

HEWs Manual For Community Based Intervention with WDAs and influential key figures of the community

1. Introduction

The purpose of this manual is to provide a framework and tools for Health Extension Workers (HEWs) for leading a successful Trachoma elimination health education program in the community together with the Women's Development Armies (WDAs). As part of the health education program, the WDAs will learn basic facts about Trachoma, focusing mainly on ways of infection and necessary behavioral changes for disease prevention. Achieving behavioral change amongst the community is key to success, with emphasis on changing the habits of children aged 1-9 who are the most vulnerable age group for contracting Trachoma.

The program focuses on women, as they are the most dominant figure responsible for caring for children and therefore have much influence on creating desirable behaviors amongst them and eliminating risk-raising behaviors. Additionally, since women hold the role of caring for the household they are also in the best position for controlling hygiene and sanitation conditions and practices in the household, and setting up the environment for achieving the desired behavioral change.

By working with the HEWs and WDAs in conveying Trachoma prevention messages to household level, the goal is to achieve wide spread impact with the entire community.

In addition to the focus on WDAs, the program also incorporates the participation of key figures of the community, as they are believed to have great power and influence which can enhance the overall impact of the community health education program.

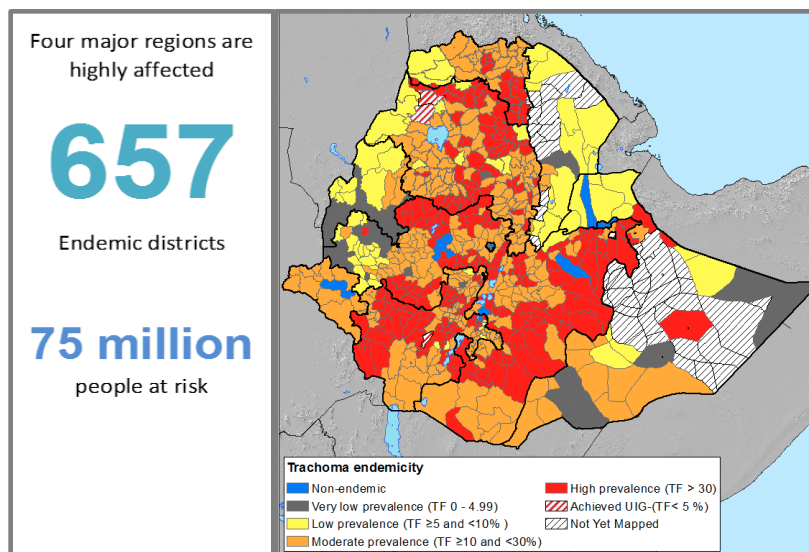
2. Background: Trachoma

2.1. Introduction to Trachoma

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

Ethiopia has the highest burden of active trachoma globally, with 657 woredas endemic for trachoma and nearly 75 million people at risk of infection.

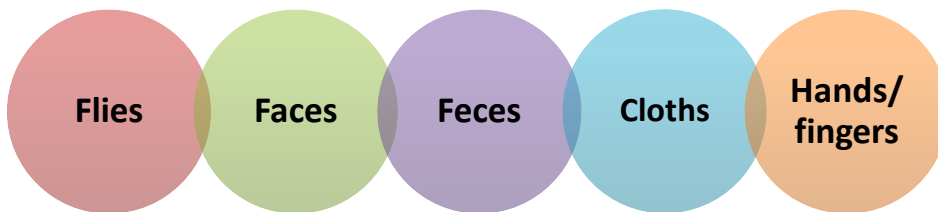
Children (ages 1-9) are especially vulnerable for contracting trachoma, and often spread the disease to their caretakers and others (women's risk is twice as high as men's). Repeated infections during childhood put children at risk for becoming blind at adulthood. In the advanced stage of the disease a person's eyelashes turn inward and scratch the cornea while blinking, which leads to scarring, diminished vision, and eventually blindness.



2.2. The Trachoma infection process

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

- **Feces:** Human feces attract the flies and provide a breeding area for them to multiply. Having feces in close proximity to living quarters or schools raises the risk of infection.
- **Faces:** Nasal and eye discharge contain the bacteria which can be transmitted to other individuals through the following methods:
- **Flies:** 'Eye seeking flies' transmit the bacteria which is found in the discharge on infected people's faces. They carry the bacteria from infected eyes to healthy eyes and spread the infection.
- **Cloths:** Sharing towels/cloths between infected and healthy people may contain the bacteria which can be transmitted to the healthy individual and infect him.
- **Hands/fingers:** Touching an infected eye with the fingers and then coming in contact with another individual (for example by hand shaking) can transmit the bacteria.



Risk Factors

Factors which increase the risk of contracting trachoma include:

- **Inadequate personal hygiene:** Inadequate hygiene practices such as not washing face and hand raise the risk of contracting and spreading the infection. .
- **Unclean environment:** Human feces is the main cause of attracting flies, and to a lesser extent animal feces and other trash which is left out in the open and not burned or buried.
- **Lack of adequate hygiene and sanitation facilities:** Areas which are lacking latrines and sources of water are at higher risk of open defecation and diminished hygiene practices, leading to a higher risk of infection.

2.3. Signs and symptoms of trachoma

Trachoma usually affects both eyes, sometimes a-symptomatic and sometimes showing 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
- At an advanced stage of the disease, the eye lashes will turn inwards (this usually happens at adulthood and not at school age).

Young children are particularly susceptible to infection, but the disease progresses slowly and the more painful symptoms may not emerge until adulthood. All signs of trachoma are more severe in the upper lid. As the scarring advances, the upper lid may show a thick line.

2.4. Prevention and control of Trachoma infection

Treatment and intervention

Treating trachoma as soon as possible helps prevent further infections. In 1997, the World Health Organization (WHO) organized the Alliance for Global Elimination of Trachoma by 2020 (GET 2020) and recommended the '**SAFE**' strategy as a basic framework for dealing with trachoma. This strategy involves the use of:

- **Surgery**- Treats the advanced stages of disease.
- **Antibiotic drug treatment**- Treats the infection with azithromycin.
- **Facial Cleanliness**- Washing faces and hands with soap and water will help prevent infection and re infection.
- **Environmental improvements**- Improving access to clean water and sanitation will reduce transmission of the disease. Also, properly disposing of animal and human feces can reduce breeding grounds for flies.

Main actions to be taken in order to prevent Trachoma:

- **Face washing and hand washing:** Keeping faces clean with soap may help break the cycle of re infection.
- **Controlling flies:** Reducing fly populations can help eliminate a major source of transmission.
- **Proper waste management:** Properly disposing of animal and human waste can reduce breeding grounds for flies.
- **Improved access to water:** Having a fresh water source nearby can help improve hygienic conditions.
- **Latrine usage:** reducing open defecation significantly improves hygiene and sanitation conditions.

2.5 Prevalence of Trachoma in Tigray region

Trachoma is highly endemic in Tigray Region. The Global Trachoma Mapping Project conducted in 2013 in Tigray region showed that the prevalence of the blinding stage of

Trachoma (TT) was 1.7% in those aged 15 years and older, while the prevalence of active Trachoma (TF) in children aged 1–9 years was 26.1%.



3. Description of Educational Tools

The educational tools for the health education program accompanying this manual are 2 posters to be used by the HEWs when teaching the WDAs, and a flipchart for the WDAs to use while teaching their networks and households.

The HEWs posters are visual aids which illustrate the transmission modes of Trachoma and the behaviors which are needed in order to prevent transmission, as well as the main symptoms of Trachoma.

The WDAs flipchart visually presents 5 transmitters and the correlating 5 methods of prevention. Each pair of transmission and correlating prevention methods are presented on one page together

The flipchart also includes short illustrated stories which describe parallel scenarios of contracting Trachoma and its consequences, and of maintaining a safe environment which enables Trachoma prevention.

4. Structure of the Trachoma Education Program

The Trachoma education program will be led by the HEWs and will comprise of 2 consecutive sessions at the initial phase. Following these sessions, a community campaign is expected to take place, after which further community education methodologies will be designed based on the perceived outcomes.

The sessions will be given to 30 WDA leaders and to key influential community members (such as religious figures, kabele administrators and the elderly).

The first session will focus on providing basic knowledge on Trachoma, and contextualizing it while emphasizing its relevance to the community.

Following the first session each HEW will teach 30 WDA leaders in their Kabele, who will then teach -5 WDA women each. Then, each WDA woman will pass the information on to the 5 households which she is in charge of.

The community key figures will be given the task of passing on the information within their influence circles to varying target audiences.

The second session will be dedicated to further exploring identified obstacles pertaining to Trachoma prevention and potential solutions, followed by joint planning of a wide community engagement campaign. Only general guidelines are provided for designing the campaign, with the intention of increasing ownership by community leaders for engaging the community in the ways which they view most fitting.

This manual includes a detailed description of the sessions.

Sessions structure

1. Opening session - Content:
 - A. Introduction
 - B. Basic facts about Trachoma
 - C. Sharing personal stories from the community- a visually impaired community member should be invited in advance by the HEW to attend this session.
 - D. Explaining the negative implications of Trachoma on households and communities
 - E. Focusing on The role which women and mothers play in creating Behavioral change in households and Communities
 - F. How to create behavioral change and advocacy
 - G. Teaching the household level and community members in varying settings

2. Second session:
 - A. Questions/dilemmas which arose from teaching the community
 - B. Obstacles and solutions- which solutions could be implemented at household level and/or community level?
 - C. Model households – A guest speaker from the community who has received the title of being a ‘Model household’ should be invited in advance by the HEW to share their experience with improving hygiene and sanitation in their home environment.
 - D. Brainstorming in preparation of community level campaign
 - E. Planning community level campaign

Sessions Overview	
Opening Session	
Introduction	<p>Begin by introducing yourself and ask all participants to introduce themselves to the rest of the group.</p> <ul style="list-style-type: none"> • Explain the objectives of the program: <ol style="list-style-type: none"> 1. Provide general knowledge regarding Trachoma (causes and prevention), its risks and implications- socially, economically. 2. Provide training on delivering health messages and advocating for behavioral change at household level and to other community members 3. Engage the community in a joint effort of Trachoma elimination. 4. Create sustainable environmental and behavioral changes.

	<ul style="list-style-type: none"> • Present the sessions structures: <ol style="list-style-type: none"> 1. <u>1st session</u>: Introduction to Trachoma, its implications and creating behavioral changes in the household. 2. <u>2nd session</u>: Discussions on obstacles and solutions for improving hygiene conditions and creating a healthier environment for children and families followed by planning towards a large community campaign.
<p>Basic facts about Trachoma</p> <ul style="list-style-type: none"> • Transmission • Symptoms • Prevention 	<p>Ask: “Who knows what Trachoma is?” Collect a few answers Explain: Trachoma is a disease caused by bacteria which spreads between people through contact with nasal and ocular discharge of an infected person, via eye-seeking flies, touch, and sharing of cloths. Children are the most susceptible to infection (ages 1-9) and may experience various symptoms during childhood. Repeated re-infection during childhood may result in blindness at adulthood. Ask: “Why is Trachoma a major health risk in our community?” Explain: Trachoma is highly prevalent in areas where there is lack of access to water and proper hygiene and sanitation facilities, as well as poor hygiene behavior and practices by the community. Once members of the community become blind due to the disease, they are severely impacted as well as their families and the community as a whole.</p> <p>Emphasize: Trachoma can be prevented by adopting behavioral changes and improving the hygiene conditions and practices of the community. Raising awareness to the disease is the first step in preventing it.</p> <p>Say: “We will now discuss the ways in which Trachoma is transmitted from one person to another”:</p> <ul style="list-style-type: none"> • <u>Transmission:</u> <p>A person infected with trachoma can infect others around him through several modes of transmission, spreading the disease.</p> <p>Use the Transmission poster : Present the different methods of transmission and briefly explain the process:</p> <ol style="list-style-type: none"> 1. <u>Hands/fingers</u>- when an infected child rubs his eyes and then touches other people he can transmit the bacteria to them. He doesn’t have to directly touch their faces, he can touch their hands and then when they touch their own eyes

they will get infected.

2. Cloth- when sharing the same piece of cloth to clean the eyes of an infected child and an uninfected child, the bacteria is transmitted from one to the other, infecting the healthy child and spreading the bacteria.
3. Flies- A type of fly which is attracted to eyes (eye-seeking fly) is a major transmitter of bacteria, as it lands on an infected eye (and feeds off of the discharge on the face) and then lands on a healthy eye.

Say:

“Those were the main modes of transmission but there are 2 important contributing factors to add”:

4. Feces- Human feces attract the flies and provide a breeding area for them to multiply. Having feces in close proximity to the home and school results in more flies seeking the children’s eyes, and thus endangering them with getting infected. For this reason, open defecation raises the risk of infection. Animal feces also may attract flies, but not as much as human feces do.
5. Unclean faces- An infected child will often (but not always) have discharge coming out of his eyes and nose. This discharge can be transmitted to a healthy child through the modes previously described.

A healthy child with a dirty face (even with no discharge) will be more attractive for the eye-seeking flies and therefore more at risk of infection too.

- **Symptoms:**

Ask:

“How can we identify people in the community who have trachoma infection”?

Explain:

“Some people infected with trachoma may not have any visible sign of the disease, but many will have the following signs and symptoms”:

Use the Symptoms poster:

- Itchy red eyes
- Discharge from the eyes and nose containing mucus or pus
- Eye lid swelling
- Light sensitivity

- Eye pain
- Blurred vision
- At an advanced stage of the disease, the eye lashes will turn inwards (this usually happens at adulthood). This may cause scratching and scarring of the eye and eventually lead to the result of blindness.

Emphasize: “The process of re-infection begins at childhood where symptoms might not be severe and painful, but may lead to blindness at adulthood and therefore should be taken seriously”.
Preventing blindness due to Trachoma begins with healthy eyed children.

“If you see a child or an adult with red and itchy eyes, advise them to contact a health worker for treatment”.

- **Prevention:**

Now that the modes of transmission have been discussed, explain the methods of prevention, specifying each problematic behavior and the necessary action for solving it.

Use the Prevention poster:

	Problem	Actions
A	Unclean faces (Which contain the infectious discharge and attract the eye-seeking flies)	<ul style="list-style-type: none"> • Children should keep their faces clean all the time. Washing with water and soap (when possible) is the most important action for preventing trachoma. Adults should maintain clean faces as well.
B	Unclean environment (Feces in home and school area which allow flies to breed and get near children)	<ul style="list-style-type: none"> • Use latrines instead of open defecation. • Maintain latrines in good condition to encourage using them. • Keep environment as clean as possible to prevent attracting flies
C	Unclean hands and fingers (transmit bacteria from person to person)	<ul style="list-style-type: none"> • Encourage children and adults to wash their hands whenever dirty. • If you see a child rubbing his eye continuously, encourage him to wash his hands after rubbing.

	<table><tr><td>D</td><td>Sharing cloths (transmits bacteria from eye to eye)</td><td><ul style="list-style-type: none">• Avoid as much as possible sharing cloths between children for cleaning faces.• Avoid cleaning children faces with your skirt/covers</td></tr></table> <p>Say: “Keeping faces and hands clean, and avoiding sharing towels are extremely important whether the children appear to be sick or not. As mentioned, sometimes a child may have an infection without external signs, so separation of cloths and cleanliness should always be maintained as much as possible”.</p> <p>After this explanation regarding the basic facts on Trachoma, you may conduct the following activities:</p> <ol style="list-style-type: none">1. Present the poster in front of the group and ask 5 volunteers to each come up and explain one transmission way and its correlating prevention method.2. <i>Discussion:</i> encourage the participants to discuss which behaviors they feel would be the hardest to change?3. <i>Discussion:</i> encourage the participants to discuss which added advantages the behavioral change would have on their households, beyond Trachoma prevention?	D	Sharing cloths (transmits bacteria from eye to eye)	<ul style="list-style-type: none">• Avoid as much as possible sharing cloths between children for cleaning faces.• Avoid cleaning children faces with your skirt/covers
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Personal Stories From The Community	<p>This section is meant to bring the topic of Trachoma closer to the participants’ personal lives and create an emotional attachment to the topic.</p> <p>Ask: “Have you seen children or adults with some of these symptoms in your community”?</p> <ul style="list-style-type: none">• Invite the participants to share stories of their acquaintances who have been affected by Trachoma.• Invite a community member who has battled Trachoma to share his personal story with the group.• If no community member is available. As HEW, share stories of community members coping with Trachoma which you have encountered as well. Emphasize the challenge and struggle which people and their families have to face at the advanced stages of the disease.• 			
Negative Effects On Households And	<p>The purpose of this section is to explain the serious ramifications of Trachoma disease on families and communities as a whole.</p>			

Communities	<p>Discuss the negative effects of Trachoma on households and communities, by mentioning the following factors:</p> <ol style="list-style-type: none"> 1. <u>The poverty cycle</u> - Trachoma is primarily a disease of extremely poor populations. Once infected, a person will miss work days and by that lose income or worse – a person is at risk of going blind and not being able to work at all. This puts him in a position of not being able to provide for himself and his household, and being dependent on others for living. 2. <u>Burden on the family</u> – Once going blind due to Trachoma, a person becomes a burden to his family members and dependent on them for carrying out daily tasks. This may result in harm to his children’s routines such as going to school or raising a family of their own. 3. <u>Education compromised</u>- Children suffering from symptoms of Trachoma may find it difficult to function at school and therefore their academic achievements will be harmed. 4. <u>Continued infection</u>- As Trachoma is easily transmitted between people, family members of an infected person are at elevated risk of contracting it. Siblings of an infected child and his mother are at the highest risk amongst family members. <p>Encourage a discussion regarding these points, and ask participants to raise additional negative effects of Trachoma on households and communities.</p>
The Role Of Women And Mothers	<p>The purpose of this section is to emphasize the significant role which women play in Trachoma elimination and to empower them to take control and lead their family towards disease elimination.</p> <p>Ask the participants to share their main responsibilities in the household. Collect a few answers.</p> <p>Ask: “As women, how are you in a position of control over your children’s behaviors and hygiene practices? Collect a few answers</p> <p>Ask: “As women, how are you in a position of controlling the hygiene and sanitation conditions in your home environment? Collect a few answers</p> <p>Ask the women to match their responsibilities in the household with methods of Trachoma prevention. For example:</p> <ul style="list-style-type: none"> - <u>Washing clothes</u>- cleaning bacteria from discharge which

	<p>may infect other family members.</p> <ul style="list-style-type: none"> - <u>Cleaning the house and the surrounding environment</u> - ensuring there is no feces in the living environment to attract flies. - <u>Teaching children behaviors</u>- teaching children the importance of always keeping a clean face. - <u>Supporting children in adapting face and hand washing practices on a regular basis (as part of their daily routine)</u>. <p>At the end of the discussion, Summarize: “Women hold the role of caring for the household and their children. Therefore they are in the best position for controlling hygiene and sanitation conditions and practices and for setting up the environment for achieving behavioral change. This way, disease elimination can be achieved”.</p> <p>Following this activity, conduct an open discussion on the <u>daily challenges that women face with hygiene and sanitation</u>, which may constitute an obstacle for preventing Trachoma. <u>Examples may be</u>: shortage of water, quality of constructed latrines, financial priorities, and more.</p> <p>Write down all the challenges which come up in the discussion and save them for an activity in the next meeting which will focus on practical steps to overcome these obstacles.</p>
<p>Advocacy For Achieving Behavioral Change</p>	<p>Present the following main principles for achieving behavioral change in the community. Allow for comments from the participants after each principle.</p> <ol style="list-style-type: none"> 1. <u>Identifying the problem and the need for changing it</u>- there is a need for understanding the severity of Trachoma and its harsh ramifications- personally, communally, socially, financially. 2. <u>Creating awareness of the problem and the importance of solving it</u>- there is a need to introduce the concept of Trachoma to community members, to teach them about the danger and ramifications and to convince them of the importance of prioritizing solutions for Trachoma elimination. 3. <u>Provide tools and clear guidance</u>- once awareness has been created, the audience which is being advocated to should receive very clear behavioral and action-oriented

	<p>instructions in order for them to successfully eliminate the risky behaviors and practices.</p> <p>4. <u>Identify influential key people in the community</u>- in order to successfully convey a message, utilizing respected figures in the community is a necessity. Examples of such key people are community heads, religious figures, health and education authorities. By having unified messages conveyed through many avenues a larger impact can be achieved, and more audiences will be reached.</p> <p>5. <u>Repetition and problem solving</u>- behavioral change is a long-term process and not achieved over night. Therefore, repeating messages over a long period of time is necessary in order to truly reach a deep rooted sustainable change in habits. Additionally, the environment needs to be set up for success. This means that environmental or technical obstacles must be addressed with solutions.</p>
<p>Preparing For Delivering Health Education To community members</p>	<p>This section is meant to prepare the participant by practicing using the flipcharts and illustrated stories and answering questions which may arise.</p> <p>Present the flipchart (which has not been used yet), as this will be the tool which will be used for teaching the community members. .</p> <p>Explain:</p> <ul style="list-style-type: none"> • The flipchart visually presents 5 methods of transmission and their correlating 5 methods of prevention. Additionally, it gives focus to several common misconceptions regarding ways of contracting Trachoma. • When using the flipcharts for teaching the community it is important to ensure the following: <ol style="list-style-type: none"> 1. Each transmission way is clear 2. Each correlating prevention method is clear 3. The connection between ‘problematic action’ and ‘correcting action’ is clear. <p>- Ask a volunteer to present the poster and have the participants provide feedback in case the presentation is not clear or if something was missed.</p> <p>Present the illustrated stories</p> <p>The purpose of the illustrated stories is to describe two possible avenues- one of improved hygiene behaviors which protect against contracting Trachoma and one were compromised hygiene</p>

practices risk family members with getting sick. These stories are meant to convey the message that families have the power to determine their health condition by adopting necessary behavioral changes and prioritizing proper hygiene practices.

Explain:

- When telling the stories, ensure the family is following the processes and understands the different possible outcomes stemming from different behavioral choices.
- Ensure the family understands that infections at childhood may lead to blindness at adulthood and therefore need to be treated and prevented.
- **Ask** a volunteer to tell the story and have the participants provide feedback in case the presentation is not clear or if something was missed.

Scenario practice

Role play with the participants – ask for 2 volunteers from the group to act out a scenario of teaching a household. One will be the WDA and one will be a mother in a house.

Possible difficulties which can be rolled out:

1. Explaining long term benefits of a behavioral change when in the short term it might seem more difficult (presenting it as an investment for future health) – for example prioritizing buying soap, or carrying an additional Jerican of water for face washing from a well which is distant.
2. Explaining the connection between having large numbers of children with infected eyes in the community and the large number of adults who are blind/with Trichiasis (advanced stage of the disease) in the community.
3. Explaining why only washing the face in the morning is not enough for Trachoma protection.
4. Dealing with a family saying they live far away from a water source or they have no latrine to use (have the group come up with possible solutions/answers for such obstacles which may be raised).
5. Additional obstacles- have the group think of more obstacles which may be raised by households for implementing the recommended Trachoma prevention actions, and come up with suggested solutions.

	<p>Expectations of the participants following the session:</p> <ol style="list-style-type: none"> 1. WDAs will meet their networks and pass on the acquired information, and each network member will go to her respective 5 households and provide a session on Trachoma, using the visual aids and methodology. 2.Key community figures will pass on the acquired information to their relevant target audiences (based on their position in the community). <p>Once the information has been conveyed to the community, the following should be achieved:</p> <ul style="list-style-type: none"> • The high risk of contracting Trachoma should be clear and the need to prioritize its prevention by taking action. • Community members should know which specific actions are necessary for prevention. • Community members should receive advice on overcoming obstacles and barriers which they are concerned about, which would prevent achieving behavioral change.
<p>Second Session</p> <p>* This session will take place after all participants of the first session have experimented with passing on the information to community members.</p>	
<p>Questions/Dilemmas which arose while teaching community members, and Ideas For Trachoma Prevention</p>	<p>The purpose of this section is to jointly think of useful solutions to questions/dilemmas which were brought up by the households and community members. Additionally, sharing new ideas and insights will be the foundation for planning the community project.</p> <p>Go around the room and ask each participant to share the following:</p> <ol style="list-style-type: none"> 1.Were they asked a question which they were not able to answer? (If gaps of knowledge or missing information arise, the HEW should provide the necessary explanation). 2. A question/dilemma brought up by the taught community members Have the group discuss possible answers and solutions to what was presented. 3. Ideas for prevention actions which were brought up by the taught community members. 4.Any new insight regarding the effects of Trachoma on the

	community following the experience of teaching the community members.
Obstacles and solutions	<p>Divide the group into 5 smaller groups.</p> <p>Each group should suggest a household/community level solution for one of the daily challenges regarding hygiene and sanitation which were documented during the first meeting. Assign a challenge to each group.</p> <p>Experience from the community teaching should guide each group in planning their suggested solutions.</p> <p>Ask each group to briefly present the challenge which they were working to solve and their ideas of solutions.</p>
Model Households	<p>Invite a guest speaker from the community to share their successful experience of earning the title of 'Model Household'. It is important that they mention the obstacles which they faced on their way to improving their household hygiene and sanitation conditions and which solutions and mechanisms of support helped them achieve their goal.</p>
Brainstorming For Community Level Campaign	<p>Have the participants return to the 5 small groups from before.</p> <p>Instruct the groups to take the solutions which they came up with from the previous activity and try to create a community level campaign/message which will encourage that solution.</p> <p>Give each group 20 minutes to develop their action plan.</p> <p>When all groups are ready, have each group present their idea. Allow for questions and discussion after each presentation.</p>
Suggested methods for community mobilization and engagement	<p>Once the topics of the campaign/messages have been identified, guide the participants through the 'Bank of optional activities' which is found in the manual at the end of this second session. This list of activities, described in short, is intended to provide ideas for interactive modes of engaging the community, to be used by the campaign leaders.</p> <p>Go over each possible mode of engagement and have a discussion regarding how it may be incorporated into the community campaign and by whom.</p>
Planning The Community Campaign	<p>Ask each community key figure to speak to the group about the following points:</p> <ol style="list-style-type: none"> 1. Their view on Trachoma and how they encounter it in their profession/position. 2. Their involvement with behavioral change messaging to the community.

3. Who their main target audience is for influencing and in which ways can they have impact (example: religious figures can influence church goers, on church days, during or after the service).
4. How they would like to see their involvement in a wide scale community campaign.

After all partners have presented their view on how they may contribute, the whole group moves on to planning the details of the community campaign, incorporating the suggested methods which were discussed in the previous topic.

Assign a group leader who will write down every detail of the program.

A planning template will assist the group in ensuring that all desired audiences are reached, using suitable methods.

Amongst questions to be asked during the planning process:

1. Who are the target audiences for the campaign?
2. Which methods should be used? Examples: creating awareness in main gathering places (market, health facilities, schools, church), speeches by key influential figures at the community, kabele gatherings where Trachoma prevention messages are conveyed (Posters, banners, speeches, radio spots etc.).
3. Which are the best locations for attracting people and getting their attention?
4. How long will the campaign go on for?
5. How to divide roles and responsibilities amongst the group?

Allow for enough time to come up with a detailed plan, with clear **responsibility divisions, action points** and **timelines**.

Based on the plan, group members might meet separately in order to push forward their portions of the community campaign.

Bank of Optional Activities for Community Engagement and Mobilization

Role play

Role play is a participatory method which allows community members to actively express and internalize their thoughts and understanding of the effects and dangers of contracting Trachoma, and of ways of preventing it.

Role play can be performed by the community mobilizer together with community members who are the target audience.

Where can this method be used:

Role play can be used anywhere where there is a gathering of community members. Possible venues are religious locations, market places, kabele administration center, schools, etc.

How to conduct successful role play during the community campaign:

1. Basic information sharing- once a gathering of people is occurring in the community begin by providing some basic facts regarding Trachoma (what it is, how it is transferred from person to person, how it can be prevented).
2. Assigning roles-select volunteers from the audience and assign them different roles which are relevant for acting out a scene regarding Trachoma.
Possible roles can be: HEW, mothers, children, neighbors, school teacher.
For each role, ask the volunteer to pretend to adopt the mindset of their character and display how they perceive Trachoma and its effects.
Possible scenarios for acting out are:
 - 2 mothers speaking by their homes, one mother has started washing her children's faces daily and the other mother doesn't understand what the benefit of doing so is. During this role play the washing mom teaches the other mom (and the audience) why it is important to wash the children's faces, and the other mom shares her reservations and reasons for not doing so.
 - A brother comes home from school and explains to his younger sisters why they should always use the latrines instead of practicing open defecation. He also tells his mother that the teacher instructed him to not share cloths with his sisters for cleaning faces. The mother doesn't understand why separate cloths are needed, and the child explains the transmission method to her.
3. Following the acting out of each scenario, have a short discussion with the audience and participants about what they have learned and which issues are still unclear or concerning to them. Use the opportunity to encourage community members to speak openly of their concerns, fears and obstacles.

Music

Music is known to be a powerful force for mobilizing change in communities, as it can convey explicit messages within culturally familiar songs and melodies.

Where can this method be used:

Using songs which incorporate Trachoma prevention messages can be used during community gatherings at market places, community events and festive days, schools, etc.

How to use music for conveying messages during the community campaign:

1. Identifying a well known song or melody in the community-
Options- a melody which is sung by mothers to their children, unique cultural music such as Fukera, Kererto and Shelala, any beat which is widely familiar to community members.
2. Incorporating the main prevention messages of Trachoma into the existing melodies or beats. This can be done by a musician living in the community, by youth groups who have musical inclination, by school teachers or any other willing creative community member.
3. Performing the new songs during community gatherings, encouraging community members to join in the singing.
4. Performing the new songs at schools and encouraging school staff to incorporate them as part of daily school routines such as flag ceremonies.

Poems and storytelling

Poems and storytelling are also tools for creating social change and raising awareness. They have the power of transmitting messages in a way which personalizes the messages to the circumstances and setting of the individual communities.

Where can this method be used:

Using poems and storytelling which are focused on describing Trachoma infection and prevention messages is possible during community gatherings at market places, community events and festive days, schools, etc.

How to use poems and stories for conveying messages during the community campaign:

1. Poems and stories can be professionally written by writers in the community, if exist.
2. Poems and stories can also be written by community members (youth groups, school children, teachers and school principals, elderly, community leaders)
3. The poems and stories should include both behavioral messages as well as a call for action, or a clear description of the consequences of choosing one behavior over another behavior. For example- a poem may be about a child who has always had an unclean face while growing up and eventually ended up becoming blind due to Trachoma. An alternative story may be of a mother who always maintained a clean

house environment and the personal hygiene of her children, who then grew up to be successful adults with families of their own.

4. If there are existing story structures which are unique to the community and used for encouraging certain behaviors, using them is beneficial as they are already familiar and have a high chance of achieving the goal.

Proverb (Sine kal)

Proverbs are an easy and memorable way of getting the community to understand and internalize important messages. Example of proverbs which pertain to health are “Better to prevent it before getting sick” “ታሞ ከመጥቀቅ አስቀድሞ መጠንቀቅ”, “Give him advice and if he doesn’t listen leave him to his troubles” “ምክረው ምክረው እምቢ ካለ መከራ ይምክረው”.

Where can this method be used:

As the method is simple and brief, it can be used at any community gathering, as well as in the school setting.

How to use proverbs for conveying messages during the community campaign:

1. Prepare proverbs which are related to Trachoma transmission and prevention or to the importance of general hygiene maintenance.
2. Gather the community and use present to proverbs to them.
3. Encourage the community members to come up with their own proverbs and present them in front of the audience.
4. Encourage school teachers to hold internal Sine Kal sessions at their schools, led by the students after they have learned about Trachoma.

Six Hats method

The six hats method allows for emphasizing and highlighting different aspect regarding a topic, such as Trachoma, from the technical fact-base to the emotional aspects. In this method there are 6 roles which are assigned to different people, and each one is expected to represent one of the roles based on its characteristics.

Where can this method be used:

This method is appropriate for using during community gatherings, preferably in small groups and not a very large audience.

How to use the six hats method during the community campaign:

1. Create a group of 6 participants and assign each member with a different hat of the following hats (roles):

1. White hat: This person's role is to talk about the basic facts and data regarding Trachoma (what is known about it).
 2. Red hat: This person's role is to talk about feelings which come up regarding Trachoma (which emotions does the topic extract out of people).
 3. Yellow hat: This person's role is to talk about positive outcomes of taking action against Trachoma (which good thing will result if Trachoma can be addressed and eliminated in the community).
 4. Green hat: This person's role is to talk about new ideas and options for targeting Trachoma in the community (which possible solutions exist for solving the problem)
 5. Black hat: This persons' role is to talk about the challenges and obstacles which are in the way of solving the Trachoma problem (what are the biggest problems which need to be addressed before reaching a reduction in Trachoma prevelance).
 6. Blue Hat: This person's role is to lead the discussion, navigate between the hats and keep the time allocated for each speaker (preferably 2-3 minutes each).
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2. After assigning the roles let each group go around and have each hat holder speak about his assigned topic within the group of 6. Encourage feedback after each one of the hat speakers, as other members of the group might have additional ideas which were not raised by the hat holder.
 3. It is possible to have these 6 hat holders speak in front of an audience as well, and not only within their group of 6. This provides an opportunity for audience community members to become aware of the different aspect of Trachoma prevention.