

Student-Focused School Trachoma Prevention and Control Curriculum

Training of Trainers Manual



Amhara National Regional State Education Bureau



Lions Clubs International
FOUNDATION



THE
CARTER CENTER



April 2016
Addis Ababa
Photo Credits: The Carter Center

Foreword

The student-focused trachoma control and prevention curriculum aims to actively engage grade 1-4 students in personal hygiene and environmental sanitation activities, as a mechanism to decrease the spread and prevalence of trachoma in the Amhara National Regional State. This curriculum builds school children's capacity to prevent trachoma and promote health in their families, and in their communities through dramas, games, and stories. In particular, it assumes children can have an effect on the health knowledge and behaviors of their younger brothers and sisters, and of children who do not attend school. Therefore, this curriculum promotes behaviors and actions that can be supported by existing school/community infrastructure. This curriculum has been designed to complement the existing formal school curriculum and is an extension of the 2008 curriculum for trachoma prevention for primary school health programs.

This Training of Trainers (ToT) manual is designed to teach trainers how to effectively train and mentor primary school teachers and principals on trachoma prevention and control strategies, with emphasis on face washing and latrine use. Ultimately, the lessons delivered through the teachers' manual will foster positive and long-lasting behavior change in grade 1-4 children and the larger community, with the intention of protecting Amhara National Regional State residents from active and blinding trachoma. This manual discusses the roles of teachers and students in preventing trachoma. More importantly, the ToT manual instructs trainers on how to effectively use the teachers' manual to plan and deliver lessons.

Lessons from this curriculum will be used to directly address the burden of trachoma found in the Amhara National Regional State. Baseline surveys conducted throughout Ethiopia in 2006 showed that the Amhara region was disproportionately affected by trachoma. The region was also found to harbor almost half of the national burden of trachomatous trichiasis (TT). As a result, the Amhara National Regional State has recognized trachoma as a barrier for development, and the disease has become one of the state health bureau's priorities. The best way to prevent blindness from trachoma is to prevent trachoma itself. Trachoma usually starts in childhood. Repeated infections may result in low vision, and possibly blindness with time. Cleanliness is an important factor that contributes to preventing blindness from trachoma.

I would like to extend my heartfelt appreciations for those who dedicated their knowledge, skill, and time to produce this valuable student-focused trachoma prevention and control curriculum. Special thanks goes to our regional, zonal and woreda educational bureau staffs, specifically to the curriculum department and The Carter Center-Ethiopia.

XXXX

Head, Amhara National Regional State Education Bureau

Table of Contents

1.0 General Background	4
1.1 The Role of Students and Teachers in Trachoma Control and Prevention	4
1.1.1 Students' Role in Trachoma Prevention.....	5
1.1.2 Teachers' Role in Trachoma Prevention.....	5
1.2 Student Learning and Life Skills Development.....	5
1.2.1 Active Learning.....	5
2.0 How to Use the Teachers' Manual	6
3.0 Training of Trainers Training Sessions	7
3.1 Session 1: Registration and Introductions	7
3.2 Session 2: Training Expectations, Agenda and Objectives	8
3.3 Session 3: Setting of Training Norms, Rules and Procedures.....	9
3.4 Session 4: Trachoma: Disease Overview and Prevention/Control Mechanisms.....	9
3.5 Session 5: The Role of Students and Teachers Trachoma Control and Prevention	10
3.6 Session 6: Key Concepts of Teaching Student and Students Learning	11
3.7 Session 7: Planning a Lesson and How to Use the Teachers' Manual.....	11
3.8 Session 8: Teaching Practice	12
3.9 Session 9: Monitoring and Evaluation of the Program.....	13
3.10 Session 10: Wrap up and Concluding Remarks.....	13
4.0 Monitoring and Evaluation	14
5.0 Appendices	16
5.1 The Trachoma Life Cycle.....	16
5.2 Participant Handouts.....	17
5.2.1 Active Learning and Dale's Cone of Experience.....	17
5.2.2 Amhara Region School Trachoma Program Reporting Flowchart	18
5.2.3 Monitoring and Evaluation Reporting Chart	19

1.0 General Background

Trachoma is an infectious, preventable eye disease caused by ocular infection with a bacteria (germ) called *Chlamydia trachomatis*. Trachoma germs can spread from one person's eyes to another person's eyes through contact with nasal and/or ocular discharge of an infected individual. This can occur directly – through close play or sleeping in the same bed– or indirectly, through flies or contaminated clothing, which carry the trachoma germ from an infected individual to a new host.

Active trachoma is usually found in children. During this stage, the infection causes redness, discharge and swelling of the inner lining of the eyelids. Trichiasis, the painful, blinding stage of the disease, is often seen in adults and results from repeated infections. Trichiasis is the state in which the eyelashes turn inwards to touch and scrape the eye, which can eventually cause blindness.

Trachoma is the world's leading infectious cause of blindness. Within Ethiopia, the prevalence of trachoma is highest in the Amhara National Regional State. However, trachoma is preventable. The World Health Organization recommends the SAFE strategy to control trachoma. SAFE stands for: Surgery to correct trichiasis, Antibiotics to treat infection, Facial cleanliness to reduce transmission and Environmental improvement to reduce transmission through use of latrines.

School teachers and school children can play a major role in trachoma control. School children should be encouraged to keep their faces clean, use latrines for defecation, and communicate messages learned in the classroom to their family and community members.

This manual is designed for the training of trainers (ToT) to facilitate the training of school teachers, who are encouraged to teach children about trachoma and the SAFE strategy, with emphasis on facial cleanliness and latrine use. This manual provides trainers with an overview of the tools and resources available, including a teachers' manual for the 'Student-Focused School Trachoma Prevention and Control Curriculum', which promotes trachoma control activities at the school level.

1.1 The Role of Students and Teachers in Trachoma Control and Prevention

It is indisputable that health is everyone's concern—not just that of physicians and other health workers. Accordingly teachers and school children have an opportunity to share messages about health throughout their schools and communities.

1.1.1 Students' Role in Trachoma Prevention

This student-focused school trachoma prevention and control curriculum is based largely on a “child-to-child”¹ health education approach. This approach asserts that school children have immense potential to disseminate health ideas and practices to other children, their families, and communities. Children can play a crucial role in promoting health messages that they learn in school, particularly those related to trachoma including:

1. Children can share health messages that they learn at school with other children, their family and community.
2. Children can act as role models to others, especially to younger children, by demonstrating and regularly practicing good hygiene and sanitation.
3. Children can learn health ideas and health practices from each other by doing things together including taking action to improve hygiene and sanitation like assisting with the construction of a latrine.
4. Children can identify common community hygiene and sanitation problems, draw out action plans to resolve the problems and do their best to improve the situation.

1.1.2 Teachers' Role in Trachoma Prevention

The teachers' role in trachoma prevention and health promotion includes:

1. Acting as role models for students and community members by keeping themselves and their environment clean.
2. Facilitating their students' understanding and practice of good hygiene and sanitation.
3. Assessing students' personal hygiene and sanitation, and providing guidance and opportunities for improvement.
4. Monitoring and encouraging student-led trachoma prevention efforts in school (e.g. through trachoma clubs) and in the community (e.g. in collaboration with health workers and volunteers).

1.2 Student Learning and Life Skills Development

The commonly used active and participatory strategies and/or methods of teaching and learning are briefly elaborated in the following session.

1.2.1 Active Learning

Active learning engages students in the learning process by involving them in participatory activities and encouraging them to think about what they are doing and learning in the classroom. Active learning is an ideal strategy to teach school children about trachoma.

Active learning is beneficial in many ways²:

¹ Hawes, H. W. R. (Hubert William Richmond) & Bonati, Grazyna & Child-to-Child Trust (1992). *Child-to-child: a resource book*. Child-to-Child Trust, London

² Prince, M. (2004), Does Active Learning Work? A Review of the Research. *Journal of Engineering Education*, 93: 223–231. doi: 10.1002/j.2168-9830.2004.tb00809

- It encourages students to use their imagination and creativity tackle new experiences, learn from them, and develop important skills through exploring and investigating.
- It gives students confidence in what they are doing through succeeding in their activities, having the satisfaction of an accomplished task, bouncing back from setbacks, and dealing with risk.
- It makes students responsible citizens through activities that encourage them to see the world from different perspectives, learning to share their experiences, learning to respect themselves and others, and making decisions.
- It makes students effective contributors through interacting together in leading or supporting roles, addressing problems, expanding communication skills, taking part in sustained talking and thinking, and respecting the opinions of others.
- It increases content knowledge, capabilities such as critical and creative thinking, problem solving, adaptability, communication and interpersonal skills, and develops positive attitudes towards learning. Hence, it makes learning life in its own, but not a preparation for future life.
- It increases enthusiasm for learning in both students and teachers.
- It improves students' perceptions and attitudes towards information literacy.

Appendix 1 (page 17) shows a picture of Edgar Dale's cone of experience. This illustration emphasizes the value of interactive lessons and should be considered when teaching trachoma-related lessons. According to Dale's cone of experience³, the least effective method at the top involves learning from information presented through verbal symbols, i.e., reading information and listening to lectures. The most effective method at the bottom, involves direct, purposeful learning experiences, such as hands-on or field experience. The cone charts the average retention rate for various methods of teaching. The further you progress down the cone, the greater the learning and the more information is likely to be retained. It reveals that "action-learning" techniques result in up to 90% retention.

Strategies for active teaching to increase learning include:

- **Listening practices** help students to absorb what they hear.
- **Short writing exercises** in which students react to lecture material.
- **Complex group exercises** in which students apply course material to "real life" situations and/or to new problems.
- **Pausing in lectures** for students to consolidate their notes.
- Interspersing **short writing exercises** in class.
- Encouraging **small group discussions** within the larger class.
- **Incorporating survey instruments, quizzes, and student self-assessment exercises** into the lessons, taking field trips, and using debates, games, and role play.

2.0 How to Use the Teachers' Manual

³ Adapted from E. Dale, *Audiovisual Methods in Teaching* 1969, NY: Dryden Press

The teachers' manual is designed to be used by teachers as a supplement to the formal curriculum. The teachers' manual is divided into 3 parts: Part 1—Introduction, Part 2—Lesson Plans, and Part 3—Trachoma Clubs.

3.0 Training of Trainers Training Sessions

The table below outlines the sessions for this training. Each of the ten sessions is discussed in detail in this section of the manual.

Day 1

Time	Session	Activities
8:30 - 9:00	1	Registration of participants and distribution of training materials
9:00 - 9:15	2	Training expectations, agenda and objectives
9:15 - 9:30	3	Setting of training norms, rules and procedures
9:30 - 10:30	4	Presentation and discussion on trachoma the disease, its prevention and control mechanisms
10:30 - 11:00	Break	Tea break
11:00 - 11:30	4	Presentation and discussion on trachoma continues
11:30 - 12:30	5	Presentation and discussion on the role of students and teachers in the prevention and control of trachoma
12:30 - 13:30	Break	Lunch break
13:30 - 15:00	6	Presentation and discussion on key concepts of teaching students and students learning
15:00 - 15:30	7	Presentation and discussion on planning a lesson and how to use the teachers' manual
15:30 - 16:00	Break	Tea break
16:00 - 17:30	8	Lesson planning

Day 2

Time	Session	Activities
8:30 - 9:00	Review	Review of day 1 activities
9:00 - 10:30	8	Teaching practice (practicum)
10:30 - 11:00	Break	Tea Break
11:00 - 12:30	8	Teaching practice (practicum)
12:30 - 13:30	Break	Lunch Break
13:30 - 15:30	8	Teaching practice (practicum)
15:30 - 16:00	Break	Tea Break
16:00 - 17:00	9	Monitoring and evaluation of the program
17:00 - 17:30	10	Wrap-up and concluding remarks

3.1 Session 1: Registration and Introductions

Objectives: At the end of this session:

1. Participants will understand the importance of this workshop.
2. Participants will understand that this workshop is participatory.
3. Participants and facilitators will interact and get to know each another, creating a sense of community and cooperativeness.

Duration: 30 minutes.

Materials Required: No materials required.

Procedure/Activities: Introducing one another (30 minutes).

- ↳ Group all participants into pairs. Ask each individual to introduce him/herself to their partner by telling them their name, where they live, their dream career, favorite game, or something interesting about themselves.
- ↳ After each person has introduced himself/herself in their pair, return to the full group. One-by-one, ask each pair to introduce their partner. For example, Tigist and Mulat were a pair. Mulat would introduce Tigist to the group, and Tigist would introduce Mulat to the group. Continue until everyone is introduced to the group.
- ↳ Ask participants to discuss the value of this introduction activity and write their responses on a flip chart. Possible responses include: activity allows participants to become acquainted, to develop a sense of community, set a climate of participation and “instant involvement” of all.

3.2 Session 2: Training Expectations, Agenda and Objectives

Objectives: At the end of this session:

1. Participants will be able to identify their own expectations and the expectations of others so as to reconcile them (if possible) with the workshop objectives.
2. Participants will be able to resolve any confusion and dissatisfaction that may be caused by differences in expectations between participants and workshop organizers.

Duration: 15 minutes.

Materials Required: The following materials will be required for this session:

1. Flip chart.
2. Marker pens.

Procedure/Activities: Identifying expectations (15 minutes).

- ↳ Ask each participant to write down at least 3 expectations that they have for the workshop, such as what they hope to learn.
- ↳ Divide participants in to groups of 5-7 members. Each group should develop a list of their group expectations.
- ↳ Bring the participants together and invite one group to present their expectations and write down their responses on the flip chart. Ask the other groups to add any additional expectations.
- ↳ Now present the objectives and agenda of the workshop as designed by the

organizers.

- ↳ Throughout the training, continue to ask participants if their expectations are being met.

3.3 Session 3: Setting of Training Norms, Rules and Procedures

Objective: At the end of this session:

1. Participants will be able to set ground rules and establish behaviors necessary for a successful and productive workshop.

Duration: 15 minutes.

Materials Required: The following materials will be required for this session:

1. Flip chart.
2. Marker pens.

Procedure/Activities: Setting ground rules.

- ↳ Ask each participant to brainstorm about rules that are required for a successful workshop. Answers may include: not speaking at the same time, respect for others opinions, no side conversations unless the facilitator asks for pair discussion; turn off cell phones, no smoking in the training room, being punctual, etc.
- ↳ Write the responses on the flip chart.
- ↳ Ensure that all participants are in agreement.
- ↳ Display the flip chart on a wall of the training room, and ask participants to refer to it as needed.
- ↳ Throughout the training, remind participants to respect the ground rules.

3.4 Session 4: Trachoma: Disease Overview and Prevention/Control Mechanisms

Objectives: At the end of this session:

1. Participants will be able to identify and understand trachoma as one of the major health problems in their community..
2. Participants will understand ways in which school children can prevent and control trachoma.

Duration: 90 minutes.

Materials Required: The following materials will be required for this session:

1. Flip chart.
2. Marker pens.

Procedure/Activities: Understanding basic trachoma concepts (90 minutes).

- ↳ Lead a group discussion about trachoma. To engage the participants, you can use questions like: What is trachoma? Which part of the body does it affect? How is it transmitted? How does trachoma affect individuals, the community and the country at

- large? How do we prevent and control trachoma? Go through each of these questions one by one.
- ↪ Use the flip chart to write the answers to the questions as described by the participants.
 - ↪ Correct any misconceptions about trachoma to ensure that participants have a clear and accurate understanding of the disease.

3.5 Session 5: The Role of Students and Teachers in Trachoma Control and Prevention

Objectives: At the end of this session:

1. Participants will be able to identify the role of teachers and students in the prevention and control of trachoma.
2. Participants will be able to use a variety of mechanisms to teach school children about trachoma prevention and control.

Duration: 60 minutes.

Materials Required: The following materials will be required for this session:

1. Flip chart.
2. Marker pens.
3. Trachoma life cycle (found as an appendix to this manual on page 18).

Procedure/Activities: This session will involve 2 activities:

Activity 1: Understanding basic concepts of the transmission of trachoma (20 minutes).

- ↪ Ask questions related to the transmission of trachoma including: How is trachoma transmitted from a sick person to a healthy person? Explain how flies, fingers, feces and fomites (clothes) help the transmission of trachoma. Use the trachoma life cycle in the appendix of this manual (page 19) to explain transmission.
- ↪ Correct any misconceptions about the transmission of trachoma during the discussion.

Activity 2: Identify the role of teachers and students in the prevention and control of trachoma. (40 minutes).

- ↪ Ask participants to list the roles of teachers and students in the prevention and control of trachoma. They are to do this individually for about 10 minutes.
- ↪ Next, have them get into pairs and compare what they have written. As a pair, the participants are expected to come up with new answers together or verify that they have the same answer.
- ↪ Then have the participants move into groups of 4. Again, ask them compare their answers and come to some sort of consensus.
- ↪ Last, get feedback from all participants. You do not have to get every group to give an answer. Instead, pick specific participants to share important points that their group raised. Alternatively, you can ask 1 to 3 groups to write their answer on the flip chart. Finally, summarize the ideas on the flip chart.

3.6 Session 6: Key Concepts of Teaching Student and Students Learning

Objectives: At the end of this session:

1. Participants will understand the importance of using participatory and student centered techniques to teach trachoma-based lessons for students.
2. Participants will be able to use a variety of interactive strategies in the teaching of trachoma-based lesson in schools.

Duration: 90 minutes

Materials Required: The following materials will be required for this session:

1. Flip chart.
2. Marker pens.
3. Copies of Dale's cone of experience and active learning techniques handout found in the appendix of this manual (page 19). Ensure each participant receives one copy.

Procedure: This session will involve 2 activities:

Activity 1: Understanding the importance of active learning (20 minutes).

- ↳ Ask participants why lessons should be interactive. You can use several questions like: What does active learning mean? What are the benefits of active learning? Let them respond to the questions and use the flip chart to write the responses. Correct any misunderstandings through discussion
- ↳ Distribute Dale's cone of experience and ask the participants to analyze the figure. Explain the relationship between active learning and retention of information.

Activity 2: Analyzing the implementation of different active learning techniques (70 minutes).

- ↳ Distribute copies of the active learning techniques handout (found in page 19 of this manual). Ask participants to read it silently for about ten minutes. Ask participants which techniques are new to them. Explain any techniques that warrant discussion or are new to participants.
- ↳ Ask participants to design a lesson plan using at least 2 active learning techniques and/or you can assign 2 techniques to each participant. After creating the lessons, participants should sit in pairs and evaluate the lesson plans and provide feedback, ensuring that the lesson plans are interactive.
- ↳ Use the following questions to elicit further discussion:
 - What are the benefits of active learning?
 - What are the challenges to applying active learning techniques?
 - What suggestions do you have for overcoming these challenges?

3.7 Session 7: Planning a Lesson and How to Use the Teachers' Manual

Objectives: At the end of this session:

1. Participants will be able to adapt the lessons to their cultural and local context.

2. Participants will be able to plan trachoma-based lessons so as to make the classroom lessons responsive to local community problems.

Duration: 30 minutes.

Materials Required:

1. The teachers' manual – ensure each participant has 1 copy.

Procedure: This session will involve 2 activities:

Activity 1: Revising basic components of lesson plans (10 minutes).

- ↪ Distribute the teachers' manual. Ask each participant to evaluate grade 1, lesson 1 and compare it with his/her previous teaching experience. To do so, you can use the following questions: What similarities and differences do you observe between your classroom lessons and the lesson from the teachers' manual? Let the participants brainstorm and write suggestions on the flip chart. Discuss the suggestions raised and correct any misconceptions.

Activity 2: Applying lessons from the teachers' manual (20 minutes).

- ↪ Allow each participant to select a lesson plan from the teachers' manual and write down how they would apply it in their classroom, in the form of a lesson plan.
- ↪ Once complete, participants should exchange their lesson plans with the participant seated next to them. Each participant should assess the lesson plan and provide feedback.
- ↪ Allow participants time to incorporate the feedback in the lesson.
- ↪ Inform the participants that they will be presenting their lesson plan in the following session.
- ↪ Interact with the participants while they are in pairs. Provide feedback, as necessary.

3.8 Session 8: Teaching Practice

Objectives: At the end of this session:

1. Participants will have an opportunity to present their lesson to the group.

Duration: 6.5 hours (1.5 hours on day 1 and 5 hours on day 2)

Materials required: The following materials will be required for this session:

1. Flip chart.
2. Marker pens.
3. Lesson plans prepared by the participants.

Procedure:

- ↪ Give each individual 20 minutes to present.
- ↪ Following each presentation, the other participants can offer constructive feedback and suggestions for improvement. As a group, discuss the feedback. To avoid debate or

arguments, it is preferable that comments be prefaced with the statement: “I would suggest you consider doing ...”As the facilitator, ensure that feedback is given in a respectful manner

3.9 Session 9: Monitoring and Evaluation of the Program

Objectives: At the end of this session:

1. Participants will be able to identify their responsibilities in monitoring and evaluation of the program at the school level.
2. Participants will be able to effectively execute their roles and responsibilities in monitoring and evaluation of the program at school level.

Duration: 60 minutes.

Materials Required:

1. Copies of the reporting flowchart, found in the appendix of this manual (page 20). Ensure each participant has 1 copy of the flowchart.
2. Copies of the sample monitoring and evaluation reporting form found in the appendix of this manual (page 20).

Procedure: This session will involve 3 activities:

Activity 1: Concepts of monitoring and evaluation (10 minutes).

- ↳ Ask participants about the similarities and differences between monitoring and evaluation. You can use the following questions: Compare and contrast the concepts and associated practices of monitoring and evaluation.
- ↳ Based on the answers of the participants, describe monitoring and evaluation including how these 2 concepts relate to one another and how they differ in accordance with section 4 below.

Activity 2: Introducing the organizational chart showing the flow of information (10 minutes).

- ↳ Distribute copies of the flow of information chart and review the chart. Ask participants if they have any questions about the flow of information chart.

Activity 3: Filling in the reporting form (40 minutes).

- ↳ Distribute copies of the sample reporting form. Ask each participant to individually fill out the reporting form using the sample data you provide. After they have finished the task individually, ask the participants to sit in small groups to discuss their reporting forms, and as a group develop one reporting form.
- ↳ Follow up with each participant and answer any questions and/or correct any errors in reporting.

3.10 Session 10: Wrap up and Concluding Remarks

This session is aimed at providing a summary of the entire training, emphasize the following points:

- Trachoma is present in many regions in Ethiopia, including Amhara, and it has economic, social, psychological implications for individuals, families, and communities.
- Trachoma can be prevented, and school children can provide support.
- Active learning techniques are useful in teaching children about trachoma control and prevention.
- Monitoring and evaluation is an important component of this program. It helps us track the progress we are making. Therefore, timely, complete and accurate reports are needed from the school level each quarter.

4.0 Monitoring and Evaluation

Monitoring and evaluation are very important and complementary activities for school-based activities. Monitoring is the process of collecting information about an on-going activity. Evaluation is the process of assessing an activity. Monitoring and evaluation are critical components of the student-focused school trachoma prevention and control curriculum. A chart showing how information should flow from the school is found in the appendix (page 20).

To follow the progress of the student-focused trachoma prevention and control curriculum, monitoring and evaluation data should be collected from schools. These indicators are defined in table 1 below. Trachoma club patrons, teachers, and school principals should complete the reporting form (example presented in page 21 of the appendix below) as soon as they perform trachoma-related activities and should submit the report quarterly.

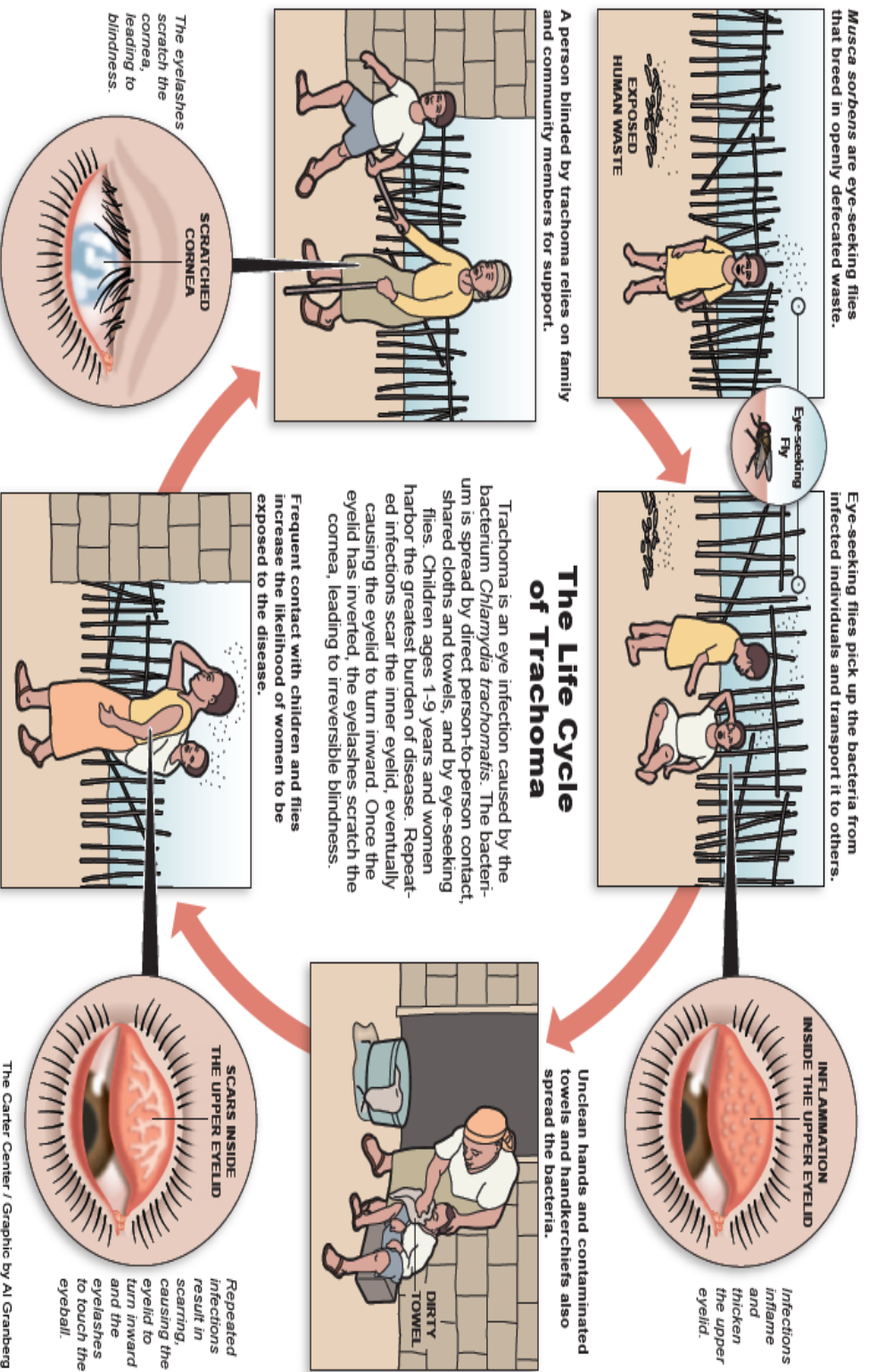
Table 1: Monitoring and evaluation indicators to be collected from schools

Indicator	Operational Definition	Information Source/Point Person
Zone	Zone in which the primary school is located.	School principal
Woreda	Woreda (district) in which the school is located.	School principal
Kebele	Kebele in which the school is located.	School principal
Cluster	The name of the cluster, in which the school is located.	School principal
School	The name of the primary school in which data is being collected.	School principal
Date	The date (day/month/year) that this report was filled out.	Calendar
Number of students who received trachoma-related health education about hygiene, sanitation, and trachoma in classrooms by teachers	Total number of students who received trachoma-related health education about hygiene, sanitation, and trachoma in classrooms by teachers. This information should be recorded as soon as the health education session is complete.	Trachoma club patron and grade 1-4 teachers
What Grade level	The grade level (grade 1, 2, 3 or 4) that received trachoma-related health education. This information	Trachoma club patron and grade

Indicator	Operational Definition	Information Source/Point Person
	should be recorded as soon as the health education session is complete.	1-4 teachers
Number of students who received HE by HEW or other health professionals (any health topic)	Total number of students who received trachoma-related health education about hygiene, sanitation, and trachoma from a Health Extension Worker (HEW). This information should be recorded as soon as the health education session is complete.	Trachoma club patron
School compound or classroom environmental cleaning campaigns done (Y/N)	Mark yes if there were any school compound or classroom environmental cleaning campaigns conducted in this reporting period.	Trachoma club patron and grade 1-4 teachers
Dramas/role plays performed (Y/N)	Mark yes if there were any trachoma-related plays performed in this reporting period. This should be completed as soon as the activity is completed.	Trachoma club patron and grade 1-4 teachers
Trachoma club meetings (Y/N)	Mark yes if there were any trachoma club meetings held in this reporting period.	Trachoma club patron
Number of students assessed for facial cleanliness in classroom	Total number of students assessed for clean faces. A clean face is defined as a child without discharge from their eyes and/or nose. The child should also not have flies repeatedly hovering around their eyes during assessments. NOTE: If the child has left over food, dust, etc. on his face, this does not mean the child's face is unclean.	Grade 1-4 teachers
Number of students with clean face out of those assessed (%)	Total number of students found to have clean faces	Grade 1-4 teachers
Number of seats (pits) of latrine in schools for male students, Female students and teachers	A latrine is defined as having a door, roof, and well protected wall made of mud, tin, wood or cement; no holes other than one for the purpose of defecation; found in the school compound; and is currently being used by male and female students or teachers.	Trachoma club patron
Number of hand and face washing stations at school	Water, which is found within the school compound - whether it is piped, from a dug well etc.-and students used for washing their hands and face.	Trachoma club patron
Remarks	Here, the trachoma club patron and/or the school principal can record any challenges or important points related to the activity.	School principal/ Trachoma club patron

5.0 Appendices

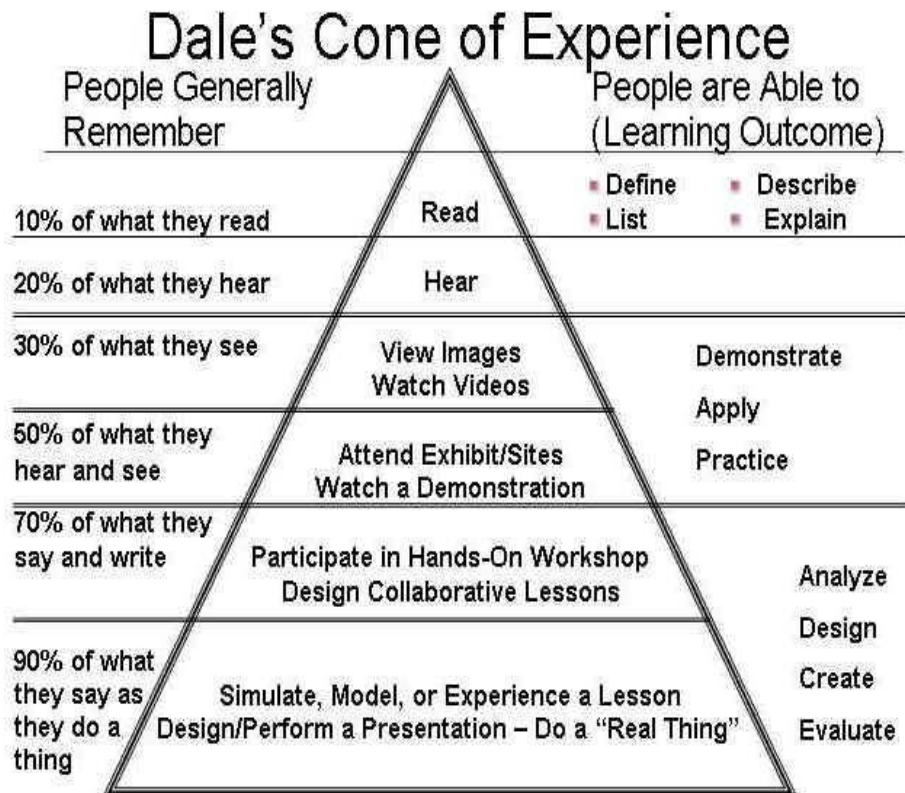
5.1 The Trachoma Life Cycle



5.2 Participant Handouts

5.2.1 Active Learning and Dale's Cone of Experience

Active learning engages students in the learning process by involving them in participatory activities and encouraging them to think about what they are doing and learning in the classroom.

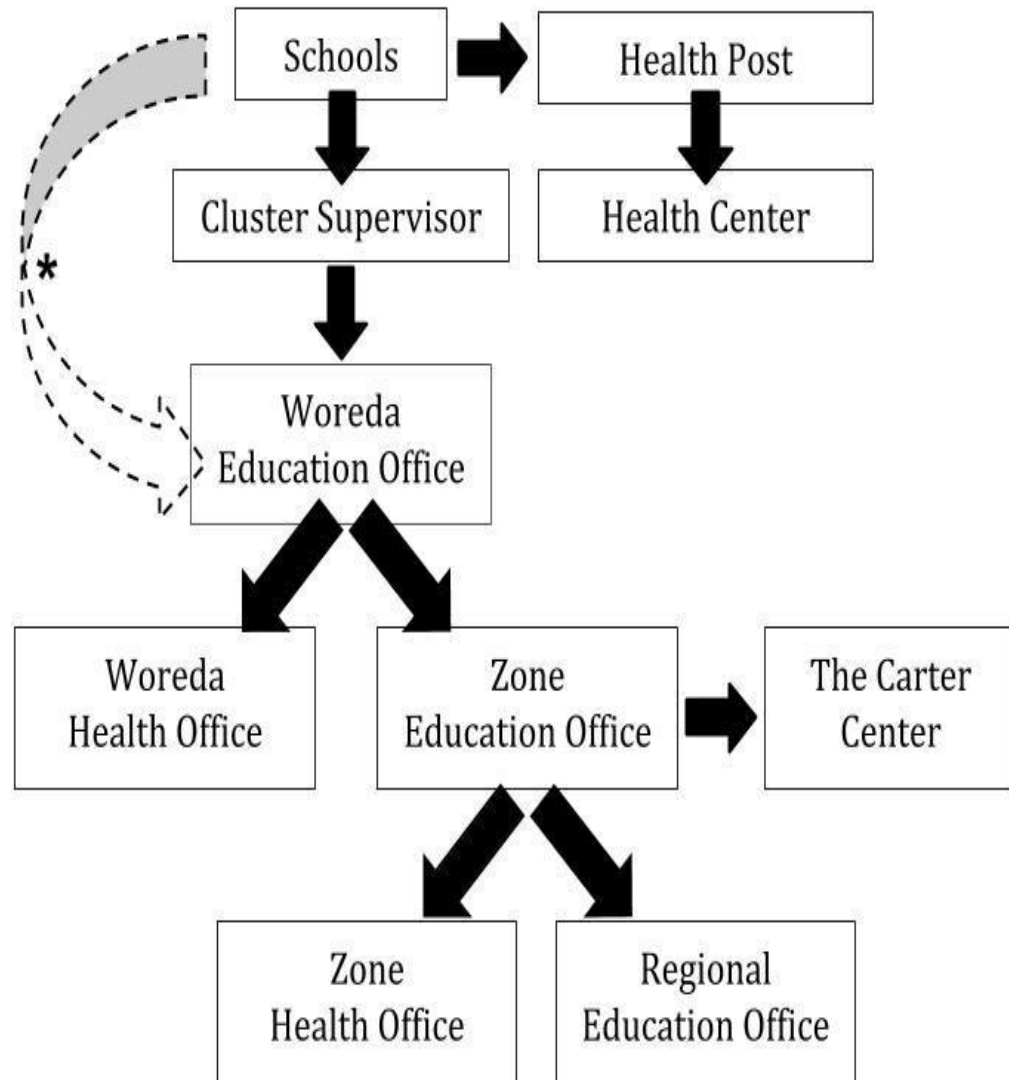


Strategies for active teaching include:

- **Listening practices** help students to absorb what they hear.
- **Short writing exercises** in which students react to lecture material.
- **Complex group exercises** in which students apply course material to "real life" situations and/or to new problems.
- **Pausing in lectures** for students to consolidate their notes.
- Interspersing **short writing exercises** in class.
- Encouraging **small group discussions** within the larger class.
- **Incorporating survey instruments, quizzes, and student self-assessment exercises** into the lessons, taking field trips, and using debates, games, and role play.

5.2.2 Amhara Region School Trachoma Program Reporting Flowchart

Amhara Region School Trachoma Program Reporting Flowchart for the Education Sector



*If there is no Cluster Supervisor, the report from the school can go directly to the Woreda Education Office through the Cluster School Director.

5.2.3 Monitoring and Evaluation Reporting Chart

Lions Carter Center Assisted Amhara National Regional State Health Bureau and

Education Bureau Trachoma Control Program Activities Registration Book for Primary Schools

Zone _____ Woreda _____ Kebele _____ Cluster _____ School _____

A	B	C	D	E	F	G	H	I	To be filled quarterly			M	N	O		
To be filled up on delivery of the activity											To be filled quarterly			Number of hand and face washing stations at school (0,1,2,3,...)	Remarks	Report filled by (Name and Signature)
Date	Number of students received HE about hygiene, sanitation, and trachoma in classroom by teachers	What grade level (1,2,3,4,...)	Number of students received HE by HEW or other health professionals (any health topic)	School compound & class room environmental cleaning campaigns done (Y/N)	Dramas/role plays performed (Y/N)	Trachoma Club meetings held (Y/N)	Number of students assessed for facial cleanliness in classroom (By teachers)	Number of students with clean face out of those assessed (%)	Male students	Female students	Teachers					

Note:

1. Activities on column B,D,E,F,G,H have to be done at least twice a month.
2. The school has to invite HEW to perform one or more activities shaded above (Column B,D,E,F,G,H) in the register at least once a month.
3. Monthly report has to be compiled from this registration book using the reporting template and submitted to Woreda Education Office through cluster supervisor.