information?
 - For example, the mother may want more information about the upcoming MDA.
 - The health worker will respond to the questions and give advice to the visitors.
5. Each person must think of at least 3 questions to ask the health worker. These questions can be related to intestinal parasites, trachoma, or their treatment.
6. Walk around to check progress.
7. Ask for 1-2 groups to share their role play.
8. **Ask:**
 - Why is it important to ask the health worker questions?
 - What happens if someone doesn't describe their symptoms well?

In the classroom: If an HEW can attend one of the adult education lessons, it would be a good opportunity to discuss when to visit the health post and what services are available there. They can also provide more information about the diseases and any upcoming MDA campaigns.



■ Training

Session 2

Understanding Disease Transmission

2.1 Opening Discussion

Suggested Time: 15 minutes

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

This program has overlapping goals of improving health literacy and preventing disease. While most disease prevention programs target school children, this one focuses on adult learners. Education should not stop when someone leaves school and should continue throughout a person's life. However, teaching adults is very different from teaching children.

- **For pairs:** What are the challenges of teaching students in the adult education program? What are the opportunities/ advantages?
- **For whole group:** What are the goals of the adult learners in going back to school? What skills or knowledge do they hope to gain? How can we connect that to the goals of the LEAF program?

***Modification for Adult Learners:** In the classroom, you can ask the same questions with slight changes in wording. It will be interesting to hear their perspectives on how education is different for them as adults and what their goals are for going back to school now.*

2.2 Activity: Transmission Card Game

40 minutes

*In this activity, participants will use the **yellow cards** to map out possible transmission routes for disease. Start with a short opening on health risks and then review the instructions together.*

The second branch of health literacy is understanding health information. Now the students may be aware of these diseases, but they may not understand how they spread. Understanding disease transmission will give context and rationale for the prevention behaviors.

Ask: What are health risks in your community that increase the spread of disease?

Health Risk: One of the most important facts to teach people is that **feces can cause and spread disease**. Even one gram of feces can be dangerous and can contain 10 million viruses, 1 million bacteria, and over a hundred parasites. In fact, intestinal parasites are spread through feces.

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





We do not want these to spread to our water, our food, or our families. For this reason, it's extremely important that people use the latrine and keep their living spaces free of feces. To understand this more clearly, we will play a game on disease transmission that you can adapt to use with the students. For this activity, we will use the **yellow cards**.

The question for this game is: How does feces from the environment make us sick?

Instructions for Transmission Card Game:

1. Tell participants to get in groups of 4-6 people. Each group will use their Transmission Cards (**yellow cards**).
2. For this activity, they will use the 10 yellow cards with the pictures. Do not use the cards with the X and the ✓ yet. Those are for later.
3. The groups will map out the different ways that feces can spread disease to us. Give an example first.
 - *Dirty latrine card*- Someone with parasites went to the bathroom, and the feces is not safely contained in the hole.
 - *Flies card*- Flies land on the feces and pick up the parasites.
 - *Eating card*- The flies land on the food the boy is eating, and when he ingests it, he swallows the parasites.
 - *Upset stomach card*- Now he is sick.
4. What other ways can feces make us sick? In your groups, map out other ways for the parasites to spread. Use all the picture cards at least one time. You can reuse cards.
5. Walk around as the groups work in order to answer questions and check progress.
6. Ask for groups to share their disease transmission maps.
7. **Ask:**
 - There is open defecation near water. It rains. What happens to the feces?
 - Some parasites can even go through the skin, like hookworms on land and schistosomiasis in water. How is the girl in the water collection picture at risk?

As we just learned, even a tiny amount of feces can make us sick. It is gross to think about, but we just saw how feces can spread to our mouths and make us sick when we ingest it. Sometimes the parasites can also go through the skin in dirty environments.

2.3 Transmission of Intestinal Parasites

20 minutes

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

Transmission of STH: The last activity is directly related to how intestinal worms spread. They are parasites that are very small and difficult to see, and these worms and their eggs can spread through feces.

Ask

- Based on our last activity, what are some risk factors for spreading intestinal worms?

Intestinal worms are often spread due to poor personal hygiene and an unclean environment. The main pathways for infection are:





- **Open Defecation:** When a person who is sick with intestinal worms defecates outside, worms and their eggs can reach the soil and water that people use.
- **Dirty Hands:** Dirty hands can spread feces and parasites from the environment to the mouth when people do not wash their hands before eating.
- **Dirty Food:** Parasites from the environment can reach the food we eat and infect us if it is not cleaned and cooked properly.
- **Bare Feet:** Hookworms can go through the skin, often when someone walks barefoot in areas with contaminated soil from open defecation.

Animals can also be infected with intestinal worms and can spread them to humans through their feces and through undercooked meat from these animals.

Ask and collect answers:

- Is eating raw meat common in your community?
- Is wearing shoes common? For women? Children?

Transmission of SCH: Open defecation is also a risk factor for schistosomiasis. Transmission occurs when someone who is sick with schistosomiasis defecates or urinates in freshwater. The parasites then grow inside snails until they are more mature. When someone is in contaminated water, the parasites can go through their skin and infect them. The main risk factors are:

- **Open Defecation:** Defecation in or near water can spread the parasites to the water body where they can grow on snails and then reinfect humans.
- **Contact with Contaminated Water:** The parasites can go through your skin if you enter a water source that is contaminated by the parasites. The longer you stay in this water, the more likely you will get infected.

Only certain water bodies with certain snails are contaminated. However, if you don't know which ones, it's better to limit time in the water as much as possible.

Ask and collect answers:

- In the card with the girl collecting water from the stream—how can she collect this water more safely?

2.4 Transmission of Trachoma

15 minutes

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

While not spread directly by feces, trachoma is also affected by it. The bacteria that causes trachoma spreads through contact with discharge from the eyes or nose of an infected person. An unclean face and an unclean environment (due to open defecation) serve as the settings for trachoma transmission. The main pathways of trachoma infection are:

- **Flies:** 'Eye seeking flies' carry bacteria from the discharge on an infected person's face to healthy people's eyes, thus spreading the infection.
- **Dirty Hands:** Touching an infected eye with your fingers and then coming in contact with another individual (for example by hand shaking) can transmit the bacteria.





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

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

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

Ask and collect answers:

- Of the 5 risk factors for trachoma, which are a problem in your community?

2.5 Activity: Breaking Transmission

30 minutes

Participants will again use the **yellow cards**. However, this time they will use the X and the ✓ cards to break transmission and prevent the disease from spreading.

To close this session, we will go back to the Transmission Card game. This time we want to break the transmission of the parasites. What risk factors should we eliminate with the X? What healthy behaviors can we add with the ✓?

Instructions for Transmission Card Game:

1. Tell participants to go back to their previous groups. Each group will use their Transmission Cards (**yellow cards**) again.
2. They will lay the cards out as a transmission map, like they did before.
3. This time they will discuss what they should change. They will take turns.
 - *X card*- Each person will put the card on the risk factor they would eliminate. How would this break transmission?
 - *✓ card*- Then each person will take this card and put it where they would add a behavior. What behavior can help stop this transmission (e.g. washing and cooking food well)?
4. Walk around as the groups work in order to answer questions and check progress.
5. Ask for groups to share how they would break transmission.
7. **Ask:**
 - Do you think the transmission card game will be effective with the students in the adult education program?
 - Would you make any changes to it?



■ Training

Session 3

Preventing Disease

3.1 Opening: Tree of Good Health

Suggested Time: 25 minutes

Open with a drawing activity that asks participants to think about the factors needed for good health and the positive outcomes from it. Start with an example and then ask them to complete their own drawing in small groups.

The students in the adult education program have returned to school for many reasons, including that they want to improve their own lives and the lives of their families. Learning itself is a great source of personal empowerment and increases one's sense of well-being. Adult education can empower people from more disadvantaged backgrounds and give them the skills, confidence, and peer network to make positive changes in their lives.

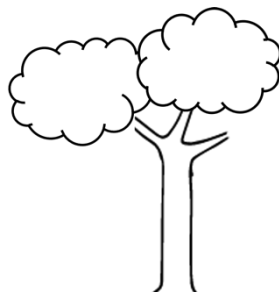
First, together we will make a Learning Tree to discuss the positive outcomes of getting an education. Then after we finish, you will work in groups on a Tree of Good Health.

Instructions for Learning Tree:

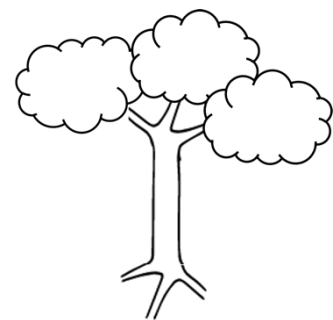
1. You will lead this activity for the whole group as an example.
2. Tape a large paper to the front of the room (or project an image).
3. Draw a tree trunk.
 - The trunk is the core of the issue. In this case, it is “**good education.**”
4. Draw leaves around each branch.
 - The branches are the positive outcomes from “good education.” For example, “improved livelihood.”
 - Ask the group for more examples and write those on the branches.
5. Draw roots.
 - The roots are factors needed for “good education.” For example, “attending class.”
 - Ask the group for more examples and write those on the roots.
6. Ask if there are any questions.



1. The trunk is the core issue.



2. The branches are the positive outcomes.



3. The roots are the factors needed to make the tree grow.

Education and health are connected. Studies have shown that people with less education have worse health outcomes. They are less likely to access healthcare and understand health





information. For this reason, one positive outcome of “good education” is also better health for themselves and their families.

Now you will work on a Tree of Good Health in small groups to discuss other factors needed.

Instructions for the Tree of Good Health

1. Participants will work in groups of 4-5 people. Make sure they have paper and a writing utensil.
2. First they will draw a tree trunk.
 - The trunk is the core of the issue. In this case, it is “**good health.**”
3. Then they will draw leaves around each branch.
 - The branches are the positive outcomes from “good health.”
 - Ask them to think of at least 3 positive outcomes to put on the branches. They can write them or draw them.
4. Draw roots.
 - The roots are factors needed for “good health.”
 - Ask them to think of at least 3 factors to put on the roots.
5. Walk around to check progress.
6. Ask for 1-2 groups to share.

Modification: *In the classroom, not all students will be able to write ideas. In this case, they can draw them or use symbols. Alternately, you can divide students so that each group has one person who is able to write.*

3.2 Personal Hygiene Behaviors

20 minutes

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

Now we will talk about some other factors that lead to good health. One factor is getting treatment when sick. Medicine is necessary to treat these diseases and kill the parasites and bacteria. We need to encourage community members to visit a health facility when they have symptoms and to take medicine during the MDA, since it is an important step to getting healthy.

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

Answer: Medicine kills the parasites and bacteria in their body at the time. However, people get re-infected because they continue to do the unhealthy habits that got them sick before. For this reason, this health program focuses on behaviors that can break this cycle of infection.

Prevention Behaviors: Another factor for good health is disease prevention through the practice of healthy behaviors. This program teaches healthy behaviors that keep us, our families, and our communities healthy. The key messages are grouped into **clean body** (personal hygiene) and **clean environment** (household and environmental sanitation) messages. First, we will talk more about the 3 personal hygiene behaviors.

Clean Hands: Handwashing with soap and water is one of the most important behaviors for disease prevention. It helps prevent many diseases, many more than the three we discuss today. It is also one of the cheapest ways to prevent disease. The steps for proper





handwashing are in [Annex 1](#), and it is a good idea to conduct a handwashing demonstration for your students so they learn and practice the proper method.

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

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

Clean Face: People should wash their faces with soap and water two times a day. When they dry their face, they should use a clean towel that is not shared with other people.

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

Clean Feet: People should wear shoes when they are outside. If they do not have shoes, they should avoid walking in areas with open defecation from humans or animals. However, shoes are a better protection from infection.

- *Connection to STH:* Hookworms can go through skin and infect people, usually through bare feet.

Ask and collect answers:

- In this community, what are reasons why people may not wear shoes?
- What are reasons why people may not wash their face?
- How can we convince them these behaviors are important?

3.3 Handwashing Demonstration

15 minutes

Ask for 2 volunteers to come and demonstrate proper handwashing to everyone. They will use the **laminated page** with the handwashing steps. The steps are also in Annex 1.

Handwashing with soap and water is one of the most important health behaviors that people can do. It is essential to the prevention of many diseases, including trachoma, intestinal worms, and even COVID-19. For this reason, we want to be sure that people are washing their hands correctly.





We will now practice how to give a handwashing demonstration to the adult learners so they can teach their families. The steps are shown in images on this laminated sheet.

Instructions for Demonstration:

1. Ask for two volunteers to come to the front of the room.
2. Give them a handwashing set with wash basin, water, soap, and a clean towel.
3. One person will use the steps on the laminated page to instruct the other person on how to properly wash hands.
4. If there is time, you can ask for more volunteers to practice.

Ask:

- ✓ At your teaching sites, is there water and soap for handwashing? How can you do this activity with the students?

In the classroom: Review the steps first with the students to make sure they understand the images clearly. In that way, they may not need to be able to read the text with each step and can instead follow the images.

3.4 Clean Environment Behaviors

20 minutes

Review the information with the participants.

Next, we will discuss the 3 key messages related to a clean environment.

Clean Place: People should use the latrine and not defecate outside. The latrine and living areas should also be cleaned regularly to encourage use and prevent flies.

- *Connection to STH and SCH:* Intestinal worms and schistosomiasis are connected to open defecation. Flies can land on feces and then on our food, spreading parasites. People can defecate near water that people use, and we can get sick from it.
- *Connection to trachoma:* Flies breed in dirty environments, and they can spread trachoma between people.

Clean Water: People should not defecate or urinate in the water, as it can spread parasites. Try to avoid contaminated water bodies. If you do not know which water bodies are safe, avoid long periods of time in water. After collecting water, store it in clean, covered containers so that flies and animals cannot contaminate it.

- *Connection to SCH:* Schistosomiasis spreads through water contact. An infected person can spread parasites to the water when he urinates or defecates there.
- *Connection to STH:* Intestinal worms can also spread through dirty water. If you collected the water from a safe water source, store it in covered and clean containers to prevent contamination. If you are not sure if the water is safe, boil it for 1 minute before drinking.

Ask and collect answers: Do people use natural water sources in the community? For what activities?

Clean Food: Wash fruits and vegetables well before eating. Peeling them and cooking them can also remove the parasites. Cook meat well. Cover and store food well when not eating.





- *Connection to STH:* Intestinal worms can spread via dirt on fruits and vegetables or through infected animals. Be sure to clean and cook food well before eating. Also, flies can spread pathogens to food, so cover and store food well when not eating.

Ask and collect answers:

- In your opinion, which behaviors will be the easiest for the adult students to adopt?
- Which will be the hardest?

3.5 Activity: Teaching the Key Messages

40 minutes

In this activity, participants will use the 6 blue cards to make up a song or story to teach others about the healthy behaviors.

We want the adult learners to not only learn the key messages and practice the healthy behaviors, but to also teach them to their children. To close this session, we will work in groups to create fun ways to teach the messages.

Instructions:

1. Tell participants to get in groups of 4-6 people. Each group will use their Key Message Cards (**blue cards**).
2. Review the images on the cards to make sure the target behaviors are clear. For example, the clean water card focuses on avoiding long periods of time in water.
3. They will find a fun way to teach the key messages to children. They should focus on at least 3 key messages, but they can also use all of them.
 - They can write a **song** about the key messages, for example by using a local tune with new words.
 - They can make up a **story** with characters that teaches the key messages.
 - They can also choose a different method, but it needs to be engaging for children.
4. Walk around to answer questions and check progress.
5. Once most groups have finished, bring everyone back together.
6. Ask groups to share their songs, stories, etc.
7. Participants will then vote for their favorite without voting for their own.

***In the classroom:** Give time for students to make up their own songs and stories. It will be more meaningful and memorable for them if it is something they created themselves.*





■ Training

Session 4

Advocating to Improve Health

4.1 Opening Discussion

10 minutes

Give 5 minutes for pairs to discuss their questions together. After a few moments, bring everyone back together and ask the whole group questions.

A major obstacle to disease prevention is misinformation. During the COVID-19 pandemic, misinformation spread and prevented many people from taking the disease seriously and practicing prevention behaviors. For this reason, an important part of health literacy is being able to evaluate if the information they hear about health is valid. Is it from a trusted source? Is the information true or a rumor?

- **For pairs:** Did you hear any misinformation or rumors during the last MDA campaign? What other health rumors have you heard in the community (for example about COVID-19)? How did these rumors spread?
- **For whole group:** How do you know if the health information you hear is valid? How can we prevent rumors and misinformation from spreading?

People should get health information from a trusted source on health information, such as from a health worker or government office. If they hear a rumor, they should question the source. If they are not sure what to believe, they should ask a health worker. Knowing when to ask for more information is also a part of health literacy.

In the classroom: Ask students how they heard these health rumors. Then ask them to identify who are trusted sources of health information and who are not.

4.2 Discussion: Barriers to Health

40 minutes

Participants will work together to brainstorm barriers and solutions for each key message.

After learning about behaviors that prevent disease, people may still continue to practice the unhealthy behaviors. They may continue to practice open defecation or walk barefoot even though they are now aware it is not healthy.

Ask and collect answers:

- What are reasons why people may not adopt the new behaviors?
- Are there cultural factors you know that may prevent people from practicing them?

There are many factors that prevent people from adopting new behaviors: habit, convenience, cost. Another common barrier to disease prevention are cultural beliefs around health and hygiene. For example, in some communities, it may not be acceptable for women to use the same latrine as men. We have also heard that married women should not wash their face as it may attract attention, and that shoes are for men's work and not for children.





Now we will do an activity where we will divide in groups and discuss barriers for each key message. Then we will brainstorm possible solutions to these barriers.

Instructions:

1. Divide the participants into 6 groups.
2. Assign a different key message to each group. They will discuss the behaviors related to it: clean hands, clean face, clean feet, clean place (i.e. using a latrine), clean water, clean food.
3. Ask them to discuss at least 3 potential barriers that prevent people in your community from practicing the healthy behavior related to their key message.
4. After a few minutes, ask them to now think of possible solutions for each of these behaviors.
5. Walk around to check progress and answer questions.
6. End the group discussion. Ask each group to share at least 1 barrier and 1 solution.

Ask:

- Are these solutions realistic for the community?
- Are there other ways we can advocate these behaviors? How can we convince people despite the barriers?

Advocacy is an important tool. Sometimes we need the right people to say the messages or to say them in a convincing way. For example, the cost of shoes may be a barrier for people, but the long-term cost of bad health is higher (from missed work and school).

A goal of this program is to also build a community of health among the students, so they can encourage each other and use positive peer pressure to influence each other to make the changes.

4.3 Activity: Sanitation Ladder

30 minutes

*In this activity, participants will use the **5 green cards** to put sanitation behaviors on a scale of how safe they are.*

We discussed how feces in the environment can spread parasites and bacteria to people. In fact, open defecation is one of the biggest risks for spreading infectious diseases, and it is still common in many communities in Ethiopia. Talk to your students about feces and tell them to talk to their families about it. Help them understand that all feces—human, animal, child, adult— can be extremely harmful and make people sick.

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

Instructions for Sanitation Ladder:

1. Participants will get in groups of 4-6 people. They will use their **green cards** for this activity.
2. Ask participants to put the cards in order from worst to best way to dispose of feces.
3. Participants should use all the cards.
4. They should discuss why one way is better or worse than the others.
5. Walk around to check progress and answer questions.





After groups finish, create a Sanitation ladder together with everyone:

- Which card shows the worst way to dispose of feces? Why?
- Does everyone agree? If not, why?
- Which card is next?

Review a few key points related to the cards:

- Open defecation on land and 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 that no animal can get it. It can still cause health problems if it is buried close to water or near living areas, where it can be exposed by animals or rain.
- Latrines should be safe to use, private, far from water sources, and clean. There should be air flow to get rid of bad smells.
- A concrete slab is safer than a basic pit latrine, as there is less risk of someone falling in.
- Latrines should be cleaned on a regular basis to prevent bad smell and flies.
- The best latrines should have a handwashing station with soap close to them.

It may be difficult for students to move up several steps on the ladder immediately. You can discuss where they are now and set a realistic goal of moving up 1-2 steps. In the future, they can work to move up even more.

4.4 How to Teach Your Family

20 minutes

Review the information with the participants. Ask them to share their own ideas and perspectives.

The health program aims to reach both the adult students and their families. The students should be empowered to share the health messages with their households. In this way, they will have more ownership over the behaviors as they will need to be role models for others. They will lead the changes in improving health within their homes.

Ask:

- All parents are already teachers and role models for their children. In general, what skills do children learn from their parents?
- What positive behaviors do children learn from their parents? What negative behaviors can they learn?

If the children see their parents use the latrine and wash fruits and vegetables, they will learn to do the same. In general, children are more adaptable and open to change. Behaviors and habits that are adopted early are more likely to become lifelong habits and prevent future infections.

As we learned before, children are at high risk of infection from these diseases, so it is important that their parents teach them how to stay healthy. When you teach the prevention behaviors to children, here are some strategies that may help:

- ✓ **Model the behavior-** Children learn the behaviors by seeing and copying others. You can show them how to wash their hands and faces and then practice together.
- ✓ **Create a routine-** Children will remember the behaviors if they become a part of their daily lives. For example, parents can schedule a set time for face washing each day and require





that their everyone wash their hands before eating, so then children know to expect it and be ready.

- ✓ **Teach with play-** Children often learn through play and by acting out situations with their imagination. Ask them to act out a story about the healthy behaviors, make up a dance about them, or draw a picture to show their friends. You can also teach them the song or story about the prevention behaviors you created in the last session.
- ✓ **Encourage self-monitoring-** Recommend that families perform their own checks on hand and face cleanliness every morning and night. For example, an older brother/ sister can check the younger children's faces to make sure they are clean before they leave for school or go to bed.
- ✓ **Use visual reminders-** The family can put a mirror in the household to encourage their children to check their face cleanliness. It will act as a visual reminder for everyone to be aware of their hygiene. You can also leave shoes right outside the door, so they see them and remember to wear them when they leave the household.
- ✓ **Act as role models-** Children look up to their parents and will imitate their behaviors. If you show that personal hygiene is important, then your children will learn that value and be more likely to practice the behaviors.

Ask:

- Do you know any other strategies that parents can use to teach their children?
- How can the adult students also influence their spouses to do the healthy behaviors?

Adults also need to protect their own health. If they are healthy, then they are better able to care for their families and are less likely to spread diseases. Economically, they are better able to earn money. They may also save more money long-term if they avoid major health problems that cost more to treat.

Also, as we discussed above, parents are role models to their children. It is important for children to see both parents doing the healthy behaviors or they may think that only certain people need to do the behaviors.

***In the classroom:** If any children attend the lesson with their parents, use it as an opportunity. The adult learners can practice some of the methods above with their children.*

4.5 Closing: Brain Dump

20 minutes

Facilitator will close the session with a quick review activity.

To make sure that all participants clearly understand the information, we will conduct a short review activity. You can also adapt this activity to use with your students as a fun energizer that checks their knowledge.

Instructions for Brain Dump:

1. Participants will work alone at first. Provide paper and writing utensils as needed.
2. Facilitator will name a topic, and the participants will write or draw everything they can think of related to that topic in 3 minutes without looking at their notes. Start with:
 - Intestinal parasites





3. After 3 minutes, tell participants to get in groups of 4 and share their thoughts and drawings. What information did they forget?
4. Walk around to check progress and answer questions.
5. Now name another topic. Participants will have 3 minutes to write or draw everything they can think of related to that topic. For example:
 - Trachoma
6. After 3 minutes, tell participants to get in groups of 4 and share their thoughts and drawings.
7. Do one final round. Once again, participants will work alone to write or draw everything they can think of related to that topic in 3 minutes. For example:
 - Bad Health Habits
8. After 3 minutes, tell them to get back in the groups of 4 and share their thoughts and drawings.

Ask:

- What other review games can you use in the classroom?

In the classroom: *If some students are not comfortable writing or drawing, you can put them in small groups from the beginning with at least one student who is. That person can draft out all the ideas that they say about each topic.*





■ Training

Session 5

Planning

5.1 Opening Discussion

15 minutes

Give 5 minutes for pairs to discuss their questions together. After a few moments, bring everyone back together and ask the whole group questions.

As educators and health workers, we are also role models to our students and communities. It is important for us also to show the importance of these behaviors and model them for others. The places where we work should also be a healthy environment for people to visit—the health posts and the teaching centers.

- **For pairs:** How are the WASH conditions in the teaching sites and health posts? Is there a place with soap and water for handwashing? Are there latrines?
- **For whole group:** How can we improve the WASH conditions in the teaching sites?

5.2 Planning

45 minutes

Adult education teachers will work together to plan their lessons. Other participants will work together by kebele to make a plan to support the program.

The final session today is a planning session. After completing the ToT, the IF AE teachers are expected to start the health lessons with the students within the next month so the information is still fresh in their minds. The action planning will also include discussion by local officials, principals, and HEWs on how they can best support this project.

To help the participants prepare for rolling out the program, we will now take some time to plan together in groups.

Instructions for Action Planning:

1. Review all the instructions together before people start to work in groups.
2. Tell **teachers** to work together in groups of 3-4 people.
3. In the teacher planning groups, they will each complete [Annex 2- Lesson Planner](#).
 - ✓ They will go back and review training sessions 1-4 together and discuss how they can adapt the lessons to best fit their students.
 - ✓ Teachers can choose to do different activities and cover the material in a different order than in the training sessions. You know your students best.
4. Tell HEWs and principals to group together by kebele to complete the action plan in [Annex 3- Kebele Action Plan](#). Local officials can choose a group to work with or rotate between groups.
 - ✓ Together, they will think of ideas for how to support the adult education program. Then they will choose a few actions to plan.
5. There are note pages in [Annex 5](#) if needed.





6. As the groups work on their plans, walk around to check progress and see if there are any questions.
7. After 20-30 minutes, tell teachers to join the kebele group for their teaching sites. They will review the action plan with the other participants and add suggestions.
8. *After groups have discussed, ask and collect answers:*
 - What are some actions you're planning to support the health program?
 - Look at the monitoring form in [Annex 4](#). How can you use this form to track the progress of the program? Do you prefer to monitor it in a different way?

5.3 Brainstorming

45 minutes

Participants will brainstorm questions together in groups.

Before ending the ToT today, we will brainstorm some final issues and then discuss them all together.

Instructions for Roundtable Discussions:

1. Tell participants to get into 6 groups.
2. Give groups a topic to discuss. Some of these questions are related to their action plans. Switch topics every 3-5 minutes.
 - How can we improve attendance of the adult students?
 - How can HEWs best be involved in the program?
 - What activities from the sessions do you think will work best with the adult students (e.g. card games, role play, discussion)?
 - How can we encourage people to use soap when washing their hands and faces?
 - What are challenges that you see with implementing the program? How can we address those challenges?
 - How can we involve the children of the students in this program?
 - How can we improve this program?
 - Any questions or suggestions?
3. Walk around to observe and encourage discussions.
4. After each question, ask for a few people to share their responses with everyone.

5.4 Closing Words

15 minutes

Facilitator will thank the participants and lead them in a closing activity.

The adult education program has a unique place in the community as it reaches some of the highest need families in terms of both education and health. As we discussed throughout the training, education and health are linked. With education, people are better able to access healthcare and understand health information. Moreover, a healthier person is better able to do well in school and provide for a family. Together, access to education and health both improve people's futures.





We want to end with some final words on being a good teacher. Note that we also consider health professionals to be teachers, as you pass on important messages and teach lifelong skills to community members.

Instructions for Closing Words Exerciser:

1. Thank the participants for taking part in the ToT and being motivated to make their communities healthier.
2. Ask each participant to give one word or phrase to describe qualities that make a good teacher.
3. Start with an example: "Patience." Clap after your word.
4. Go around the room and collect other words that describe a good teacher. Clap after each person.
5. At the end, ask everyone to clap together and acknowledge their own important role in improving health in their communities and bringing a better future for all.

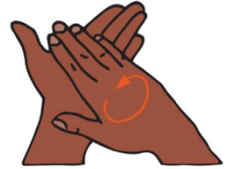




■ Annex 1

Steps for Handwashing

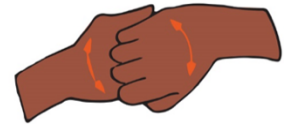
Use: You can use this page as a guide to show and model the steps. It is recommended to wash hands with soap for 20 seconds and target all parts of the hand.



1. Wet hands with water.

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

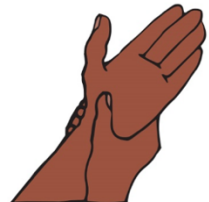
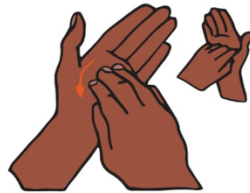
3. Rub hands palm to palm.



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

5. Rub palm to palm with fingers interlaced.

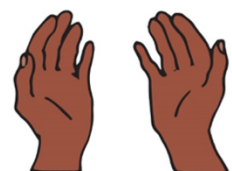
6. Rub with backs of fingers to opposing palms with fingers interlaced.



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

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

9. Rub each wrist with opposite hand.



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

11. Dry thoroughly with a clean towel.

12. Your hands are now clean!



■ Annex 2

Lesson Planner

Instructions: Teachers will work together to review the first four training sessions and discuss how to adapt them for their students. You can choose to do different activities and cover the material in a different order. Regardless of changes to methods, please plan to cover the main content related to disease prevention and health literacy.

Name: _____

Date: _____

Wereda: _____

Kebele: _____

Part 1. What dates will you do the lessons?

Name of Teaching Site	Planned dates for each lesson			
	Lesson 1	Lesson 2	Lesson 3	Lesson 4

Part 2. Review the content in each training session. What changes will you make?

Lesson Plans	
Content in Session 1	What changes/ additions will you make?
<p>1.1 Stand Up Energizer</p> <p>1.2 Introduction to the Program</p> <ul style="list-style-type: none"> → Goal of program → Health literacy → Introduction to key messages <p>1.3 About Intestinal Parasites</p> <ul style="list-style-type: none"> → Intestinal worms- symptoms, risk groups, treatment → Schistosomiasis- - symptoms, risk groups, treatment <p>1.4 About Trachoma</p> <ul style="list-style-type: none"> → Trachoma- symptoms, risk groups, treatment <p>1.5 Activity: Health Post Role Play</p> <ul style="list-style-type: none"> → Role play with purple cards 	
Content in Session 2	What changes/ additions will you make?
<p>2.1 Opening Discussion</p> <p>2.2 Activity: Transmission Card Game</p> <ul style="list-style-type: none"> → Game with yellow cards 	



<p>2.3 Transmission of Intestinal Parasites</p> <ul style="list-style-type: none">→ Intestinal worms- pathways of infection→ Schistosomiasis- - pathways of infection <p>2.4 Transmission of Trachoma</p> <ul style="list-style-type: none">→ Trachoma- pathways of infection <p>2.5 Activity: Breaking Transmission</p> <ul style="list-style-type: none">→ Game with yellow cards	
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Content in Session 3	<i>What changes/ additions will you make?</i>
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<p>3.1 Opening Activity: Tree of Good Health</p> <p>3.2 Personal Hygiene Behaviors</p> <ul style="list-style-type: none">→ Clean hands→ Clean face→ Clean feet <p>3.3 Handwashing Demonstration</p> <ul style="list-style-type: none">→ Laminated page for handwashing→ Demonstration of steps for handwashing <p>3.4 Clean Environment Behaviors</p> <ul style="list-style-type: none">→ Clean place→ Clean water→ Clean food <p>3.5 Activity: Teaching the Key Messages</p> <ul style="list-style-type: none">→ Song/ story activity with blue cards	
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Content in Session 4	<i>What changes/ additions will you make?</i>
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<p>4.1 Opening Discussion</p> <p>4.2 Discussion: Barriers to Health</p> <ul style="list-style-type: none">→ Groups discuss barriers for each key message <p>4.3 Activity: Sanitation Ladder</p> <ul style="list-style-type: none">→ Game with the green cards <p>4.4 How to Teach Your Family</p> <ul style="list-style-type: none">→ Recommendations <p>4.5 Closing: Brain Dump</p> <ul style="list-style-type: none">→ Review game	
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What support do you need to make this program successful?





■ Annex 3

Kebele Action Plan

Instructions: HEWs and principals will sit together by kebele to complete the action plan. Local officials can choose a group to work with or rotate between groups.

Date: _____

Wereda: _____

Kebele: _____

Names of Representatives: _____

Part 1. Work together to think of ideas for the following questions.

Part 1: How to Support the Program

How can we improve WASH conditions in the teaching sites?

1.

2.

3.

How can the HEW support this program?

1.

2.

3.

How can the principals / local officials support this program?

1.

2.

3.





Part 2. Choose a few of the most relevant ideas from Part 1. Make a plan of action to support the program.

Part 2: Next Steps

<i>Action</i>	<i>By who?</i>	<i>When?</i>
1.		
2.		
3.		
4.		
5.		





■ Annex 4

Monitoring Form

Use: The IF AE teachers can use this form to track data on the interventions.

Name: _____ Date: _____

Phone/ Email: _____ Wereda: _____

I. LEAF Health Education Program

1. Date of NALA training:	
2. First date when you taught health lessons to students:	
3. Number of teaching sites that received lessons:	
4. Number of adult students reached:	
5. Check which teaching methods you used for the LEAF health lessons:	<input type="checkbox"/> Activities with cards <input type="checkbox"/> Lecture <input type="checkbox"/> Art or music <input type="checkbox"/> Role Play <input type="checkbox"/> Discussion <input type="checkbox"/> Other

II. Impact After Lessons

6. After the health lessons, did you see any improvement in hand hygiene with adult students?	<input type="checkbox"/> Yes, a lot <input type="checkbox"/> Yes, a little <input type="checkbox"/> No, the same <input type="checkbox"/> Unsure
7. Did you see any improvement in facial cleanliness ?	<input type="checkbox"/> Yes, a lot <input type="checkbox"/> Yes, a little <input type="checkbox"/> No, the same <input type="checkbox"/> Unsure
8. Do you see more students wearing shoes ?	<input type="checkbox"/> Yes, a lot <input type="checkbox"/> Yes, a little <input type="checkbox"/> No, the same <input type="checkbox"/> Unsure
9. Has there been any improvement in WASH conditions at the teaching site?	<input type="checkbox"/> Yes, more access to handwashing <input type="checkbox"/> Yes, more access to latrines <input type="checkbox"/> Other: _____ <input type="checkbox"/> No <input type="checkbox"/> Unsure
10. Do you feel more confident in teaching health-related topics?	<input type="checkbox"/> Yes, a lot <input type="checkbox"/> Yes, a little <input type="checkbox"/> No <input type="checkbox"/> Unsure

III. Comments

11. Challenges during implementation:

12: Success story (case study):





Works Consulted

1. Apfel, F., & Tsouros, A. D. (2013). Health literacy: the solid facts. *Copenhagen: World Health Organization*, 3-26.
2. Cheng, L. (2013). Effective print material for low-literacy populations: Literature review and guidelines.
3. Curtis, Valerie A., Lisa O. Danquah, and Robert V. Aunger. "Planned, motivated and habitual hygiene behaviour: an eleven country review." *Health Education Research* 24.4 (2009): 655-673.
4. European Association for the Education of Adults (2015). EAEA POLICY PAPER ADULT EDUCATION & HEALTH
5. Knowles, M. S., Holton III, E. F., & Swanson, R. A. (2014). *The adult learner: The definitive classic in adult education and human resource development*. Routledge.
6. IDEO. *The Field Guide to Human-Centered Design: Design Kit*. IDEO (2015).
7. Ogden, S (2013). WASH and the Neglected Tropical Diseases. A Manual for WASH Implementers Ethiopia. Technical Report. WASH NTD. Accessed via <http://childrenwithoutworms.org/sites/default/files/ETH%20WASH%20NTD%20Manual.pdf>
8. UNICEF, *Participatory Health and Hygiene Education Field Guide*. Zimbabwe (2002).
9. 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).
10. World Health Organization (2015). "Water sanitation & hygiene for accelerating and sustaining progress on neglected tropical diseases: a global strategy 2015-2020."
11. WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (2021). Progress on household drinking water, sanitation and hygiene 2000-2020: Five years into the SDGs.



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