

Appendix E: Executive Summary of Programmatic Recommendations for The Carter Center

Programmatic Recommendations for The Carter Center and Amhara Regional Health Bureau

There is great potential to accelerate the progress toward elimination of blinding trachoma, specifically if the “F” and “E” components of the SAFE strategy are improved. This can be achieved by improving health education materials and focusing on the existing school structure to influence the entire community. Since parents acknowledge that their children are gaining wisdom that can be shared with them, children can be the source of information for the community members who don’t go to school. Though attendance in Amhara is low (53.9% (CI: 53.0-54.9), schools continue to appear to be the best and most efficient manner to regularly reach the majority of the school-aged children (King, J.D., et al., 2013). Considering this, the following recommendations will focus on activities related to improving the existing trachoma curriculum developed by the ARHB with assistance from The Carter Center in order to improve the health education that occurs in schools. Specific recommendations are listed in the estimated order of when they should take place in relation to one another.

Recommendation 1: The Regional Trachoma Program, the Ministry of Health, and Ministry of Education may consider incorporating trachoma education into the government-regulated, national and regional primary school curriculum.

Recommendation 2: The Regional/National Trachoma Program should discuss with WASH partners working in the Amhara Region to determine how to coordinate health education efforts for similar outcome behaviors.

Recommendation 3: With the help of education, health communication, and social marketing experts, the Regional/National Trachoma Program should develop new trachoma education materials, including a trachoma education activities guide, and visual aids, that will be used in the primary schools.

- The curriculum will include short, all-inclusive, grade-specific activities that are ready to use.
- The messages presented in the health education materials should be simplistic for improved comprehension.
- The materials developed should include a school-wide trachoma prevention guide for school leaders, which includes “best practices” for promoting the “F” and “E” components in the school and which contains a guide for leaders of the school’s trachoma-related health club.
- The messages taught within the produced materials should focus on action rather than concepts or strict knowledge of trachoma and trachoma prevention.

Recommendation 4: During the development process and prior to producing and implementing any materials, the Regional/National Trachoma Program should pre-test all documents to ensure that the intended message is properly received by target audience.

Recommendation 5: Once the new trachoma curriculum and supporting materials have been pre-tested and finalized, the Regional/National Trachoma Program should collaborate with zonal and woreda health offices to organize teacher workshops, at the designated administrative level, to conduct training sessions on the curriculum and strategies for use.

Though not listed as an individual recommendation, educators should be involved in the development and testing of activities and materials during development. Previous research has shown that teachers have higher job satisfaction when their input for school improvements is considered, and that teachers who work together to make decisions show increased buy-in for such decisions, thus enhancing students' learning (Turnbull B, 2002). Since teachers and HEWs are those who understand what would be effective given the school and community contexts, their involvement would not only enhance the product, but could potentially increase the investment as they were involved and considered during the development process.