IMPROVING THE LIVES OF PEOPLE LIVING WITH HIV (PLHIV) THROUGH WASH: WATER, SANITATION, AND HYGIENE

TRAINER GUIDE

AIDSTAR-One
AIDS SUPPORT AND TECHNICAL ASSISTANCE RESOURCES

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A Special Word to the Trainers Using this Trainer Guide

Dear Colleague,

This *Trainer Guide* is yours to keep. Use it each time you present the course. Please write your name on the cover. This *Trainer Guide* is a companion piece to the *Participant Guide* that you will give to the participants you train.

The goal of the *Trainer Guide* is to make the training easier for you. It helps you with these features:

- Detailed lesson plans for each session in the course
- Activities, exercises, and quizzes to keep the training interactive and to reinforce technical points
- Answer keys
- A country adaptation guide (Appendix 2) to help you modify the curriculum to your country and your needs (e.g., teaching it in short blocks or modifying the material for situations with very limited resources).

The trainers who certified you as a trainer will do their best to provide you with every opportunity and all the tools you need to do high-quality work. After all, the clients and patients we are working to serve deserve the best we can provide.

You will become very familiar with this document as you are trained as a trainer. You will have to use it correctly in practice presentations in order to receive the Trainer Competency Certificate.

Your work and collaboration as a trainer are much appreciated. You will be playing an important role in improving the human resources needed to implement water, sanitation, and hygiene (WASH) practices for people living with HIV (PLHIV).

We hope you have great success in your training work and that you find it very enjoyable!

– Your Course Training Team

Before You Present This Course

This is a summary list of the major points trainers certified to present this course must cover as they prepare. Note that this *Trainer Guide* is referred to as the TG, and the *Participant Technical Resource Guide* is called the PG.

____ You will need three trainers (recommended) to conduct this course.

____ You need a day for you and your fellow trainers to plan for the course and decide who will present or co-present each session. This is often the day before the course begins.

____ You need to spend a few days before the training reviewing the activities in the sessions to present or co-present them well.

____ You will need to make arrangements with a facility/clinic for the facility tour for WASH observations (see Session 11) a month or more in advance of the training.

____ You need to confirm that you will have all the training supplies you need, including copies of the PG. This is your responsibility. Note all “handouts” are in the TG. (If you are opting to give course certificates, a template of a course certificate is in this TG.) Little additional photocopying is needed beyond the PGs, relevant handouts, and course certificates.

____ You must confirm with the appropriate officials the exact dates and location for the course, and you must know that participants have been recruited and will come to the training site at the designated starting time (ordinarily at 8:00 a.m. for registration, with Session 1 beginning at 8:30 a.m.).

____ You need to set up the room the night before, with tables, chairs, flip charts, name tents, etc., in place. See the checklist on the next page.

____ You need to make welcome signs to put up both outside (so that participants can find their way to the training room) and inside the room, so that they know they are welcome.

____ You need to make arrangements to have the key to the training room at 8:00 a.m. or to have the person responsible open the door at 8:00 a.m. at the latest. You need a sign-in sheet for the participants.

____ You need confirmation of who will be responsible for the administrative arrangements, such as the distribution of any per diem or other allowances as well as the set-up for tea breaks or any meal that is offered.

____ You must be sure there is water, soap, and a clean towel near the place for coffee breaks, lunch, and near the toilet(s)!

Obtaining Resources for Demonstrations/Exercises

Several sessions in this training require obtaining enough resources for all participants to practice with. Generally, you should be able to borrow these resources from the facility in which you are holding the training. You could also try to borrow these resources from your home facility. Another idea might be to inform the participants to bring any relevant resources with them to the training that they might have at their disposal.

Key materials that might be useful for WASH:

- ✓ Tippy taps
- ✓ Soap or wood ash
- ✓ Ministry of Health posters/job aids/guidelines on WASH
- ✓ Chlorine or other materials needed for selected water treatment method
- ✓ Safe water storage container
- ✓ Safety box
- ✓ Websites that include useful information and pictures:
    - www.who.int/water_sanitation_health/en/
    - www.who.int/gpsc/en/
    - www.who.int/foodsafety/en/
    - www.cdc.gov/healthywater/global/household.html
    - www.cdc.gov/healthywater/global/sanitation/index.html
    - www.hip.watsan.net
    - www.fsis.usda.gov/PDF/Food_Safety_for_Older_Adults.pdf
    - www.who.int/water_sanitation_health/medicalwaste/phe_wsh_mwi_injections_report_en.pdf.

Planning Checklist for the Day Before the Course

____ **Confirm which trainer(s) will present which learning activities in each session.** Write the initials of the trainer(s) who will present each learning activity by the list of learning activities at the start of each session. Each trainer should present or co-present in each session.

____ **Set up the room.** The tables and chairs should be set up in an uncrowded way, with each participant having a meter of space at the table. This spacing helps ensure that participants have room for all their materials, can easily stand up, can form small groups or do other exercises, and can enter and exit quickly at breaks. Above all, participants should be comfortable and be able to learn well.

____ **Put participant materials at each place.** Materials include the PG, relevant handouts located in Appendix 1, a blank name tent, a pen, a small notebook, and a name badge. Trainers should also have name tents (names on both sides) at their table.

____ **Set up the two flip chart stands.** Make sure each stand has a good supply of flip chart paper and that markers and tape are available.

____ **Write up the prepared flip charts needed for the first day.** Flip charts include the goals and objectives, group norms, etc. Notice that these flip charts may be reused from the last time you presented the course.

____ **If you have preprinted posters**, attach them to the back of the flip chart stand so that they will flatten out and be ready to post. See Appendix 1 in this TG on preprinted posters.

____ **Prepare signs with directions to the training room.** Be ready to put them up before participants arrive so that they can find their way to the training room. The first sign should be outside of the building.

____ **Be ready for your local health official to give a few welcoming words**, if arrangements have been made for one to come. Despite your schedule, the health official may be late and show up at any time, but you cannot wait for him or her. Start the course at 8:30 a.m., then stop when the official arrives, he or she will give the talk, and then you can continue.

____ **Get the key to the training room.** You need to open the room a half hour early to make last minute arrangements and begin registering participants. This is usually about 8:00 a.m. If you can't get a key, make sure somebody will be there to meet you with the key.

____ **Make a sign-in sheet** so participants can register for the course.

Course Schedule

Improving the Lives of People Living with HIV Through Water, Sanitation, and Hygiene

Day 1*

Time	Session	Activity/Note
8:30 a.m.	**Official opening of WASH training and introduction to the course**	Opening remarks, possibly from a local health official. Welcome and introductions, ice-breaker, goal/objectives, norms, schedule.†
10:30 a.m.	**Break**	
10:45 a.m.	**Session 1: A Better Life for PLHIV through WASH**	An introduction to WASH and its impact on PLHIV.
12:15 p.m.	**Lunch**	
1:15 p.m.	**Session 2: Preventing Diarrhea and Other Infections**	Standard precautions and simple ways to stop the spread of infections; handwashing demonstration and practice.
3:35 p.m.	**Break**	
3:45 p.m.	**Session 3: Behavior Change for WASH in the Home**	Introduction to communications for behavior change and critical efforts in the home.
6:00 p.m.	**End of the day**	Consultation with trainers, as desired.

* WASH trainers may modify the schedule according to the needs of the group.
† Remarks from a health official may be given at any time during the morning, but the course will begin at 8:30 a.m. The remarks from a health official are optional and depend on the policies of the country. There will be an ice-breaker/energizer each morning and afternoon.

Day 2*

Time	Session	Activity/Note
8:30 a.m.	**Announcements, energizer**	
8:45 a.m.	**Session 4: Water Treatment, Safe Storage, and Handling at Point-of-Use**	The importance of safe water for PLHIV; treatment and storage methods.
10:30 a.m.	**Break**	
10:45 a.m.	**Session 4 continued**	
12:00 p.m.	**Lunch**	
1:00 p.m.	**Session 5: WASH and Safe Sanitation**	Proper disposal of excreta and latrine hygiene.
2:20 p.m.	**Session 6: Waste Management in Resource-Constrained Settings**	The fundamentals of waste segregation and options for final disposal.
3:50 p.m.	**Break**	

Time	Session	Activity/Note
4:00 p.m.	**Session 7: Cleanliness and Hygiene at Facilities**	Cleaning and disinfecting key patient areas.
5:25 p.m.	**End of the day**	Consultation with trainers, as desired.

* WASH trainers may modify the schedule according to the needs of the group.

Day 3*

Time	Session	Activity/Note
8:30 a.m.	**Announcements, energizer**	Administrative information and preview of the day.
8:45 a.m.	**Session 8: Food Hygiene**	The basics of safe food preparation and storage.
10:00 a.m.	**Session 9: WASH in Resource-Constrained Settings**	Applying WASH principles at facilities with minimal resources.
10:45 a.m.	**Break**	
11:00 a.m.	**Session 10: Small Doable Actions (SDAs) for WASH**	Important actions for immediate implementation back at your facility.
12:15 p.m.	**Lunch**	
1:15 p.m.	**Session 11: Facility Tour Orientation†**	Orientation prior to site visit.
1:35 p.m.	**Session 11: Facility Tour†**	Assessing good practices through a site visit.
2:55 p.m.	**Break**	
3:10 p.m.	**Session 12: Summary Review and Evaluation**	Reviewing key WASH concepts and course evaluation.
5:05 p.m.	**End of core course and the day**	

* WASH trainers may modify the schedule according to the needs of the group.
† This schedule assumes the tour takes place at the same facility the training is held.

Day 4 for Supervisors/Managers‡

Time	Session	Activity/Note
8:30 a.m.	**Introduction to Day 4 for Supervisors/Managers**	Preview of the day.
8:45 a.m.	**Session 13: The Role of the Supervisor**	Overview of the supervisor's leadership role on WASH; the basics of supportive supervision.
10:15 a.m.	**Break**	
10:30 a.m.	**Session 14: Engaging Non-Clinical Staff in WASH Practices**	Preparing training sessions for non-clinical staff, using job aids.
12:15 p.m.	**Lunch**	
1:15 p.m.	**Session 15: Larger Doable Actions (LDAs) with WASH Impact**	Identifying LDAs to support WASH at participants' own health facility/facilities.
1:55 p.m.	**Session 16: Local Resource Mobilization (REMO)**	Basic principles of local REMO; identifying resources needed for participants' LDAs and potential sources for those resources in their communities.
3:35 p.m.	**Break**	
3:50 p.m.	**Session 17: The Way Forward—When You Return Home**	Developing a list of priority WASH actions to apply when participants return home.
4:55 p.m.	**End of the day**	

‡ This is an optional day for supervisors/managers, supplementing the one- to three-day training.

Course Goals and Objectives

Improving the Lives of People Living with HIV Through Water, Sanitation, and Hygiene: Core Course Goals and Objectives for Days 1 to 3

Course Goal: The goal of this training is to reduce the incidence of disease among PLHIV through improved WASH practices at health facilities and in the home.

Overall WASH Training Objectives: Core Course *(3 days)*

The core course is designed for:

- HIV program managers at the facility, regional, city, or district levels
- Managers of infection prevention and control and/or hygiene at the facility, regional, city, or district levels
- Doctors, nurses, and others providing care for PLHIV or patients with infectious diseases in inpatient or outpatient facilities
- Supervisors and managers of doctors, nurses, and other health workers providing care for PLHIV or patients in infectious diseases departments.

By the end of the course, participants will be able to:

1. Explain WASH and its importance as a preventive health measure for PLHIV, their caregivers, family members, health workers, and others
2. Explain why communication for behavior change is important to improve WASH behaviors among PLHIV, their caregivers, and family members
3. Demonstrate effective communication for behavior change across all major WASH principles, using job aids
4. Demonstrate proper handwashing technique
5. Identify water treatment and safe storage options
6. Identify means to properly dispose of excreta and manage latrines/toilets to minimize the spread of disease
7. Demonstrate how to segregate health care waste and name options for disposal
8. Explain how to clean and disinfect patient care areas, including high-risk areas
9. Explain key steps for food hygiene
10. Identify WASH steps that are no-cost or low-cost to implement at participants' work places and at home.

Improving the Lives of People Living with HIV Through Water, Sanitation, and Hygiene: Goals and Objectives for Day 4 for Supervisors/Managers*

Course Goal: The goal of this training is to reduce the incidence of disease among PLHIV through improved WASH practices at health facilities and in the home.

The Day 4 course (optional) is designed for:

- Supervisors and managers of doctors, nurses, and other health workers providing care for PLHIV or patients with infectious diseases in inpatient or outpatient facilities
- HIV program managers at the facility, regional, city, or district levels
- Managers of infection prevention and control and/or hygiene at the facility, regional, city, or district levels.

Note: Participants must have completed the core course in order to participate in Day 4 for Supervisors/Managers.

By the end of the course, participants in Day 4 will:

1. Be able to demonstrate brief workshop sessions on WASH topics for non-clinical staff at health facilities (waste handlers, cleaners, laundry staff, and kitchen staff), using job aids
2. Have developed a plan to put systems in place at their facility to enable non-clinical staff to follow WASH practices on the job
3. Be able to demonstrate supportive supervision on WASH topics
4. Have developed a prioritized list of specific actions they will do when they return to their facility, including an implementation plan and plan for local resource mobilization.

*This is an optional day for supervisors/managers, supplementing the one- to three-day training.

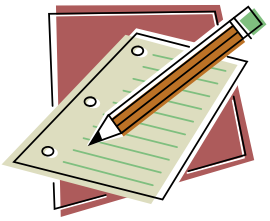
Introductory Session to the Course

Total Session Time: 2 hours (120 minutes)

Objectives: In this session, participants will:

1. Acquaint themselves with one another and the trainers
2. Review the course goals, objectives, and schedule
3. Adopt group norms for the training.

Materials	
	• Flip chart markers • Flip chart stand and papers • Masking tape • Name badges • Stiff paper to create name tents • Parking Lot • Participants will need their PG • Relevant handouts (found in Appendix 1) • Small prize for winner(s) of the ice-breaker exercise (or allow the winner[s] to go first to the tea break) • Timekeeper's bell (or glass that can be tapped loudly with a spoon) is recommended.

Handouts	
	In Activity 2: • Introductory Session Handout 1: How Well Do You Know Your Colleagues? (p. 166) In Activity 5: • Introductory Session Handout 2: Sample Pre- and Post-Test (p. 168) • Introductory Session Handout 3: Answer Key to the Pre- and Post-Test (p. 174).

Flip Charts	
	Activity 4: Proposed Group Norms (p. 6).

Advance Preparation	
	• Create a name badge and name tent for yourself. • Prepare an attendance sign-in sheet. • Invite a health official or guest speaker for opening remarks. • Make sure you have all materials, handouts, and flip charts needed. • Read through the session in this guide and the PG and ensure you understand the technical content. • Decide how you will grade and judge the ice-breaker in Activity 2. • Decide if you want to give a pre- and post-test.

Summary of Learning Activities in This Session

No.	Learning Activity	Principal Training Method	Time
	Speech from health official		*30 minutes*
1	Welcome, introduction of trainers	Lecturette	*5 minutes*
2	Ice-breaker to introduce participants	Interactive exercise	*25 minutes*
3	Course schedule, goal, and objectives	Lecturette, large group discussion	*20 minutes*
4	Group norms and use of the Parking Lot	Lecturette	*10 minutes*
5	Pre-test	Test	*20–30 minutes*

The Morning of the Course:

► As participants arrive, welcome them and ask them to write their name on a name badge and on a sheet of stiff paper that is folded in half to make a “name tent.” They should write their names with a marker on both sides of the name tent so that anyone sitting behind them can also see their name. The name tents should be placed on the table in front of their chair.

► Have participants sign the course registration sheet so that you will have a confirmed list of the people in the training. Depending on your system, you should advise participants to sign in each morning and afternoon on an attendance sheet so that they will receive their per diems.

Learning Activities

Activity 1: Welcome and Introduction of Trainers

🕐 *(5 minutes)*

► After giving a few words of welcome, you should each introduce yourselves by giving the following information. It is not necessary to write it on a flip chart.

- Name (name you would like to be called during the training)
- Title (nurse, technical specialist, etc.)
- Work site and/or organization
- Years in public health, HIV work, or related fields.

► Explain that the participants will also be introduced with a participatory ice-breaker.

Activity 2: Participant Ice-breaker—How Well Do You Know Your Colleagues?

🕐 *(25 minutes)*

► Explain to participants that one of the most important norms for the course is strong participation by everyone. Next, ask them to do an exercise with two purposes: to reinforce strong participation and to get to know one another to increase productivity in the course.

► Explain that this exercise is different from what they might expect and that it is based on adult learning theory. Follow these basic steps as you explain the ice-breaker:

1. Explain that this exercise should be fun! It has important purposes, but participants should have fun with this; note that it is not as technical as other parts of the course. (Note: Keep it light and lively. Get some humor into the start of the course!)

2. Tell the participants that throughout the course you will be distributing handouts, which they can keep and insert in the relevant section of their PG.

3. Ask participants to review **Handout 1: How Well Do You Know Your Colleagues?** Review the introduction of the ice-breaker with the participants. Demonstrate how they will stand up and walk around while they write the answers in their PGs. Also demonstrate with a question or two: “For example it could be that Mrs. ____ and Mr. ____ are both good with computers so there would be two answers for the first question. Or maybe nobody in the group is good, and then there would be no correct answer for that question.”

4. It is likely that nobody will have 15 correct answers. After you have covered the instructions, ask if they have any questions. You (or one of the other trainers) will serve as judge on who has the most “good” answers and will receive a small prize.

5. After the participants have taken a few minutes to skim through some of the questions on the two pages, ask them to stand up and walk around to get answers from colleagues quickly.

6. Circulate the room with the other trainers to monitor progress. Notice that groups often start out slowly with this exercise and then go faster. When you think that most participants have more than 8 to 10 good answers, announce that they have two minutes more before the ice-breaker ends. Then announce that there is one minute left. You must time this activity.

7. When you call time, ask participants to return to their seats so that you can judge who will win the small prize. When people are seated again, tell them that they must now put down their pens and that they may not write any additional answers on their sheets.

► Try to process this part of the exercise quickly but with a good sense of humor. Here is one good way to do the processing:

1. Ask participants to switch papers with the person sitting next to them. They can grade each other's papers while you read through each question aloud and ask those who meet the criteria to stand. Once everyone has graded their neighbor's paper, ask them to switch back. Ask who received the highest score; if there are some people with identical scores, split the prize.

2. End by asking for a big round of applause for the winner(s) and offer your congratulations to the winner(s) and the whole group.

Activity 3: Course Schedule, Goal, and Objectives
🕐 *(20 Minutes)*

► Read the following to the participants:
- What if somebody told you that there was a way to significantly reduce diarrhea and other illness in some of your sickest and weakest patients?
- What if it often helped patients get well enough to leave your care and go home?
- What if it also protected the families and caregivers of these very sick patients in their homes?
- What if it was also a way to protect you as a health professional?
- What if there was no surgery or medical procedure involved?
- What if it did not require ordering, stocking, or administering any additional medications?
- What if it had no side effects whatsoever?
- What if it was usually low-cost or even no-cost?
- What if you could learn about this "treatment" in only three days?
- Would you be interested?

► When the group responds with a loud "Yes," tell them: *Well, you are in the right place!* In this course, you will learn to improve the lives of PLHIV, their families and caretakers, the community, and—yes!—yourselves by using safe and effective WASH practices at your clinic or hospital. This course combines learning and sharing your experiences while also providing technical knowledge and resources to do all of these things.

► Ask participants to review the course schedule in the PG. (Note: If, for whatever reason, you had to make changes in the schedule, modify Handout 2 before the workshop.)

► Review the course schedule with them, and point out the following:
- Daily schedule (emphasize beginning time)
- Breaks for tea/coffee and lunch
- Possible changes in the schedule depending on the needs of the group.

► Note these points:
- At the end of each day, there will be a review activity to emphasize the technical information they have been learning.
- There will be "energizers" and other participatory exercises to make the course easier and more fun.
- The PG is theirs to keep, and they should write their name in the space on the cover. They will use it throughout the course and take it back to their site to help them begin implementing the WASH steps they have selected.
- The PG contains technical resource materials. These materials contain extensive helpful technical information.

► Tell participants they will not have to write extensive notes during the course because the PGs contain this information.

► Next, review course goals and objectives in the PG with participants. Give a few examples of some of the objectives. Ask them if they have any questions.

► Explain that while participants have been using procedures all along to reduce infections, this course will help them update their skills and find new ways to reduce infection risk to the people they care for and also minimize their risk.

► Next, explain that these objectives are for the regular three-day core course. For supervisors and managers, there is a fourth day of training. The objectives for all days are in the course goals and objectives. Please adapt this handout so it meets the needs of the participants.

► If anybody wants to ask questions or find out more, tell them there will be lots of time for questions and discussion later—but not now.

Activity 4: Group Norms and Use of the Parking Lot

🕐 *(10 minutes)*

► Introduce this activity by explaining that because participants will be working closely together for the next few days, it is important to agree on ways to act as a group to ensure their work will be successful. Explain that these behaviors are usually called "group norms."

► Post the group norms flip chart with the partial list of group norms prepared in advance. It should look like this:

> Proposed Group Norms
>
> - Start on time and end on time
> - Everyone participates but nobody over-participates
> - Always show respect for colleagues
> - No side conversations
> - Turn off mobile phones
> - What else?

► Explain that you have suggested five group norms on the flip chart based on agreement by participants in previous courses. Ask the participants if they agree with the proposed group norms on the flip chart.

► Ask participants if there are ground rules that they want to add. As a ground rule is suggested, you should quickly check with everyone to see if they agree to it. If so, add it to the list.

► Spend no more than a few minutes developing this list. A total of six to eight group norms is plenty. When it is complete, put it on the wall in a prominent place so that it can be referred to as needed. Trainers or participants may propose additional group norms later. The list should stay on the wall until the course ends.

► Take a second to discuss the group norm of starting and ending on time. Show the timekeeper's bell (or glass that you can tap loudly with a spoon) that you have probably already started to use.

► Explain that now one of the trainers is a timekeeper and that participants will also be recruited to serve as co-timekeepers.

► Tell them that not only does the session start on time, it also is to end on time. There is often a five-minute warning bell toward the end of a session; there may even be a one-minute bell. The same is true at the start and end of lunch and breaks.

- ► Explain that the trainers believe good timekeeping is very important, and you hope that the participants find it important too. Recruit a participant to serve as co-timekeeper for the day, making sure that he or she understands the duties, has access to a watch, and has studied the schedule for the day. Give him or her a bell or a glass to tap on.

- ► Now take a regular sheet of flip chart paper and write “Parking Lot” across the top. Tell participants that this flip chart is called the “Parking Lot” because you “park” questions or items there when these questions are interesting or important, but they are not part of the session or the discussion that you are having at that moment.

- ► Explain that sometimes you might write a question on the Parking Lot because you do not know the answer. Smile and admit that trainers do not know everything! You just write the question or item on the Parking Lot, and you can get back to it later. You will try to empty the Parking Lot by the end of the course or even the end of each day.

- ► This idea of a Parking Lot may be new to many participants, so give an example like the following: If a question on life cycle of a vector comes up in a session today, it may be an interesting question, but if it does not fit into that session, it should be put on the Parking Lot until later.

- ► Close out this session by thanking the participants for a good start to the course and explaining that in the next session, which is Session 1, you will go into the basics of WASH.

Activity 5: Pre-Test

🕐 *(20–30 Minutes)*

In order to measure changes in participants’ knowledge during this short course, **Handout 2: Sample Pre- and Post-Test** is available. This activity is a quantitative assessment of participants’ learning that measures changes in participants’ knowledge before and after the course. There is also an answer sheet and guide for scoring the test. Note that the test provided here is very long, and it is recommended to select only 15 to 25 questions from this list, based on local priorities, rather than using the test in its entirety.

The pre-test should be administered at the end of the introductory session and the post-test at the end of the closing session on the third day. Currently, the course schedule allows time for 20 to 25 questions for the test, so extra time will need to be allocated if you decide to use more than 25 questions.

Instructions:

- ► Explain that you will be doing a pre- and post-test at the beginning and end, respectively, of this course.

- The results of the pre-test will help you tailor the course to the topics where participants have the most to learn, while spending less time on topics that they already know.
- The results of the post-test will allow you to see how much the group has learned and how effective the course has been. This is important information for trainers, so they can improve the course in the future.

► Tell participants that they do not need to write their names on the test. You will not be judging how well individual participants have done, but how well the group as a whole has done. However, if you want to compare results between pre- and post-tests, ask them to include their name or an exclusive number/word. An exclusive number/word is a number/word they will remember and will be able to include on their post-test, for comparative purposes.

► Explain that most of the questions on the test do not involve writing anything, but simply circling the answer(s) each participant thinks is/are correct. Some questions ask for only one answer; others ask for more than one answer. It is clear in the question how many answers should be marked.

► There are a few questions that involve providing a very short written answer.

► Tell them that they have __ minutes to take the test.

► Ask participants not to talk to each other or to help each other, but to answer as best they can on their own. If they do not know the answer to some of the questions, that is not a problem; the course will address this gap. Instruct them not to spend a lot of time worrying about those questions; they should move on to the next question. Hopefully, by the end of the course they will know the answers to the questions that look difficult now.

► Ask the people who finish first to sit quietly in their seats or to get up and stand quietly at the back of the room, so as not to disturb others who are still working.

► Check if the instructions are clear and ask if anybody has any questions.

► Wish everybody good luck!

► Let people know at half-time and again five minutes before time is up.

► When everybody is finished, collect the tests right away. Alternatively, ask people to put them on your table. To be sure not to mix up the pre-tests with the post-tests, it is advisable to mark each pre-test with “Pre” and each post-test with “Post.”

► It is recommended to analyze the results of the pre-test as soon as possible in the workshop. That will allow you to devote more time to the topics where the group has the most to learn.

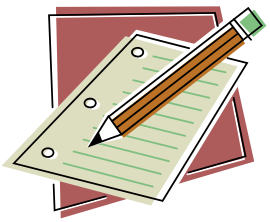
Session 1: A Better Life for People Living with HIV Through Water, Sanitation, and Hygiene

Total Session Time: 1 hour, 30 minutes (90 minutes)

Objectives: By the end of the session, participants will be able to:

1. Explain WASH.
2. Explain the importance of WASH as a preventive health measure for PLHIV, their caregivers, health workers, and others.
3. Explain communication for behavior change and its importance for WASH.

Materials	
	• Markers • Flip chart stand and paper • Masking tape • Participants will need their PG • Relevant handouts (found in Appendix 1) • Parking Lot.

Handouts	
	In Activity 1: • Session 1 Handout 1: A Better Life for PLHIV (p. 184) In Activity 2: • Session 1 Handout 2: What is WASH? Water, Sanitation, and Hygiene (p. 185) In Activity 3: • Session 1 Handout 3: WASH and Communication for Behavior Change: Frequently Asked Questions (p. 186) • Session 1 Handout 4: Communication for Behavior Change: Three Key Questions (p. 189).

Flip Charts	
	• Activity 1: A Better Life for PLHIV (p. 2) • Activity 2: What is WASH? Water, Sanitation, and Hygiene (p. 5) • Activity 3: Communication for Behavior Change: Three Key Questions (p. 8).

Advance Preparation	
	• Make sure you have all materials, handouts, and flip charts needed. • Read through the session in this guide and the PG and ensure you understand the technical content.

Summary of Learning Activities in This Session			
No.	**Activity**	**Principal Training Method**	**Time**
1	A better life for PLHIV	Large group discussion, individual study	*30 minutes*
2	What is WASH?	Large group discussion	*20 minutes*
3	The role of communication for behavior change in WASH	Individual study, large group discussion	*40 minutes*

Learning Activities

Activity 1: A Better Life for PLHIV

🕐 *(30 Minutes)*

► Begin by stating the purpose of this course is to offer PLHIV better and healthier lives.

► Say, "In recent years, there has been measured progress in many places with counseling, testing, and with antiretroviral therapy (ART). Millions of lives have been saved, and people are living longer, more productive lives. But the links between a better life for PLHIV and improved WASH is often not actively acknowledged. We will get into the specifics of what WASH is in just a minute, but for right now let's discuss these three facts." Point to the flip chart.

► Display a prepared flip chart with the wording below.

> A Better Life for PLHIV
>
> 1. Diarrhea is a major threat to PLHIV—it affects 90% of patients.
> 2. WASH can reduce diarrhea by 25 to 65%.
> 3. PLHIV will have better lives with stronger WASH practices in place at home and at the facility level.

► Ask participants to study the flip chart for a minute, and then ask if there are questions. During training, try to process questions "interactively" by bouncing the question back to the other participants if you can. For example, you might say "That is a good question, and I wonder if someone in the room can offer an answer for it."

► If it is a question that will be covered shortly, just say that you will be getting to that answer very soon. And remember sometimes a question may need to go on the "Parking Lot" so that you can get back to it later.

► Point out the following, "The U.S. President's Emergency Plan for AIDS Relief supports a range of services to reduce sickness and death among PLHIV. These include services and medications to prevent the onset of conditions such as *Pneumocystis carinii* pneumonia, tuberculosis (TB), malaria, malnutrition, and others. Ensuring facilities have safe drinking water, regular water sources for handwashing, and good hygiene practices in place is key to reducing morbidity and mortality among PLHIV."

► Next, ask participants to review Handout 1: A Better Life for People Living with HIV.

► Explain this handout gives them some of the reasons why WASH and preventing diarrhea allow for a better life. Please ask them to take a few minutes to read the page now.

► After a few minutes, ask discussion questions such as these:
- Are you familiar with these facts or have you seen examples?
- What are some reasons why diarrhea is so harmful to PLHIV?
- What points do you have any examples of?
- Are there any points that are unclear?

► Next, tell participants about this introductory session's technical resource pages in the PG, which provide all the clinical facts on this topic. Remind them each session will have corresponding technical resources in the PG. Give them the page number in the PG for Session 1, and show them the page in the PG so they understand completely. Tell them that this section is part of the recommended reading for this evening.

► Ensure you discuss these key points:

Why is dehydration a risk for PLHIV? You lose body fluids with diarrhea. Your body starts to dry out. In extreme cases, even healthy people can become gravely ill or die. You must get fluids into your body rapidly, or better yet, avoid diarrhea in the first place. This is especially important for PLHIV.

What is the link between malnutrition and PLHIV? When you have diarrhea, some of the nutrients you have eaten are lost before you can absorb them. It is like you never ate them. You lose the protein, carbohydrates, vitamins, minerals, or whatever else you ate. Frequent diarrhea means frequent loss of nutrition.

How does diarrhea lead to the poor absorption of medications, such as antiretroviral drugs? In order for oral medications, such as antiretroviral drugs, to be effective, they need to stay in the digestive system long enough to be absorbed

into the body. As in the case with nutrients, diarrhea can eliminate medications from the body before they are absorbed. It is like you never took the medication.

Why is weight loss a risk for PLHIV? Diarrhea can lead to weight loss. PLHIV may already be below a healthy weight, and losing more weight is harmful to their health. Their bodies do not have the energy reserves they need, and they lose strength.

How is WASH related to reduced immunity among PLHIV? Dehydration, malnutrition, and poor absorption of medications all reduce immunity. Immunity is the body's ability to fight infections, and PLHIV already have lowered immunity. This means they can get infections such as TB and malaria more easily.

What are some other dangerous infections to PLHIV that can be avoided? With weaker immune systems, PLHIV are easily attacked by infections other people can resist better. These infections include certain types of TB, bacterial meningitis, candidiasis, *Pneumocystis carinii* pneumonia (now also known as *Pneumocystis jiroveci* pneumonia), cryptosporidiosis, and herpes.

How can social stigma be minimized with stronger WASH actions? PLHIV are often the victims of stigma. People in their community, in their family, or even at health facilities sometimes shame them, avoid them, and treat them as if they were no longer real people. When PLHIV suffer from diarrhea, the discrimination can get worse, especially when they have frequent bowel movements, have "accidents," or cannot keep themselves clean.

How can strong WASH practices improve the safety of health care workers? HIV lives in certain body fluids such as blood, feces with blood, vaginal fluid, semen, breast milk, pus, and blister fluid. Health workers need to remember these facts when providing care to HIV-positive patients, and health workers should practice universal precautions by washing hands frequently and wearing gloves at all times.

► Close out this activity by going back to the first flip chart with the three facts. Explain that the course will be going into detail on all three of the facts. Ask participants if they have any comments now on these facts.

► The participants may be more comfortable with the first fact on the prepared flip chart, but they may not be as comfortable with the second and third. That would be because they have not studied WASH itself yet. And that will be the next activity.

Activity 2: What is WASH?

🕐 *(20 minutes)*

► Display this flip chart:

> <u>What is WASH?</u>
> <u>Water, Sanitation, and Hygiene</u>
>
> For the purposes of this course, here is a simple definition of WASH:
>
> WASH is the use of proper practices with water, cleanliness, and waste disposal to reduce disease transmission, particularly for PLHIV and their families. WASH should be applied in both health facilities and at home. Here are examples:
>
> - Safe water for drinking
> - Frequent, correct handwashing
> - Better latrines and/or safe excreta disposal.

► Ask the participants to review **Handout 2: What is WASH?** or the flip chart. Explain you will be going into all these practices in detail in the course, but right now you have some questions for them:

1. Based on our recent discussions, why is WASH important for PLHIV?
   Answer: *It reduces diarrhea and other diseases so that PLHIV stay healthier.*
2. Who can pick one of the three examples in the flip chart and explain how it reduces the risk of diarrhea?
   Answer: *All of them help stop germs from being transmitted.*
3. Can you think of other WASH practices that would also stop diarrheal disease?
   Answer: *There are many possible examples, but if an answer does not involve reducing disease transmission, discuss why it is not a WASH practice. Do not let incorrect statements go uncorrected.*

Activity 3: The Role of Communication for Behavior Change in WASH

🕐 *(40 minutes)*

► Begin by asking how many participants have heard of behavior change. If there are participants who have heard about it, ask what they know and provide examples and clarification as needed.

► If some have been trained or are very knowledgeable, tell them that their knowledge should make the course easier for them and that you may ask them to help as resource persons. Describe that a resource person is someone with particular knowledge or experience who can help by sharing what he or she knows.

► Explain that communication for behavior change is the key tool for getting patients and community members to start using WASH practices and stay healthy. Next, ask them to review **Handout 3: WASH and Communication for Behavior Change—Frequently Asked Questions**.

► After 5 to 10 minutes, when you believe most of the participants have read the frequently asked questions, begin the next part of this activity.

► Explain to participants that you will be giving them a true and false test, but it will not be written. Instead, if the answer is true, they should stand up. If the answer is false, they should sit down.

► You should demonstrate by sitting down in a chair and saying, "If the answer is false, you sit down. If the answer is true, then you stand up. For example, if I say 'My name is George,' then I should sit down, because my name is not George. But if I say my name is _____ (you should give your name), I should stand, because that is true."

► Say, "Now to begin, would you all please stand up! I will ask you several questions; sometimes you will sit down, and sometimes you will stand up. And not everybody will always agree, so there may be some people sitting down and others standing up. We will see."

► You should read each question clearly, and then repeat it so that you are sure that all participants have understood.

1. Good handwashing is an example of correct practices a patient could learn through communication for behavior change.
   Answer: *True*
2. Communication for behavior change will work 100 percent of the time.
   Answer: *False*
3. Communication for behavior change has to be two-way communication.
   Answer: *True*
4. Telling a person what to do has more impact than communication for behavior change.
   Answer: *False*
5. People will change their behavior because you tell them to.
   Answer: *False*
6. There are often barriers that keep people from changing their behavior.
   Answer: *True*

7. Behavior change is important for patients and their families at the clinic or hospital where you treat them and also when they return home.
   Answer: *True*
8. It is your job to tell the person about ways to get around barriers.
   Answer: *False*
9. People need motivation and a reason if they are going to change their behavior.
   Answer: True

**Trainer note: The next question is a joke! Do not use it if it is not appropriate for the group or if there is a risk anybody will think that it is true. However, if it is time for a good laugh, try it out!*

10. If you are right handed, you must wash your right hand much more often because it gets dirty more often than your left.
    Answer: *False, this is a joke question*

► During the quiz, you should pay particular attention to questions where there is disagreement with some people standing and some sitting.

► At the end of the quiz, review the questions where there was disagreement, and try to get the correct answers from the participants. Ensure you are respectful and careful not to embarrass anyone.

► This is also an opportunity to get more detail from the participants who have a background in communication for behavior change. You might ask them for examples or experiences they have had with the methodology. You may also ask participants if they are already using some of these practices.

► In the remaining time, continue with the following discussion questions as appropriate:

- Based on what you know so far, what are examples of ways you could use communication for behavior change at your work?
- How can using communication for behavior change make your job as a health professional easier?
- Does the culture of your patients make this type of communication easier or harder to use?
- Would it need to be used differently with people who are older than you are and have more status? Would it be used differently when women use it to communicate with men?
- Can this communication be used only with people who have some education and have been to school, or with anybody?

► Conclude these questions and discussion by displaying this flip chart:

Communication for Behavior Change: Three Key Questions

1. What is a healthy behavior?
2. What are the barriers to a healthy behavior?
3. What is the motivation to adopt a healthy behavior?

► Explain to participants: "Communication for behavior change is something that you can use every day in your work, with your colleagues, patients, patients' families, etc. This type of communication can help spread WASH messages and helps change people's behavior. You will be studying how to apply it with specific tasks in the next sessions."

► Give them **Handout 4: Communication for Behavior Change: Three Key Questions**. This handout has examples of answers to each of the three questions on the flip chart. Tell them all uses of communication for behavior change revolve around these three questions and their answers.

► Give them a few minutes to read the handout, and ask if there are any questions. Then start with discussion questions like the following examples, adapting them to the needs and interests of the group:

- What are some healthy behaviors you can name?
- Who can think of some motivation to use WASH practices?
- Are there any additional barriers to healthy behaviors for WASH besides the ones given as examples in the PG?
- Would anybody like to give examples of healthy behaviors, barriers, or motivation from their own personal life, either concerning WASH or anything else?

► Conclude by saying that you will be studying these three questions frequently during the course.

► Post the flip chart in a place where it can be seen and referred to during the remaining sessions of the course.

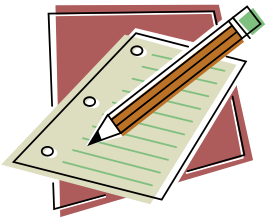
Session 2: Preventing Diarrhea and Other Infections

Total Session Time: 2 hours, 20 minutes (140 minutes)

Objectives: By the end of the session, participants will be able to:

1. Explain the importance of standard precautions and list 10 key elements.
2. Demonstrate correct handwashing techniques for clinicians.
3. List the critical times for handwashing in a clinical setting.
4. Cite alternatives to soap, water, and a towel.
5. Identify what a “tippy tap” is and how it can make handwashing more convenient.

Materials	
	• Markers • Flip chart stand and paper • Masking tape • Participants will need their PG • Relevant handouts (found in Appendix 1) • Parking Lot • Everything needed for a handwashing demonstration and practice handwashing sessions by all participants: – Clean water – Soap or wood ash – Towels – Tippy taps (at least one for every two participants) – Jug containing water – Buckets or containers (for collecting dirty water) – Job aid on standard precautions for health workers in handouts – Job aid on handwashing for health workers in handouts.

Handouts	
	In Activity 1: • Session 2 Handout 1: Introduction to Job Aids (p. 192) • Session 2 Handout 2: List of Job Aids on WASH Topics (p. 196) • Session 2 Handout 3: Group Discussion on Standard Precautions (p. 197) • Session 2 Handout 4: Job Aid on Standard Precautions for Health Workers (p. 198) In Activity 2: • Session 2 Handout 5: Quick Questionnaire on Handwashing (p. 199) • Session 2 Handout 6: Job Aid on Handwashing for Health Workers (p. 200)

	In Activity 3: • Session 2 Handout 7: Eight Times When You Must Wash Your Hands (p. 201).

Flip Charts

- Activity 1: The Four Steps for the Study of Standard Precautions (p. 11)
- Activity 3: Questions to Ask about Handwashing (p. 16)
- Activity 3: How to Locate Tippy Tap Resources (p. 18).

Advance Preparation

- Make sure you have all materials, handouts, and flip charts needed.
- Read through the session in this guide and the PG, and ensure you understand the technical content.
- Determine a methodology for assigning participants into groups of four for Activity 1.
- Take the **Session 2 Handout 5: Quick Questionnaire on Handwashing** in advance.
- Set up the handwashing station with soap, a towel, a tippy tap, water in a jug, and bucket/basin to catch dirty water.

Summary of Learning Activities in This Session

No.	Activity	Principal Training Method	Time
1	Introducing job aids and using standard precautions	Group discussion, small group exercise	*35 minutes*
2	Handwashing at the health facility	Lecturette	*10 minutes*
3	Introducing the tippy tap and handwashing demonstration	Lecturette, handwashing demonstration	*35 minutes*
	Demonstration: Handwashing (20 out of 35 minutes)		
4	Handwashing practice	Individual practice in handwashing	*30 minutes*
	Exercise: Handwashing practice (30 out of 30 minutes)		
5	The eight key times to wash your hands	Individual reading, large group discussion	*20 minutes*
6	Session wrap-up	Lecturette, discussion	*10 minutes*

Learning Activities

Activity 1: Introducing Job Aids and Using the Standard Precautions
🕐 *(35 minutes)*

► Begin by explaining that now participants are familiar with how WASH practices can help PLHIV have a better life, it is time to look at the basics of WASH.

► Explain to participants that throughout this training we will be using tools called job aids. Distribute **Session 2 Handout 1: Introduction to Job Aids** and **Session 2 Handout 2: List of Job Aids on WASH Topics**. Explain that these two handouts should be used throughout this training and beyond, and they provide helpful tools on how to produce job aids when participants return to their facilities. Give participants five minutes to read Handouts 1 and 2. If participants have any questions, process them interactively, and remember to use the Parking Lot as questions arise because participants will refer to these two handouts many times throughout the trainings. Then tell them you will review the first job aid on standard precautions for the health facility.

► Say, "The standard precautions are steps that should be routinely taken by all health workers to prevent and control the spread of infections in health facilities. The standard precautions include many key WASH practices—but not all of them. They provide the broader context for preventing infection and disease."

► Display the flip chart with the four steps to this activity on standard precautions.

> The Four Steps for the Study of Standard Precautions
>
> 1. Take five minutes to skim the technical resource pages on standard precautions in the PG.
> 2. Review the instructions in Handout 3: Group Discussion on Standard Precautions.
> 3. Discuss the questions on Handout 3 with your group.
> 4. Be ready to share your answers with the large group.

► Ask the participants to open their PG to Session 2 and review the pages on standard precautions (Section 2.3). Be sure participants understand what standard precautions are before starting. Remind them that standard precautions, as stated in

the PG, are the minimum basic infection control measures used in a health facility in the care of all patients, regardless of suspected or confirmed infection status.

► Have participants review **Session 2 Handout 3: Group Discussion on Standard Precautions**.

► Explain that this is a discussion assignment, and group discussion will help them better understand the standard precautions.

► Next, assign the participants to work in groups of four. This should be done rapidly, and the trainer should make up a system for this in advance. Depending on the number of participants in the group, there may be one or two groups of three rather than four, and this is fine.

► As soon as the groups of four have been formed, the trainer should tell the participants to review Section 2.3 on standard precautions in the PG—skimming, not studying every word in detail.

► Note that this may be a new experience for many participants. You may have to reassure them that they should read through the pages on standard precautions and begin the discussion in the small group. There will not be a test.

► After four minutes, announce that participants have only one more minute to complete the reading, and then they should start working together on the group discussion questions.

► At the end of the five minutes, ask the participants to now look at the questions in their PG and discuss what their answers will be. (You may give them a little more time if you feel it is necessary, but likely they will learn more from discussion than from reading.)

► At first, the room will be quiet, but soon the groups will begin to talk. They may not be sure of themselves, but as they progress they will be more confident. The trainer should be available for any questions.

► For the next 15 minutes, the participants will do most of the work, and you should observe and listen. You should not be tempted to join a group and “help them out.” The group will learn better by working independently and then reporting their discoveries.

► Near the end of the 15 minutes of small group work, you should announce there will be only a few minutes more of discussion work and that the participants should try to finalize their answers. Tell them it may not be possible to complete all the questions, especially the challenge question.

► At the end of approximately 15 minutes, you should ask the groups to end their discussion and prepare to share some of their answers with the whole class. Tell them they should remain where they are seated so that everybody will know who was in their group.

► You should ask for a group to volunteer to give their first two answers. Note that they will give their answers orally. Someone in the group will have to speak in a loud voice, but it is not necessary to use a flip chart.

► When the first group has given its two answers, you should ask if the other groups generally agree with them, and then you should process the discussion. As appropriate and in the time available, ask for more details and examples.

► Next, ask for a second group to volunteer to give their answers. Process these answers in the same way as the first group. Try to cover new questions with each set of participants. Continue until all the groups have presented. Be sure to ask for answers to the challenge question as well.

► As needed and if there is time, ask further discussion questions such as the following. Select and modify the questions according to the needs of the group. (Remember to always process these interactively, "bouncing" them back to the other participants to answer as often as possible.)

Discussion questions:

- Are there parts of the standard precautions that seem very applicable to your clinic or hospital?
- Can you think of ways to explain points you have read in a very clear and easy way to colleagues or even patients who may need to know about them?
- Did you see anything so far in the session that you can start using right away in your work?
- Is any of the material new or surprising to you, meaning it was not included in the training you had for your profession?
- What was unclear or not well explained in the reading on standard precautions?

► Now distribute to participants **Session 2 Handout 4: Job Aid on Standard Precautions for Health Workers**. You can say, "This can be copied and enlarged and put up in your health facility in places where health workers will see it often. It will help remind you and your colleagues how to protect yourself and patients from infections." Be sure participants understand this poster is for health workers—not for the general population.

► Complete this activity by mentioning that participants should take the time this evening, or in the next few days, to read the technical resources in the PG.

Activity 2: Handwashing at the Health Facility

🕐 *(10 minutes)*

- ► Begin by highlighting the importance of handwashing. Explain it is one of the main ways to prevent germs being transmitted when health care is provided. Say, "Hand hygiene is the most important way to avoid transmission of germs and prevent infections associated with health care. Health workers must practice proper hand hygiene. It protects everybody, preventing germs being transmitted from a patient to the health worker, from the health worker to a patient, from health worker to another health worker, and from one patient to another via the health worker's hands."

- ► Distribute **Session 2 Handout 5: Quick Questionnaire on Handwashing**. Tell them to take only a minute or two to answer the simple questions. After that, you will ask for volunteers to give some of their answers. (It is a good idea for you to take the quick questionnaire too, so that you have empathy and understanding for the participants.)

- ► After just a few minutes, ask for volunteers to give some of their answers. Keep it very informal. There will be a range of answers to the first question, but you hope that people washed their hands before eating, after going to the toilet, and before and after touching a patient.

- ► For the second question, you may get a range of people, from those who washed their hands only once to people who are champion handwashers.

- ► Get volunteers to give rapid responses to each question, with the goal of demonstrating that we often do not wash our hands often enough, long enough, do not really know how, or do not have the time or materials.

- ► Pay particular attention to barriers to handwashing, such as lack of materials or busy schedules, that do not give people much time.

- ► Stress that if there are problems for us in handwashing, we can imagine that it is a bigger problem for patients. Tell them we have to be sure to change our behavior if we want patients to change theirs and if we want to be role models.

- ► That brings us to the next part of this activity. You want them to study a job aid. Ask how many people have worked with job aids before. Ask them why we use them and how they are helpful.

- ► Explain that a job aid is a short simple explanation of how to do a particular job, such as handwashing, correctly.

- ► Distribute **Session 2 Handout 6: Job Aid on Handwashing for Health Workers**.

► Give them a minute to study the job aid on handwashing and then go over each of the six steps with them.

► Point out that there are eight key times to wash hands.

► Explain that you will return to the eight key times again, but the important thing to remember is that at health facilities, standards for cleanliness have to be much higher than at home, especially for working with PLHIV. Tell them this is the reason we are stressing this fundamental procedure.

Activity 3: Introducing the Tippy Tap
🕐 *(35 minutes)*

► Explain, "The most important thing, when we talk about handwashing, is to have access to water when and where it is needed. If a facility does not have piped-in or running water or does not have it where it is most needed, you will have to use other methods for making handwashing possible. A good way to do this is by using tippy taps."

► Ask if anyone knows what a tippy tap is. Take answers and explain that a tippy tap is a type of container with a few key parts that makes it ideal for storing and dispensing water.

► Ask participants to open their PG to Session 2 Section 2.5 on tippy taps; there are a few pictures of what tippy taps look like. Participants may have other names for them, but explain that "tippy tap" is the term we will be using during the course for this type of water storage device.

► Pause and let the participants look at the pictures for a minute.

► Ask them what they think the advantages are of using a tippy tap.

► If the following advantages are not mentioned, raise them:
- A tippy tap allows you to wash hands with clean, flowing water, leaving hands cleaner than if they are washed in a basin of water.
- A tippy tap can make handwashing much more convenient. Why is this? Because a tippy tap is a low-cost, easy-to-maintain, small water container with a tap (or other mechanism) to control water flow.
- A tippy tap helps save water because it is usually a small container that produces only a slow flow of water, so people use the water sparingly.
- Tippy taps make perfect handwashing stations that can be set up in many locations throughout a health facility at very little cost and with little technical know-how (e.g., in the kitchen, near the eating area, next to the latrine, next to a patient's bed, etc.).

- Make clear that we will get into more detail about tippy taps and how to set them up in Session 4.

- Remind participants that having equipment like tippy taps makes handwashing possible, because they are very inexpensive, save water, and are effective tools for stopping the spread of disease and improving the lives of PLHIV and others. Invite participants to come up close and take a look at the tippy tap.

Demonstration: Handwashing
Time: 20 minutes

- Set up the handwashing station with soap, a towel, a tippy tap, water in a jug, and bucket/basin to catch dirty water.

- Hang the job aid on handwashing near the station for greatest visibility while the other trainer explains the following to the participants: "You will now see a demonstration on handwashing performed by trainers. As you watch, you should keep in mind these four questions [display the flip chart below]. Before we begin, are there any questions?"

Questions to Ask about Handwashing

1. Was the handwashing done well?
2. How do you know it was done well?
3. Did the handwashing follow the poster?
4. What would you do differently?

- Participants, especially those in the back of the room, may need to stand up and come closer to the demonstration so they can see clearly. If there are not too many participants, they should all gather around the table where the demonstration is being done so they can see and hear easily.

- If all participants cannot see the handwashing job aid, ask them to look at their handout so they can follow along.

- Once everything is in place, you should start washing your hands following the instruction on the poster for handwashing exactly as stated.

- You should say the steps out loud as they move through the process. You should count out the full 20 seconds for washing hands with soap and water. If possible,

do this with a watch so a full 20 seconds can be measured out. Make a point of showing how long 20 seconds actually takes compared to how quickly we may count to 20 ourselves.

- ► Continue washing hands following the poster until finished.
- ► Tell the participants not to sit down yet. Now ask participants to look back at the flip chart with the four questions on it and also at the poster on handwashing in their PGs.
- ► Ask for answers to the four questions on the flip chart, and process the answers interactively.
- ► Make sure participants note all the things that were done correctly. Bring up any points that the group misses.
- ► Before ending the demonstration, ask participants what they should do when they do not have any soap. See if you can get some reasonable answers. Tell them one thing they can do is substitute wood ash for soap when washing their hands. As with soap, they would wet their hands first, then add wood ash and rub vigorously for at least 20 seconds. Then rinse carefully and dry.
- ► Tell the group that in the United States, children are often taught to sing “Happy Birthday to You” to themselves as they wash their hands. It normally takes 20 seconds to sing that song, so it is a good way to wash your hands for long enough. If there is an equivalent, well-known song in your country, that is a better measure of time than counting 20 seconds.
- ► Now say that tippy taps have an important benefit you’ll demonstrate. Ask the group to watch you. Pour the water from the bucket/basin under the tippy tap into an old plastic water bottle with the top cut off. Show the group how much water you used to wash your hands with the tippy tap. Use a marker to draw a line marking the water level on the plastic bottle. Hold the bottle up and show it and the line to the group. Then empty the plastic bottle.
- ► Repeat the handwashing demonstration, this time pouring water from the jug so it flows into the waste water bucket/basin. Now pour the water from the bucket/basin into the same old plastic water bottle. Again, use a marker to draw a line on the plastic bottle. Show the group how much water you used to wash your hands this time. It will be more than was used from the tippy tap. Hold the bottle up, so everybody can see it and point out the two lines.
- ► Ask the group what conclusion we can draw. (That a tippy tap uses less water than just pouring water from a jug, bucket, or some other container.)

► Say, "Now that you have seen how to use the tippy tap, let's discuss the resources required and where we can obtain them."

► Display the following flip chart and read the resources listed on it to the group.

Resources Needed	Where to Find Resources
Clean water	
Soap or wood ash	
Towels	
Tippy taps	
Jug	
Buckets/containers	

► Say, "We will discuss how to obtain clean water in Session 4, but let's brainstorm how to obtain the other items."

► Write on a piece of flip chart paper all of the resources required (except for clean water because that will be discussed in Session 4). Then ask the group for suggestions on where they might be able to find these items. Facilitate a discussion on where to locate these resources.

Activity 4: Handwashing Practice

🕐 *(30 minutes)*

Exercise: Handwashing Practice	
Time	30 minutes
Preparation	• Divide participants into pairs. • Pass out materials needed: tippy tap, water, soap, towels, and container for collecting dirty water.
Introduction	We are now going to practice our new and improved handwashing skills.
Instructions to participants	• Following the steps on the handwashing job aid, you will be asked to wash your hands. You must look at your PG or the poster while you are doing this. • While washing your hands, you should talk through the steps out loud as you demonstrate the correct methods. Because you will have to demonstrate this for others at your facilities, this will be good practice. • Your partner should follow along with the demonstration and job aid to be sure the steps are done and said correctly. Each of you should have three minutes to show and say how to wash your hands properly, and the person watching should help track the time.

Exercise: Handwashing Practice	
	• After you wash your hands, you should critique yourselves. You should first say what you have done correctly and what, if anything, you did not do correctly. What would you have done differently? • Next, your partner, who was watching, should comment. As the observer, he or she should start with what was done correctly and then make one or two priority points on what could be done better, if applicable. These must be important issues such as skipping a step or not doing something fully. Comments should be kept relevant to good handwashing practices and not get lost in minor details. • It is important to follow the proper steps, which include washing hands for the proper length of time (20 seconds), washing between the fingers, rinsing appropriately, and drying both hands. • You should complete your handwashing practice in three minutes and then have three more minutes for critiquing. Handwashing and critiquing should take a total six minutes per partner. • You may now begin, and please be ready to regroup in 15 minutes.
Notes for trainers	• As participants are practicing, you should observe and listen to them. Make note of the good and questionable examples you see.
Discussion	• When time is up, call the participants back together and process what they have learned. • Ask for comments on what the participants did and saw. • Consider asking the following questions: – Were there any problems experienced by anyone, and what can we learn from them? – Who thought this would be easier and why? – What is the biggest difference in how you normally wash your hands compared to this way? Are there any? – What step do you find the most difficult to now include when you wash your hands? – Point out any of your own observations or things you heard. • Invite final comments or questions. • Sum up the best parts of what you, as trainers, saw, mentioning how it shows good handwashing technique. • Conclude by asking the participants to bring their handwashing materials to a convenient spot in the room so they can be collected and taken without getting in the way of the following activities.

Activity 5: Eight Key Times to Wash Your Hands

🕐 *(20 minutes)*

► Explain to participants that knowing how to wash hands correctly and being motivated to wash correctly is only part of what is needed. Staff, PLHIV, and caregivers of PLHIV all need to know when it is most important to wash their hands.

► Ask participants when they think a person must wash their hands. See if the group can tell you what they are, without looking at Handout 4, the job aid.

► Put their answers on the flip chart. Make it a group challenge. Allow any reasonable answer.

► After writing down a dozen or so, stop and evaluate the list with the group. Get their opinions on the value of each suggestion.

► Explain that there are many important times to have clean hands; for the sake of this training, we have established a minimal list to follow:

Three befores:
1. Touching a patient
2. Performing an aseptic task (piercing the skin)
3. Preparing food, eating, or feeding somebody.

Five afters:
1. Touching a patient
2. Contact with blood or other bodily fluids
3. Touching patient surroundings (linens, intravenous lines, etc.)
4. Using the toilet
5. Cleaning a baby or changing a diaper.

► Ask participants to look at **Session 2 Handout 7: Eight Times When You Must Wash Your Hands**. Give them five minutes at the most to read it.

► When participants have finished, ask discussion questions like the following:
- Do you basically agree with this list?
- What would you add or delete?
- Which of these do you see your colleagues skip most often?
- Which of the eight times do you do most frequently? (For example, if you eat three times a day, you wash your hands before eating three times a day).
- Which of the eight times are you best at? (For example, you never skip one of them, but you might skip some others.)
- Which one of these times is hardest for you to really do? Tell why.
- Where do you feel you personally can make the most improvement? (Mention the number.)
- Do you feel any of these times is not possible in the real world?
- Are you surprised at some of the times listed here? Do you wonder if they really are important enough to belong on the list?

► Finally, encourage them to commit these eight key times to memory. Suggest that it may help if they remember there are three “befores” and five “afters.”

► Point out that, while washing hands is extremely important, keeping the whole body clean is the ideal. One powerful example of the value of good hygiene is trachoma. Ask if anybody in the group can say a few words about trachoma. If nobody responds, tell them that it is an infection that may result in blindness after repeated reinfections. It is the world's leading cause of preventable blindness. See if anybody knows how you prevent trachoma. If nobody knows, say that simply washing your face regularly is enough to prevent trachoma.

► Conclude this activity by noting that, ideally, participants should make large copies of the poster on handwashing and post them near every handwashing station for health workers in their health facility. Tell them it would be good to post in other places, too, where health workers need to remember to wash their hands—even if there is not a handwashing station there.

► Also, explain that in a later session of the course called "Small Doable Actions for WASH," the participants will be making their personal action plan, and handwashing at the right times should be high on the list.

Activity 6: Wrap-Up of Session

🕐 *(10 minutes)*

► Wrap up the session by reviewing the main points of what we learned.

► Write these numbers on the flip chart and ask the participants if they can think of what they represent from the session:
- 3 and 5
- 6
- 8
- 10
- 20.

► Take their responses. Clarify what they represent with these answers:
- 3 and 5, *the three "befores" and five "afters" for handwashing*
- 6, *steps to washing your hands*
- 8, *times to wash your hands/standard precautions*
- 10, *number of standard precautions*
- 20, *seconds to rub your hands and fingers together to effectively wash your hands.*

Note: Some participants may notice that there are 10 standard precautions listed in the PG technical resource pages but only 8 listed on Handout 2 on standard precautions. Explain that the official number is 10, but the 8 are the most important, or most likely to be used, and therefore are on the poster in the PG.

► Next, review the main concepts from the session.

Standard Precautions

► Ask participants what the standard precautions are and get a few responses.

► Remind them by saying, “Standard precautions are steps that should be taken routinely to protect ourselves and others from infection. These infections are a risk to everyone but are particularly dangerous for PLHIV.”

► Ask for examples of the standard precautions. See if the group can name at least eight points without looking at their books.

> ***Answers:***
> *Wash your hands*
> *Wear gloves*
> *Use a mask and gown (this can be one element or two)*
> *Handle needles and other sharps carefully*
> *Cover your nose and mouth*
> *Clean and disinfect equipment and instruments*
> *Segregate waste*
> *Handle linens carefully*
> *Environment*

► Remind participants that at the clinical level the standards for cleanliness have to be much higher than in the home, especially for working with PLHIV.

Handwashing

► Remind participants that they learned the best way to thoroughly clean their hands.

> It involves following the proper steps, which include:
> - Wetting hands
> - Soaping hands
> - Rubbing palms together } 20 seconds
> - Washing between the fingers } 20 seconds
> - Rinsing appropriately
> - Drying hands with a clean towel or air dry.

► Say, “We learned about the eight times when you must wash your hands.” Ask participants what these times are without looking at their books.

Three befores:
1. Touching a patient
2. Performing an aseptic task (piercing the skin)
3. Preparing food, eating, or feeding somebody.

Five afters:
1. Touching a patient
2. Contact with blood or other bodily fluids
3. Touching patient surroundings (linens, intravenous lines, etc.)
4. Using the toilet
5. Cleaning a baby or changing a diaper.

The Tippy Tap

► Ask, "Why are tippy taps important to the standard precautions and handwashing?"
Answer: *Because they make handwashing much more convenient.*

► Remind participants that tippy taps are low-cost, low-tech, easy-to-maintain, water-conserving containers with water-controlling features.

► Remind participants that washing our hands is a very inexpensive and effective tool for stopping the spread of disease and improving the lives of PLHIV.

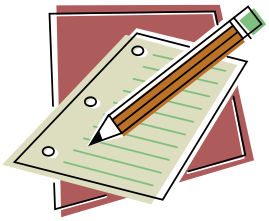
Session 3: Behavior Change for Water, Sanitation, and Hygiene in the Home

Total Session Time: 2 hours, 15 minutes (135 minutes)

Objectives: By the end of this session, participants will be able to:

1. State basic principles of effective communication for behavior change.
2. Demonstrate effective communication for behavior change on handwashing at home, using a job aid.
3. List critical times for handwashing in the home (target audience is PLHIV and their caregivers).

Materials	
	• Markers • Flip chart stand and paper • Masking tape • Participants will need their PG • Relevant handouts (found in Appendix 1) • Parking Lot • A large version of the job aid “Protect Yourself from Disease—Wash your Hands!” (front and back).

Handouts	
	In Activity 1: • Session 3 Handout 1: Five Times When You Must Wash Your Hands at Home (p. 204) • Session 3 Handout 2: Job Aid for Handwashing in the Home (p. 205) • Session 3 Handout 3: Elements of Effective Communication for Behavior Change (p. 207) • Session 3 Handout 4: Using Communication for Behavior Change in the Real World (p. 208) In Activity 2: • Session 3 Handout 5: Directions for Two-Way Communication Experiment (p. 209) In Activity 3: • Session 3 Handout 6: Listening Skills Self-Assessment (p. 211) In Activity 4: • Session 3 Handout 2: Job Aid for Handwashing in the Home (p. 205) • Session 3 Handout 3: Elements of Effective Communication for Behavior Change (p. 207)

Handouts	
	• Session 3 Handout 4: Using Communication for Behavior Change in the Real World (p. 208) • Session 3 Handout 7: Directions for Practice Demonstrations Using Communication for Behavior Change and the Job Aid for Handwashing in the Home (p. 212) In Activity 5: • Session 3 Handout 8: Community Quiz—Behavior Change for WASH in the Home (p. 213).

Flip Charts	
	Activity 1: Group Work on Elements of Communication (p. 30).

Advance Preparation	
	• Make sure you have all materials, handouts, and flip charts needed. • Read through the session in this guide and the PG and ensure you understand the technical content. • Recruit a volunteer from the group in advance so you have a person who is willing and understands how to do the experiment in Activity 2 on two-way communication. Give him or her copy of the geometric diagram that is found in **Session 3 Handout 5: Directions for Two-Way Communication Experiment**. Go over the instructions on the handout with the volunteer to be sure of understanding. • Prepare a method to divide participants into groups of four for Activity 4. • Practice using the job aid in Activity 4. • Sessions 3 to 8 have activities in which participants practice communication for behavior change using job aids. It is absolutely necessary that participants learn how to lead patients and their caregivers through the main talking points for WASH practices. To use training time to cover information effectively, it is suggested that participants alternate roles in doing these practice demonstrations. Trainers should ensure every participant practices demonstrating job aids at least three times throughout the course.

Summary of Learning Activities in This Session			
No.	**Activity**	**Principal Training Method**	**Time**
1	The elements of effective communication for behavior change	Large group discussion	*40 minutes*
2	Two-way communication	Experiment, large group discussion	*20 minutes*
	Exercise: Two-way communication experiment (20 out of 20 minutes)		
3	Listening skills self-assessment	Self-rating instrument, large group discussion	*20 minutes*
4	Practice demonstrations	Large group demonstration, small groups	*40 minutes*
	Demonstration: Using communication for behavior change in the real world (40 out of 40 minutes)		
5	Reinforcing session objectives	Work in pairs, large group discussion	*15 minutes*

Learning Activities

Activity 1: The Elements of Effective Communication for Behavior Change

🕐 *(40 minutes)*

► Begin by mentioning, “In the last session, we talked a lot about handwashing in clinical settings. Now we’re going to focus on handwashing at home.”

► Say, “We discussed how to wash your hands properly, and when to wash your hands, in your role as a health care worker.” Ask participants to again review **Session 2 Handout 7: Eight Times When You Must Wash Your Hands**. Confirm that these eight times are for working in a clinic or hospital.

► Ask participants to step out of their clinic or hospital role and think about when PLHIV, their families, and those who care for them should wash their hands in order to reduce the risk of diarrhea and other diseases. In other words, what are the critical times for handwashing at home?

► Ask if PLHIV, their caregivers, and their families should wash their hands on the same eight occasions that health workers should wash their hands, keeping in mind the things that PLHIV and their caregivers do at home. Ask what they think are the most important times when people should be washing their hands at home.

► As needed, give participants hints to arrive at the conclusion that there are five times when people need to wash their hands at home. Note that participants may describe the five times a little differently or group the times differently, and that is okay as long as they get the point and understand the five times listed in **Session 3 Handout 1:**

Five Times When You Must Wash Your Hands at Home. Now distribute Handout 1 and give them a few minutes to read this short page.

► Ask if they would like to add any examples to the five times and if there are any examples that are not clear. After limited discussion, continue to the next part of this activity.

► Tell participants, "In addition to studying when to wash your hands, it is important to understand how to wash your hands, because if you do not wash your hands correctly, you are just wasting your time—and the soap and water."

► Give participants **Session 3 Handout 2: Job Aid for Handwashing in the Home**.

► Explain, "The job aid has more key information about handwashing to communicate to PLHIV and those who care for them. This is a reminder of the most important times when people should wash their hands. And it also presents five simple steps that people should follow when they wash their hands."

► Show how to hold this kind of job aid up so you can see the discussion guide on the back and so that the people you are talking to are able to see the messages and images on the front as you point to the images and explain them. Make sure that they are looking at the complementary handout during this step.

► Explain that now you want the participants to look for the part of the job aid that explains how to wash hands correctly. Pause while they take a look. Be sure they understand that they will be looking at the "back" of the job aid while they display the "front" with the messages and images to the people they are working with.

► Then ask questions like the following:
- Is all of the job aid just about how to wash hands? (No, it also tells when to wash hands.)
- Why do you think the discussion guide on the "back" has more words and is more complicated than the messages and images on the "front"?
- How many steps are there in this explanation of handwashing?

► Explain that you are going to start with the first step on the job aid about handwashing, and you will soon be asking for volunteers to give the explanations of the messages and images for each step.

► Hold the job aid so you are looking at the messages on the back and participants can see the images on the front. Use words similar to those on the back of the job aid, starting with "We all think we know how to wash our hands," and concluding the first step with "Wet your hands." As you go over the messages, point to the appropriate image.

- ► Then pause and ask if the participants have any questions. At this point, do not go into the listening skills and other communication points. Just be sure they understand the mechanics of using a job aid.

- ► If anybody misinterprets the pictures, ask the rest of the group what they see—be sure to clarify the right information. The purpose of this exercise is to first be sure the group is familiar with the messages and pictures in the job aid.

- ► Now, ask for a participant to do as you did with the second of the five steps (apply soap or wood ash). Let him or her do the second step by following what you did with the first step. (Continue ensuring participants see how the job aid has messages for the presenter on one side with messages and the images to explain on the other side. The communication techniques are coming later.)

- ► Continue recruiting volunteers to do Steps 3, 4, and 5. This should go rapidly.

- ► Explain, “Now I would like for you to put to practice the information we have just discussed! Remember that the job aid has the key messages we need to communicate to people about handwashing. These include when to wash your hands and how to wash your hands correctly.”

- ► Say, “In Session 1, part of the discussion was on how good handwashing is one of the desired health behaviors that we want PLHIV, their caregivers, and others in the community to use.”

- ► Ask if everybody remembers what healthy behaviors are. Ask if anybody can give another example besides handwashing.

- ► Say, “In Session 1, when we talked about communication for behavior change, what did we say about just giving information to a group?”
  Answer: “Information is not enough.” *Give hints until they give that response.

- ► Confirm the following: “Information on its own is not enough! But let’s talk for a moment about how to provide information to people effectively.”

- ► Explain that participants will now have a closer look at communication for behavior change. They need to become skilled at using it with a job aid.

- ► Assign participants to work in groups of four.

- ► Give participants **Session 3 Handout 3: Elements of Effective Communication for Behavior Change**.

- ► Each group can choose to comment on two questions from the flip chart. A person needs to be chosen to report for the group. Reports will be brief and informal.

► Display the following flip chart:

> <u>Group Work on Elements of Communication</u>
>
> (Each group chooses to comment on two questions.)
>
> 1. In the real world, are there communication elements that are hard to apply?
> 2. Does anybody in the group use any of these communication elements already?
> 3. Have the trainers used any of these elements of communication in the course so far?
> 4. Is there a communication element that is not clear to the group?
> 5. Any other points or comments to make?

► Tell the participants they have 10 minutes, and let them begin their group study. Circulate as needed to be sure each group understands that they will study Handout 3, discuss it, and pick any two questions on the flip chart.

► Near the end of the 10 minutes, circulate among the groups and remind them that they have only a few minutes to go, and they will need to have one person who will present to the larger group the answers to the questions they selected. This will be informal, and no flip chart writing will be used to present.

► At the end of the 10 minutes, ask the representative from each group to give the brief and informal comments on the two questions their group has chosen.

► Facilitate these responses in the time available, helping participants bring out points to reinforce their knowledge and skills of this material. Distribute **Session 3 Handout 4: Using Communication for the Behavior Change in the Real World**. Tell participants this will be a resource throughout this training course as they practice their job aids.

► Conclude this activity by pointing out that the handouts the participants have been studying are only a summary. They will be practicing the application of each of the elements on that page in the rest of this session and the rest of the course.

► Point out that more detailed information on communication for behavior change can be found in the PG Session 3 Technical Resources.

Activity 2: Two-Way Communication

🕐 *(20 minutes)*

Exercise: Two-Way Communication Experiment	
Time	20 minutes
Preparation	• Recruit a volunteer from the group in advance and go over Session 3 Handout 5 with him or her so the volunteer understands the instructions. • Do not give this handout to participants until after the experiment has been completed.
Introduction	Please look at Handout 3 and the two elements of communication for behavior change closely, and review the first element of two-way communication.
Instructions to participants	• I have asked a volunteer in the group to do a short experiment with the group. • The experiment involves following directions to make a drawing. When the volunteer does this experiment, each of you will draw on a piece of paper what the volunteer describes for you to draw. You can use any piece of paper, even a blank part in your PG. • During the experiment, you will not be allowed to ask questions or talk with anyone. You must remain silent and do you best to draw what you are instructed. • Could the volunteer please come to the front of the room and begin the experiment? **Ensure nobody sees the geometric drawing. The volunteer's back is to the group at this time. The volunteer should read the directions on Handout 5, point 4 to the participants.* • Now that you have attempted this drawing, please take out a clean sheet of paper and label it Drawing 2. • Now you will try to do the drawing again, but this time, the volunteer will face the group, you can ask questions, and the volunteer can repeat the instructions and use hand gestures to help describe the drawing. You still will not be able to see the drawing and you still should not talk to one another. • Could our volunteer please turn around to face the group and give the instructions again? **The volunteer should ask if there are questions, answer questions, repeat instructions as needed, and use hand gestures as desired.* • Now that everyone has finished, could everyone compare their first and second drawings? • Our volunteer will now show you the drawing. • Which drawing took longer to draw—the first or the second? And why did it take longer? **Discuss their responses for a few minutes.*

Exercise: Two-Way Communication Experiment	
	• Which of the two drawings is closer to the original drawing the volunteer had? • It is important to understand why one version of the drawing was closer to the original. • Thank you so much to our volunteer. Let's give him/her a round of applause for helping!
Discussion	• Explain that this demonstrates that two-way communication worked better than one-way communication. The first drawing was not with two-way communication. It was only from the person in the front of the room to the other people in the room. The second drawing was two-way. The communication went back and forth. It produced more accurate drawings. This means that the information was better communicated. • Write on a new flip chart: "Two-way communication works better than one-way communication." • Continue the discussion by asking why two-way communication works better. Participants should come up with answers like those listed in the following. If they do not, give the hints before actually telling them some of the reasons. – People can clarify anything they did not understand. – People can ask the presenter to go slowly. – The group can see the presenter's face and hand gestures. • Point out it is important to see how this applies to communication for behavior change. Ask participants how they would apply two-way communication if they want to talk to a group of PLHIV about how to wash their hands correctly. • Ask them if they have noticed how the trainers in this workshop are communicating. The answer is that you as trainers are asking a lot of questions—not just lecturing. • Sum up by saying, "Asking questions is key to effective communication for behavior change." • On the flip chart, add the words, "Ask questions!" • Add, "When you ask questions, you will better understand people's situations and will be able to identify what would motivate them to adopt a healthy, desired behavior." • Say, "There is another important point: You should also encourage your group to ask questions. That will help the group understand and apply what you are saying. And it will help you determine if people understand correctly." • Add this to the flip chart: "Invite questions!" • Review the flip chart to emphasize the three points of this activity: 1. Two-way communication works better than one-way communication. 2. Ask questions!

Exercise: Two-Way Communication Experiment	
	3. Invite questions! • End by saying throughout the rest of the course participants will frequently see these three points applied and be asked to apply them. Their work in communication for behavior change will not be successful without these three points.

Activity 3: Listening Skills Self-Assessment

🕐 *(20 minutes)*

► Point out that there is another element of communication for behavior change: listening. Tell the participants they will be taking a self-assessment where they will rate themselves as listeners. Only the participants will see the results of their assessment.

► Ask participants to review **Session 3 Handout 6: Listening Skills Self-Assessment**. All of the instructions for the test are on the handout, so they should read the instructions and begin.

► The test is very short. Participants will have five minutes to score themselves and add up their totals. Tell participants to raise their hand if they have a question, and you will help them while the others continue working. Do not let more than seven minutes go by for the test.

► After time is up and participants have scored their totals, explain that you will now ask some discussion questions that are voluntary. Participants do not have to tell people what their specific scores are unless they want to. Ask discussion questions like the following, adapting the questions to the needs of the group:

- Were any of you surprised by your total score? If so, tell us how you were surprised. Were the scores too high or too low? Mention the questions you were surprised by, if you wish.
- Does anybody want to tell us what question you want to improve on to raise your score? Will it be easy or hard to make the improvement?
- Are there barriers to making improvements in your skills?
- What motivation would you need?
- What is the impact of poor listening skills on WASH work?
- What would be the impact of two-way communication on WASH work?
- Is it important to use two-way communication and effective listening skills in other areas of your professional and personal life?
- Do you believe your colleagues would rate you higher or lower than you rated yourself? How about your supervisor? How about your partner?

► Conclude this activity by saying that you will ask the participants to look back at their scores from time to time in the course and to see if they rate themselves any higher on some of the questions.

Activity 4: Practice Demonstrations

🕐 *(40 minutes)*

Demonstration: Using Communication for Behavior Change in the Real World
Time: 40 minutes

- Explain that you will be doing a real demonstration using **Handout 2: Job Aid for Handwashing in the Home**, **Handout 3: Elements of Effective Communication for Behavior Change**, and **Handout 4: Using Communication for Behavior Change in the Real World**. Earlier in this session, these handouts were distributed, and a demonstration was given simply showing how to use the job aid, using the discussion guide on one side of a job aid to explain the messages and showing the images on the other side to the audience. This activity will now be a complete demonstration on communication for behavior change, using the job aid.

- Explain that you will be playing the role of a doctor, pharmacist, or nurse at a clinic or hospital and will be using the job aid to do communication for behavior change. The participants should pretend that they are PLHIV, members of their families, or their caregivers. They should ask questions and make comments just like the people in their clinic or hospital would do.

- Note that the demonstration will not include real soap and water to save time and resources.

- Present a demonstration using the job aid correctly and using key tips from **Handout 3**. If you like, you might neglect one communication element, just to see if the participants mention it later when you ask for feedback from them.

- Ask participants to focus on how to use Handouts 2, 3, and 4 together.

- It may be necessary to pause every often and even to remind participants that they are supposed to be playing the roles of people in the clinic. Ask and invite questions. Make it a very interactive role-play, but no more than 10 minutes long.

- At the end of the role-play, put the job aid down and explain that you would like the participants to comment on how the role-play went and if they are ready to do their own demonstrations in a small group.

- Specifically, ask them to tell you two things you did well and then two priority things that you could improve (using the two handouts as a guide), because that is what they will be doing when they give their own demonstrations.

- If you did a really good job, it may be difficult for the participants to find priority things you could improve on, but do not accept recommendations unrelated to

communication for behavior change and the job aid. For example, “You did not stand straight” is not a priority.

- If you intentionally neglected a point to see if the participants would notice, give them hints until they bring it up. You may even need to repeat the words or action so that people see the weak point clearly.

- Next, divide the participants into groups of four.

- Explain that the participants will now be doing practice demonstrations, and they will use the job aid and the elements of communication for behavior change that they studied.

- Ask them to read **Session 3 Handout 7: Directions for Practice Demonstrations Using Communication for Behavior Change and the Job Aid for Handwashing at Home**.

- After participants have read Session 3 Handout 7, ask if they have any questions.

  Tell the participants, “We have now reviewed all the technical content for this session, and at this time we will practice using it with a job aid. During the training, you will have numerous opportunities to practice job aids, and we will follow the same four steps with all job aids. The steps are as follows.”

- **Step 1:** “The first step will involve a trainer demonstrating the job aid.”

- **Step 2:** “You will have five minutes to study the new job aid and prepare to use the discussion points, messages, and images in your groups. One person will give the demonstration of **Handout 2: Job Aid for Handwashing in the Home** and three will act as patients.” Ensure all training participants have a chance to practice both roles throughout the course of the training. Circulate to see and hear what is going on. Priorities include holding up the job aid, pointing to the images, and delivering the messages correctly.

- **Step 3:** “Each group of four must have one participant demonstrate the job aid while his or her three colleagues will play the role of patients, their families, and their caregivers. Each person will stop after their demonstration and give self-feedback, and then receive feedback from their ‘patients and family members.’ Each member should take 5 to 10 minutes to do their demonstration and give and receive feedback. One person in your group should be in charge of keeping time for everyone.”

  There are 20 minutes for this activity, so give participants a time when you want them to be finished and come back together. Time management will be important as

the participants work in their groups. Try to keep them moving so that, as is possible, everybody in each group has a chance to give a demonstration and receive feedback. Make sure at the 10-minute mark that the second person is finishing his/her demonstration, if possible. If time is not managed properly, not everyone will be able to practice with each job aid in this training.

Explain you and the other trainers will circulate to watch the demonstrations. This will allow you to provide feedback as well. You will let them know some of the best things you observed and a few things that could improve.

► **Step 4:** When everyone has finished, bring the group back together and ask for their comments.

"Was this one easier or harder than the previous job aid? Why? What needs further clarification? What needs further improvement?" The point of this is to help participants understand how to best present this material and effectively apply communication for behavior change.

► Conclude this activity with some general questions about how the demonstrations went:
- Was it easy to use the elements of communication for behavior change?
- What was it like to use a job aid for the first time?
- Were their "patients" like real patients?

Activity 5: Reinforcing Session Objectives

🕐 *(15 minutes)*

► This activity is a "community quiz," and the trainers should administer it like similar exercises in the course. This quiz summarizes and reinforces the key points in communication for behavior change from Session 2.

► The quiz is written; participants work individually first, and then they work in pairs to see if they can have all their answers correct. The quiz is not to hand in.

► Ask participants to review **Session 3 Handout 8: Community Quiz—Behavior Change for WASH in the Home**.

► Tell them they have eight minutes for the quiz, including working in pairs. The instructions for the quiz are at the top of the page.

► At first, participants will work very quietly alone. Walk around and see how they are doing. As participants complete their work and look up, assign them to work with another participant as needed. In many cases, they will just start working with their neighbor.

- ► There may be some slower or very analytical people, and you may have to assign a partner to them before they have actually finished. Once they start working with somebody, many of the answers will be clearer.

- ► Spend the last five minutes asking different pairs of participants to give two answers each. Ask them for just the answers to questions 1 and 2, and so on. Save time and do not have them read the actual questions. As you go along, ask if there is general agreement, and in the time available, process the answers interactively. Notice that some questions are intended to stimulate brief discussion as opposed to having one exact answer.

- ► Close by telling the group that you are impressed with their community skills as well as their demonstration skills, and you look forward to seeing them do more such work in the coming sessions.

Session 4: Water Treatment, Safe Storage, and Handling at Point-of-Use

Total Session Time: 3 hours (180 minutes)

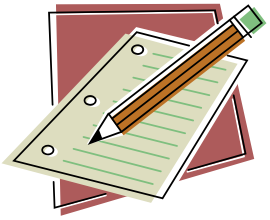
Objectives: By the end of this session, participants will be able to:

1. Explain the importance of safe drinking water for PLHIV.
2. List five water treatment options.
3. Identify best treatment options for their health facility.
4. Demonstrate use of one realistic treatment option (e.g., chlorine).
5. Identify three appropriate local safe water storage options.
6. Demonstrate use of one local safe storage option.
7. Demonstrate the use of effective communication for behavior change for using chlorine for water treatment, safe storage, and handling in the home.

Trainer Note: *This course uses the term "safe water" to mean water that can be consumed without significant health risks. Safe water is required for drinking and cooking. "Clean water" looks clean but is not safe to drink and can be used for cleaning and laundry purposes.*

Materials	
	• Markers • Flip chart stand and paper • Masking tape • Parking Lot • Participants will need their PG • Relevant handouts (found in Appendix 1) • Materials needed for the chlorination demonstration: – Water to be treated – Water container – Chlorine – Chlorine measuring device – Watch or clock – Safe water storage container • Materials needed for the chosen water treatment method in Activity 3; plan for sufficient resources to allow a few participants to practice this • A few models of water storage containers for Activity 6 • A large version of the job aid on making water safe to drink (front and back).

Handouts



In Activity 1:

- Session 4 Handout 1: Safe Water and Clean Water (p. 216)

In Activity 2:

- Session 4 Handout 2: Questions and Answers for Making Water Safe Using Water Treatment Options (p. 217)
- Session 4 Handout 3: Top Questions When Considering Water Treatment Options (p. 219)

In Activity 3:

- Session 4 Handout 4: Chlorine for Safe Water (p. 220)

In Activity 6:

- Session 4 Handout 5: What Makes a Good Safe Water Station? (p. 221)
- Session 4 Handout 6: What Makes a Good Tippy Tap? (p. 222)

In Activity 7:

- Session 4 Handout 7: Job Aid on Making Your Water Safe to Drink! (p. 223).

Flip Charts

- Activity 2: Four Ways to Reduce Infections Passed through Water (p. 42)
- Activity 3: Obtaining Water Treatment Resources (p. 47).

Advance Preparation

- Make sure you have all materials, handouts, and flip charts needed.
- Read through the session in this guide and the PG and ensure you understand the technical content.
- Prepare for the chlorination demonstration by getting the required materials ready. See the materials listed previously and in Activity 3 for more details. If you wish to demonstrate a different method that you feel may be more useful to the participants, you will need to prepare for that instead.
- Practice demonstrations for any communication for behavior change elements.
- Sessions 3 to 8 have activities in which participants practice communication for behavior change using job aids. It is absolutely necessary that participants learn how to lead patients and their caregivers through the main talking points for WASH practices. To use training time to cover information effectively, it is suggested that participants alternate roles in doing these practice demonstrations. Trainers should ensure

Advance Preparation	
	every participant practices demonstrating job aids at least three times throughout the course.

Summary of Learning Activities in This Session			
No.	**Learning Activity**	**Principal Training Method**	**Time**
1	Introduction	Lecturette, reading	*10 minutes*
2	Which treatment options are best for you?	Lecturette, reading, partner questions	*30 minutes*
3	Demonstrating water treatment options—use of chlorine	Demonstration, quiz	*40 minutes*
	Demonstration: Water treatment options—use of chlorine (35 out of 40 minutes)		
4	Keeping water safe with good storage	Reading and energizer quiz	*20 minutes*
5	Energizer quiz—safe water storage options	Pairs energizer quiz	*15 minutes*
6	Setting up a safe drinking water station	Small group work	*20 minutes*
7	Safe water and communication for behavior change	Job aid demonstrations, peer feedback	*30 minutes*
	Demonstration: Using communication for behavior change in the real world (30 out of 30 minutes)		
8	Session review	Team activity	*15 minutes*

Learning Activities

Activity 1: Introduction
🕐 *(10 minutes)*

► Tell participants to review **Session 4 Handout 1: Safe Water and Clean Water**.

► Ask participants, “Why is it important for PLHIV (or any other patient) to have safe drinking water?” Take answers that address issues of safe water such as protecting people from many types of illnesses, reducing harm to the immune system of PLHIV, reducing chances for infection, keeping people healthy, and preventing diarrhea, etc.

► Explain that having safe drinking water is essential to recovery and maintaining good health. Explain that it is important to drink a lot of clean, safe water every day to help clean out impurities and keep us healthy.

► Ask the group which method(s) they are aware of to treat water and make it safe for drinking. Then ask them which method(s) they have experience with.

► Ask the participants to open the PG to **Session 4: Water Treatment, Safe Storage, and Handling at Point-of-Use** and read the introduction. Ask if there are any questions and answer them interactively.

► Have participants read Section 4.1 on safe water and explain that you will be looking at all three types of safe water interventions in this session.

Activity 2: Which Treatment Options Are Best for You?

🕐 *(30 minutes)*

► Explain to participants that microorganisms can survive and grow in water and can be passed to vulnerable patients in many ways. Also, safe water can become contaminated during transport, storage, and handling at the point-of-use.

► Mention that "Unsafe handling, transport, and storage of 'safe water' will contaminate water. If this is the case, the water should not be used for drinking or cooking. Containers used to transport the water must be cleaned regularly. Safe water must always be transported and stored in closed containers. It is not worth making water safe if it is not transported, handled, and stored safely."

► Say, "Many outbreaks of infection occur in PLHIV due to lack of prevention measures and misunderstandings about how germs are transferred. PLHIV need safe water for drinking and bathing, especially during the symptomatic phase of HIV, which can result in skin infections, fever, and diarrhea."

► Say, "Let's look at how we can reduce infections passed through water. There are four main ways that we can do this."

► Display the following flip chart:

<u>Four Ways to Reduce Infections Passed Through Water</u>

1. Water treatment
2. Safe water handling
3. Safe water storage
4. Communication for behavior change.

► Ask participants if they understand what each of these four items means. "How is treatment different from storage? How is it different from handling?" If necessary, explain that treatment is what we do to make water safe for drinking. "Safe handling and storage are how we keep our water safe after we have collected it or treated it."

- ► Next, ask participants what they remember about communication for behavior change from the last session (Session 3). Ask, “How could communication for behavior change possibly be applied to reduce the spread of infections through water?” Take answers, and ensure you emphasize how to communicate practices to others using communication for behavior change.

- ► Ask participants to open their PG and read all of **Section 4.2: Point-of-Use Water Treatment Options**.

- ► Give them 10 minutes. When five minutes are left, let them know. If the majority of participants are not done, allow them a little more time, but you may not be able to wait for the last reader to finish.

- ► Tell participants they will now be asked to answer some basic questions about what they have read and to think about how it applies to their facility.

- ► Ask participants to pair off and answer the questions in **Session 4 Handout 2: Questions and Answers for Making Water Safe Using Water Treatment Options**.

- ► Tell them that they have 10 minutes to do this activity. Encourage participants to answer the last two challenge questions. These more difficult questions are for participants who finish and still have time.

- ► Near the end of the 10 minutes, tell participants that they have only a few minutes left.

- ► When participants have finished reviewing the questions, ask for volunteers to give answers and allow each volunteer to give two at a time so that you can go more quickly. Process responses interactively to be sure all participants understand why these answers are correct. Make any clarifications as needed.

- ► Note that questions 8 to 12 are open-ended and designed to create discussion on the topics they cover.

- ► For question 11, you may want to survey the group to determine the most commonly used methods and what their advantages and disadvantages are. Information from this may help participants determine the answer to question 12.

- ► For question 12, pose the following question to participants: “If you wanted to expand water treatment at your sites, what elements would be most important to consider?” Take reasonable answers and weigh their benefits. Explain that two of the most important elements might include local availability and price. Ask participants which method will be easiest to obtain and least expensive to use. One

method may have both characteristics. If not, they will need to do a cost comparison. Tell them you will address this issue later on.

► When you have finished covering the answers to the quiz, distribute **Session 4 Handout 3: Top Questions When Considering Water Treatment Options**.

► Explain participants can use these questions to help them decide which method of water treatment is best for their health facility. They may even use this with their patients for helping them have safe water in their homes by simply changing the word "site or health facility" for "home."

► Briefly review the questions with the participants. Ask them just to give their best answers—this will not be collected. It is meant as a tool for them to think about water treatment. Explain that later on, the supervisors will be working more closely with this and doing a cost comparison of treatment methods.

► Give them 10 minutes to write brief answers to the questions in their PG.

Activity 3: Demonstrating Water Treatment Options—Use of Chlorine

🕐 *(40 minutes)*

Trainer Note: *If you feel that another water treatment method would be more valuable, then you may demonstrate that method instead. You will want to demonstrate methods that are the most useful to your participants.*

Demonstration: Water Treatment Options—Use of Chlorine
Time: 35 minutes

The following is an outline for how to demonstrate any water treatment method. General instructions are given first. Following the general instructions are specific instructions for demonstrating the chlorine treatment method.

Before you begin, have all the needed materials ready for the method you have chosen to demonstrate. Be sure they are visible for all the participants to see during the demonstration.

Ensure you have enough resources available for participants to practice the chosen water treatment method. Set up the materials prior to the demonstration, and put participants into groups of two to four if there are not enough resources for each person to practice with.

► Start by explaining what method you will demonstrate and why you have chosen this method.

► For chlorine, you could say, "We will now demonstrate how to treat water using chlorine. We have chosen this method to show you because chlorine is easily available, inexpensive, and people in the area have a history of using it."

► Next, say, "If we are working with a product that has directions, we should read the instructions and follow them closely step by step."

► "If we are not working with a product with instructions, then we need to learn the steps by memory or write them down for ourselves so we know what to do."

► Explain, "In either situation, the instructions will require that we gather a list of needed items for the type of treatment we are doing."

► Next, point out the materials that are required to use this method. Pick up each item one by one and say what it is. For chlorine, you could say:

"The items needed for this method include:

- A water container holding 20 liters
- A bottle of chlorine or chlorine tablets
- A clean cloth or a type of filter
- Chlorine bottle cap or a measuring device for the chlorine (if needed)
- Water needing purification
- A time-keeping method for measuring 30 minutes."

(Note: Adapt the quantities given here if your country doesn't use two bottle caps of chlorine for a 20-liter jerry can.)

► Next, talk through the basic steps of the method from start to finish before actually demonstrating: "First we will do A, then we will do B, and then finish with steps C and D." For chlorine, you could say:

"Once we have assembled all the needed materials, we follow the instructions on the back of the package carefully.

- First, we gather the amount of water we will treat. For this we will need to know how many liters our safe storage container holds.
- Then, we pour the water to be treated through our clean cloth, or filter, into our clean safe water storage container.
- Next, we will measure out the right amount of chlorine for the water we are treating.
- We will then add the full amount to our water container.
- Then, we will cover the safe water container and stir thoroughly until the chlorine is completely mixed with the water.
- We will wait 30 minutes.
- Finally, we can drink or use the water as needed."

- Ask if there are any questions about any of the steps and process them interactively. If you do not know an answer to a question, say so and put it in the Parking Lot for later. Do not give information if you are not sure it is true.

- Now talk through the steps a second time, but this time demonstrate the actions as you read them. Follow the instructions carefully.

- You should tell participants that they should watch and practice with the available materials you set up as you are demonstrating. If participants are in groups, ask them to take turns practicing.

- You may need some assistance in doing some of the various steps such as pouring the water through the cloth using the chlorine method. You should explain that some steps may require help from another person.

- After you have finished the demonstration, ask the participants if there are any questions. Process the questions interactively, seeing if other participants can answer the questions first.

- Distribute **Session 4 Handout 4: Chlorine for Safe Water** and ask participants to join you for a brief review.

- Explain to participants this handout is an exercise asking them to put the steps for disinfecting water with chlorine into the right order. The steps are mixed up. Their job is to put them into the right order using the numbers beside each step. For example, they would write 4, 7, 1 if they thought those were the first three steps in the process.

- Give them a minute to read the instructions and be sure everyone understands the exercise. Ask them to begin and tell them they have two minutes to put them in the right order.

- When time is up, ask a volunteer to come and put his/her answers on the flip chart. Make it fun. Tell the volunteer to write the correct order of numbers to save time. See if everyone agrees. If they don't have the right sequence, ask the group what it should be. Be sure everyone understands and can follow along. Repeat the steps as needed.

Trainer Note: *There may be disagreement about the order of the first three steps (6,4,2), specifically when one needs to know how much water their container holds. Do not waste time on this. Accept reasonable responses and move on.*

For your benefit, the steps in the correct order are listed here:
6—Read the directions.
4—Gather the needed items.
2—Know how many liters your water container holds.
5—Pour impure water into safe water container through a filter.
8—Measure the correct amount of chlorine.
1—Add chlorine to the water to be purified.
9—Mix water and chlorine solution well.
7—Wait 30 minutes.
3—Use as needed.

► Say, "Now that you have seen how to treat water, let's discuss the resources required and where we can obtain them."

► Display the following flip chart and read the resources listed on it to the group.

Resources Needed	Where to Find Resources
Appropriate water container	
Chlorine (bottle or tablets)	
Clean cloth or other type of filter	
Measuring device for chlorine	
Dirty water	
Time-keeping method	

Trainer Note: *Alter the items on the flip chart if you are using a different water treatment method.*

► Say, "Let's brainstorm how to obtain the other items."

► Write on a piece of flip chart paper all of the resources required. Then ask the group for suggestions on where they might be able to find these items. Facilitate a discussion on where to locate these resources.

Activity 4: Keeping Water Safe with Good Storage

🕐 *(20 minutes)*

► Ask participants: What makes a container good for storing water? What might participants look for?
Answers can include the following: *keeps germs and other impurities out, easy to fill, easy to use (has a tap), easy to wash, durable, or other ideas.*

► Ask participants: Where should containers with safe water be kept?

Acceptable answers: *(inpatient or outpatient) treatment areas, hospital wards, food preparation areas, dining areas, laundry facilities, and bathrooms.*

► Discuss with participants the possibility that in many instances, there will not be sufficient "safe water" for cleaning and laundry. "Clean water" will then need to be used so there is enough safe water for drinking and cooking.

► Ask participants what will happen if safe water is not in a convenient place. Establish that having safe water where it is most needed is critical to it being used and keeping patients and staff healthy.

► For example, if staff need to walk too far to wash their hands, they might consider it an inconvenience and treat patients without washing their hands.

► Keeping safe water near where it is most needed is just as important as keeping it in good protective containers. The same can be true for clean water for handwashing and general cleaning.

► Ask participants what else is important other than having the right kind of container and having it where it is needed. Give participants some hints to see if they can come up with these additional important points.
Answer: *They must be regularly filled and cleaned.*

► Now ask participants how to decide which containers are best to use. To answer this question, ask participants to turn to their PG and read **Section 4.3 Points-of-Use Safe Water Storage Options**. Give them five minutes to read these pages with a one-minute warning before time expires.

► When they have finished reading, ask participants the following questions: "Which, if any, of these safe water storage options are easily available to them (inexpensive and easy to find)? Are all available? Which ones?" Determine the general consensus of the group on which containers are the most available and list them on the flip chart.

► Next, ask the participants what other safe water storage options are locally available to them. Put these answers on the flip chart as well. Take as many answers as they can give.

► Now tell participants you want them to evaluate all of the options. To do this, ask them to again look at the **Section 4.3 Points-of-Use Safe Water Storage Options** in their PG, with a focus on the "Factors to Consider in Safe Water Handling" at the end of the section. Give them a few minutes to review.

► When the group is ready, go over the list of safe water storage options on your flip chart and judge each by the criteria noted in Section 4.3 of the PG.

► Circle the safe water storage options that meet the standards or factors to consider. Cross out those that do not meet the standards.

► Now you will have a list of the best safe water storage containers on your flip chart. Ask if everyone agrees with the work that you have done together.

► Read this list out loud to emphasize these are the best local options for safely storing water. Ask the participants to write these down for themselves. Ask if there are any questions or comments before moving on.

Activity 5: Energizer Quiz—Safe Water Storage Options
🕐 *(15 minutes)*

► Explain to participants that they will now work with a partner to complete an energizer quiz. Tell participants that they must agree on the answer with their partners. Give them a minute to pair up.

► Explain the rules: "If the answer is true, both team members should stand. If you believe the answer is false, you both should sit down. If the answer is maybe, one stands and one sits. For example, if I say 'Today is Sunday,' and the answer is false both teammates should sit; however, if I give the correct day, both should teammates should stand." Ensure all participants understand the instructions before beginning.

► Be sure to note there may be disagreements among the participants and these will be resolved when processing the answers after the quiz.

► Start the quiz with everyone standing. Read the questions slowly, and repeat them if necessary.

Energizer Quiz on Storage Options

1. The containers listed on the flip chart are not good for protecting water during transportation.
   Answer: *False—They are good for transport as well.*
2. You may already have containers available in your community that are safe to use.
   Answer: *Maybe.*
3. Two important parts of a good, safe storage container are:
   a. A small opening with a cover to allow easy access to the water without having to put something inside
   b. A tap or small opening to control water flow.
   Answer: *True.*
4. When choosing a water container, it is best to buy a brand new one.
   Answer: *Maybe—It depends upon your needs and the condition of what you have.*
5. An advantage of clay pots is that they kill microbes through absorbing them into the clay.

Answer: *False.*

6. It is always best to use strong, imported supplies for cleaning the containers.
   Answer: *False—It is better to use locally appropriate cleaning supplies.*
7. You should not use a container that was used for carrying pesticides or petroleum products.
   Answer: *True.*
8. It is acceptable to store safe water in open containers for a while.
   Answer: *False.*
9. Water coming from a tap will always be safer than water from a tippy tap.
   Answer: *False—Not necessarily.*
10. It is best to store treated water in plastic, metal, or ceramic containers because they protect against recontamination.
    Answer: *True.*

► To review the quiz, read the questions and process interactively. Go over the questions where there was disagreement and ask those pairs of participants why they think their answer is correct and not the other one. Allow the participants to inform each other. Give the correct answer for each question, and clarify any remaining issues.

Activity 6: Setting Up a Safe Drinking Water Station

🕐 *(20 minutes)*

► Tell participants, “Now that we know what the best water storage options are, we want to make sure they are in places where we would get the most use out of them.”

► Mention, “A safe water station is a place where water at the station is good for drinking and cooking. However, in some instances, if a site does not have enough resources, there can be a clean water station.”

► “Clean water stations are good *only* for handwashing and cleaning, not for drinking. They must have a sign on them that says, ‘For Handwashing Only.’ Water that is only clean should never be put in a safe water station.”

► Tell participants, “You should recommend PLHIV and their families set up safe, or at least clean, water stations in their homes. It is especially important for PLHIV to drink safe water and for their caregivers to always have clean hands when providing care.”

► Ask participants to think about what items would be needed to go along with the tippy taps or water containers to make them most useful for drinking water, handwashing, and cleaning. If the participants ask, explain that you will deal with food preparation later.

Explain that you will call the water, along with the things that make it most useful, "safe water stations." Give them a minute to think about this and then distribute **Session 4 Handout 5: What Makes a Good Safe Water Station?**

What Makes a Good Safe Water Station?

- ✓ Is put on a stand or table about a meter high (to make it easy to use)
- ✓ Has a pan underneath to catch spilled water
- ✓ Has soap or wood ash for washing hands
- ✓ Has a clean towel or instructions for how to dry hands
- ✓ Has a refill and cleaning schedule (to be sure it is sanitary)
- ✓ Is placed wisely in a high-use area (to make it easy to use)
- ✓ Has a job aid nearby to remind people of the most effective way to use it
- ✓ May have cups for drinking with a schedule for cleaning or refilling
- ✓ What else?

► After participants have read the list of items to make a good safe water station, ask questions such as the following and discuss. The point is to get participants thinking about how to use safe water more frequently and what it would take to do so.

- Which of these features are easiest to have?
- Which of these would make the greatest difference for using safe water more often?
- What is missing that could make it easier to use or more useful?
- What would be the most difficult items to set up?
- Which of these items are you using now at your facility?
- What would you advise your patients to have at their home?
- What could make a station better for the patients?

Trainer Note: *If suggestions of expensive items come up, explain that we are not looking for anything elaborate, expensive, or difficult to bring together because that will delay the improvement.*

► Point out that water storage containers are not safe if they are dirty, so it is important to keep them very clean. Ask participants to review **Section 4.3.1 How to Clean a Water Storage Container** in the PG. Ask one or more participants to repeat what is suggested on how to clean a water storage container:

- Wash the outside of the container with soap and water to remove dirt.
- Rinse out visible dirt inside; swish and shake the water around and then dump it. Repeat until there is no more visible dirt.
- Dissolve a small piece of bar soap in water (and/or create a lather with bar soap), and pour the soapy liquid into the container. Swish and shake the soapy water around and then let it sit for 20 minutes.
- Rinse the inside of the container with water, being sure to use safe water for the final rinse.

Explain that once these steps are taken, the container is ready to store more drinking water, and it is best to clean the water container at least once a week.

► Distribute **Session 4 Handout 6: What Makes a Good Tippy Tap?** Display the models of tippy taps, and invite participants to use them. This will allow participants to see how the tippy taps work. Explain how simple it can be to set up a tippy tap.

Activity 7: Safe Water and Communication for Behavior Change

🕐 *(30 minutes)*

Demonstration: Using Communication for Behavior Change in the Real World
Time: 30 minutes

Tell the participants, "We have now reviewed all the technical content for this session, and, at this time, we will practice using it with a job aid. We will follow the four steps used with the other job aids."

► **Step 1:** Explain that first you will give them a demonstration of the **Session 4 Handout 7: Job Aid on Making Your Water Safe to Drink!** Distribute and give the participants a moment to open to it.

Point out the two pages—the job aid with steps (front) and the discussion guide (back). Explain that the discussion guide is used together with the job aid. Say, "The job aid should face the people you are working with and the back should face you as a guide."

Now tell the participants you will demonstrate how to use the two together. Ask them to play the role of PLHIV or their caregivers as you demonstrate.

When you have finished, ask if there are any questions and process them interactively.

►**Step 2:** Now, tell the participants that they will have five minutes to study the new job aid and prepare to use the discussion points, messages, and images. Like previous sessions, this communication for behavior change demonstration will divide the group into both facilitators of the job aid and participants being taught. Divide participants into teams of four. Ensure all training participants have a chance to practice both roles throughout the course of the training.

Ask if there are any questions before beginning.

Trainer Note: *If participants mention the job aid has fewer steps for chlorinating water than the previous demonstration, explain that this is a simplified version for people to use in the home. The instructions given during the demonstration were more complete*

instructions for clinicians. That version is more comprehensive but may not be easy to communicate and be carried out by people at home.

Give the participants a few minutes to prepare.

► **Step 3:** Each group of four must have one participant to demonstrate the job aid while his or her colleagues play the role of patients, their families, and caregivers.

"As with the previous session, each person will stop after their demonstration and give self-feedback, and then receive feedback from their 'patients and family members.' Each member should get 5 to 10 minutes to do their demonstration and to give and receive feedback. One person in the group should be chosen to be in charge of keeping time for everyone."

There are 20 minutes for this activity, so give participants a time when you want them to be finished and come back together. Time management will be important as the participants work in their groups. Try to keep them moving so that, as is possible, everybody in each group has a chance to give a demonstration and receive feedback. Make sure at the 10-minute mark that the second person is finishing his/her demonstration, if possible. If time is not managed properly, not everyone will be able to practice with each job aid in this training.

Explain that you and the other trainers will circulate to watch the demonstrations. This will allow you to provide feedback as well. You will let them know some of the best of what you observed and a few things that could probably use improvement.

► **Step 4:** When everyone has finished, bring the group back together and ask for their comments.

"Was this one easier or harder than the previous job aid? Why? What needs further clarification? What needs further improvement?"

The point of this is to help participants understand how to best present this material and effectively apply communication for behavior change.

Activity 8: Session Review

🕐 *(15 minutes)*

► Tell the participants that you will wrap up this session with a quick review game. Divide the participants into two groups, one on the right-hand side of the room and the other on the left-hand side. Each side is a team. Put up a score sheet on the flip chart.

► Explain that you will read out a list of 11 questions. You will call on the first person who raises their hand, but if the answer is wrong, the team loses a point and the other side gets a chance to answer. If the other side misses too, there will be no points given for that question. You can adjust the rules as you see necessary. Answers are provided, but you should use your own best judgment.

Questions:

1. Why is safe drinking water important for PLHIV?

Answer: *Protects PLHIV from diarrhea and other illnesses.*

2. Name one chemical and one physical water treatment option.

Answer: *Chemical—chlorination or flocculation*
Physical—filtration, solar disinfectant, or boiling.

3. What are three things that make a water storage option bad?

Accept any three of these answers:

- *Has a large opening that allows dirt or dirty utensils to get in*
- *Does not have a control valve for easily turning water on or off*
- *Is too big or small for the facility*
- *Requires sticking something into the water to start or stop the water flow.*

4. What are three factors to consider when selecting a water treatment option?

Accept any three of the following answers:

- *What option is most effective in eliminating all type of germs: viruses, bacteria, and protozoa?*
- *What option is feasible for your health facility?*
- *What treatment technology is available in the country?*
- *What option would be affordable within your health facility budget?*
- *What method will be culturally acceptable by patients?*

5. If you have two treatment methods of seeming equal quality, ease of use, and local availability, how could you determine which is best?

Answer: *Do a cost comparison of different methods.*

6. Three ways to reduce infections passed through water are…?

Answer: *Water treatment, safe water storage, and communication for behavior change.*

7. Health care facilities need safe water for at least what two main uses?

Answer: *Drinking and food preparation.*

8. True or false: Water stations should always be labeled correctly for the safety of the staff and patients.

Answer: *True.*

9. Thirty minutes is the time it takes to…?

Answer: *Wait for chlorine to make water safe to drink.*

10. What elements are needed to make a useful safe water station?

Answer: *Review the lists that the participants previously developed. If you voted for a best one, use that.*

11. Even if water looks safe, it can…?

Answer: *Take reasonable answers: have germs, cause diarrhea, make you ill.*

When you have finished reading the questions and explaining the correct answers, see if there are any remaining questions from the participants. Again, process them interactively where possible.

Thank them for their participation in this session and encourage their continued good efforts.

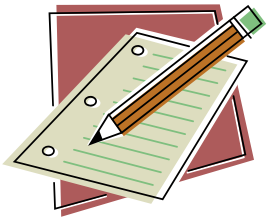
Session 5: Water, Sanitation, and Hygiene and Safe Sanitation

Total Session Time: 1 hour, 20 minutes (80 minutes)

Objectives: By the end of this session, participants will be able to:

1. Explain "excreta" and the importance of their safe disposal.
2. Explain how to keep latrines/toilets clean.
3. Identify six important conditions for a hygienic latrine (privacy, ventilation, light, handrails, and water and soap nearby).
4. Explain options for disposal of excreta for bedridden patients (bedpans, commode chairs, disposal of excreta, and cleaning).
5. Correct common misunderstandings about transmitting HIV through water, poor sanitation, and hygiene.
6. Using a job aid, demonstrate effective communication for behavior change on excreta disposal in the home.

Materials	
	• Markers • Flip chart stand and paper • Masking tape • Parking Lot • Participants will need their PG • Relevant handouts (found in Appendix 1) • A large version of the job aid on safe and clean toilets (front and back).

Handouts	
	In Activity 1: • Session 5 Handout 1: Summary Points: WASH and Safe Sanitation (p. 226) • Session 5 Handout 2: Can You Match Up These Items? A Community Quiz and Answers on WASH and Safe Sanitation (p. 227) In Activity 3: • Session 5 Handout 3: Facts and Fiction About Transmission of HIV (p. 229) In Activity 6: • Session 5 Handout 4: Job Aid on Safe and Clean Toilets (p. 230).

Flip Charts	
	• Activity 1: Summary Points for Session 5: WASH and Safe Sanitation (p. 59) • Activity 3: Body Fluids that Transmit Almost All Cases of HIV (p. 62).

Advance Preparation	
	• Make sure you have all materials, handouts, and flip charts needed. • Read through the session in this guide and the PG and ensure you understand the technical content. • Practice demonstrations for any communication for behavior change elements. • Sessions 3 to 8 have activities in which participants practice communication for behavior change using job aids. It is absolutely necessary that participants learn how to lead patients and their caregivers through the main talking points for WASH practices. To use training time to cover information effectively, it is suggested that participants alternate roles in doing these practice demonstrations. Trainers should ensure every participant practices demonstrating job aids at least three times throughout the course.

Summary of Learning Activities in This Session

No.	Activity	Principal Training Method	Time
1	Summary points on WASH and latrines/toilets	Large group discussion, individual reading, community quiz	*20 minutes*
2	Helping bedridden and other very sick people	Individual study, large group work	*15 minutes*
3	Fact and fiction on HIV transmission	Large group discussion	*15 minutes*
4	Practice with the job aid	Group practice using communication for behavior change with the job aid	*30 minutes*
	Demonstration: Using communication for behavior change in the real world (30 out of 30 minutes)		

Learning Activities

Activity 1: Summary Points on WASH and Latrines/Toilets

🕐 *(20 minutes)*

► Begin by explaining that this is not a long session, but it can have a big impact on the lives of PLHIV. Display the following prepared flip chart. Add that in this course,

when you say latrines/toilets, you often mean any kind of toilet: indoors, outside, modern, or just a covered pit.

Summary Points for Session 5: WASH and Safe Sanitation

- Excreta is a higher risk for PLHIV.
- The risk can be cut.
- There are low-cost steps.
- There is help for very sick people.
- We have to fight false stories.
- You have a job aid to help your work.

► Explain this flip chart will guide the discussion for the next few minutes and give an overview of the session. The participants already have some experience with some of the topics, and you will build on what they know.

► Then begin asking questions like the following. If there are no answers, you can give some hints, but try to avoid actually giving away the brief sample answers that follow each of the questions.

- Why are PLHIV at higher risk if toilets and latrines are not clean?
  Answer: *They have less resistance to the germs that are spread by toilets and latrines that are not clean.*
- Can anybody give an example of how the risk can be cut?
  Answer: *Covering latrines/toilets keeps flies and other insects from carrying germs from the excreta to people, their food, and their homes.*
- What can be done for people who are too sick to go to the latrine or toilet?
  Answer: *They can use bedpans or commode chairs (potty chairs).*
- What are examples of false stories you hear about getting HIV from toilets and other ways?
  Answer: *People say you can get HIV by touching almost anything that PLHIV have used. This is not true, but the stories cause fear and they can isolate PLHIV.*

► If interesting topics come up that are not immediately related to this session, put them in the Parking Lot so that they can be addressed later.

► After the quick overview with the flip chart, distribute **Session 5 Handout 1: Summary Points: WASH and Safe Sanitation**. Explain that this is a more detailed version of the flip chart. Guide them to Session 5 in the PG, which is easy reading and very short.

► After five minutes or so, ask if there are questions. (Note that you may not be able to wait until the slowest reader has finished.) If there are no questions, but it is not clear

that participants have really understood the simple material, start a brief discussion with questions like these:

- What was new information for you in this reading?
- Did you read anything that seems especially important for the PLHIV you know?
- What was not clear or well explained?

► The most important of these questions is, "What was not clear or well explained?" In the time available, try to clear up any misunderstandings.

► Point out that, "One can get sick from children's feces as easily as from adults' feces. Caregivers to children should practice hygiene as well. Children's feces should be dumped in a latrine or buried right away. The contents of nappies should also be dumped in a latrine or buried. The nappy should be washed with water and bleach as soon as possible or kept in a plastic bag in a safe place where nobody will touch it so it can be washed later. Throw-away nappies should be treated as infectious waste and disposed of in the same manner as other infectious waste."

► Tell participants they should not assume all patients have a latrine or toilet at home. They may need to ask their patients if they have one available. When patients do not have access to a toilet/latrine, participants will need to discuss short- and long-term sanitation solutions with them.

► "Short-term solutions may include using a neighbor's toilet or latrine, or burying their waste. A long-term solution could include building their own latrine."

► "You should be sure to point out to your patients that building a latrine will be a *big* step toward improving the health of all family members. It would take several days to discuss how to build a latrine with patients, but you can see the key steps in building a low-cost latrine in Session 5 Section 5.11 in the PG.

► "Also, if a health facility does not have a latrine/toilet, the supervisor or other officials should prioritize building one. This is essential for keeping patients and staff healthy." See Session 15 on LDAs.

► Explain that now you would like the participants to take another community quiz, and you want them to do even better than the one they did previously. Like before, the participants work individually first, and then they work in pairs to see if they can have all their answers correct. The quiz is not to hand in.

► Distribute **Session 5 Handout 2: Can You Match Up These Items? A Community Quiz and Answers on WASH and Safe Sanitation**. For your convenience, the answer key is included in the handout.

► Tell the group that they will have eight minutes for the quiz, including time to consult their "community." The instructions for the quiz are at the top of the page. Note that this activity is a little different than the earlier community quiz. Instead of answering

questions, they have to match the correct answers. Go over the two examples in the directions with everyone, showing how the matching answer for “TB” would be “opportunistic infection.”

► At first, participants will work alone quietly. Walk around and see how they are doing. As participants complete their work and look up, assign them to work with another participant as needed. In many cases, they will just start working with their neighbor.

► There may be some slower or very analytical people, and you may need to assign a partner to them before they have actually finished answering the questions on their own.

► Spend about the last five minutes asking different pairs to give answers. To save time calling on people, get two answers from each pair. Ask them for the answers to items 1 and 2, and so on. As you go along, ask if there is general agreement, and in the time available, process the responses interactively. Notice that some questions are intended to stimulate brief discussion as opposed to having one exact answer.

► Close by telling the group that they have shown again that they have very good community skills, and you look forward to seeing them do more such work in the coming sessions.

Activity 2: Helping Bedridden and Other Very Sick People
🕐 *(15 minutes)*

► Begin by asking participants to turn again to Session 5 Section 5.8 in the PG to take a closer look at the pages with the equipment for people who are bedbound. Give them the page number and show them the page.

► Note the purpose of the discussion questions is to be sure participants can explain the options for the disposal of excreta from bedridden people according to the objectives of this session. The discussion questions may be modified, and they do not have to be given in the order shown in the following list as long as the discussion reaches the objectives in the time available.

- Which of these pieces of equipment, if any, do you have available at your clinic or hospital? If you have the equipment, do you have enough of it?
- Do you know if any of your patients have this equipment in their homes?
- Is this equipment only for PLHIV, or would other people ever need it?
- What do you estimate the cost of buying these items is on the local market?
- What are brand names of cleaning products you know of that could be used for cleaning?
- Have you ever had to use any of this equipment yourselves or with members of your family? What was that experience like?
- Do you know of any other equipment like this that can help with sanitation for bedridden people?

► Conclude this activity by asking for specific examples of how using this equipment improves the lives of PLHIV and their families. "How does it reduce the spread of germs and the sickness germs bring?"

Activity 3: Fact and Fiction about Transmission of HIV

🕐 *(15 minutes)*

► Tell participants you will discuss with them the four body fluids through which nearly all HIV transmission happens (see the following flip chart).

> <u>Body Fluids That Transmit Almost All Cases of HIV</u>
>
> 1. Semen
> 2. Vaginal fluids
> 3. Blood
> 4. Mother's milk.
>
> The major cause of transmission in many countries is sex without a condom.

► Explain that, "We really have to know the truth to fight the false stories. False stories can cause people to worry about things that are not important. But you really should be paying attention to what is important. In most cases, the biggest danger is sex without a condom."

► Now ask participants about the false stories they have heard about HIV. Note each one on a flip chart.

► For the false stories, there can be a long list. If participants do not offer you any, consider mentioning some of these false stories: "You cannot get HIV by sitting by PLHIV on a bus, eating in the same restaurant, borrowing their clothes, using their computer, cooking a meal with them, playing football with them, or using their comb. Other germs might be transmitted this way, but not HIV."

► Now ask participants to spend a few minutes looking at **Session 5 Handout 3: Fact and Fiction About Transmission of HIV**.

► After they have had a few minutes to read this handout, offer these discussion questions:

- Has anyone heard of other false stories about contracting HIV? If so, what are they?

- Could there be times when you are using job aids and communication for behavior change that you could fight some of the false stories that are heard in your community?
- Is it enough to deny the false stories, or should you also mention the ways HIV is spread, like having sex without a condom?
- Is it possible to role model with patients and their families that you are not afraid to shake hands, hug, or otherwise touch PLHIV?
- What else can you think of to help eliminate stigma against PLHIV?

► Conclude this activity by mentioning that fighting false stories is a job that will never finish. "People love rumors and stories, and somebody will be making up more stories all the time. The real danger of HIV for most people is sex without a condom, and we have to speak frankly and clearly about this all the time that we are fighting the false stories."

Activity 4: Practice with the Job Aid

🕐 *(30 minutes)*

Demonstration: Using Communication for Behavior Change in the Real World
Time: 30 minutes

► Begin by mentioning that participants are getting more and more experienced in using job aids and communication for behavior change. "While the topic and technical content of the job aid changes from one session to another, the way of using them stays the same. We will follow the same four steps as with previous job aids." Then distribute **Session 5 Handout 4: Job Aid on Safe and Clean Toilets**.

► **Step 1:** Explain that first you will give the group a demonstration of this job aid. Point out the two pages—the job aid with its steps (front) and the discussion guide (back). Explain that the discussion guide is used together with the job aid facing the people you are working with and the back facing you as a guide.

Now tell the participants that you will demonstrate how to use the two together. Ask them to play the role of PLHIV or their caregivers as you demonstrate.

When you have finished, ask if there are any questions. Process them interactively.

► **Step 2:** Now, tell the participants that they will have five minutes to study the new job aid and prepare to use the discussion points, messages, and images. Like previous sessions, this communication for behavior change demonstration will divide the group into both facilitators of the job aid and participants being taught. Divide participants into teams of four. Ensure all participants have a chance to practice both roles throughout the course of the training.

Ask if there are any questions before beginning. Give the participants a few minutes to prepare.

► **Step 3:** Each group must have one participant to demonstrate the job aid while his or her three colleagues play the role of patients, their families, and caregivers.

"As with the previous session, each person will stop after their demonstration and give self-feedback, and then receive feedback from their 'patients and family members.' Each member should get 5 to 10 minutes to do their demonstration and to give and receive feedback. One person in the group should be in charge of keeping time for everyone."

There are 20 minutes for this activity, so give participants a time when you want them to be finished and come back together. Time management will be important as the participants work in their groups. Try to keep them moving so that, as is possible, everybody in each group has a chance to give a demonstration and receive feedback. Make sure at the 10-minute mark that the second person is finishing his/her demonstration, if possible. If time is not managed properly, not everyone will be able to practice with each job aid in this training.

Explain that you and the other trainers will circulate to watch the demonstrations. This will allow you to provide feedback as well. You will let them know some of the best things you observed and a few things that could probably use improvement.

► **Step 4:** When everyone has finished, bring the group back together and ask for their comments.

"Was this one easier or harder than the previous job aid? Why? What needs further clarification? What needs further improvement?" The point of this is to help participants understand how to best present this material and effectively apply communication for behavior change.

► Conclude this session by noting the good work the participants are doing and the improvement they are making. If there have been any factual errors or significant points for improvement, mention them to the group. Add that there are more job aids in the course, and by the end of the course, they should be well skilled in using them.

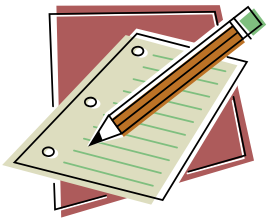
Session 6: Waste Management in Resource-Constrained Settings

Total Session Time: 1 hour, 30 minutes (90 minutes)

Objectives: By the end of this session, participants will be able to:

1. Explain the importance of proper health care waste management (HCWM).
2. Segregate health care waste into categories.
3. Cite options for final disposal of waste and identify best options for resource-constrained settings.
4. Demonstrate effective communication for behavior change for waste segregation and disposal in the home using a job aid.

Materials	
	• Markers • Flip chart stand and paper • Masking tape • Parking Lot • Participants will need their PG • Relevant handouts (found in Appendix 1) • A large version of the job aid on getting rid of trash safely (front and back).

Handouts	
	In Activity 2: • Session 6 Handout 1: Waste Segregation Quiz (p. 234) • Session 6 Handout 2: Poster on Segregation of Medical Waste (p. 235) In Activity 4: • Session 6 Handout 3: Job Aid on Getting Rid of Trash Safely (p. 236).

Flip Charts	
	• Activity 1: Health Care Waste Includes (p. 67) • Activity 2: Steps in HCWM (p. 69) • Activity 3: Waste Treatment and Disposal Options (p. 71).

Advance Preparation	
	• Make sure you have all materials, handouts, and flip charts needed. • Read through the session in this guide and the PG and ensure you understand the technical content. • Practice demonstrations for any communication for behavior change elements. • **Review Ministry of Health guidelines or district protocol on waste management in order to adapt this section accordingly.** • Sessions 3 to 8 have activities in which participants practice communication for behavior change using job aids. It is absolutely necessary that participants learn how to lead patients and their caregivers through the main talking points for WASH practices. To use training time to cover information effectively, it is suggested that participants alternate roles in doing these practice demonstrations. Trainers should ensure every participant practices demonstrating job aids at least three times throughout the course.

Summary of Learning Activities in This Session			
No.	**Activity**	**Principal Training Method**	**Time**
1	Why health care waste management is important	Large group discussion, true/false quiz	*15 minutes*
2	How to segregate and manage health care waste	Large group discussion, segregation exercise	*30 minutes*
3	Waste disposal options, especially for resource-constrained settings	Individual reading, large group discussion	*15 minutes*
4	Practice with the job aid on waste segregation and disposal in the home	Large and small group demonstrations	*30 minutes*
	Demonstration: Using communication for behavior change in the real world (30 out of 30 minutes)		

Learning Activities

Activity 1: Why Health Care Waste Management is Important

🕐 *(15 minutes)*

► Begin by stating the topic of this session is one that many participants are very familiar with, but they may never have thought about waste management in relation to PLHIV. In this session, they will see how good HCWM helps PLHIV.

► Show the following prepared flip chart, and ask people to study it for a minute:

Health Care Waste Includes:

- Sharps
- Non-sharps
- Blood
- Body parts
- Chemicals
- Pharmaceuticals
- Medical devices
- General waste.

► Ask participants if they are familiar with all these types of health care waste in their clinic or hospital.

► If any of the points are not clear, see if you can get an example from the participants. Note, "General waste means ordinary garbage or trash, as would come from any home or office. Most of the waste from a clinic or hospital will just be general waste and will not need any special handling."

► Ask if, in general, participants believe that all of these types of waste are well managed at their site. Get some general examples of how they are or are not. As needed, help the group understand what "managed" means.

► Ask if the management of health care waste is important. The general agreement should be that yes, it is very important. Then, tell participants you want to go over some specific examples by using a true or false quiz. This will be a "stand up-sit down" true or false quiz, like the one they did previously.

► Give the instructions, "If the statement is true, you stand up. If it is false, you sit down." You should visually demonstrate this with the other two trainers by sitting or standing as appropriate. "If we say that this course is being held at the Mamayemo General Hospital, we will sit down, because it is not at Mamayemo General Hospital. But if I say that this course is being held at _____ [the real place where the course is], then we would stand up."

► Then, ask the participants to stand up so that you can begin the quiz. Mention that you will make each statement twice, but that you will not give the answers until after the quiz.

► When all the participants are standing up, begin to read the 10 statements.

Trainer Note: *In this quiz, all the statements are true! The participants do not know in advance, but they should remain standing the entire time! Do not tell them in advance.*

This will help them see how many different ways that HCWM is important. You can "tease" the participants by pretending to sit down at certain points. Have fun, but remember that the point is very serious.

If needed, you can change these statements to make them fit better to the local situation and the experiences of the group.

1. People may touch infectious waste if it is not kept in closed containers and disposed of properly. This can make them sick.

2. Disease transmission is possible if there are no sharps boxes and a person is jabbed with a used needle or syringe.

3. Workers who handle health care waste should be trained so that they know how to protect themselves.

4. If infectious waste is not disposed of properly, flies and other insects can carry the germs into homes and even clinics and hospitals.

5. Special boxes for sharps, such as lancets and syringes, reduce the risk of transmitting infections.

6. If people find expired medicines or pharmaceuticals in the trash, they may try to sell those medicines on the black market.

7. It is dangerous to throw used needles or other sharps in an open trash dump because people picking through the trash can cut themselves or get infections.

8. Even in a hospital, infectious waste should be kept covered so that flies cannot get to it.

9. Children love to play doctor or nurse, but if they find things like syringes or pills in waste from a clinic or hospital to use as toys, they can really hurt themselves.

10. Good HCWM helps protect PLHIV, health workers, and the communities where they live.

► The participants may have a hard time believing that they need to stand up the entire time. It is not likely, but if there is real disagreement, and some participants insist on sitting down for some of the statements, it should be very easy to work with the group to come to a consensus. It could be that somebody may not understand the question or interprets it in a different way.

► Conclude by pointing out the 10 statements in the quiz show how important HCWM is. "It is important for everybody, but especially important for PLHIV, because their

immune system is not strong, which makes it is easier for them to get infections from health care waste."

Activity 2: How to Segregate and Manage Health Care Waste

🕐 *(30 minutes)*

► Explain the next activity in this session is to study two concepts for HCWM. "These two concepts are the five steps in HCWM and the segregation of health care waste into four categories."

► Ask participants to turn to Session 6 in the PG and read Sections 6.1 to 6.5. Tell them to think about how the five steps for HCWM (Section 6.3) apply to their clinic or hospital and how segregation (Section 6.4) is being done.

► After about five minutes, when most have done the reading, display the following prepared flip chart. (Note: You may need to start before the slowest or most careful reader has finished the reading.)

Steps in HCWM

1. Minimize it.
2. Segregate it.
3. Store it.
4. Transport it.
5. Treat and dispose of it.

► Next, ask if participants have any questions on the readings. Process the questions interactively to the degree possible. Use the Parking Lot as needed, and do not spend much time on points that will be covered later in the session.

► Now tell participants you have three questions for them about each of the steps. Mostly, you want to find out how HCWM is taken care of where they work and how they would like to change it.

► Explain, "Some changes may be easy and cost very little, but other changes will be up to supervisors and managers and may take more time and money."

► Then, begin going through the three following questions for each of the five steps. Try to get one response for each question on each of the five steps, but if it is clear that the group understands the five steps, shorten the discussion.

1. Can anyone give an example of how step 1 is done now at your facility?
2. How can that step be improved at your clinic or hospital?
3. Is it a step that is low cost/no cost, or does it need resources?
   (Then repeat the questions going with step 2, then step 3, etc., according to the needs of the group.)

► Next, ask participants to recall the three types of health care waste. As they give you answers, write the three categories on a flip chart: general waste, infectious waste, and sharps waste. Tell them they will soon be doing a waste segregation quiz. Ask if they have questions about the three categories before taking the segregation quiz. Process the questions interactively.

► Ask participants to review **Session 6 Handout 1: Waste Segregation Quiz**. Tell them that for each question they should draw a circle around the correct type of health care waste: general waste, infectious waste, and sharps waste. They will need only a few minutes to take this quiz. Ask them to begin.

► Once the participants have started, circulate to be sure everybody understands that they should write on the handout, and that in this type of quiz they draw a circle around the correct answer.

► After a few minutes, most of the participants will have finished the quiz. A very quick way to cover the answers is simply to write them on a flip chart in large clear letters like this:

1. General	2. General
3. Sharps	4. Infectious
5. Infectious	6. General
7. Sharps	8. Infectious
9. (see following discussion)	10. General

Tell participants that two questions require further discussion.

► Ask participants what they think about number 7, the used syringe with the cap on it. It is sharps waste, but make it clear that used syringes should not be recapped. They should be put in the sharps box immediately. “More needle-stick accidents happen when people try to recap than if they immediately put used syringes in the sharps box. Recapping is dangerous and unnecessary.”

► Ask them what they think of number 9. “What kind of waste is it? Is it sharps? Is it general? Is it infectious? How should it be handled?”

► “Actually, it is not in any of these categories, but expired drugs should not be put in general waste or in a sharps box. Expired pharmaceuticals are generally handled separately from general, infectious, and sharps waste, because they need to be destroyed.”

Trainer Note: *Be sure to review Ministry of Health guidelines or district protocol on management of expired pharmaceutical waste.*

► Close out this activity by pointing out again that everybody is at risk when health care waste is not managed correctly, but PLHIV are at greater risk because they have weaker immune systems.

Trainer Note: Session 6 Handout 2 *can be made into a poster on health care waste segregation to display at the facility. You should reinforce that health care workers are responsible for health care waste segregation.*

Activity 3: Waste Disposal Options, Especially for Resource-constrained Settings
🕐 *(15 minutes)*

► Ask participants to read **Session 6 Section 6.6: Treatment and Disposal of Waste** in the PG.

► After they have completed this simple reading, display the following flip chart that will be used as the basis of a brief discussion:

Waste Treatment and Disposal Options
Disinfection
Incineration
Burying

► Explain supervisors and managers will need to make some of the decisions about waste treatment and disposal, but that all health workers need to know the basics about it.

► Ask the group to give a couple of examples of both the advantages and disadvantages of the three major types of treatment and disposal. If the participants are really slow in giving responses, give them some hints, or if necessary, let them look at Session 6 in the PG.

► If the discussion does not cover it, point out that all three means have the advantage of preventing the spread of germs and infections.

► Point out the determining factor for choosing a disposal option will usually be the cost. “The cost needs to be determined in two ways: What is the beginning cost to start using a method, such as digging a pit or building an incinerator? Secondly, what is the ongoing cost to use the method, such as what it costs to dispose of a cubic meter of waste?”

- Ask if participants have any opinions on what they think the most cost-effective method is for their setting, without completing any calculations or obtaining cost estimates.

- Conclude this activity by mentioning that on Day 4 for Supervisors/Managers, participants will be asked to develop cost comparisons on topics like this.

Activity 4: Practice with the Job Aid on Waste Segregation and Disposal in the Home
🕐 *(30 minutes)*

Demonstration: Using Communication for Behavior Change in the Real World
Time: 30 minutes

- Begin by mentioning while HCWM is very important for a clinic or hospital, it is also very important in the homes of PLHIV. The quantities of waste will not be nearly as large in a home, but the safe management of waste is very important for the people living there.

- "Now you are getting more and more experienced in using job aids and communication for behavior change. While the topic and technical content of the job aid changes from one session to another, the way of using them stays the same. We will follow the same four steps as with other job aids. This time, use **Session 6 Handout 3: Job Aid on Getting Rid of Trash Safely** about waste management in the home."

- **Step 1:** Explain that first you will give participants a demonstration of this job aid. Point out the two pages—the job aid with steps (front) and the discussion guide (back). Explain that the discussion guide is used together with the job aid facing the people you are working with and the back facing you as a guide.

  Now tell the participants that you will demonstrate how to use the two together. Ask them to play the role of PLHIV or their caregivers as you demonstrate.

  If there are any questions after finishing, process them interactively.

- **Step 2:** Tell the participants that they will have five minutes to study the new job aid and prepare to use the discussion points, messages, and images. Like previous sessions, this communication for behavior change demonstration will divide the group into both facilitators of the job aid and participants being taught. Divide

participants into teams of four. Ensure all training participants have a chance to practice both roles throughout the course of the training.

Ask if there are any questions before beginning. Give the participants a few minutes to prepare.

► **Step 3:** Each group must have one participant to demonstrate the job aid while his or her three colleagues play the role of patients, their families, and caregivers.

"As with the previous session, each person will stop after their demonstration and give self-feedback, and then receive feedback from their 'patients and family members.' Each member should get 5 to 10 minutes to do their demonstration and to give and receive feedback. One person in the group should be in charge of keeping time for everyone."

There are 20 minutes for this activity, so give participants a time when you want them to be finished and come back together. Time management will be important as the participants work in their groups. Try to keep them moving so that, as is possible, everybody in each group has a chance to give a demonstration and receive feedback. Make sure at the 10-minute mark that the second person is finishing his/her demonstration, if possible. If time is not managed properly, not everyone will be able to practice with each job aid in this training.

Explain that you and the other trainers will circulate to watch the demonstrations. This will allow you to provide feedback as well. You will let them know some of the best things observed and a few things that could improve.

► **Step 4:** When everyone has finished, bring the group back together and ask for their comments.

"Was this one easier or harder than the previous job aid? Why? What needs further clarification? What needs further improvement?" The point of this is to help participants understand how to best present this material and effectively apply communication for behavior change.

► Conclude this session by noting how well the participants are doing and the improvement they are making. If there have been any factual errors or significant points of improvement, mention them now.

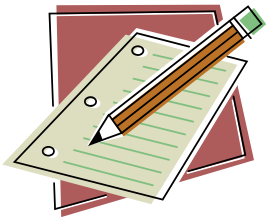
Session 7: Cleanliness and Hygiene at Facilities

Total Session Time: 1 hour, 25 minutes (85 minutes)

Objectives: By the end of the session, participants will be able to:

1. Explain how to clean and disinfect patient care areas, including high-risk areas.
2. Demonstrate the use of effective communication for behavior change for cleaning and disinfection in the home.

Materials	
	• Markers • Flip chart stand and paper • Masking tape • Parking Lot • Participants will need their PG • Relevant handouts (found in Appendix 1) • A large version of the job aid on keeping things clean (front and back).

Handouts	
	In Activity 1: • Session 7 Handout 1: Areas of Disinfection by Risk Level (p. 240) In Activity 2: • Session 7 Handout 2: How to Dispose of Waste Water (p. 241) • Session 2 Handout 4: Job Aid on Standard Precautions (p. 198) In Activity 3: • Session 7 Handout 3: Job Aid on Keeping Things Clean (p. 242) • Session 6 Handout 3: Job Aid on Getting Rid of Trash Safely (p. 236).

Flip Charts	
	Activity 1: Areas for Disinfection by Risk Level (p. 78).

Advance Preparation	
	• Make sure you have all materials, handouts, and flip charts needed. • Read through the session in this guide and the PG and ensure you understand the technical content. • Practice demonstrations for any communication for behavior change elements. • Sessions 3 to 8 have activities in which participants practice communication for behavior change using job aids. It is absolutely necessary that participants learn how to lead patients and their caregivers through the main talking points for WASH practices. To use training time to cover information effectively, it is suggested that participants alternate roles in doing these practice demonstrations. Trainers should ensure every participant practices demonstrating job aids at least three times throughout the course.

Summary of Learning Activities in This Session

No.	Activity	Principal Training Method	Time
1	Standards for cleaning key facility areas	Lecturette, reading, energizer quiz	*25 minutes*
2	Keeping facilities clean using standard precautions	Small group work, large group discussion	*30 minutes*
	Exercise: Keeping facilities clean using standard precautions (30 out of 30 minutes)		
3	Using communication for behavior change for cleaning and disinfecting the home	Job aid demonstrations, peer feedback	*30 minutes*
	Demonstration: Using communication for behavior change in the real world (30 out of 30 minutes)		

Learning Activities

Activity 1: Standards for Cleaning Key Facility Areas

🕐 *(25 minutes)*

► Begin the session by leading participants through the following introduction: “At a young age, we learned the basics of good hygiene like washing our hands when they were dirty. We did not know how important that simple act would become in our professional lives. Besides washing our hands properly, we need to do something else at our facilities that our mothers taught us at an early age. What might that be?”

Take some responses.

“That is to keep our house clean. In this case, our house is our health facility. We all know that when we have a clean home, we feel better. A clean health facility is no

different, but in addition to making us feel better it can also keep us healthy, maybe even save lives and give our patients, in particular PLHIV, their best chance for a long life."

"We are going to review how to keep key areas of our facilities clean and safe to use in this session. Yes, we all know how to clean as our mother or grandmother taught us, but do we really understand how to best disinfect and sanitize our work spaces to keep ourselves and others really protected? Are we absolutely certain of the priority areas?"

► Explain the stakes are high in our health facilities, so this must be taken seriously. This may be a refresher for some participants, but it is important to review the fundamentals as everyone knows.

► "The World Health Organization divides health facilities into three distinct patient care areas based on their cleaning requirements and risk for picking up illnesses. The first patient area has minimal requirements for cleaning, and the third has the very highest standards for cleanliness and sanitization. These areas, and their corresponding cleanliness standards, are rated based on the likeliness of spreading or picking up diseases in these locations."

► Ask participants what they think these three main areas are (see the following flip chart). If participants do not understand, rephrase what the World Health Organization has done. Ask participants what areas they have to clean at their facilities, and how they would rank them in order from least to most important.

► Give participants a minute to think about this, and write their responses on the flip chart.

► Help the participants by putting similar responses together—from the least dangerous areas for picking up infections to the most dangerous for becoming infected. Reinforce correct responses.

► After several suggestions, or when the participants have run out of ideas, post the following flip chart.

Areas for Disinfection by Risk Level

Administrative areas—The areas where patients do not go
Low risk for infection

Most patient or common care areas—General wards, laboratories, waiting rooms, etc.
Medium risk for infection

High-risk areas—Operating/surgical areas, delivery rooms, emergency, dialysis units, etc.
Extreme risk for infection

► See how their answers match the ones from the World Health Organization (also in Session 7 of the PG). Encourage participants to rephrase their responses to match the three areas if they have the general idea but are calling it something else.

► Explain that as one moves through the facility from administrative to common care areas and finally to procedure areas, each will require more frequent and higher standards of cleaning.

► Distribute **Session 7 Handout 1: Areas for Disinfection by Risk Level**. Give them a few minutes to look over this. Note this handout contains more details than the flip chart. You should be familiar with this handout.

► Ask participants why area 2 would need more attention to cleaning than area 1 but less than area 3. Take responses. Be sure they understand that as risk of infection increases, so does the need for more regular and intensive cleaning.

► Next, ask participants to open their PG and read **Session 7 Section 7.1 Cleanliness and Disinfection of Patient Care Spaces**. It is only about one page, but they should read the whole section including the information on linens and bed nets.

► When they have finished, tell the participants that they are now going to do an energizer quiz. Ask them to pair up with a neighbor and stand beside their partner. You can facilitate this process to make it go smoothly. If there is an extra person, make a team of three.

► Decide between yourselves which trainer will explain the rules and which two will demonstrate. The two demonstrating trainers should stand beside chairs in front of the room.

► Explain the rules of the quiz:
- This is a simple true, false, or maybe quiz.
- We will read 11 statements.
- If the statement is false, both partners should sit down. Example statement: This is a week-long course [demonstrators sit down].
- If the statement is true, both partners should stand up. Example statement: The subject of this course is WASH [demonstrators stand up].
- If the statement is maybe, then one partner stands and the other sits. Example statement: The participants will do great on this quiz [make this a joke while one demonstrator sits and the other stands].
- You may talk with each other to decide the right answer.
- You cannot use the technical resource information in the PG.

► Repeat the directions again to be sure everyone understands. Tell participants you will read the questions one at a time and then go over the answers at the end all at once.

► Ask the group to start by standing together with their partner.

► Start by reading the questions, allowing enough time for each pair to make their decision before reading the next one. Note where there are disagreements for processing the answers later.

Energizer Quiz—Disinfection of Key Areas for PLHIV

1. Areas that are contaminated with blood and body fluids are a medium risk for exposure to disease and hence require the second level of cleaning.
   Answer: *False—They are a high-risk area.*
2. It is important to wipe down beds, bed frames, and other furniture between patient stays.
   Answer: *True.*
3. You will get an infection if you walk into a high-risk area that has not been cleaned.
   Answer: *Maybe.*
4. High-risk areas should be cleaned with bleach.
   Answer: *True.*
5. It is unsafe to add more water than recommended to a cleaning product.
   Answer: *True—Adding more water than recommended to a cleaning solution will weaken it. It will not be able to kill germs the way it is supposed to.*
6. Dirty linens carry high-risk pathogens.
   Answer: *Maybe.*
7. Insecticide-treated bed nets should be washed and retreated after every patient.
   Answer: *Maybe—Only if the patient has an infectious disease.*
8. In common care areas, if hot water and detergent are not available, it is recommended to mop the floor with liquid soap.

Answer: *False—If hot water is not available, use 0.2 percent bleach solution or other disinfectant and cold water.*

9. You should use isopropyl or ethyl (70 percent alcohol) to disinfect patient surfaces where bleach cannot be used.
   Answer: *True.*
10. You should use the same cleaning equipment for each high-risk area.
    Answer: *False—It is best to have different equipment for each area. Emphasize using clean mops and cloths for cleaning. Dry them in the sun for best disinfection.*
11. High-risk areas should be sanitized before or after each procedure.
    Answer: *True—Especially if any blood or body fluids such as sputum are on any surfaces.*

► After all questions have been read, review the answers to each question. Process as interactively as possible. Ask the participants what the answer is before telling them and see if there is a consensus.

► If there is disagreement, allow participants to explain their answers helping those with incorrect answers understand the right answer. Encourage those with correct answers to help others understand.

► Be sure everyone understands the correct answers to the questions.

► Review by asking participants if they can say why we distinguish between medium-risk areas and high-risk areas when it comes to cleaning and disinfecting our health facilities. Their answers should be because they require different levels and frequencies of cleaning in order to prevent the spread of serious diseases and illnesses.

► Ask how often participants think common care areas should be mopped and wiped down. The answer is at least daily, and more frequently if any blood or body fluids, such as sputum (including coughing and sneezing), have been released on any surfaces.

► Tell participants, “For cleaning up body fluids and high-risk areas, it is advised to use 1 percent solution of sodium hypochlorite. If you only have 5 percent solution, you should make it 1 percent by mixing 1 cup of solution with 5 cups of tap water.”

► Clarify by saying, “Facilities without autoclaves may wash their linens in washing machines and proper detergent. If you do not have washing machines, then wash linens by hand with detergent and gloves to protect yourselves.”

Activity 2: Keeping Facilities Clean Using Standard Precautions

🕐 *(30 minutes)*

► Ask participants if the standard precautions apply to them when they clean and sanitize their facilities. The answer, of course, is yes.

Exercise: Keeping Facilities Clean Using Standard Precautions	
Time	30 minutes
Preparation	Display a poster version of the job aid on standard precautions if your resources permit.
Introduction	• This is a good opportunity to look at how you could apply the standard precautions to cleanliness and hygiene. • Please take a look at the job aid on standard precautions from Session 2 (Handout 4). • I am now going to give you simple instructions for an exercise on using standard precautions to keep your facilities clean.
Instructions to participants	• Please find a partner to work with. • Review each of the standard precautions in the job aid and decide which ones apply and how they apply to Session 7 in the PG. • Write down your answers for each and be prepared to share them orally with the group. • There may be multiple answers to many of these. • The goal is to think about how the standard precautions apply to the material in Section 7.1 of the PG. Think about the linkages and be able to share those with the whole group. • Take 10 minutes to do this. • *After 10 minutes:* Please come back together. Now, are there any pairs who would like to volunteer to present their responses?
Note to trainer	• The following is an example of how there might be more than one answer. In the first precaution (wash your hands), participants might say, “It is important to wash your hands after you have cleaned up blood or body fluids especially before touching a patient, etc.” Or they might say, “It is important to wash your hands after doing any type of cleaning.” Likewise, participants could say, “One should wear gloves when doing these tasks.” • Process the answers interactively, making sure the answers make sense to all the participants. Do not let false or inaccurate statements go unchallenged.
Discussion	• You can guide the discussion with the following questions: – How does wearing gloves apply to cleanliness and hygiene? – When is it most important to wear gloves? – What kinds of substitutes can be made when you do not have the materials to follow a specific standard precaution? Get examples. – What are cheap or easy alternatives for keeping your facility

Exercise: Keeping Facilities Clean Using Standard Precautions	
	hygienic and protecting yourself? – How would you clean dirty masks or gowns? – Are there times when administrative areas are used for treating patients? If so, what do you do? – What are the most important pieces of equipment to keep clean, and what do you clean them with? – Do we need to clean the medical waste disposal areas where no patients go? How would we classify this area using the categories in the material we read? – Who at your facility could benefit from knowing this information? How could this information be shared with them? – What lessons have you learned about trying to keep a facility clean/sanitized and protecting yourself (and others) in your experience as a professional health worker? • Put some of the best ideas or observations on the flip chart. Allow for a general discussion on these points as time permits. • Remind participants they should not throw waste water from the laboratory and waste water with chlorine into the toilet. Distribute **Session 7 Handout 2: How to Dispose of Waste Water**. • Wrap up by asking if there are any further questions or comments.

Activity 3: Using Communication for Behavior Change for Cleaning and Disinfecting the Home

🕐 *(30 minutes)*

Demonstration: Using Communication for Behavior Change in the Real World

Time: 30 minutes

► Tell the participants, "We have now reviewed the technical content for this session. Let's move into the communication for behavior change element of the session." Deliver **Session 7 Handout 3: Job Aid on Keeping Things Clean**. "As in previous sessions, we will practice using communication for behavior change for cleanliness and hygiene in the home and will follow the same steps as before with the other job aids."

► Begin by mentioning that now participants are getting more and more experienced in using job aids and communication for behavior change. While the topic and technical content of the job aid changes from one session to another, the way of using them stays the same. We will follow the same four steps as with other job aids. This time use the job aid titled **Session 6 Handout 3: Job Aid on Getting Rid of Trash Safely** about waste management in the home.

► **Step 1:** Explain that as in earlier sessions, you will begin by giving a demonstration of the new job aid, with the participants playing the part of the patients and their

families and caretakers, asking questions just like they would. Point out the two pages—the job aid with steps (front) and the discussion guide (back). Explain that the discussion guide is used with the job aid facing the people you are working with and the back facing you as a guide.

Now tell the participants you will demonstrate how to use the two together. Ask them to play the role of PLHIV or their caregivers as you demonstrate.

When you have finished, ask if there are any questions. Process any questions interactively.

► **Step 2:** Now tell the participants that they will have five minutes to study the new job aid and prepare to use the discussion points, messages, and images. Like previous sessions, this communication for behavior change demonstration will divide the group into both facilitators of the job aid and participants being taught. Divide participants into teams of four. Ensure all participants have a chance to practice both roles throughout the course of the training.

Ask if there are any questions before beginning. Give the participants a few minutes to prepare.

► **Step 3:** Each group should have one participant demonstrate the job aid while his or her three colleagues play the role of patients, their families, and caregivers.

"As with the previous session, each person will stop after their demonstration and give self-feedback, and then receive feedback from their 'patients and family members.' Each member should get 5 to 10 minutes to do their demonstration and to give and receive feedback. One person in the group should be in charge of keeping time for everyone."

There are 20 minutes for this activity, so give participants a time when you want them to be finished and come back together. Time management will be important as the participants work in their groups. Try to keep them moving so that, as is possible, everybody in each group has a chance to give a demonstration and receive feedback. Make sure at the 10-minute mark that the second person is finishing his/her demonstration, if possible. If time is not managed properly, not everyone will be able to practice with each job aid in this training.

Explain that you and the other trainers will circulate to watch the demonstrations. This will allow you to provide feedback as well. You will let them know some of the best things you observed and a few things that could improve.

► **Step 4:** When everyone has finished, bring the group back together and ask for their comments.

To process the demonstrations you may wish to ask the following questions:

- Was this one easier or harder than the previous job aid topics? Why?
- What needs further clarification?
- What needs further improvement?
- Were there any difficult or unusual questions from the participants who were acting like patients?

The point of this is to help participants understand how to best present this material and effectively apply communication for behavior change to the setting they work in.

► Conclude this session by noting the good work the participants are doing and the improvements they are making. If there have been any factual errors or points for improvement, mention them to the group now. Ask if there are any outstanding technical questions before ending the session.

Session 8: Food Hygiene

Total Session Time: 1 hour, 15 minutes (75 minutes)

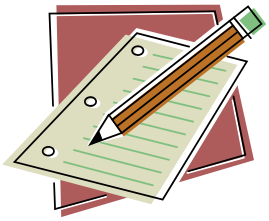
Objectives: By the end of the session, participants will be able to:

1. Name the five key steps for food hygiene.
2. Demonstrate the use of effective communication for behavior change for food hygiene in the home.

Materials

- Markers
- Flip chart stand and paper
- Masking tape
- Parking Lot
- Participants will need their PG
- Relevant handouts (found in Appendix 1)
- A large version of the job aid on keeping your food safe (front and back).

Handouts



In Activity 1:

- Session 8 Handout 1: Questions on Food Safety (and Trainer Version) (p. 246)

In Activity 2:

- Session 8 Handout 2: Job Aid on Keeping Your Food Safe to Eat (p. 251)
- Session 3 Handout 4: Using Communication for Behavior Change in the Real World (p. 208).

Flip Charts

No flip charts in this session.

Advance Preparation

- Make sure you have all materials, handouts, and flip charts needed.
- Read through the session in this guide and the PG and ensure you understand the technical content.
- Practice demonstrations for any communication for behavior change elements.

Advance Preparation	
	• Sessions 3 to 8 have activities in which participants practice communication for behavior change using job aids. It is absolutely necessary that participants learn how to lead patients and their caregivers through the main talking points for WASH practices. To use training time to cover information effectively, it is suggested that participants alternate roles in doing these practice demonstrations. Trainers should ensure every participant practices demonstrating job aids at least three times throughout the course.

Summary of Learning Activities in This Session			
No.	**Activity**	**Principal Training Method**	**Time**
1	Keeping food safe	Self-quiz, reading, group discussion	*45 minutes*
2	Using communication for behavior change to improve food hygiene in the home	Practice job aid demonstrations, group feedback	*30 minutes*
	Demonstration: Using communication for behavior change in the real world (30 out of 30 minutes)		

Learning Activities

Activity 1: Keeping Food Safe
(45 minutes)

► Open this session by saying, "An important part of WASH for PLHIV is ensuring their food is safe. Because PLHIV are so susceptible to illnesses, their food needs to be prepared, cooked, and stored very carefully. Following high standards of food hygiene that you will learn through this training will benefit everyone, including other patients and your own families."

► Tell participants you want them to think about food safety, and you want them to start by considering what they already know on the basics of the topic. This will make it easier for them to remember and use the five keys to food safety.

► To do this, ask participants to find a partner. When everyone is paired up, distribute **Session 8 Handout 1: Questions on Food Safety**. The handout provides an exercise on this issue. Ask participants to read the instructions and answer the questions the best that they can. They are asked to pick any 10 questions they like, but if they have time they can answer more.

► Explain that after they have answered the questions, you will have a group discussion and explore key issues for everyone to remember.

► Tell the group that this is not to be handed in—there are no scores for this. It is only to discover how much they already know about food safety principles. Tell them they do not need to worry about their writing—only they will see it.

► Tell participants they have 15 minutes to answer the questions as best as they can, and ask them to start.

Trainer Note: *For your convenience, the trainer version of the handout directly follows the handout in the related training aids section for Session 8. The answers are not the only acceptable answers but are meant as a guide for you. Many situations may be discussed, but the point is to help participants understand what good food hygiene is, especially for PLHIV. This exercise is meant to serve as a tool for discussion and to deepen understanding of key issues.*

The number(s) after each statement correspond to which of the five keys to food safety the statement relates. This should help you focus the discussion.

► Give the participants a two-minute warning before time is up.

► When time is up, ask everyone to stop writing and ask the following:
- Who was surprised by how much they already knew on this topic?
- Who was surprised by how little they knew?

► Next, ask participants to share some of their answers with the group. Let the participants respond to the statements that they wish. Allow for only a few minutes of discussion among the participants. There will be a more thorough review of the statements after the participants have read Session 8 in the PG on this topic. At this point, you only need to correct any information that is obviously not correct by using the Session 8 technical resources in the PG as a guide.

► Ask participants to open their PG to Session 8 on food hygiene and read those two pages carefully. Give the participants about five minutes to read this.

► When the participants have finished reading, they will likely see many of their opinions from the previous activity correspond to material within the PG. If so, point this out and encourage participants by saying that they already have a good start on this subject.

► Now revisit some of the statements where there was a difference of opinion from the PG technical resources. Review these and help participants understand the reasons for the differences. When possible, do this interactively by letting participants answer each other's questions. This step may involve clarifying situations or discussing a range of options and deciding which is best to take. Be sure to address the points that the participants are most uncertain about.

► Further process the reading by discussing some of the following questions. (Some answers are provided after the questions.) Be sure to end on question 8.

1. Which of these key points do you feel is most important to remember?
2. Which of these five keys is most difficult to follow? Why?
   Trainer note: *You can use this question to explore solutions to common problems.*
3. What is probably the first thing we should do before preparing, serving, or eating food?
   Answer: *Wash our hands.*
4. If you are sick (have a cold or the flu) should you be preparing food for others?
   Answer: *No!*
5. If your facility prepares food for patients or staff, which of these principles are followed and which are not?
6. If you were in charge of a kitchen, which would be your greatest concern?
7. Why might it be better to wash utensils right away after using them?
   Answer: *It prevents germs from building up on them and getting passed on the next time they are used.*
8. What do you do if you see a family member bringing in food for a patient at your facility that looks questionable?
   Trainer note: *Here is a chance to practice communication for behavior change with participants—use this question as a segue into the next activity.*

Activity 2: Using Communication for Behavior Change to Improve Food Hygiene in the Home

🕐 (*30 minutes)*

Demonstration: Using Communication for Behavior Change in the Real World
Time: 30 minutes

► Explain: “Now that we have covered the technical content of the subject, we will move into the communication for behavior change element of the session. We will now work with **Session 8 Handout 2: Job Aid on Keeping Your Food Safe to Eat**.

► Explain, “This should be used with our patients to encourage them to practice proper food hygiene in their homes. Most of the principles we have looked at already also apply to homes and other situations.”

► **Step 1:** You will follow the same steps as in previous sessions. You will first give a demonstration of the job aid and communication for behavior change elements. The participants will play the part of the patients and their families and caretakers. Point out the two pages—the job aid with steps (front) and the discussion guide (back). Explain that the discussion guide is used with the job aid facing the people you are working with and the back facing you as a guide.

Now tell the participants that you will demonstrate how to use the two together. Ask them to play the role of PLHIV or their caregivers as you demonstrate.

When you have finished, process any questions interactively.

► **Step 2:** Tell the participants that they will have five minutes to study the new job aid and prepare to use the discussion points, messages, and images. Like previous sessions, this communication for behavior change demonstration will divide the group into both facilitators of the job aid and participants being taught. Divide participants into teams of four. Ensure all training participants have a chance to practice both roles throughout the course of the training.

Ask if there are any questions and give participants a few minutes to prepare.

► **Step 3:** Each group must have one participant to demonstrate the job aid while the three colleagues play the role of patients, their families, and caregivers.

"As with the previous session, each person will stop after their demonstration and give self-feedback, and then get feedback from their 'patients and family members.' Each member should get 5 to 10 minutes to do their demonstration and to give and receive feedback. One person in the group should be in charge of keeping time for everyone."

There are 20 minutes for this activity, so give participants a time when you want them to be finished and come back together. Time management will be important as the participants work in their groups. Try to keep them moving so that, as is possible, everybody in each group has a chance to give a demonstration and receive feedback. Make sure at the 10-minute mark that the second person is finishing his/her demonstration, if possible. If time is not managed properly, not everyone will be able to practice with each job aid in this training.

Explain that you and the other trainers will circulate to watch the demonstrations. This will allow you to provide feedback as well. You will let them know some of the best things you observed and a few things that could probably improve.

► **Step 4:** When everyone has finished, bring the group back together and ask for their comments. To process the demonstrations, you may wish to ask the following questions:

- Was this one easier or harder than the previous job aid topics? Why?
- What needs further clarification?
- What needs further improvement?

► Conclude this session by noting the good work the participants are doing and the improvements they are making. The point of this is to help participants understand how to best present this material and effectively apply communication for behavior change to the setting they work in. Ask if there are any outstanding technical questions before ending the session.

Session 9: Water, Sanitation, and Hygiene in Resource-Constrained Settings

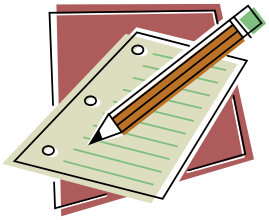
Total Session Time: 45 minutes

Optional Session: This session is optional. It is intended for participants who want to apply WASH but who work in resource-constrained settings, including very resource-constrained settings. If participants work at clinics and hospitals that are well resourced, this session may not be necessary.

Objectives: By the end of this session, participants will be able to:

1. Evaluate WASH actions that may be useful in resource-constrained settings.
2. Modify the actions to be more appropriate to their own sites.
3. Create additional WASH actions useful in resource-constrained settings.

Materials	
	• Markers • Flip chart stand and paper • Masking tape • Parking Lot • Participants will need their PG • Relevant handouts (found in Appendix 1).

Handouts	
	In Activity 1: • Session 9 Handout 1: Working in Resource-Constrained Settings (p. 254) • Session 9 Handout 2: Actions That Have Been Taken in Resource-Constrained Settings (p. 255).

Flip Charts	
	Activity 2: Discussion Questions on Actions in Resource-Constrained Settings (p. 93).

Advance Preparation

- Make sure you have all materials, handouts, and flip charts needed.
- Read through the session in this guide and ensure you understand the technical content (there are no technical resources in the PG for this session).

Summary of Learning Activities in This Session

No.	Activity	Principal Training Method	Time
1	Evaluation of actions taken in resource-constrained settings	Large group discussion, small group work	*15 minutes*
2	Selection of resource-constrained actions most applicable to work	Large group discussion	*30 minutes*

Learning Activities

Activity 1: Evaluation of Actions Taken in Resource-Constrained Settings

🕐 *(15 minutes)*

► Begin by mentioning that, “Health workers often have to work in clinics and hospitals where they do not have all the resources that they need. There are shortages of equipment and supplies, and sometimes needed equipment and supplies are completely lacking. This makes WASH work very difficult.”

► “This is not the fault of the health professionals. They try very hard to do all they can with available resources, but they endure many challenges. They should be commended for working under these difficult conditions.”

► Ask participants if any of them have worked at sites that have any of the following problems. Ask them to raise their hand, if they have.
- Not enough basic medical equipment or laboratory equipment
- Broken medical or laboratory equipment
- Not enough essential medicines and other supplies
- Expired drugs
- Lack of cleaning supplies and equipment
- Lack of soap and water
- Lack of other resources (ask for examples)
- Lack of safe water or proper sanitation.

► Note that it looks as if many participants work in resource-constrained settings, which makes it hard to do things like WASH work to help PLHIV.

► Explain this session is to analyze ways to make the most of these difficult situations. Participants will be asked to look at actions that have been taken in various resource-constrained settings.

► Add that these actions are not recommended as ideal; they are far from ideal. But they are "real world," and they are better than nothing. Some of them can be temporary until more resources are available.

► Also, as participants study these actions and discuss them in a small group, they should feel free to change the actions so they better fit where they work.

► Above all, participants should propose new actions that would be useful in resource-constrained settings.

Activity 2: Selection of Resource-Constrained Actions Most Applicable to Their Work

🕐 *(30 minutes)*

► Assign the participants to work in groups of four for 20 minutes to study **Session 9 Handout 1: Working in Resource-Constrained Settings** and **Session 9 Handout 2: Actions That Have Been Taken in Resource-Constrained Settings**. All the directions for the small group discussion are on the handouts. At the end of the 20 minutes, ask each group to give their informal comments on some of the discussion questions.

► A few minutes before the end of the discussion period, give participants notice that the large group discussion will begin soon.

► At the end of the small group discussion period, display the following flip chart:

<u>Discussion Questions on Actions in Resource-Constrained Settings</u>

1. What actions for resource-constrained settings are good for your site?
2. What are changes/modifications you made in any of the actions for resource-constrained settings?
3. Are there any actions for resource-constrained settings that you are already doing?
4. Are there any new actions you have thought of?
5. What would you like to know more about?
6. Are there any other comments?

- ► Begin an informal discussion with the participants, using the questions on the flip chart as a general guide, though the questions do not need to be taken in order and other questions may arise.

- ► Be sure to hear from all the small groups, but not necessarily from one group at a time. It may be better to go back and forth between groups. The important thing is for participants to select actions for resource-constrained settings that are useful at their facility.

- ► After the general discussion, ask participants what actions for resource-constrained settings they want to use at their own sites. Try to get all or most of the participants to give at least one action for resource-constrained settings that they would like to do at their site.

- ► Mention that in another session, the participants will be selecting small doable actions for WASH, and that could include some of these actions for resource-constrained settings. Also, on the final day of the course, the supervisors and managers will select larger doable actions, and again, some of these actions for resource-constrained settings could be included.

- ► Conclude the session by thanking the participants for their hard work and telling them that they should never be reluctant to take appropriate actions needed in resource-constrained settings if the actions will help WASH work and improve the lives of PLHIV.

Session 10: Small Doable Actions (SDAs) for Water, Sanitation, and Hygiene

Total Session Time: 1 hour, 15 minutes (75 minutes)

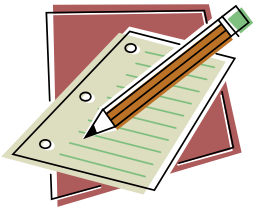
Objective: By the end of the session, participants will be able to:

1. Select and commit themselves to a short list of WASH SDAs to implement at their facility and at home.

Materials

- Markers
- Flip chart stand and paper
- Masking tape
- Parking Lot
- Participants will need their PG
- Relevant handouts (found in Appendix 1).

Handouts



In Activity 1:

- Session 10 Handout 1: What is a Small Doable Action? (p. 258)
- Session 10 Handout 2: The WASH List of Sample Small Doable Actions (p. 259).

Flip Charts

Activity 1: What is an SDA? (p. 96).

Advance Preparation

- Make sure you have all materials, handouts, and flip charts needed.
- Read through the session in this guide and the PG and ensure you understand the technical content.

Summary of Learning Activities in This Session			
No.	**Activity**	**Principal Training Method**	**Time**
1.	Selecting and committing to SDAs for WASH	Large group discussion, work in pairs, "commitment ceremony"	*75 minutes*
	Exercise: Selecting and committing to SDAs for WASH (60 out of 75 minutes)		

Learning Activities

Activity 1: Selecting and Committing to SDAs for WASH
🕐 *(75 minutes)*

► Begin by displaying the following prepared flip chart to the participants.

> What is a Small Doable Action (SDA)?
>
> In this course, it is an action that:
>
> - Costs little or no money
> - Is easy to do and involves no serious barriers or problems
> - Can be done starting a day or two days after you return to work
> - Requires no authorization from your supervisor (or you are reasonably sure it will be given)
> - Has a WASH impact and will lead to improving lives of PLHIV.

► Explain to participants in this session they will study SDAs for WASH and choose SDAs that they want to commit to doing. Distribute **Session 10 Handout 1: What is an SDA?**

► Point out, "WASH SDAs truly are small and doable. They cost little or no money, and a person can start doing them immediately."

► Tell participants that one example is putting up a paper sign to remind people to wash their hands after using the toilet. It costs very little and can be done immediately. Go back over the points on the flip chart to show how this action really is an SDA because it meets all of the criteria.

► Say, "Of course there are many other things that need to be done for WASH other than the SDAs. Large Doable Actions (LDAs) for WASH are very important, too.

They usually require more planning and resources and take more time. LDAs will be covered in Day 4 for Supervisors/Managers."

► Continue by saying that, "But this session is for the SDAs that can have an important impact on improving WASH and the lives of PLHIV. As mentioned on the first day of the course, you can do a lot with a little."

Exercise: Selecting and Committing to Small Doable Actions for WASH	
Time	60 minutes
Preparation	Distribute **Session 10 Handout 2: WASH List of Sample SDAs**.
Introduction	In this exercise, you will study the sample list of SDAs, create your own SDAs, and commit to them!
Instructions to participants	• Because the list is just a sample, I encourage you to make your own SDAs that you can use where you work. • You should use the sample list of SDAs to give you ideas that will work for you at your health facility. • You can change or adapt any of the SDAs on the sample list. For example, one of the sample SDAs is to buy plastic cups for patients in different colors so that it is easier to remember whose cup is whose. Of course the same thing could be done for plates, or a marker could be used to number the cups or plates, etc. • You can adapt the sample list by crossing out the words you do not want and writing in the changes. • You will work with a partner to study the sample list of SDAs in the handout and choose at least eight SDAs you will do when they go back to your jobs. You can pick some SDAs from the list, make up some of your own, or modify some on the list. Choose a minimum of eight SDAs that you really can achieve. • There are spaces at the end of Handout 2 to write the names of three people to whom you will explain your choice of SDAs. The people can be other participants in this course, colleagues, or supervisors. You will talk to those people in the next few days. A month from today, you will meet with them again to tell them how well you succeeded with your WASH SDA work. • At the end of this session, you will be asked to stand up and participate in a short commitment ceremony. Everyone will rise for this ceremony, and each person will say what their SDAs are. • Now please form pairs and work on Handout 2. You have 30 minutes to work on this with your partners.
Note to trainer	• Let the participants begin their reading and pair work. They should not need much help at this point. After about five minutes, most of the pairs should be talking and making their selections. If some pairs are still reading and not discussing, you should visit to see if there is a problem. • After about 20 minutes, you should make an announcement to remind participants that they have only 10 minutes left to make

Exercise: Selecting and Committing to Small Doable Actions for WASH	
	their SDA selections and prepare for the commitment ceremony. • You can circulate casually to check if participants have begun to make their choices. • When there are only a few minutes left, again make a reminder announcement that the participants need to finalize their choices. • At the end of 30 minutes, call time.
Discussion	• The discussion period can be based on questions like the following, changed to meet the needs of the group, but there is not too much time for much discussion: – Are there any final questions about the sample SDAs on the list? – May we have a few examples from people who created their own SDAs? – May we have a few examples from people who made changes to the SDAs on the list? – Did anyone have a problem choosing three people to whom they will tell about their WASH SDA choices in the next few days and again in one month? – Are there any other questions?
Instructions to participants for commitment ceremony	• In the commitment ceremony, everyone will be asked to stand up. One by one, you may volunteer to tell your colleagues what your choices of WASH SDAs are. For SDAs on the list, numbers can be given. For SDAs that have been made up, give a brief explanation. The suggested minimum is eight SDAs. Next, everyone should say which three people they selected to tell about their SDAs and to whom they will talk to again a month from today to tell how they have succeeded with their WASH SDA work. • Everyone please stand up. • Now the trainers will give a demonstration of the commitment ceremony: – My name is _____, and the WASH SDAs that I commit to are numbers 4, 6, 19, and 20, as well as an SDA of my own. I am going to ask the cleaning people to sweep and mop under patients' beds every week. – The three people I will tell about my SDAs are my colleagues John, Amina, and Dr. Isaiah. A month from today, I will let them know about the success with my SDA work. Thank you. *(Encourage applause.)* • Who would like to volunteer next? You just need to give your name, say what your SDAs are, and tell us the three people you will tell about your SDAs.

Exercise: Selecting and Committing to Small Doable Actions for WASH	
Note to trainers on commitment ceremony	• You should tick off on the course roster the names of the participants as they volunteer. In most groups, everybody will want to be included and will volunteer. In some groups, there may be a few people who are shy or for whatever reason are reluctant to do the commitment ceremony. • You will need to use your professional judgment in deciding whether you should encourage the few remaining people or if it is best not to force them. In some cases, it is better not to force someone who is very unwilling. • Encourage applause for everyone's hard work.
Discussion for commitment ceremony	• End the commitment ceremony on a very positive note, making statements like the following, modifying them to be appropriate to the group and adding any traditions that are customary in the culture, including cheers, bows, songs. (Hand shaking might not be appropriate if there are limited handwashing facilities!) – This group has committed to nearly ___ WASH SDAs! – This will start to make a difference almost immediately. – In the coming weeks and months, this will reduce disease transmission in all the places where you work. – Your SDA work will improve the lives of PLHIV, their families, and the community. – We offer you our sincere congratulations! • End the ceremony with a large round of applause for everyone.

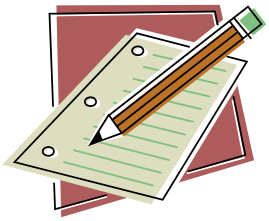
Session 11: Facility Tour for Water, Sanitation, and Hygiene Observations

Total Session Time:
Version A—Offsite: 2 hours, 5 minutes (125 minutes) to 2 hours, 45 minutes (165 minutes) depending on distance to sites
Version B—On-site: 1 hour, 45 minutes (105 minutes)

Objectives: By taking a WASH tour of a facility and talking to people who work there, participants will be able to:

1. Identify strong points and gaps in the facility's provision and practices for:
   - Water safety
   - Provision for handwashing
   - Hygiene and cleanliness
   - Sanitation
   - HCWM.
2. Make a list of WASH SDAs to improve WASH measures at the facility.

Materials	
	• Markers • Flip chart stand and paper • Masking tape • Parking Lot • Participants will need their PG • Relevant handouts (found in Appendix 1) • Version A requires reliable transportation for all participants to and from the facility.

Handouts	
	In Activity 1: • Session 11 Handout 1: The Purpose of the WASH Tour: A Template Letter for Adaptation (p. 264) • Session 11 Handout 2: Instructions for Using the WASH Facility Tour Observation/Interview Sheet (p. 265) • Session 11 Handout 3: WASH Facility Tour Observation/Interview Sheet (p. 266) • Session 11 Handout 4: Illustrative Questions for Initial Interview with Facility Supervisor(s) (p. 271) In Activity 2: • Session 11 Handout 1: The Purpose of the WASH Tour: A Template Letter for Adaptation (p. 264) • Session 11 Handout 3: WASH Facility Tour Observation/Interview Sheet (p. 266)

Handouts	
	• Session 11 Handout 4: Illustrative Questions for Initial Interview with Facility Supervisor(s) (p. 271) • Session 11 Handout 5: Tool for Analysis of WASH Assessment Findings (p. 272).

Flip Charts	
	• Activity 1: (Version A only) Facility Tour (with departure times and other logistical information for the facility tour) (p. 105) • Activity 3: Facility Tour Discussion Questions (p. 108).

Advance Preparation	
	• Make sure you have all materials, handouts, and flip charts needed. • Read through the session in this guide and the PG and ensure you understand he technical content. • Review the special instructions. • You and your fellow trainers need to be involved in all three learning activities in a facility tour.

Summary of Learning Activities in This Session

No.	Activity	Main Training Method	Time
1	Orientation to the facility tour	Lecturette, large group discussion	*20 minutes*
	For Version A, travel to the facility from training hall or other pick-up point (no travel time is needed for Version B).		*Estimated 10–30 minutes*
2	Tour of the facility	Experiential exercise with small group work	*45 minutes*
	For Version A, travel back from facility to training hall (no travel time is needed for Version B).		*Estimated 10–30 minutes*
3	What did you find at the facility?	Large group discussion, small group work	*40 minutes*

Special Instructions for Planning a WASH Facility Tour

Preparation for Session 11 is the longest and most complex in the course.

Session 11 comes in two versions. You must plan well in advance regardless of which version you use. Version A is longer and involves going to a facility different from the site where the course is presented. Version B is shorter, with the tour done at the facility where the training is being held. The activities in the two versions are the same, and

they are written as one version in the PG, with the important exception of transportation time.

Use Version A if you are going to tour a clinic or hospital different from where the course is held. This would be the case, for example, if you had participants coming from various facilities, and you were training at a hotel or similar site. Version A is longer because you must transport participants to and from the facility (the clinic or hospital) where they will take the WASH tour.

Use Version B if your training site is at a clinic or hospital. In this case, participants will actually do a WASH tour of the place where most of them work. You will not need to provide any transportation because participants will tour the site where they are being trained.

It is recommended that you begin planning a month or more before the course begins. The necessary arrangements cannot be made successfully a day or two before the course begins.

- Meet with and negotiate an agreement with the facility director and staff for the tour. It is important to observe all the traditional courtesy and protocols when you meet. They must understand and accept the reasons why you want to bring a group of people to see the facility. **Session 11 Handout 1: The Purpose of the WASH Tour: A Template Letter for Adaptation** is a sample letter explaining the purpose of the tour to a facility director or other officials. Adapt this letter as needed, and take it to the facility when you are arranging the tour. This is relevant for both Versions A and B.

- The facility staff also need to understand that this will not be a large group tour with 15 people walking through the facility together. That would not be effective. During the tour, you will work in three small groups of five people, with a trainer in each group. The groups of five will make their own observations and discuss them with other group members.

- Note that the facility does not need to be a “model WASH facility”; it can be a “real world” facility. In reality, most facilities still need WASH improvement.

- For both versions, you should visit the facility a day before to confirm that staff are prepared for the group that will be touring their facility the next day.

- It is important to be sensitive to the fact that the facility managers may have concerns about being criticized, or they may be hoping to be proud of how good the facility is. There is a risk of criticism or of expectations not being met. Facility managers are willing to take the risk so that the participants can learn by taking the WASH tour. It is important to express gratitude to the facility managers for their generosity.

- The trainer should confirm that the supervisor or staff does not have to do any "presentation" or give any speech. This will not be a large group tour.

- Explain that after meeting the participants, the director or designate will be asked to give a brief interview before the tour starts. The participants will have a few key questions that should be very easy to answer.

When to schedule a tour: The proposed course schedule has Session 11 with the WASH tour on the morning of the third day. Participants should complete most of the technical sessions before they go on the tour.

You may want to do Activity 1 of this session (orientation to the facility tour) the afternoon before the tour so that you can get an earlier start in the morning.

Suggestion: If the facility officials agree, the end of the facility tour would be a good time to take a group picture in front of the facility.

Four points concerning Version A:

- You need to arrange for the transportation of participants to and from the facility. This can be expensive and complicated.

- You add an hour or more to the course, depending on how much time it takes, to pick up the participants and transport them to and from the facility. Because the course schedule is already very full, the transportation time will need to be outside of regular work hours. Instead of starting at 8:30 a.m., for example, you might need to start at 8:00 a.m.

- It could still be that the facility you visit is where one of the participants works. This may make the arrangements for the tour easier in some ways. At the same time, you should be especially sensitive to make sure that it does not become a negative experience for the "host" participant. Additionally, everyone should be grateful to the participant for serving as host.

- If possible, have a mobile phone number of someone who works at the facility so that you can call them in the morning to confirm staff are there, that it is open, etc. If the participants will not all be coming in the same vehicle, try to get some of their mobile phone numbers so you are able to call people in the different vehicles in case they are delayed or lose their way.

Learning Activities

Activity 1: Orientation to the Facility Tour

🕐 (*20 minutes)*

Trainer Note: *Do this activity in the training room before going on the tour.*

► Begin by explaining to participants that you have arranged for them to take a WASH tour of a facility. Tell them it is not just a walk through a facility, but it is technical work and part of an exercise they will do.

► If you are doing Version A of this session, display a flip chart such as the following and fill the blanks with the facility's information. (For Version B, this flip chart is not necessary.)

<u>Facility Tour</u>
Departure Time: _____
Departure Point: _____
Type of Transport: _____
Name of Facility: _____
Mobil Phone Number of Trainer: _____
Return Here at _____ O'clock!

► Explain to participants what is on the flip chart. Stress departure time and where the transport will leave from, especially if it is not from the training site. Tell the participants approximately how long it will take to travel to the facility and what the transportation arrangements are. For example, will there be several taxis coming at the same time? Is there a small van that needs to make two trips? How will they get there on time?

► Now ask participants to take five minutes to read the **Session 11 Handout 2: Instructions for Using the WASH Facility Tour Observation/Interview Sheet**. This handout will answer most of their questions, but after they have read the handout, ask if they have questions.

► If you think it is appropriate, stress the importance of the positive approach in their observations during the tour. It will be very important to look for what is good in the facility as well as what could be improved.

- ► Stress that this is a WASH tour, not a WASH inspection. They are not going on the tour to tell the staff what they should correct. They are going on the tour to apply the WASH theory they have learned to the real world setting of a facility.

- ► Also mention that you are looking for practical observations of what can be done for low or no cost. For example, “They need a new plumbing system” is not very helpful. Many facility directors would like new plumbing very much, but it would require time and resources.

- ► Add that during the tour, participants will look for SDAs that they will be able to do in their own work. Their knowledge of SDAs from Session 10 can be utilized here.

- ► Then ask participants to read **Session 11 Handout 3: WASH Facility Tour Observation/Interview Sheet**, and ask if they have any questions.

- ► Tell participants that they will work in three small groups of about five. If you are following the suggested course schedule with the tour on the morning of the third day of the course, appoint the three groups the afternoon of the second day so that they can discuss the observation/interview sheet in the evening. Try to mix people with different jobs or from different sites in the groups.

- ► Name the groups as Group 1, Group 2, and Group 3. Keep a list of who is in which group. Assign which trainer will go with each group. (While the groups will work mostly independently on the tour, you will be observing and preparing for the tour analysis later and helping your group to cover the necessary points, get access, or address any problems that might come up, as needed.)

- ► Recruit two participants to serve as primary interviewers in the suggested initial interview with the facility director. Stress that any participants may ask questions, but that they must keep this interview short. Refer them to the **Session 11 Handout 4: Illustrative Questions for Initial Interview with Facility Supervisor(s)**.

- ► Assign each group three of the technical areas on the **Session 11 Handout 3: WASH Facility Tour Observation/Interview Sheet** (Technical Areas A, B, C, D, and E). Be sure that all five of the technical areas are covered by at least one group. Identify to groups the order in which they should cover their technical areas to ensure two groups are not viewing the same things at the same time.

- ► For example, tell Group 1 to start with Technical Area A: Water Safety, Quantity, and Accessibility, while Group 2 looks at B: Handwashing, Access to Handwashing Facilities, and so on.

- ► Mention that they need to bring their WASH PG. (If it is permitted, suggest that they bring a camera.)

Trainer Note: *If you are doing Version A of this session, review the flip chart again with the time of departure and from where the participants will depart, especially if point of departure is not where you are having the workshop*.

► Ask if there are any final questions.

Activity 2: The Facility Tour

🕐 *Both Version A and B will need 45 minutes.*

► At the start of the tour, the trainers should begin by greeting the facility director and any other staff who are there. Ask the facility staff to introduce themselves and explain what their job is in the facility. The trainers should introduce or re-introduce themselves as well. Then ask the participants to give their names and tell where they are from. Try to keep this brief. Adapt **Session 11 Handout 1: The Purpose of the WASH Tour: A Template Letter for Adaptation** and give this to facility officials.

► Next, invite the participants you recruited to interview the director and other staff using the **Session 11 Handout 4: Illustrative Questions for Initial Interview with Facility Supervisor(s)**. It is not necessary to ask all the suggested questions, and this interview should be brief. The purpose is to get a rapid overview of the facility and see if the director wants to address any outstanding issues regarding WASH.

Trainer Note: *If you end up having transportation problems and not all the participants arrive at the same time, you will need to do some good time management to stay efficient and avoid delays. Begin the tour immediately with the participants that are present. Do not lose time waiting until all the participants are there. Some participants may have to miss the interview with the director. Some participants may get only a very brief tour if their transportation is late.*

► Move on to the next phase. Each of the three groups (with assigned trainer) should begin using the **Session 11 Handout 3: WASH Facility Tour Observation/Interview Sheet** as they go around the facility covering their assigned technical areas. If a staff member from the facility accompanies them, that is fine, but in most cases it will not be necessary. You can do brief introductions and explanations as the groups walk around.

► As the tour continues, you may want to remind participants that it is okay that they will not necessarily get the same answers to the questions on the handout.

► Try to ensure that the groups have completed most of their three assigned technical areas within the scheduled time. Before leaving, be sure to thank all the staff for serving as hosts for this tour. Be sure that the staff understand how they have contributed to the WASH training by being the hosts while the participants tour their facility. It is a good idea to send a note or make a call later thanking the director and all the staff for having you as guests. This might help ensure that they agree to have you back with another WASH training group!

► If you have decided to take a workshop group picture in front of the facility, be sure to leave time for taking the picture. Invite the facility staff to be in the picture, and make sure they receive a copy of it.

Activity 3: What Did You Find at the Facility?
🕐 *(40 minutes)*

► This activity takes place back at the training site. (If the training is at the facility that was toured, this is at the same place.) Give participants **Session 11 Handout 5: Tool for Analysis of WASH Assessment Findings**.

► Begin by asking participants to form their three small groups from the facility tour. This will ordinarily be Group 1, Group 2, and Group 3, with about five participants each, unless there were late arrivals or some other problems.

► Explain that the three groups should cover the discussion questions on the flip chart that you are about to show them. They will have 15 to 20 minutes for discussion. You will serve as a resource person in one of the groups to help facilitate (your other fellow trainers will serve as resources in the other two groups), but mostly the groups will do the work themselves.

► Each group will need a spokesperson to give an informal report of four or five minutes. No flip charts will be used. The spokesperson gives some of the most interesting answers that he or she heard in the small group.

► The following flip chart needs to be where all three groups can see the questions.

Facility Tour Discussion Questions

1. What are two or three ways that the facility was strong in WASH?
2. What are two or three ways that there could be big improvements in WASH?
3. What are the low-/no-cost WASH changes you would do first in this facility?
4. In your small group, were there answers you disagreed on? Explain.
5. What will you do the same (or differently) in your facility?
6. Did the tour give you ideas for SDAs for WASH that you can start almost immediately in your own work setting?
7. Are there any other comments on what you saw?

► Call attention to question 6. Explain that it means simple things that do not take much planning or money, have a real WASH impact, and can start being implemented right away. Obtaining wood ashes so that people can wash their hands more effectively would be an SDA. Starting a new water purification system would not, as this would require significant resources.

► You may need to point out from time to time that these are discussion questions, and there is not always one correct answer.

► It is fine if the questions are not taken in exact order, and you or the participants can always add questions.

► Tell the groups that they will each need a reporter. Here is the reporter's job:
- The report is very informal and lasts just four to five minutes.
- The reporter does not write on a flip chart.
- The reporter explains a few of the most interesting ideas or answers that the group talked about, especially SDAs.
- The list of discussion questions on the flip chart can help the reporter remember what the interesting ideas are.
- There is a short discussion period after the report.

► You may need to repeat the reporter's job in summary: "Stand up and give an informal report on six to eight interesting ideas the group discussed."

► Let the groups begin on their own, but after a few minutes, you should sit in and be sure the groups are working on the discussion questions. Make sure the group selects a reporter as soon as possible and the reporter understands the job. If you are needed to keep the discussion going, you should try as much as possible to be a resource person and not a small group facilitator.

► The small group discussion should not exceed 15 to 20 minutes.

► You should circulate when there are only a few minutes left to be sure that the reporters are ready to provide six to eight interesting ideas that the group discussed.

► Tell everyone time is up and ask the participants to stay in their groups for now, but turn to face the front of the room.

► Ask the reporter from the first group to stand up and begin their report. The maximum time is five minutes, and this is followed by another few minutes of larger group discussion.

► If the large group discussion does not come easily, then you can suggest discussion points such as these:
- Did you always agree on what you saw?
- Which question on the flip chart did you spend the most time on?

- What ideas for SDAs did you come up with?
- Would any of you be ready to have a group tour your facility in the next few days? (If not, what would you have to do to prepare for visitors?)

► Close out this session on the facility tour by saying that after another year or two, you hope that many facilities in the country will be making more and more progress in applying WASH!

Session 12: Summary Review and Evaluation

Total Session Time: 1 hour, 55 minutes (115 minutes)

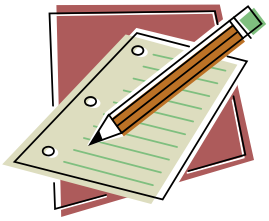
Objectives: By the end of the session, participants will be able to:

1. Demonstrate their knowledge of key concepts from the course by participating in an interactive review activity.
2. Submit a course evaluation.
3. Receive a certificate of participation.

Materials

- Markers
- Flip chart stand and paper
- Masking tape
- Parking Lot
- Participants will need their PG
- Relevant handouts (found in Appendix 1).

Handouts



In Activity 2:

- Session 12 Handout 1: WASH Course Evaluation (p. 274)
- Introductory Session Handouts 2 and 3: Sample Post-Test and Answer Key (pp. 168 and 174)
- Session 12 Handout 2: Course Certificate Template (p. 276).

Flip Charts

Activity 1: Two summary review flip charts (p. 112).

Advance Preparation

- Make sure you have all materials, handouts, and flip charts needed.
- Read through the session in this guide and ensure you understand the technical content (there are no technical resources in the PG for this session).
- Prepare the course certificates for each participant in advance, and consider inviting an official to the certificate ceremony as a nice gesture.

Summary of Learning Activities in This Session			
No.	**Activity**	**Principal Training Method**	**Time**
1	Summary review exercise	Game of reviewing key terms and concepts	*50 minutes*
2	Course evaluation	Completing evaluation forms	*15 minutes*
3	Post-test	Completing post-test	*35 minutes*
4	Giving certificates of participation and congratulations	Group activity	*15 minutes*

Learning Activities

Activity 1: Summary Review Exercise
🕐 *(50 minutes)*

You need to prepare the following two flip charts with the terms from the course written in large letters on them.

You may add more terms if any emerged as very important during the course. Likewise, you should omit some if they feel there are too many or if they are too easy. There are a total of 54 terms written in the following charts. It may be necessary to add a third flip chart if it makes it easier to see all the terms clearly.

Flip Chart 1

Air drying	Recapping needles	Two false stories
Two more false stories	Three good tippy tap locations	Two examples of food safety keys
Two examples of food safety keys	Lighting/ventilation/locking door	Two examples of course job aids
Two examples of course job aids	Two examples of two-way communication	Two examples of motivation
Two examples of two-way communication	Two examples of motivation	Three “before” times
Five “after” times	Two examples of communication for behavior change	Dehydration
Thirty minutes	Stigma	Twenty seconds
Two examples of opportunistic infections	Dipping vs. pouring	Two examples of SDAs
Eight times	Two examples of SDAs	Commode chairs

Flip Chart 2

Two examples of barriers	Wood ash	Two examples of HCWM
Two examples of barriers	Excreta	Two examples of communication for behavior change
Incineration	Two examples of HCWM	Three healthy behaviors
Two examples of standard precautions	Sharps box	One example of course job aid
Step 3 of handwashing	Sodium hypochlorite	Your own point
Point-of-use	Step 1 of HCWM	Good tippy tap
Step 5 of handwashing	Cough etiquette	Good latrine
Two body fluids that transmit HIV	Two body fluids that transmit HIV	Two reasons to listen

► Display the flip charts, and give participants the following guidance for the summary review:
- Each participant will come up and pick two terms. They must give a clear definition or the examples that are asked for in a few sentences.
- If the explanation is satisfactory, everyone will give a round of applause, and the participant will cross out the term on the flip chart with the marker. The participant will choose the next volunteer and give the marker to that person.
- When an item has been crossed out, it cannot be used by another participant.
- If the explanation is not satisfactory, you will ask the other participants what the right answer is and reinforce it for everyone. You then ask the participant who missed the item to try and answer another item successfully. When the participant gets it right, he or she can then pass the marker on to the next person and sit down.
- For terms that are repeated, such as “Two examples of barriers,” participants must give two different sets of examples for the term. In other words, the second participant who chooses this term cannot repeat the same examples that were given earlier for that term.

► Make this exercise somewhat light-hearted. Even while the participants are concentrating on the technical concepts, they can have fun and applaud for their friends in a good-natured way. You should join in.

► There are certain advantages in volunteering early in this exercise, because the easier items are still available. (After an item has been crossed out, it is no longer available.)

► If there are still terms left over that nobody has defined, you have the challenge of giving a brief explanation, or at least offering participants the page in the PG where the explanation might be found. You may not have the time, but try to have all the terms crossed out by the end of the exercise.

► When all is done, congratulate the participants and thank them for their efforts.

Activity 2: Course Evaluation
🕐 *(15 minutes)*

► It is a good idea to make any needed administrative announcements now, such as getting any missing signatures from sign-in sheets, information about final distribution of any allowances, transportation arrangements, etc. Go over these administrative topics first rather than at the very end of the course.

► Also remind participants to take their PG and all the other materials with them.

► Remark how well they did during the summary and review exercise.

► Explain that at this time you would like them to complete a brief evaluation on the course. They are not required to put their names on the evaluation, but they should mark the date of the course and the location in the spaces provided.

► Tell the participants when they have completed the evaluation form, they should place it in the box or envelope that you have marked with “evaluation.” Show them the box or envelope.

► Distribute **Session 12 Handout 1: WASH Course Evaluation**. Stress that their ideas and suggestions are very welcome. The evaluation can help make the course better next time. As they start to read over the evaluation, ask if they have any questions about what the questions mean. Answer their questions.

► A frequent question about the evaluation may be, “What is the difference between ‘fair’ and ‘good’?” Tell them that fair means satisfactory or acceptable; it is not quite good. Use expressions from the local language if that will make the concept clearer.

► Tell them you and the other trainers may leave the room while they complete the evaluation. Ask one participant to be sure that everybody puts the evaluation in the envelope or box. You would like everybody to turn one in.

Activity 3: Post-Test
🕐 *(35 minutes)*

If you used the optional pre-test at the beginning of the course, you should use it again now for a post-test, instead of the evaluation included in the training aids for this session. This will take about 35 minutes, as is shown in the schedule, instead of the 20 minutes allocated for the evaluation.

The post-test, answer sheet, instructions, and guidance for marking the test are included in the training aids for the introductory session to the course. Tell participants to use their unique number so you can match results in an anonymous way.

Activity 4: Giving Certificates of Participation and Congratulations

🕐 *(15 minutes)*

Trainer Note: *This is an optional activity.*

► This is the last activity in the course with the participants. It is difficult to estimate how long this part will last, as groups act differently. You should decide if the closing remarks come after the certificates or after the evaluation.

► You may make remarks about how much you have enjoyed working with the group and how happy you are with the excellence of the participants. Wish them well, and encourage them to begin to implement their plans and SDAs.

► You should use **Session 12 Handout 2: Course Certificate Template** to create a certificate for each person who has completed the WASH course with their name on it. You and the other trainers should divide up the certificates among yourselves. It is nice if an official can be at the ceremony, but at least all the trainers should be there. Call out the name of the participant on the certificate and let him or her receive it from you or the official. Shake his or her hand, and encourage the other participants to applaud. When this person has received his or her certificate, call out the next name and repeat the process.

► When you finish handing out the certificates, ask if any of the participants have any remarks they would like to make. If they do, invite them to come to the front of the room.

► Pay special thanks to those who made sacrifices to come to the training, such as traveling a good distance.

► It is important to end the course with congratulations and rounds of applause for those who succeeded. Good work has been done! Wish the participants farewell and all success in the work they will do!

Introduction to Day 4 for Supervisors/Managers

Total Session Time: 15 minutes

Objectives: By the end of this session, participants will:

1. Be familiar with the objectives for Day 4.

Materials	
	• Markers • Flip chart stand and paper • Masking tape • Parking Lot • Participants will need their PG • Relevant handouts (found in Appendix 1).

Handouts	
	In Activity 1: • Introduction Session Handout 1: Schedule for Day 4 for Supervisors/Managers (p. 278).

Flip Charts	
	Activity 1: Day 4: Objectives (p. 119).

Advance Preparation	
	• Make sure you have all materials, handouts, and flip charts needed. • Read through the session in this guide and ensure you understand the technical content (there are no technical resources in the PG for this session). • There will be fewer participants for Day 4 than for the last three days, so set up the room for a smaller group. Arrange the chairs so as to facilitate interaction between the participants and the trainers. • The training room should be cleared of the flip charts and materials from the last three days—except for the flip chart with the group norms, which should be clearly displayed.

Summary of Learning Activities in This Session			
No.	**Activity**	**Principal Training Method**	**Time**
1	Introduction	Large group discussion	*15 minutes*

Learning Activities

Activity 1: Introduction
🕐 *(15 minutes)*

► Welcome the group to Day 4. Explain that today is an intensive session for supervisors/managers, because they have a special role to play in supporting and leading implementation of WASH practices in their facilities.

► It is preferable that the supervisors/managers attended the three-day core course, because the Day Four workshop draws on the material taught in the core course. It is possible to conduct just this Day Four workshop for supervisors/managers if it is not possible for them to attend all four days, but it is highly recommended that the supervisors/managers review the content from the first three days prior to attending this workshop.

► There will likely be no need for introductions, as the group should know each other by now. It would be helpful to know which types of personnel each person supervises/manages. Go around the room and ask everybody to state which types of personnel they supervise or manage. Because this course is about WASH, ask the group to focus on the types of staff who work on WASH, especially WASH as it relates to PLHIV. Some of them may also supervise staff working in other specialty areas, office workers, drivers, or hospital maintenance staff. All of these people are important, but they are not priority staff to implement what you have been discussing in the last few days.

► If participants have trouble knowing what you mean by “types of staff,” ask one or two of the following questions to get them thinking:
- Do you supervise/manage health workers who serve PLHIV? If so, are they doctors, nurses, community educators, etc.?
- Do you supervise managers of health facilities or maybe district-level managers of infection prevention?
- Do you supervise non-clinical staff like cleaners or staff who handle health care waste disposal?

List the different types of staff the group supervises or manages on a flip chart.

► When everybody in the group has said what types of personnel they supervise, pause for a moment and ask them to look at the list. With the help of the group, summarize the main types of personnel listed.

► Explain that the purpose of this Day 4 training is to help the group lead and support the staff they supervise to implement the WASH practices discussed in the last three days. That is why it is critical that they all participated in the core course in the last three days. Without that background, today's session would not make much sense—and the group would not be able to do a good job of supporting WASH in their roles as supervisors/managers. Also, mention some of the staff they supervise may have participated in the last three days of the training but others did not—all staff need to follow WASH principles.

► Point out the purpose of this course is not just to train the participants about WASH and then send them home. The purpose is for them to be sure that WASH initiatives are actually applied at work, so as to protect the health of PLHIV, health workers, and others. That is what a manager's/supervisor's job is all about!

► Tell the group, "Two of the key things we are going to discuss today are supportive supervision and REMO. Two key behaviors of your role that are crucial to improving WASH practices in your facility."

► Show the following flip chart and present the objectives for the day, describing each objective in a bit more detail than what is on the flip chart.

> Day 4: Objectives
>
> At the end of the day, participants will be able to:
>
> - Provide supportive supervision for staff on WASH.
> - Organize and conduct practical training sessions for non-clinical staff on WASH.
> - Develop a list of Larger Doable Actions (LDAs) with WASH impact for their health facility/facilities.
> - Identify potential resources in their community to mobilize for their LDAs.

► Ask if anybody has any questions about these objectives. Then ask if they think today's program will help them support WASH practices among the staff they manage/supervise and the health facilities for which they are responsible.

► Ensure participants have the entire PG, which includes technical resources for Day 4. Explain these materials and the handouts you provide that will be used during today's sessions.

► Deliver **Introductory Session Handout 1: Schedule for Day 4 for Supervisors/Managers**. Briefly review the day's agenda with participants and note

that there is a lot of ground to cover, so it is important that everybody be on time after each break.

► Explain that you will continue to observe the group norms adopted for the core course.

Session 13: The Role of the Supervisor

Total Session Time: 1 hour, 30 minutes (90 minutes)

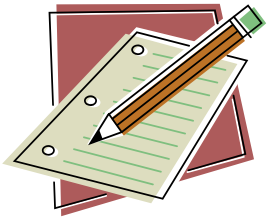
Objectives: By the end of the session, participants will be able to:

1. Outline the role of supervisors/managers in providing leadership for WASH.
2. List three priority WASH problems identified during the facility tour.
3. List at least six principles of supportive supervision.
4. Demonstrate quality feedback in role-plays on supportive supervision.

Materials

- Markers
- Flip chart stand and paper
- Masking tape
- Parking Lot
- Participants will need their PG
- Relevant handouts (found in Appendix 1).

Handouts



In Activity 2:

- Session 13 Handout 1: Checklist for Assessment of WASH (p. 280)

In Activity 4:

- Session 13 Handout 2: Giving and Receiving Quality Feedback (p. 285).

Flip Charts

- Activity 2: Two flip charts on the principles of supportive supervision (p. 125)
- Activity 4: Two flips charts on giving and receiving feedback (p. 127).

Advance Preparation

- Make sure you have all materials, handouts, and flip charts needed.
- Read through the session in this guide and the PG and ensure you understand the technical content.
- Depending on the number of participants, it may be helpful to have extra rooms or space for them to practice their feedback sessions, so they are not distracting one another. Arrange for this in advance if necessary (see Activity 3).

Summary of Learning Activities in This Session			
No.	**Activity**	**Principal Training Method**	**Time**
1	Providing leadership for WASH	Discussion, brainstorming	*15 minutes*
2	Priority problems identified in the facility tour	Brainstorming, "voting"	*15 minutes*
3	Principles of supportive supervision	Reading, personal reflection, group discussion	*25 minutes*
4	Elements of quality feedback	Reading, question and answer	*15 minutes*
5	Practicing quality feedback	Trainer demonstration, participant role-plays, group discussion	*20 minutes*
	Exercise: Practicing quality feedback (15 out of 20 minutes)		

Learning Activities

Activity 1: Providing Leadership for WASH
(15 minutes)

► Introduce this session by stating that the first topic of the day is to look at the role of a supervisor/manager.

► Start by asking the group if they think everybody who participated in the last three days of the course will go back home and start applying what they learned. Listen to their responses and reinforce to the group, "Supervisors and managers have a special responsibility to promote and support implementation of WASH practices—which is why you are here today! Your role is to lead the effort to implement WASH. Do you agree that this is part of your role as supervisors and managers?"

► Guide a very brief discussion to be sure everybody recognizes this is their responsibility. Some may say somebody else such as the director of their health facility or of their health district is responsible—not themselves. In cases like this, help them understand that they will likely be the WASH expert after participating in this workshop, so they should work with directors and others in positions of responsibility to help those people understand WASH and support it.

► Ask the group what they think they can do to encourage implementation of correct WASH practices in their health facilities. Clarify that you are talking now about what they can do in their role as a manager or supervisor to support WASH implementation—not what they can do in terms of following WASH practices. Suggest that they should think in terms of supporting both clinical and non-clinical staff. Explain that non-clinical staff means staff without medical training such as cleaners or waste handlers.

► List the ideas generated by the group on flip chart paper. If they have trouble coming up with ideas, propose some of the following to start the discussion. If these points do not come up, raise them at the end of the brainstorming exercise.
- Identifying funds to buy things needed for WASH (water containers, soap, chlorine, gloves, bedpans, posters and/or job aids, etc.)
- Asking health facilities or departments you supervise to meet with you every three months to talk about how they are implementing WASH
- Changing job descriptions to encourage people to implement WASH
- Updating policy to support WASH
- Bringing the importance of WASH to the attention of your superior(s) and encouraging him or her to support WASH (through policy, allocation of resources, etc.)
- Setting up a WASH committee or working group to promote WASH implementation at your level of the health system.

► Ask if the group thinks the things on the flip chart are important to support WASH implementation, especially for PLHIV and their families. If there are items they think are not so important, cross them off the list.

► Ask if the items on the list are doable. Put a checkmark next to each item that most people in the group think is doable. Likely, the group will say that many of these things are doable, but that anything that involves spending money will be difficult. If they are concerned about money/resources, tell them that is normal—it is never easy to find money. Explain that later in the day you will discuss ideas for REMO and that they should not worry about money for now!

► Say, “If you can do some of the things on the list with checkmarks next to them, you will really demonstrate to those you supervise/manage that WASH is important. It is not necessary to do everything on the list—just two or three of these things. That will send a message that you think it is important to protect and improve the health of PLHIV, other patients, the community, health workers, and non-clinical workers. Because everybody in this room is a leader, where you lead, others will likely follow.”

► Close the discussion by saying that, given the short time available, today’s session focuses on two key roles of supervisors/managers. These two roles underlie most of the items on the flip chart:
1. Their role in supervising and supporting staff to help them implement WASH correctly. That includes not only supervision but also how to train non-clinical staff.
2. Their role as a leader in helping to solve problems for the people they supervise/manage (e.g., making big things happen, like identifying resources to make a health facility more WASH-friendly).

► See if there are any questions around this dual role of the supervisor/manager. If not, say that the first focus will be on their role as supervisors of staff and health facilities.

Activity 2: Priority Problems Identified in the Facility Tour

🕐 *(15 minutes)*

- ► State that before getting to some of the principles of supervision, you are going to revisit the last day of the core course where the group did some supervision of its own. Remind them that they did a facility tour, using a checklist to assess how well a health facility was doing regarding WASH.

- ► Distribute **Session 13 Handout 1: Checklist for Assessment of WASH**, which can serve as a valuable tool for this group to monitor WASH in the health facilities they work with. Of course, it can be adapted to local needs.

- ► Remind the group that they identified many things that were done well in that health facility, but they also found a number of areas where improvement was needed to meet WASH standards. Say, "In this session, we will take some concrete examples from that facility tour and work with them. That will help make today's sessions real and relevant."

- ► Suggest that the group takes a few minutes to make a list of some of the most important needs and problems identified during the facility tour. Repeat that you want them to think not just about the needs and problems identified, but about the most important needs and problems. That means needs and problems that place PLHIV, health workers, or others at risk of infection.

- ► After a minute, ask what they think are some of the key needs and problems of the health facility visited yesterday. Limit each person to one item—at least at the beginning. Write the suggestions on flip chart paper. Do not let the list get too long—no more than 10 items.

- ► When the list is done, ask how "doable" these things are and cross out any that the group agrees are not realistic. (Some items may be very expensive or impossible to do for some other reason.)

- ► Tell the group that now they will decide which of the remaining needs and/or problems are top priorities. Suggest that in choosing their priority, people may want to select something relevant to their own situation when they return home. Ask everybody to come up to the flip chart and to place a checkmark next to the item they think is the highest priority to work on. Remind them to make only one checkmark. One person, one checkmark is the rule.

- ► When everybody has "voted," mark the need/problem with the most checkmarks as the first priority (place a 1 in a circle next to that item); mark the item with the next largest number of checkmarks as the second priority (with a 2 in a circle); mark the items with the next largest number of checkmarks as the third priority (with a 3 in a circle).

► Ask somebody to read the three "winning" needs/problems, starting with the first priority. Then state that these are the topics you will use as examples today.

Activity 3: Principles of Supportive Supervision
(25 minutes)

► Transition to the topic of supportive supervision by saying to the group that, during the facility tour, they identified [state topic number 1 from the flip chart] as an important problem that needs to be dealt with.

► Explain, "Now we're going to talk about supportive supervision, which is the modern approach to supervision." To be sure that everybody knows what is meant by supervision, ask somebody in the group to define the term. Do not write it down, but invite others to add to or refine the definition. It should be something like the following: Supervision takes place when an official oversees the job performance of a person, a group, or a health facility.

► Be sure everybody understands supervision may be done by somebody coming from another (higher-level) health facility or from an administrative authority, such as a district or region, but it can also be done by somebody from the same health facility, such as the head nurse of a hospital ward or the manager of a department/health facility. Check that everybody understands what supervision is and answer any questions.

► Now ask participants to think back to the best supervisor, boss, or teacher they ever had. Tell them not to mention the name. Think about what that person did or said that made him or her so effective. Give them a couple of minutes to think.

► Then ask them to turn to Session 13 Section 13.2 in the PG. Give them two to three minutes to read the principles of supportive supervision.

► Then ask them to read the principles again, considering which principles their best supervisor followed or used. Tell them you will want to hear examples of how that person followed one or more of the principles. Give them five minutes.

► While they are thinking, post the two flip charts on the principles of supportive supervision.

Flip Chart 1

<u>Principles of Supportive Supervision I</u>

1. Be a colleague—not a boss.
2. Listen more than you speak.
3. Use two-way communication.
4. Assume staff know more than you do.
5. Bring good news from other places.

Flip Chart 2

Principles of Supportive Supervision II

1. Look for what is being done well.
2. Do not take away responsibility.
3. Focus on priorities.
4. Do not let lack of resources stop you.
5. End with agreements on next steps.

► At the end of the five minutes, ask if anybody has an example of how the good supervisor they are thinking about followed one of the principles of supportive supervision. Try to get a good concrete example, but do not slow down for long stories. Then, ask for somebody else to give an example of how their outstanding supervisor followed a different principle. Keep going with examples of the different principles until you have covered at least five.

► Finally, ask if anybody feels an important principle is missing from the list. Ask them to explain the situation and propose the new principle. Let the group consider whether this is really a new principle or if it is actually one of the 10 existing principles. If there is consensus add it to the list.

► Now ask if this supervisor, boss, or teacher had a good or bad impact on the participant's work. There should be general agreement that the impact was good.

► Explain, "The purpose of supportive supervision is to have a good impact—a good impact on how health providers perform and ultimately a good impact on people's health! Supportive supervision is different from traditional supervision because it is more than an inspection. When it is done correctly, the supervisee knows in very concrete terms what and why he or she needs to change, and he or she is motivated to improve his or her performance."

Activity 4: Elements of Quality Feedback

🕐 *(15 minutes)*

► Tell participants the core of supportive supervision is understanding how to give good feedback to people they supervise. In this activity, they will get an opportunity to learn more about quality feedback.

► Distribute **Session 13 Handout 2: Giving and Receiving Quality Feedback**. Tell participants to underline key ideas to help remember points.

► After about five minutes, ask if there are any questions. Process them interactively. Ask participants to provide examples to illustrate the feedback principles.

► Draw the group's attention to the feedback sandwich in Handout 2 if this does not come up. Ask them what they think of the sandwich and the principles for which it stands.

► Now ask participants if they think that supportive supervision is really just saying nice things, being very polite to people, and saying that everything is going well. Participants may be surprised by this question, but sometimes people get the incorrect idea that supportive supervision just means being nice to people and ignoring problems and negative things.

► Make sure they understand that supportive supervision is positive, but it is also clear and honest, even about difficult topics. That means that supervisors have to be skillful in communication.

Activity 5: Practicing Quality Feedback

(20 minutes)

► Tell participants that they will have the chance to practice giving and receiving quality feedback using the guidelines in **Handout 2: Giving and Receiving Quality Feedback**. Draw their attention to the two flip charts summarizing key points about giving and receiving feedback.

Flip Chart 1

Criteria for Giving Feedback

1. Pay attention to time and place when giving feedback.
2. Describe rather than judge.
3. Make clear and unambiguous statements.
4. Describe the impact of the person's action.
5. Focus on modifiable behaviors.
6. Involve the individual.
7. Summarize the conversation and then follow-up.
8. What else?

Flip Chart 2

Criteria for Receiving Feedback

1. Listen carefully.
2. Do not be defensive.
3. Summarize what you have just heard.
4. Feel free to discuss the feedback.
5. Build a plan of action.
6. What else?

Exercise: Practicing Quality Feedback	
Time	15 minutes
Preparation	For the demonstration, decide who (you or your colleague) will play the supervisor and who will play the supervisee.
Introduction	• We will now demonstrate how to give and receive quality feedback with a role-play. • I will play the supervisor, and my colleague will play the supervisee. The topic of this role-play is _____. *(The topic should center on one of the three priority problems/issues identified by participants at the beginning of the session.)* • Please observe the role-play closely, keeping in mind the points you just read in Handout 2. • While observing, identify the quality feedback principles you see, but also flag the things that are not perfect, because after the role-play, we will discuss how well we followed good feedback principles.
Note to trainer	• Act out the role-play, making sure you are not perfect, which will give participants the chance to see some mistakes. • Take no more than five minutes for the demonstration.
Discussion	• Invite the group to provide feedback—keep this brief, no more than 10 minutes. • Ask the group first to talk about the strong points of the role-play—the things done well. You can react to their comments. Smile or thank them for each piece of positive feedback. • Ask in what ways the role-play could have been done better. If the group does not come up with any comments, tell them to look at Handout 2 and ask if the role-play followed all those principles. Be sure they comment on both the supervisor's performance and the supervisee's behavior. • If there were any vague or judgmental comments on the role-play, point them out and explain how somebody might feel when such comments are made. Ask the group to rephrase these comments in a more objective, positive way. • Wrap up the feedback on the role-play by summarizing the key points made during the comment/feedback process. This wrap-up should capture the most important positive and negative comments, but the point of the exercise is to focus on one or two very specific things that could improve. • Process the activity with questions. There probably will not be enough time to discuss all of the following questions: – What is the difference between describing and judging? Why is describing better? – Why do we care about how to receive feedback? – What are our responsibilities when receiving feedback? – How can giving feedback have more impact by using supportive supervision?

Exercise: Practicing Quality Feedback	
	– How do we handle difficult situations when giving feedback—when people get angry, emotional, sad, defensive? – Why is it important not to get emotional or personalize issues? • Conclude with the following points: – One of the big advantages of supportive supervision is that more people react favorably to it, and supervisors do not have to spend as much time on difficult circumstances. – When staff are treated with respect and understand specifically what changes they need to make, they are more likely to be better employees. This is another reason it has more impact. • With practice, participants will begin to use supportive supervision almost automatically. This form of supervision can be applied beyond WASH in other supervisory work.

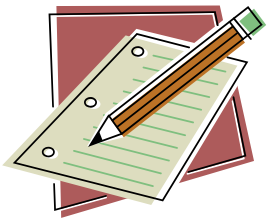
Session 14: Engaging Non-Clinical Staff in Water, Sanitation, and Hygiene Practices

Total Session Time: 1 hour, 45 minutes (105 minutes)

Objectives: By the end of the session, participants will be able to:

1. Outline a brief presentation to motivate non-clinical staff to participate in WASH.
2. Outline short training sessions for non-clinical staff on WASH topics, using job aids.
3. State possible barriers non-clinical staff might encounter in preparing to follow WASH practices.
4. Organize the logistics of training sessions for non-clinical staff.

Materials	
	• Markers • Flip chart stand and paper • Masking tape • Parking Lot • Participants will need their PG • Relevant handouts (found in Appendix 1).

Handouts	
	In Activity 2: • Session 14 Handout 1: Role-Play on Motivating Non-Clinical Staff to Improve WASH Practices (p. 288) In Activity 3: • Session 14 Handout 2: Five Job Aids for Training Non-Clinical Staff (p. 290) • Session 14 Handout 3: Job Aid on Keeping Spaces Clean! (p. 291) • Session 14 Handout 4: Job Aid on Keeping Toilets Clean! (p. 292) • Session 14 Handout 5: Job Aid on Getting Rid of Waste Safely! (p. 293) • Session 14 Handout 6: Job Aid on Keeping Food Safe to Eat! (p. 294) • Session 14 Handout 7: Job Aid on Handling Laundry Safely! (p. 295) In Activity 5: • Session 14 Handout 8: Checklist to Prepare a Training for Non-Clinical Staff (p. 296) • Session 14 Handout 9: Supplies and Equipment Needed to Train Cleaning Staff (Including Those who Clean Latrines/Toilets) (p. 297)

Handouts

- Session 14 Handout 10: Supplies and Equipment Needed to Train Waste Handlers (p. 299)
- Session 14 Handout 11: Supplies and Equipment Needed to Train Food Handlers (p. 300)
- Session 14 Handout 12: Supplies and Equipment Needed to Train Laundry Staff (p. 301).

Flip Charts

- Activity 1: Non-Clinical Staff (p. 133)
- Activity 2: Outline for a Training Session for Non-Clinical Staff (p. 135)
- Activity 3: Preparing to Train with the Job Aids (p. 137).

Advance Preparation

- Make sure you have all materials, handouts, and flip charts needed.
- Read through the session in this guide and ensure you understand the technical content.

Summary of Learning Activities in This Session

No.	Activity	Principal Training Method	Time
1	Engaging non-clinical staff in WASH	Lecturette, group discussion	*15 minutes*
2	Motivating non-clinical staff to participate in WASH	Trainer demonstration, group discussion	*15 minutes*
	Exercise: Role-play on motivating non-clinical staff (13 out of 15 minutes)		
3	Using job aids to train non-clinical staff on WASH	Small group work, group discussion	*50 minutes*
	Exercise: Preparing a training workshop (40 out of 50 minutes)		
4	Identifying barriers to non-clinical staff implementing WASH	Brainstorming, group discussion	*15 minutes*
5	The logistics of preparing to train non-clinical staff	Reading, question and answer	*10 minutes*

Learning Activities

Activity 1: Engaging Non-Clinical Staff in WASH

🕐 *(15 minutes)*

► Begin by saying, "This session is about another supervisory responsibility. This responsibility is to ensure WASH practices are not only followed by doctors, nurses, laboratory technicians, and others involved in clinical care, but also by non-clinical staff. Even if clinical staff follow WASH perfectly, if non-clinical staff do not do so, everybody is at risk, including health workers, patients—especially PLHIV—non-clinical staff, and the community. Everyone who works at a health facility needs to know the basic elements of WASH and help prevent the spread of germs through good hygiene practices. Applying WASH can save lives and keep people healthier with little money and only a little extra work. The most basic principle of medicine is 'do no harm,' and if we do not prevent infections, we are actually harming patients! We may well also be harming ourselves and our colleagues."

► State, "The purpose of this session is to prepare you to conduct short training sessions for non-clinical staff on WASH practices. At the end of this session, you will have a clear outline of these trainings."

► Post the following flip chart and tell participants that, in this workshop, when you say non-clinical staff, you are referring to waste handlers, cleaners, laundry staff, and food preparers, or others with similar responsibilities.

> <u>Non-Clinical Staff</u>
>
> Non-clinical staff are those who do not have medical or health training. Often they include:
>
> - Waste handlers
> - Cleaners
> - Launderers
> - Food preparers
> - Others with similar types of jobs.

► Explain that, in some facilities, there may be one person who does all of these tasks, while in others, the nurse(s) may do some of these tasks or only one or two of these tasks are done. Small outpatient facilities, for example, probably do not have launderers or food preparers.

► State, "This session will focus on preparing short training workshops—a few hours each—for non-clinical staff. However, it may not always be possible—or even appropriate—to do a formal training workshop. Non-clinical staff may work in shifts, making it difficult to get them together at the same time. Or there may only be one or

two people that need to be trained. In situations like that, you may want to consider alternatives to a formal training session, such as the following:

- On-the-job training, where you accompany the individual as they work, explaining and demonstrating what they should be doing to protect the patients, medical staff, and themselves
- Meetings with one or two non-clinical staff who have the same job functions (i.e., meet with staff who clean separately from those who work in the kitchen) to go over the WASH information and discuss what they should be doing using a communication tool like a job aid."

► Tell participants if one of these more informal approaches to training works best for them, they should keep in mind that they will still need to follow the principles of communication for behavior change and use the materials you will soon discuss in order to change the behavior of non-clinical staff. Tell participants they may want to review the technical resources in Session 3 in their PG and Session 3 handouts on behavior change.

► Ask if anybody in the group has conducted trainings—formal or informal—for non-clinical staff. If so, ask them to share with the group some of the ways those trainings differ from workshops for clinicians. If nobody has experiences to share, ask the group how they think trainings for non-clinical staff are different. Write the key points on flip chart paper. If the following points are not raised, then bring them up:

- The language used must be very simple and clear—not medical. In some situations, it may be necessary to train in a language that the trainees will understand.
- The training must be practical and focused on what trainees need to do.
- Do not assume the trainees will be able to read.
- Use demonstrations or pictures to communicate the key points.
- It is difficult to conduct an interactive workshop because these workers are usually hesitant to express their ideas or to ask questions.
- It is particularly important to make sure trainees have understood what they should be doing.

► Explain, "Often, non-clinical workers are not appreciated for the critical work they do at health facilities. Providing training for them and giving them attention will help build a greater sense of pride in these workers and inspire them to do their jobs well. It is very important the training is done with respect for the important work done by these staff."

► Say, "Sometimes you might assign responsibility for training non-clinical staff to someone who oversees the work of these staff. Nevertheless, you must still master this material so you can help your staff do the training well and provide effective support and supervision in these areas."

Activity 2: Motivating Non-Clinical Staff to Participate in WASH

🕐 *(15 minutes)*

► Transition to this activity by saying you will now discuss the content of the training.

► Show the following flip chart and give the group a few seconds to read it. Ask if they would agree that these are the three main parts of a training for any of the types of non-clinical staff.

> Outline for a Training Session for Non-Clinical Staff
>
> - Motivate non-clinical staff to improve WASH practices.
> - Train them to follow WASH practices.
> - Identify any barriers to their following WASH practices.

► Remind the group by saying, "We will again use some basic principles of behavior change: motivating people and identifying barriers that might prevent them from following the desired behavior. Even if you are thinking about doing an informal training, the three points in this outline should still be followed. You may want to review the technical resource in Session 3 in your PG and your Session 3 handouts on behavior change."

Exercise: Role-Play on Motivating Non-Clinical Staff	
Time	13 minutes
Preparation	• Review the role-play in **Session 14 Handout 1: Role-Play on Motivating Non-Clinical Staff to Improve WASH Practices**. • Decide if you or your colleague will play the part of the supervisor/manager.
Introduction	Let's discuss the first point on this flip chart. How is it that we can motivate non-clinical staff? Well, we will demonstrate this with a short role-play.
Instructions to participants	• My colleague will be playing a supervisor/manager at a health facility and you all will pretend to be cleaners, launderers, or kitchen staff who have come to the training. • You should behave as you would expect cleaners at a health facility to behave. • Are there are any questions? • Now let's begin the role-play!
Note to trainer	• Follow the role-play presented in **Session 14 Handout 1: Role-Play on Motivating Non-Clinical Staff to Improve WASH Practices**.

Exercise: Role-Play on Motivating Non-Clinical Staff	
Discussion	• Thank everyone for their participation. • Tell participants they will now critique the role-play. • Allow a discussion on the following issues for about five minutes, and note any important points on a flip chart: – Imagine you are starting a training session for cleaners. – Would an introduction like the one just given make non-clinical staff interested? – Would it motivate them to follow WASH practices? – Are there other points that would be more likely to get them interested? • Highlight that the training must motivate staff needs, so staying brief will help keep people's attention. • Two key points to emphasize while training non-clinical staff: 1. Non-clinical staff do valuable work for the health facility. 2. The training session will not only benefit patients, but it will also protect their own health. It is likely non-clinical staff will not be aware of the risks of touching and handling blood, getting stuck by a needle, or being cut with a sharp instrument.

Activity 3: Using Job Aids to Train Non-Clinical Staff on WASH Practices

🕐 *(50 minutes)*

► Go back to the flip chart from Activity 2 ("Outline for a Training Session for Non-Clinical Staff") and point to the second point on the flip chart. Say, "Now that we have discussed some ideas for motivating non-clinical staff, it is time to move to the content of training non-clinical staff on WASH practices."

► Distribute **Session 14 Handout 2: Five Job Aids for Non-Clinical Staff** and **Session 14 Handouts 3 to 7: Job Aids**. Ask the group to take five minutes to familiarize themselves with the job aids. Tell the group they will get a basic understanding of each job aid and how relevant it might be at the health facility/facilities where they work—they do not need to study the materials in detail.

► Say, "Note that these job aids do not have text on the back like the job aids used in the core course. That is because these sessions will be longer and more complex than the communications for behavior change sessions done in the last three days. The job aids will need to be enlarged for use in training groups of non-clinical staff, because the copies provided are too small for a group to see."

► Tell the group, "Remember that during the WASH core course, we suggested job aids on handwashing and standard precautions should be displayed in places where health workers will see them. The job aids presented today, however, should be posted in places where non-clinical staff will see them each time they do their work. Where would you place each of these job aids in your health facilities?"

► Explain, “In today’s session, we will work with these job aids differently than how we worked with job aids in the core course. Because you have practiced using job aids over the last few days, you already know how to use them. These job aids are designed for longer sessions—the training sessions with non-clinical staff are likely to take two to three hours—but we do not have time to do such long demonstrations today.”

► “Today’s exercise will focus on preparing a training session in which we will use job aids and/or demonstrations of practical skills. You should think about how you would conduct an effective training to give non-clinical staff the concrete, practical skills they need to use in their work. Imagine you are preparing written instructions to put on the back of the job aid to remind yourselves of key points as you conduct the training."

► Show the following flip chart and suggest that the group thinks about the points on the flip chart as they prepare their session. Briefly go through the points and explain them. Ask if there are any questions.

<u>Preparing to Train with the Job Aids</u>

- How will you use each illustration and the brief text on the job aid?
- Will you use demonstrations? If so, what will be demonstrated, and who will do the demonstration?
- What questions will you ask the participants?
- How will you check that the participants know what they should be doing?
- If you finish working with the job aid, estimate how much time you will need to teach it effectively.

► Tell participants to start at the beginning of the job aids and think about how to teach the first message/illustration. Write down their plan for that. Move to the second message and write down their plan to teach that. Continue until they have finished. If anybody finishes quickly, they should estimate how much time they will need to teach the whole set of job aids. For people who do not finish so quickly, they should not worry about timing as they can do that later.

► If there is any confusion, show the **Session 3 Handout 2: Job Aid for Handwashing in the Home** from the core course. The back of that job aid outlines a session using the pictures on the job aid and a demonstration to teach proper handwashing technique. It also has questions to check that key messages have been understood. Explain they need to prepare the back of a job aid for non-clinical

staff. Remind them they cannot simply copy that job aid (or any of the others) because that job aid was intended to educate PLHIV and their caregivers about what they should be doing at home, rather than for training staff who have an important job that they must do right.

Exercise: Preparing a Training Workshop	
Time	40 minutes
Preparation	• You will need to create small groups to work on preparing a training workshop around the job aids. • Divide participants into two groups. Each group will focus on one job aid topic each. There will only be time for two groups to present, so it is best to have only two groups.
Introduction	You will now develop training sessions with your groups.
Instructions to participants	• You will have 30 minutes to prepare your session. • You can refer to the flip chart ("Preparing to Train with the Job Aids") as you work. • You can use a blank piece of paper to make notes about how you will do their session. • You should designate somebody as a reporter who will share your work with the larger group at the end of the 30 minutes. • *With five minutes remaining:* Please wrap up your work and help the reporter prepare to report to the large group on your work. It is not a problem if you did not finish—you can just report on the parts of the session you have prepared.
Note to trainer	Circulate between the groups to observe their work and help out if necessary.
Discussion	• At the end of the 30 minutes, ask for a volunteer to report on his or her small group's work. Invite that person to come up to the front of the room. • When the reporter finishes, ask for a round of applause for him or her and for the small group's work. Then ask the reporter if his or her small group: – Had any comments on their work. – Foresaw any particular difficulties in training on that topic. – Foresaw any particular difficulties in using the job aid in their training. • After, invite questions and comments from the larger group. Try to keep the whole discussion to no more than five to eight minutes. • Ask the reporter from a second small group to present their work. Repeat the process used for the first group. • Close this activity by proposing a good ending for this section of the workshops for non-clinical staff. Suggest they might want to end the workshops with a brief discussion with the non-clinical staff about where to post the job aid, so it will serve as a reminder of what they should be doing.

Exercise: Preparing a Training Workshop	
	• End by saying that 30 minutes is clearly not enough time to prepare these trainings, but that you hope everybody now feels comfortable with preparing training sessions around the job aids. Ask if there are any questions or concerns before moving on.

Activity 4: Identifying Barriers to Non-Clinical Staff Implementing WASH

🕐 *(15 minutes)*

► Go back to the flip chart called "Outline for a Training Session for Non-Clinical Staff." Point to the third point on the flip chart and say that now you will talk briefly about the third major topic for the training sessions: identifying any barriers that might prevent non-clinical staff from following WASH practices.

► Remind the group of the discussions in the core course around the importance of addressing barriers to behavior change. Ask the group, "Will people change their behavior if we do not address these barriers?" The answer should be no. Give the group one example: "Would you clean the floor with water and bleach if you were not given any bleach? Or if your bottle of bleach ran out?"

► Conclude, "The cleaners, launderers, and/or kitchen staff attending your workshops will likely identify a number of issues/problems in following WASH practices. The purpose of this activity is to help you anticipate the kinds of questions that might arise so that you are better prepared to respond. This will allow you to think about these issues ahead of time and work out solutions to some of them."

► Ask the group to put themselves into the shoes of the non-clinical staff. Have participants pretend to be non-clinical staff (e.g., cleaners, waste handlers, laundry or kitchen staff) and make a list of the barriers on a flip chart paper. Facilitate a short discussion on good ways to deal with these problems/barriers to WASH raised by non-clinical staff. End by saying, "It is useful, however, to think of these things before doing a workshop, so you can consider how to address those issues."

Activity 5: The Logistics of Preparing to Train Non-Clinical Staff

🕐 *(10 minutes)*

► Wrap up the session by telling the group that you will look very briefly at the logistical side of preparing the training workshops. Remind them that it is much easier to conduct a workshop when all the arrangements are in place and you have everything you need.

► Distribute **Session 14 Handout 8: Checklist to Prepare a Training for Non-Clinical Staff**, **Session 14 Handout 9: Supplies and Equipment Needed to Train Cleaning Staff (Including Those who Clean Latrines/Toilets)**, **Session 14 Handout 10: Supplies and Equipment Needed to Train Waste Handlers**, **Session 14 Handout 11: Supplies and Equipment Needed to Train Food**

Handlers, and **Session 14 Handout 12: Supplies and Equipment Needed to Train Laundry Staff**. This handout provides helpful lists:

- One is a general checklist to prepare for the training, so everything is ready and everybody is informed before you start the workshop.
- The others are lists of equipment and supplies you will need for each of the trainings sessions.

Ask them to take five minutes to look at these lists and let you know if they have any questions about the lists or generally about how to prepare for these trainings.

Session 15: Larger Doable Actions (LDAs) with Water, Sanitation, and Hygiene Impact

Total Session Time: 40 minutes

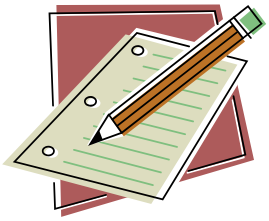
Objectives: By the end of this session, participants will be able to:

1. List at least two priority LDAs applicable to their own facility/facilities.

Materials

- Markers
- Flip chart stand and paper
- Masking tape
- Parking Lot
- Participants will need their PG
- Relevant handouts (found in Appendix 1).

Handouts



In Activity 1:

- Session 15 Handout 1: Definition of Large Doable Actions with WASH Impact (p. 304).

Flip Charts

- Activity 1: Definition of LDAs (p. 142)
- Activity 1: Criteria for Selecting Good LDAs (p. 144).

Advance Preparation

- Make sure you have all materials, handouts, and flip charts needed.
- Read through the session in this guide and ensure you understand the technical content.

Summary of Learning Activities in This Session			
No.	**Activity**	**Principal Training Method**	**Time**
1	Definition of LDAs and identification of participants' priority LDAs	Brainstorming, "voting," individual work	*40 minutes*

Learning Activities

Activity 1: Definition of LDAs and Identification of Participants' Priority LDAs
🕐 *(40 minutes)*

► Start by saying this session on large doable actions (LDAs) will build on the idea of the supervisor's/manager's role in helping to solve problems for the staff he or she supervises/manages. Point out that there is a difference between LDAs and the SDAs participants in the core course agreed they could do almost immediately, with little or no resources, to have an impact on the health of PLHIV, caregivers, and health facility personnel.

► Say, "We will look at WASH actions that cannot be done immediately or at nominal cost. For the purposes of this course, we will call these LDAs."

► Show the following flip chart and distribute **Session 15 Handout 1: Definition of Large Doable Actions (LDAs) with WASH Impact** and ask somebody to read it out loud.

> Definition of LDAs
> In this course, LDAs are WASH actions that require significant time, planning, and resources.
>
> 1. Usually, they involve a team of people committed to implementing them.
> 2. Usually, they require some non-medical expertise.
> 3. They may require authorization from officials at higher levels.
> 4. They generally require some REMO. (REMO is the topic of the next session.)
> 5. They have the potential to provide significant WASH impact and help many PLHIV as well as others.

► Ask if there are any questions and try to address them interactively.

► Explain, "There is no definite boundary between SDAs and LDAs. Some things may be more like 'medium doable actions.' However, it is not important to classify every action as an SDA or LDA. If the action is a priority and impacts PLHIV, try to find the resources to get it done!"

► Next, ask the group to identify some LDAs that have come up during the WASH core course or in the first session today when discussing the results of the facility tour. If they have trouble coming up with something, give them one or two examples, like the following:
- A well to provide access to water for the health facility
- Four commodes for PLHIV
- An incinerator to dispose of health care waste.

Write their list of ideas on flip chart paper (maximum of 8 or 10 items). If any items come up that are clearly not LDAs (more like SDAs) ask the group if that item meets the criteria for an LDA and decide if you should include it on the list.

► When you have several LDAs to choose from, ask the group to prioritize them by having everybody come up to the flip chart and put a checkmark next to the LDA they would like to work on.

► Circle the three LDAs with the largest number of checkmarks. There is no need to prioritize these three LDAs (e.g., first priority, second priority, third priority)—all three are priorities. Ask somebody to read them out to the group.

► Say that you will be working with these priority LDAs shortly.

► Now that the participants are familiar with the concept of LDAs, tell them that you want them to spend a little time thinking about which LDAs might be needed at their own facility/facilities.

► Ask participants to take a sheet of paper and do their own brainstorming on possible LDAs for their own clinic or hospital. If there are several people from the same facility, ask them to work together to come up with one list. People who are the sole representatives from a heath facility work alone.

► Ask them to try to think of at least four or five potential LDAs and to keep in mind the definition of LDAs. Allow 10 minutes for people to make their list. Tell everyone to feel free to ask for your assistance. If participants do not have many ideas, you may offer a few, like the following, to get them started:
- Water treatment system
- Bins for waste segregation
- Carts to dispose of dirty laundry.

► After five minutes, ask participants to stop working on their brainstorming lists. Tell them that now they should start working with that list to come up with good LDAs. To

do that, they need to look at each LDA on their list and apply several criteria. The criteria are listed on the following flip chart. Participants should ask themselves:

- Will this LDA have a strong WASH impact, particularly for PLHIV? What will change?
- Is it a high priority? Why?
- Could it be funded? Is it affordable?
- Is it feasible and realistic? Can it really be done?

Criteria for Selecting Good LDAs

- Strong WASH impact
- High priority
- Could be funded
- Feasible—can really be done.

► Explain that now, with the help of these criteria, they should narrow down their list of LDAs to no more than three. Tell them that management experts say, "The world is full of good ideas. The challenge is to find the good ideas that can be implemented." Give them five to eight minutes for the task.

► Congratulate everybody on their LDAs and let them know that they will be working some more on these later in the day.

Note: If questions come up during this session about REMO, put them in the Parking Lot and work with them in the next session.

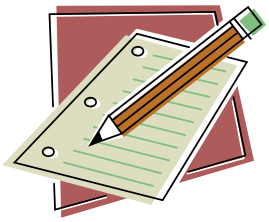
Session 16: Local Resource Mobilization

Total Session Time: 1 hour, 40 minutes (100 minutes)

Objectives: By the end of this session, participants will be able to:

1. Describe the concept of local REMO.
2. Identify the resources needed to do an LDA.
3. Estimate resources needed for their own LDAs.
4. List possible sources of donated/borrowed/bartered resources for an LDA in their own community.

Materials	
	• Markers • Flip chart stand and paper • Masking tape • Parking Lot • Participants will need their PG • Relevant handouts (found in Appendix 1).

Handouts	
	In Activity 2: • Session 16 Handout 1: Sample of a Completed Flip Chart for an LDA (p. 306) In Activity 3: • Session 16 Handout 2: Ideas for Sources of Donated/Borrowed/Bartered Materials/Supplies, Labor, and Equipment for LDAs (p. 307) In Activity 4: • Session 16 Handout 3: Estimating Resources Needed for LDAs (p. 308).

Flip Charts	
	• Activity 1: Definition of REMO for WASH (p. 146) • Activity 2: Resources Needed for an LDA (p. 149).

Advance Preparation	
	• Make sure you have all materials, handouts, and flip charts needed. • Read through the session in this guide and ensure you understand the technical content.

Summary of Learning Activities in This Session			
No.	**Activity**	**Principal Training Method**	**Time**
1	Introduction to REMO for WASH	Group discussion	*10 minutes*
2	Estimating resource needs	Group work	*30 minutes*
3	REMO: Material and financial resources and volunteers	Group work	*30 minutes*
4	Estimating resource needs for participants' LDAs	Individual work and group discussion	*30 minutes*

Learning Activities

Activity 1: Introduction to REMO for WASH

🕐 *(10 minutes)*

► Say, "As a supervisor or manager, you will recognize there are things needed to implement WASH that require some resources—it is your responsibility to see that these things get done whenever possible. These are the LDAs we have been talking about. That means you will have to do some resource mobilization, or REMO."

► Begin by asking participants what "resource mobilization" means to them. This should not be a long discussion. You should guide participants in understanding that REMO means getting resources—financial and other—to make improvements at their facilities to improve WASH conditions.

► Post the following flip chart.

> Definition of REMO for WASH
>
> REMO for WASH is the process of finding ways to make improvements in the operation or structure of a site to make WASH more effective and have a greater impact on the lives of PLHIV.

► Slowly read the definition aloud for the group, and give them time to think about it. Explain that this is the simple definition. A "site" can mean any clinic, hospital, or other health facility. Note that REMO does not always involve money. It can involve volunteer labor, donations, borrowing equipment, etc.

► Invite questions or a brief discussion about REMO.

► Say, "Why get involved in REMO? It is important to recognize that you can ask the health authority for money, but what are the chances of getting that money? And how long will it take? Meanwhile, it is amazing how much potential there is to mobilize resources in the community: from people who are grateful for the health

care they have received, from people who want to improve their community, from businesses (even small businesses) who want the public relations benefits of making a contribution, and from people who simply want to do a good deed. Even in poor communities, many things are possible. All you have to do is ask!"

► Ask if any participants have experience with REMO. Consider that it may be called different names. If some participants have experience with REMO, get a few details from them, including for what resources were mobilized, where the resources came from, and how they got them.

Trainer Note: *There is a good chance none of the participants have ever mobilized extra resources for their facilities. If none of them have raised money, recruited volunteers, applied for special equipment or grants from a government agency (or donors), then explain that, as a supervisor or manager, they should consider doing this.*

► Explain that mobilizing resources allows a facility to provide better care for people. A good leader provides the resources needed for his or her health facility by any legal means he or she can find. Both facility staff and patients will really appreciate this effort. In fact, they may even get involved in REMO themselves.

► For those who have not had experience in mobilizing resources, ask them if there is any history or precedent for doing so at their facility or at the regional or national level. If there is not, explain that they will be the first ones to do so. This may involve breaking some norms, but it is an important part of being a good, creative manager.

► If time allows, follow-up with clarification questions such as the following. Try to get answers from participants rather than giving them directly.

1. Does REMO always involve money?
   Answer: *No, the resources could be volunteered human resources to help with labor or provide expertise, they could be supplies or equipment, or they could be donations of any kind.*
2. Is REMO just asking for what you need?
   Answer: *No, it is more complicated than that. For example, if you explain to potential people who could help how their contribution could make a difference, you will be more successful. If potential contributors know about the changes and improvements that you have already made, they will be more likely to help. Stress the impact you have, or will make, in the lives of PLHIV, their families, and staff at the facility.*
3. Is REMO at the local level the job of the clinic/hospital supervisor, or is it the role of his or her supervisor at a higher level, such as the district or regional level?
   Answer: *Mostly, it is the job of the supervisor of the local site to get efforts going and follow through with them. Sometimes, it is important to discuss the situation with the person at the next level, such as the district or region, for help with resources or ideas. It is important to explain to them how any improvements made at the local level will help the whole district or region. However, the*

supervisor or head at the local site often knows what the problems are, so they need to be the force to get efforts started and keep them moving.

Activity 2: Estimating Resource Needs

🕐 *(30 minutes)*

Trainer Note: *You may want to invite the group to stand up and stretch for two minutes while you and your colleague decide which of the selected priority LDAs to use for the REMO exercises. Do not start this activity until you have done that!*

► Introduce the activity by noting the first step in mobilizing resources for an LDA is to identify what resources will be needed. That way, you know what you are asking for and can estimate how much each item is likely to cost. For people who do budgets, it is just like preparing a mini-budget for a health facility. This activity will focus on estimating the resources needed for LDAs.

► To help participants see how to estimate the resources needed, the whole group will work on estimates. They will approximate the resources needed and, where appropriate, the cost, for one of the LDAs selected in the last session. The estimates will be very rough, because you do not have access to all the information you need in the classroom. However, it is still good practice.

► Select a simple LDA to start with from the list of three identified by the group in the previous session, and tell the group this is the LDA the group will work with first. Be sure that it involves mobilizing materials/supplies, labor, and equipment (even simple equipment like a spade or a saw). Tell the group that they are going to start by estimating what will be needed to do that LDA. Distribute **Session 16 Handout 1: Sample of a Completed Flip Chart for an LDA** and have the group review the handout.

► Post the following flip chart. Write in the name of the LDA at the top of the page. Explain, “This flip chart provides a framework for estimating resource needs, and we will fill out the page in two steps:

1. First, we will fill in the left-hand side with a list of items needed to do this LDA. The list has been broken down into three important categories: materials/supplies, labor, and equipment.
2. Then, we will fill in the right-hand side with estimates of the cost or ideas for getting that item free or at reduced cost.”

Resources Needed for an LDA	
Item	Resources Needed
Materials/supplies: Labor: Equipment: Total:	

► Now ask the group to "take apart" the priority LDA and figure out what will be needed to accomplish it.
- Ask first what materials/supplies will be needed. If they have trouble coming up with ideas, get them started by saying that, if you want 10 copies of a poster on standard precautions, you will need heavy paper, cardboard or wood for the poster, paint or markers for the pictures and text, maybe a frame, etc.—these are materials/supplies.
- Then ask about what labor will be needed. If they have trouble, ask if the clinic staff can do the work and, if not, who can? The time of an artist to paint the poster is labor.
- Finally, ask them to think about what equipment will be needed. The posters will require very little equipment: maybe a hammer to attach the poster to the walls. But a different LDA may require spades or wheelbarrows. These things are equipment.

► Try to organize the brainstorming around the three categories of items on the flip chart: materials/supplies, labor, and equipment. Let them spend some time discussing the details of each item (e.g., the size of the poster, whether it will be fixed to the wall or movable, etc.). Point out that it is very important to think through the details of how to do an LDA. Do not, however, allow the discussion of each item to go on for too long. The point of the exercise is for people to understand how to do REMO estimates.

► When the left-hand column is filled out, move to the right-hand column. This will include ideas on the cost of anything that must be purchased and possible sources of donations or loans. Whenever the group suggests writing in money, ask if there is some way they might be able to get this for free or for less money. Also raise the idea of bartering (e.g., the health facility gives somebody something in return for a contribution). For example, the health facility might barter with the local school to get

paper for the posters in return for providing the hospital's vehicle to transport something for the school.

► If the group comes up with very different cost estimates for some items, suggest that they use the middle estimate. Remind people that it is only an estimate, and that the actual cost will change, depending on where they work and the exact details of the item that they finally decide on.

► Congratulate the group and close this activity by pointing out that making good estimates of the costs, materials, and labor needed for an LDA is an important part of REMO, but it is only one part. Figuring out how to attract donations and volunteer labor and how to barter is also important. Fortunately, as people gain experience doing these things, they learn the kinds of questions they need to ask and they get better at estimating what will be needed to do things.

Activity 3: REMO: Material and Financial Resources and Volunteers

🕐 *(30 minutes)*

► Suggest that the group focus now on potential sources of donations. These fall into three categories:
1. Money
2. Donated materials, equipment, etc.
3. Free (or reduced price) labor—volunteers.

Check that everybody agrees on these broad categories. If people suggest adding bartering, help them see that bartering is already covered under donated materials, equipment, or volunteer labor. It is not a separate category.

► Propose starting with donated materials and supplies. Note, "Places we could go to for donated materials, equipment, etc., may also be able to lend us things we need. Or we might enter into a bartering arrangement with them."

► Review the "Resources Needed for an LDA" flip chart (the one just completed) and point to the first item on the flip chart (under materials/supplies). Ask the group to think about where they might be able to get that item for free, at a reduced price, or borrowed or bartered. Ask them to think in terms of their own community. Write down their suggestions on flip chart paper. If they do not have any ideas, give one or two examples. When you have three or four good suggestions, move on to the next topic—free labor/volunteers.

► Discuss possible sources of free (or reduced price) labor (volunteers) to accomplish the LDA. Start by asking the group to suggest some of the work for which they would need labor and remind them that labor means somebody's time. We often think of it as physical labor, but an artist's, engineer's, or doctor's time is labor. This does not need to be a complete list—just three to four examples.

► Next, discuss possible sources of equipment to do the LDA.

Trainer Note: *A list of possible sources of donated, borrowed, or bartered materials/supplies, labor, and equipment appears in the training aids as a resource for you.*

► Suggest the group think about getting actual financial donations to pay for items/labor that would be difficult to get free of charge.

► Select items on the flip chart that will (or might) need to be purchased or paid for. Ask the group where they would go to get money to help pay for that item. Write down ideas on the flip chart as they come up. If people have trouble generating ideas, the following suggestions may help them think creatively:

- Go to the mayor of the town, the town council, or to some other political leader to see how they can help.
- A community organization, like a religious organization or youth group, may have funds or ask its members to contribute to a project that will benefit the community.
- A successful local business may be willing to help—particularly if their work is related to WASH (i.e., construction, water supply, or sanitation) and they will get credit for their contribution.

► Summarize the discussion by asking if people have more ideas and feel more optimistic about finding the resources to improve their health facility. Distribute **Session 16 Handout 2: Ideas for Sources of Donated/Borrowed/Bartered Materials/Supplies, Labor, and Equipment for LDAs**. Ask if participants have additions to this list. Point out that it takes time and is not always easy to get donations, but it is one of the most important things a manager or supervisor can do to improve the health facilities and health services for which he or she is responsible. It is also rewarding to watch donations being made. It feels like a vote of confidence in you and in your health facility. Involving the community in improving their clinic or hospital has tremendous benefits in terms of building local support for the health facility and having people see it as a valuable asset in their community.

► Close this activity with a discussion of some basic principles that apply when asking for donations of any kind. Use the example of building a latrine. “The person being asked to make a contribution is more likely to contribute if he or she:

- *Understands why you need that contribution.* Why is a latrine so important in the community? What difference will it make to the health of the population?
- *Knows that he or she is part of a larger plan*. It may be that the contribution you are asking for is part of a broader plan to mobilize community support to build the latrine. Or it may be that the latrine is part of several actions you are taking to reduce diarrheal disease (e.g., a latrine, improved cleanliness, training for staff members, etc.). If you already have some commitments to make contributions, that will encourage people to give, so do not hesitate to mention that!

- *Knows that his or her contribution will be recognized in some way*. Consider organizing a celebration for the community, once the latrine is built, or invite journalists to report on the event. At that event, recognize and thank people who gave time, money, or materials or who helped in other ways. You could also put up a sign at the health facility listing the contributors and thanking them. Any sort of recognition will be welcome!"

Conduct a brief discussion around these three points so participants have an opportunity to think about them and recognize their importance.

► Add a final very important point: "Make your LDA the talk of the town! Talk about your plans to everybody you know, building interest in the activity and getting others involved in mobilizing resources. Conduct a community meeting; talk with political leaders and ask them to join you at a community meeting; tell the local journalist what you want to do and get him or her involved; and mention your plans to storekeepers, farmers, neighbors, and parents at schools. The more people know about your plans and why they are important, the more interest and support you will generate. Be sure that people who want to help know how to find you! If they want to contribute but do not know how to make a contribution, your efforts are completely wasted!"

► Tell the group not to forget the staff of the clinic/hospital. "They are a very important resource. Between them, they know many people and businesses in the community. So get them involved! Consider setting up a small committee to work with you to mobilize resources for an LDA. At a minimum, explain your plan to make improvements at a staff meeting or by posting notices. Be specific, stating exactly what help you need, as outlined in your REMO plans. Think about giving special recognition to staff members who help with REMO. And be sure people know who to talk to about contributing!"

Activity 4: Estimating Resources Needed for Participants' LDAs

🕐 *(30 minutes)*

► Say, "Now that we have worked as a group to make estimates of what resources would be needed to actually implement some LDAs, it is time to make some estimates of the resources needed for the LDAs you selected in the last session. These estimates will be just a starting point. When you return home, you can get more information, improve your estimates, and begin exploring possible sources for the resources you will need."

► Tell participants they will work individually, or in small groups from the same site, to come up with these estimates and that there is a worksheet to help them. Distribute **Session 16 Handout 3: Estimating Resources Needed for LDAs**. Go over the steps on that handout:

1. Choose one of your LDAs to work with. If you have time, do another.

2. First, break an LDA down into a list of items: materials/supplies, labor, and equipment. For each item, consider which items you can get donated, borrow, or barter for, and what you would need to actually buy or pay for.
3. At the end, add up all the costs to see the total "value" of your LDA.
4. Consider if the REMO needed for each LDA will have a large impact on PLHIV. If you find there is a lot of REMO needed for one of your LDAs, but you think the impact on PLHIV will not be very large, you might decide to drop it and move forward with another LDA that will involve less REMO or has a larger impact.

► Ask if there are any questions. Place participants from the same site together in small groups (no more than three people in a group.) Other people work individually. Tell everyone they have 20 minutes to work on their LDAs. If calculators are available, invite them to use them to help with their calculations.

► Circulate the room to ensure everyone understands and help when needed.

► After 20 minutes, ask them to stop working, even if they have not finished. Partner up the groups or individuals. One partner (an individual or a group) presents its estimates and the other asks questions and provides feedback. Then they change roles, so both partners have a chance to discuss their work.

► Take the last 5 to 10 minutes to ask discussion questions such as these:

- Who would like to share an example of their best LDA and their estimate of what REMO will be required to make it happen? Ask the presenter to keep the example short so that at least two to three others can share their LDAs.
- Has anybody decided to drop an LDA because it will cost too much or be too difficult to get contributions?
- What ideas did people have for getting items free of charge? And did anybody decide to try some bartering?

► Commend the group for their good work in a challenging assignment. Close the activity by telling participants that you hope in three or four months from now, there will already be a positive impact on the lives of PLHIV because of their REMO for LDAs. Invite them to stay in contact with one another and to share their successes in this important work.

Session 17: The Way Forward—When You Return Home

Total Session Time: 1 hour, 5 minutes (65 minutes)

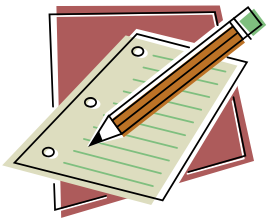
Objectives: By the end of the session, participants will have:

1. Developed a prioritized list of WASH tasks to do when they return to their facility: LDAs, supportive supervision, and any others. (Note they have already committed to their SDAs in the core course.)
2. Filled out an evaluation for the Day 4 for Supervisors/Managers.

Materials

- Markers
- Flip chart stand and paper
- Masking tape
- Parking Lot
- Participants will need their PG
- Relevant handouts (found in Appendix 1)
- Box marked “evaluations” for participants to place evaluations upon completion.

Handouts



In Activity 1:

- Session 17 Handout 1: The Way Forward for WASH (p. 312)

In Activity 3:

- Session 17 Handout 2: Evaluation Form for WASH Course: Day 4 for Supervisors/Managers (p. 315).

Flip Charts

No flip charts for this session.

Advance Preparation

- Make sure you have all materials, handouts, and flip charts needed.
- Read through the session in this guide and ensure you understand the technical content.

Summary of Learning Activities in This Session			
No.	**Activity**	**Principal Training Method**	**Time**
1	Choosing the WASH initiatives you will apply	Individual work to fill in a workbook	*30 minutes*
2	Large group discussion on participants' plans	Group discussion	*20 minutes*
3	Closing and evaluation of Day 4	Closing remarks and completion of evaluations	*15 minutes*

Learning Activities

Activity 1: Choosing the WASH Initiatives You Will Apply

🕐 *(30 minutes)*

► Reinforce to participants the course is not simply to train them about WASH and then send them home. The purpose of the course is to be sure that they apply WASH initiatives at work, so as to protect the health of PLHIV and their caregivers, health workers, and the community.

► In this session, participants will review their decisions about the tasks they plan to do when they return to their home facility or office, and modify them if they wish. They will also learn what tasks other participants in Day 4 are planning. In addition, they will have a chance to give and receive feedback.

► Distribute **Session 17 Handout 1: The Way Forward for WASH**. Explain the instructions at the top of the page and briefly review the handout.

- They should write in the items they planned to do during each of the previous sessions. Writing them down in one place will make it easier to remember when they return home.
- When they have written everything down, suggest they review it and make any changes they think are needed.
- This work will be done by teams from the same place working together.
- There is not just one correct answer to each question. Every place has different needs and priorities.
- Ask if anything is unclear.

► Form groups from the same health facility, to the extent possible. Break up any groups of more than four to five people. It is acceptable to have some people working alone. Tell the groups to designate a spokesperson. That person will speak for the group in the large group discussion that will follow the individual work.

► Give participants 20 minutes to fill in **Handout 1: The Way Forward for WASH**, review what they have written, and make any changes that they wish.

► Circulate among participants to provide any help needed. If any of them say they will have to discuss this work with their supervisor, tell them that, after this course, they are probably the WASH expert. Suggest they make their plans so that they can go to their supervisor when they return from the course and make recommendations for what they think needs to be done. Empower them to begin helping their staff, protecting their health and that of PLHIV, their families, and caregivers through their WASH work.

► Announce when they have five minutes left.

► When the five minutes are up, ask them to stay where they are for another five minutes. This time is to review their worksheets and decide two things:
1. Which tasks they are excited about and want to share with the group
2. Which tasks they would like to discuss with the group to receive feedback.

► Tell everyone when the five minutes are up.

Activity 2: Large Group Discussion on Participants' Plans
🕐 *(20 minutes)*

► Call the participants back into a large group.

► Ask each small group (or individual) which task they would like to share with the group for feedback. Ask them to keep their presentation very short. They should briefly describe what they want to do and outline the issue on which they would like to receive feedback from the group. Point out that there is a lot of expertise in the group that can be useful. Remind everyone that feedback should be helpful and constructive. Add your own comments, when appropriate. If the presenters do not present specifics, ask them some of the following questions:
- How and when will you start on this?
- Who will be responsible?
- Who else will be involved?
- How will it be done?
- Will you need to mobilize resources?

► If there are any groups of people from one site, ask if they plan to meet again to begin putting WASH into practice when they are home. If nobody mentions forming a WASH group at their health facility, point out the importance of coordinated action in one place. Explain that forming a group provides a support system for everybody in the group, improves coordination, and builds momentum for change. See what people think of the idea.

► Close this activity by going around the room and asking each person to say what their first WASH action will be when they return home to their own site. Everybody should report, whether they were working in a group or as an individual. Give them a minute to think. Then ask for a volunteer to be the first to report on his or her plans.

► Ask the whole group to stand up and celebrate their success, in a way appropriate to the local culture. For example, they might make fists and raise their arms high over their heads, while shouting “Hurray!” They might pat each other on the back and tell each other “Good job!” Any form of celebration is good. The idea is to get people to stand up, move, and shout out about their good work!

Activity 3: Closing and Evaluation of Day 4

🕐 *(15 minutes)*

► This is a good time to make any final administrative announcements that are needed, such as getting any missing signatures from sign-in sheets, distribution of any allowances, transportation arrangements, etc.

► You and your fellow trainer should take five minutes to share your thoughts about the day’s training and summarize key points for participants to remember.

► Invite participants to make any comments on Day 4 or the previous days.

► Congratulate the group on the work they have done today and in the prior three days, congratulate them on their exciting ideas and plans, and encourage them to begin working on these tasks immediately when they return to their sites. Express special thanks to those who made sacrifices to come to the training, such as traveling long distances. Wish them well as they return and begin to implement their plans.

► Encourage everyone to support each other as they move forward with applying WASH in their facilities. If you are not providing a list of contact information for all participants, encourage them to get each other’s contact information before they leave.

► Remind participants to take their PG and all the other materials (job aids and handouts) you have given them.

► Explain that, at this time, you would like them to complete a brief evaluation of today’s sessions. They do not need to put their names on the evaluation, but they should put today’s date and the location in the spaces provided.

► Tell participants when they have completed the evaluation form, they should place it in the box or envelope marked “evaluations.” Show them the box or envelope.

► Distribute **Session 17 Handout 2: Evaluation Form for WASH Course: Day 4 for Supervisors/Managers**. Mention that participants’ ideas and suggestions are welcome. Their evaluation can help make the course better next time. As they start to read over the evaluation, ask if any of the questions are unclear and then clarify them.

► A frequent question about the evaluation may be, “What is the difference between ‘fair’ and ‘well’?” Tell them that “fair” means just okay, satisfactory, or acceptable. It is not as good as “well.” Use expressions from the local language if that will make the concept clearer.

► Explain that people are free to leave as they finish the evaluation. Thank participants again for their participation in the whole course.

Trainer Note: If you wish to pass out certificates of participation for Day 4, you can use the template from **Session 12 Handout 2** (p. 276). Tell participants to remain in the room after they have completed the evaluations, as you will be doing this immediately afterwards.

► An official can be invited to make closing remarks and hand out certificates, or you can do this. Call out the name of the participant on the first certificate and invite him or her to come up and receive it from you or the official. Shake their hands (if culturally appropriate), and encourage other participants to applaud or take pictures. When this person has received his or her certificate, call out the second name and repeat the process.

► When all the certificates have been distributed, ask if any of the participants want to make some remarks. If they do, invite them to come to the front of the room to speak.

► End the course with congratulations and a round of applause for everybody. Good work has been done! Wish the participants well in their own lives and all success in their work on WASH as well as everything else they do to keep people healthy!

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Introductory Session Handout 1: How Well Do You Know Your Colleagues?

This ice-breaker exercise is intended to help you know your colleagues better, both personally and professionally. Research indicates that groups are more productive if members of the group know one another. But in this case, there is a competitive element involved! The person who gets the most right answers may win a small prize. There will be a 15-minute limit on gathering the information about your colleagues. The judge's decision will be final.

- You will need to rise and walk around, quickly asking your colleagues following questions. Wear a name badge so that colleagues know your name.
- Rise and take your pen and your Participant Guide (PG) with you so that you can write on these two pages while you are standing. Write your answers on this page.
- It could be that a question on this list has no correct answer, and some questions may have more than one correct answer because the question applies to more than one person in the room. (Maybe nobody has done outreach to people living with HIV (PLHIV), or maybe two or three people have!)
- Hint: Collect your answers in any efficient order, skipping tough questions if you like so they do not slow you down. You may have time to come back to them later.

---

1. Who has worked for at least three years in providing information, education, and communication or behavior change communication for HIV or WASH?

2. Who in this room feels they are rather good with computers?

3. Who has worked in HIV testing and/or treatment for PLHIV for more than six years?

4. Who has worked at clinics or hospitals in four different cities in the country? ("Worked at" means worked for a minimum of six months.)

5. Who has a mobile phone switched on in this room now?

6. Who has had training for community outreach to visit the homes of PLHIV?

7. Who feels they are a good football or basketball player?

8. Who can name at least five antiretroviral drugs?

9. Who has washed his or her hands at least three times already today?

10. Who sings with an organized group of singers at least monthly?

11. Who is visiting the city or town (where this training is being held) for the first time?

12. Who speaks four or more languages?

13. Who has served as a trainer on at least three different courses or workshops?

14. Who has experience in improving the water supply of a clinic or hospital?

15. Who loves shoes and buys at least five pairs per year?

Introductory Session Handout 2: Sample Pre- and Post-Test

Today's date: _____
Name or unique number: _____

Session 1: A Better Life for PLHIV through WASH

1. The quality of life for PLHIV is improved through WASH because it (choose one of the following):
   a. Reduces diarrhea and other opportunistic infections
   b. Reduces lost work/school days
   c. Reduces mortality
   d. Improves nutritional status
   e. Helps absorb ART medications
   f. All of the above
   g. None of the above

2. What are three key questions to consider when preparing to do communication for behavior change?
   a. What is the healthy behavior you are promoting?
   b. How much healthy behavior will you promote?
   c. When do you do communication for behavior change?
   d. What are the barriers to people adopting a healthy behavior?
   e. What is the motivation for people to adopt a healthy behavior?

Session 2: Preventing Diarrhea and Other Infections

3. List at least five of the eight critical times for handwashing in a clinical setting.
   a. _____
   b. _____
   c. _____
   d. _____
   e. _____

4. In a clinical setting, the ideal duration of handwashing is (choose one of the following):
   a. 10 to 20 seconds
   b. 20 to 40 seconds
   c. 40 to 60 seconds
   d. 60 to 80 seconds

5. In a clinical setting, if soap and water are not available, the best alternative for hand hygiene is (choose one of the following):
   a. Wiping your hands with a damp cloth
   b. Rubbing your hands with alcohol
   c. Using water and wood ash instead of soap
   d. Not washing your hands

6. If running water is not available, you can make a handwashing station by (choose one of the following):
   a. Installing a new tap
   b. Setting up a basin/bucket of water
   c. Setting up a tippy tap

Session 3: Behavior Change for WASH in the Home

7. Communication for behavior change seeks to inform people about healthy behaviors they should adopt.
   a. True
   b. False

8. Health workers can influence behavior change in patients and caregivers while they are at the health facility.
   a. True
   b. False

9. A basic principle of effective communication for behavior change is (choose one of the following):
   a. Providing full information
   b. Using correct medical terminology
   c. Keeping the message short and simple

10. Barriers to behavior change can be addressed if the communication between the health care worker and patient or caregiver is (choose one of the following):
    a. One-way communication
    b. Two-way communication
    c. Slow and clear communication

Session 4: Water Treatment, Safe Storage, and Handling at Point-of-Use

11. Water that looks clean is safe for PLHIV to drink.
    a. True
    b. False

12. List at least four out of the five water treatment options:
    a. _____
    b. _____
    c. _____
    d. _____

13. An appropriate water storage container is (choose one of the following):
    a. Any clean container available
    b. A container with a lid and a wide mouth for easy access to the water
    c. A container with a narrow mouth, a lid, and a spigot for dispensing water
    d. A plastic or glass bottle

14. It is safer to pour water from a storage container than to dip something into the water.
    a. True
    b. False

15. When treating water with chlorine to make it safe, how long do you need to wait after pouring the chlorine into the water and mixing it?
    a. 15 minutes
    b. 30 minutes
    c. 45 minutes
    d. 60 minutes (1 hour)

Session 5: WASH and Safe Sanitation

16. Safe excreta disposal is important because (choose one of the following):
    a. Excreta may contaminate a source of drinking water.
    b. People are more likely to get diarrhea when fecal matter is lying around.
    c. There is evidence that suggests that safe excreta disposal reduces the risk of diarrhea among PLHIV.
    d. All of the above.
    e. None of the above.

17. It is easier for PLHIV to use a latrine if there are some simple additions/ modifications. Check the three key additions/modifications in this list:
    a. A handrail for opening toilet door
    b. A door knob or handle for opening the door
    c. A pulley to close the toilet door
    d. A bedpan or potty to sit on
    e. A handrail or support for squatting in the latrine

18. Bedridden patients require (choose one of the following):
    a. A pit latrine
    b. Individual facilities such as a bedpan/potty or urinal
    c. A latrine with a handrail

19. HIV can be transmitted on a toilet seat.
    a. True
    b. False

20. HIV can be transmitted through feces.
    a. True
    b. False

21. If soap is not available, water and wood ash can be used for handwashing after using the toilet/latrine.
    a. True
    b. False

22. Latrines, bedpans, potties, and other facilities to dispose of excreta should be cleaned with (choose one of the following):
    a. A 0.5 percent bleach (sodium hypochlorite) and water solution
    b. A 1 percent bleach (sodium hypochlorite) and water solution
    c. Water only
    d. Water and wood ash

Session 6: Waste Management in Resource-Constrained Settings

23. If not properly disposed of, health care waste may cause serious health hazards for (choose one of the following):
    a. Patients
    b. Health care workers
    c. The community
    d. All of the above
    e. None of the above

24. Segregation of waste is an important step in health care waste management (HCWM) because hazardous waste is what percentage of all waste? (Choose one of the following.)
    a. 10% to 25% of all waste
    b. 25% to 40% of all waste
    c. 40% to 100% of all waste

25. In a clinical setting, waste that goes into a safety box is (choose one of the following):
    a. Used syringes, needles, gauze, and cotton
    b. Used syringes and needles and their wrappers
    c. Used syringes, needles, and other sharps
    d. None of the above

26. List three methods for treatment of used sharps and other infectious waste:
    a. _____
    b. _____
    c. _____

Session 7: Cleanliness and Hygiene at Facilities

27. Most patient care areas should be cleaned by (choose one of the following):
    a. Daily wet mopping
    b. Daily wet mopping with bleach solution (1%)
    c. Daily wet mopping with detergent (0.2% chlorine)
    d. Daily sweeping

28. High-risk patient care areas should be cleaned by (choose one of the following):
    a. Wet mopping with detergent (0.2% chlorine)
    b. Wet mopping with bleach solution (1%)
    c. Sweeping

29. When cleaning up blood, urine, feces, or vomit at home, which two of the following should people use?
    a. Hot water
    b. Water and bleach
    c. A brush or mop
    d. Rubber gloves or a plastic bag to protect the hands

30. When washing laundry that has been soiled with blood, urine, feces, or vomit, which three of the following should people do?
    a. Remove feces and vomit and dump in the trash
    b. Remove feces and vomit and dump in the toilet/latrine
    c. Wash laundry in hot water
    d. Wash laundry in water and bleach
    e. Use rubber gloves or a plastic bag to protect the hands

Session 8: Food Hygiene

31. List at least four of the five keys to food hygiene:
    a. _____
    b. _____
    c. _____
    d. _____

32. Replacement/supplemental foods for PLHIV should be prepared with (choose one of the following):
    a. Any water
    b. Clean or clear water
    c. Safe (treated) water

33. If cooked food is not kept in a refrigerator, it should be eaten within what time period? (Choose one of the following.)
    a. Thirty minutes
    b. One hour
    c. Two hours
    d. Three hours
    e. One day

Introductory Session Handout 3: Answer Key to the Pre- and Post-Test

Improving the Lives of People Living with HIV Through Water, Sanitation, and Hygiene

Sample Pre- and Post-Test Trainers' Answer Sheet

Notes:

1. *Correct answers are in **bold**.*
2. *For the purposes of scoring, give each question one point. However, some questions have more than one correct answer. The scoring boxes to the right of each question show how to allocate scores for those questions. For example, if a participant has one correct answer out of three, give him or her a score of 0.33 (one-third of a point); if three out of five are correct, give him/her a score of 0.20 (one-fifth of a point) for each correct answer (i.e., 3 × 0.20 = 0.60).*
3. *A box is provided at the end of the test with instructions on how to calculate an individual's total score and the group's average score.*

Session 1: A Better Life for PLHIV through WASH

1. The quality of life for PLHIV is improved through WASH because it:
   a. Reduces diarrhea and other opportunistic infections
   b. Reduces lost work/school days
   c. Reduces mortality
   d. Improves nutritional status
   e. Helps absorb ART medications
   f. All of the above
   g. None of the above

> ***Scoring***
> *Allocate one point if:*
> - *Answer **f** is marked **or***
> - *Answers **a–e** are **all** marked.*

2. What are three key questions to consider when preparing to do communication for behavior change?
   a. What is the healthy behavior you are promoting?
   b. How much healthy behavior will you promote?
   c. When do you do communication for behavior change?
   d. What are the barriers to people adopting a healthy behavior?
   e. What is the motivation for people to adopt a healthy behavior?

> ***Scoring***
> *Allocate one point if:*
> - *Answers **a, d, and e** are **all** marked*
>
> ***Or** allocate 0.33 points for **each** of the following answers that are marked: **a, d, e***

Session 2: Preventing Diarrhea and Other Infections

3. List at least five of the eight critical times for handwashing in a clinical setting.
   a. Before touching a patient
   b. Before an aseptic task (piercing the skin)
   c. Before preparing food or feeding somebody
   d. After touching a patient
   e. After cleaning a baby or changing a diaper
   f. After contact with blood or other body fluids
   g. After touching patient surroundings (linens, intravenous lines, etc.)
   h. After using the toilet

> ***Scoring***
> *Allocate one point for:*
> *- **Five or more** correct answers*
>
> ***Or** allocate 0.20 points for each correct answer—up to a total of one point*

4. In a clinical setting, the ideal duration of handwashing is (choose one of the following):
   a. 10 to 20 seconds
   b. 20 to 40 seconds
   c. 40 to 60 seconds
   d. 60 to 80 seconds

> ***Scoring***
> *Allocate one point if:*
> *- Answer **c** is marked*

5. In a clinical setting, if soap and water are not available, the best alternative for hand hygiene is (choose one of the following):
   a. Wiping your hands with a damp cloth
   b. Rubbing your hands with alcohol
   c. Using water and wood ash instead of soap
   d. Not washing your hands

> ***Scoring***
> *Allocate one point if:*
> *- Answer **b** is marked*

6. If running water is not available, you can make a handwashing station by (choose one of the following):
   a. Installing a new tap
   b. Setting up a basin/bucket of water
   c. Setting up a tippy tap

> ***Scoring***
> *Allocate one point if:*
> *- Answer **c** is marked*

Session 3: Behavior Change for WASH in the Home

7. Communication for behavior change seeks to inform people about healthy behaviors they should adopt.
   a. True
   b. False

> ***Scoring***
> *Allocate one point if:*
> *- Answer **b** is marked*

8. Health workers can influence behavior change in patients and caregivers while they are at the health facility.
   a. True
   b. False

> ***Scoring***
> *Allocate one point if:*
> *- Answer **a** is marked*

9. A basic principle of effective communication for behavior change is (choose one of the following):
   a. Providing full information
   b. Using correct medical terminology
   c. Keeping the message short and simple

> ***Scoring***
> *Allocate one point if:*
> *- Answer **c** is marked*

10. Barriers to behavior change can be addressed if the communication between the health care worker and patient or caregiver is (choose one of the following):
    a. One-way communication
    b. Two-way communication
    c. Slow and clear communication

> ***Scoring***
> *Allocate one point if:*
> *- Answer **b** is marked*

Session 4: Water Treatment, Safe Storage, and Handling at Point-of-Use

11. Water that looks clean is safe for PLHIV to drink.
    a. True
    b. False

> ***Scoring***
> *Allocate one point if:*
> *- Answer **b** is marked*

12. List at least four out of the five water treatment options:
    a. Boiling
    b. Chlorination
    c. Flocculation/disinfection
    d. Solar disinfection
    e. Filtration

> ***Scoring***
> *Allocate one point for:*
> *- **Four or more** correct answers*
>
> ***Or** allocate 0.20 points for each correct answer—up to a total of one point*

13. An appropriate water storage container is (choose one of the following):
    a. Any clean container available
    b. A container with a lid and a wide mouth for easy access to the water
    c. A container with a narrow mouth, a lid, and a spigot for dispensing water
    d. A plastic or glass bottle

> ***Scoring***
> *Allocate one point if:*
> *- Answer **c** is marked*

14. It is safer to pour water from a storage container than to dip something into the water.
    a. True
    b. False

> ***Scoring***
> *Allocate one point if:*
> *- Answer **a** is marked*

15. When treating water with chlorine to make it safe, how long do you need to wait after pouring the chlorine into the water and mixing it?
    a. 15 minutes
    b. 30 minutes
    c. 45 minutes
    d. 60 minutes (1 hour)

> ***Scoring***
> *Allocate one point if:*
> *- Answer **b** is marked*

Session 5: WASH and Safe Sanitation

16. Safe excreta disposal is important because:
    a. Excreta may contaminate a source of drinking water
    b. People are more likely to get diarrhea when fecal matter is lying around
    c. There is evidence to suggest that safe excreta disposal reduces the risk of diarrhea among PLHIV
    d. All of the above
    e. None of the above

> ***Scoring***
> *Allocate one point if:*
> *- Answer **d** is marked*
>
> ***Or** allocate 0.33 points for **each** of the following answers that are marked: **a, b, c***

17. It is easier for PLHIV to use a latrine if there are some simple additions/modifications. Check the three key additions/modifications in this list:
    a. A handrail for opening toilet door
    b. A door knob or handle for opening the door
    c. A pulley to close the toilet door
    d. A bedpan or potty to sit on
    e. A handrail or support for squatting in the latrine

> ***Scoring***
> *Allocate one point if:*
> *- Answers **a, c, and e** are marked*
>
> ***Or** allocate 0.33 points for **each** of the following answers that are marked: **a, c, e***

18. Bedridden patients require (choose one of the following):
    a. A pit latrine
    b. Individual facilities such as a bedpan/potty or urinal
    c. A latrine with a handrail

> ***Scoring***
> *Allocate one point if:*
> *- Answer **b** is marked*

19. HIV can be transmitted from a toilet seat.
    a. True
    b. False

> ***Scoring***
> *Allocate one point if:*
> *- Answer **b** is marked*

20. HIV can be transmitted from feces.
    a. True
    b. False

> ***Scoring***
> *Allocate one point if:*
> *- Answer **b** is marked*

21. If soap is not available, water and wood ash can be used for handwashing after using the toilet/latrine.
    a. True
    b. False

> ***Scoring***
> *Allocate one point if:*
> *- Answer **a** is marked*

22. Latrines, bedpans, potties, and other facilities to dispose of excreta should be cleaned with (choose one of the following):
    a. A 0.5 percent bleach (sodium hypochlorite) and water solution
    b. A 1 percent bleach (sodium hypochlorite) and water solution
    c. Water only
    d. Water and wood ash

> ***Scoring***
> *Allocate one point if:*
> *- Answer **a** is marked*

Session 6: Waste Management in Resource-Constrained Settings

23. If not properly disposed of, health care waste may cause serious health hazards for (choose one of the following):
    a. Patients
    b. Health care workers
    c. The community
    d. All of the above
    e. None of the above

> ***Scoring***
> *Allocate one point if:*
> *- Answer **d** is marked **or***
> *- Answers **a, b, and c** are all marked*

24. Segregation of waste is an important step in health care waste management because hazardous waste is what percentage of all waste? (Choose one of the following.)
    a. 10-25% of all waste
    b. 25-40% of all waste
    c. 40-100% of all waste

> ***Scoring***
> *Allocate one point if:*
> *- Answer **a** is marked*

25. In a clinical setting, waste that goes into a safety box is (choose one of the following):
    a. Used syringes, needles, gauze, and cotton
    b. Used syringes and needles and their wrappers
    c. Used syringes, needles, and other sharps
    d. None of the above

> ***Scoring***
> *Allocate one point if:*
> *- Answer **c** is marked*

26. List three methods for treatment of used sharps and other infectious waste:
    a. Incineration
    b. Autoclave
    c. Chemical disinfection

> ***Scoring***
> *Allocate 0.33 points for each correct answer*

Session 7: Cleanliness and Hygiene at Facilities

27. Most patient care areas should be cleaned by (choose one of the following):
    a. Daily wet mopping
    b. Daily wet mopping with bleach solution (1%)
    c. Daily wet mopping with detergent (0.2% chlorine)
    d. Daily sweeping

> ***Scoring***
> *Allocate one point if:*
> *- Answer **c** is marked*

28. High-risk patient care areas should be cleaned by (choose one of the following):
    a. Wet mopping with detergent (0.2% chlorine)
    b. Wet mopping with bleach solution (1%)
    c. Sweeping

> ***Scoring***
> *Allocate one point if:*
> *- Answer **b** is marked*

29. When cleaning up blood, urine, feces, or vomit at home, which two of the following should people use?
    a. Hot water
    b. Water and bleach
    c. A brush or mop
    d. Rubber gloves or a plastic bag to protect the hands

> ***Scoring***
> *Allocate one point if:*
> *- Answers **b** and **d** are marked*
>
> ***Or** allocate 0.50 points for each of the following answers marked: **b or d***

30. When washing laundry that has been soiled with blood, urine, feces, or vomit, which three of the following should people do?
    a. Remove feces and vomit and dump in the trash
    b. Remove feces and vomit and dump in the toilet/latrine
    c. Wash laundry in hot water
    d. Wash laundry in water and bleach
    e. Use rubber gloves or a plastic bag to protect the hands

> ***Scoring***
> *Allocate one point if:*
> *- Answers **b, d, and e** are marked*
>
> *Or allocate 0.33 points for each of the following answers marked: **b, d, e***

Session 8: Food Hygiene

31. List at least four of the five keys to food hygiene.
    a. Keep clean (washing hands and kitchen utensils)
    b. Separate raw and cooked foods
    c. Cook things thoroughly
    d. Keep food at a safe temperature
    e. Use safe water and raw materials

> ***Scoring***
> *Allocate 0.25 points for each correct answer—up to a total of one point*

32. Replacement/supplemental foods for PLHIV should be prepared with (choose one of the following):
    a. Any water
    b. Clean or clear water
    c. Safe (treated) water

Scoring
Allocate one point if:
*- Answer **c** is marked*

33. If cooked food is not kept in a refrigerator, it should be eaten within what time period? (Choose one of the following.)
    a. Thirty minutes
    b. One hour
    c. Two hours
    d. Three hours
    e. One day

Scoring
Allocate one point if:
*- Answer **c** is marked*

Instructions on Calculating Test Scores

Calculating each Participant's Score:

The score can be expressed two ways:

- *As a number.* This is the total number of questions answered correctly by the participant, relative to the total number of questions in the test. For example, if the participant gives correct answers to 25 out of 34 questions in the test, he or she scores 25 out of 34. Note that, for this pre- and post-test, some participants' scores may not add to a round number, because participants may only get *part* of some questions right. So there may be some scores like 25.33 out of 34.

- *As a percentage.* The score (e.g., 25.33 out of 34) can also be expressed as a percentage, which is sometimes easier for people to understand. To calculate the percentage, use the following formula:

  $$\frac{\text{Number of questions answered correctly} \times 100}{\text{Number of questions in test}} = \text{Participant's Score in \%}$$

  For example, using the numbers in the previous bullet points:

  $$\frac{25.33 \times 100}{34} = 74.5\%$$

Calculating the Average Score for the Group:

The score can be expressed two ways:

- *As a number.* This is the average of the total number of questions answered correctly by the participants in the group, relative to the total number of questions in the test. For example, the number of correct answers given by participants in the course might range from 15 to 30 (out of the 34 questions in the test). To calculate the average number of correct answers:
  - First, add up the total number of correct answers given by all the participants.
  - Then divide that number by the number of participants in the group.
  - You can then compare that number to the total number of questions in the test.

  For example, there may be 10 participants in the course, and these are the numbers of correct answers the 10 people achieved: 30, 30, 23, 18, 17, 15, 28, 25, 26, and 24. To calculate the average number of correct answers:
  - Add up 30, 30, 23, 18, 17, 15, 28, 25, 26 and 24, which equals 236.
  - Divide that number by the number of participants in the group (i.e., 10) and you get an average score of 23.6 for the whole group.

  The average number of correct answers for the group is 23.6 out of 34.

- *As a percentage.* This score (i.e., 23.6 out of 34) can also be expressed as a percentage. To calculate the percentage, use the following formula:

  $$\frac{\text{Average score for the group} \times 100}{\text{Number of questions in the test}} = \text{Participants' Average Score in \%}$$

  For example, using the numbers in the previous bullet points:

  $$\frac{23.6 \times 100}{34} = 69.4\%$$

Session 1: A Better Life for PLHIV Through WASH: Related Training Aids

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Session 1 Handout 1: A Better Life for PLHIV

PLHIV suffer from diarrheal disease at a very high rate compared to most people. In one study, 90 percent of PLHIV had significant problems with diarrhea.[*] This leads to greater sickness and can shorten lives.

The technical resources in the PG give more details on the facts in the following summary table.

With Diarrheal Disease, PLHIV Suffer From:	But With WASH to Reduce Diarrhea, PLHIV Benefit From:
Dehydration	Less loss of body fluids Better hydration
Malnutrition	Better absorption of food and nutrients
Poor absorption of medications	Better absorption of medications, including antiretrovirals
Weight loss	Better weight gain and/or weight maintenance
Reduced immunity, greater risk of opportunistic infections[†]	Stronger immunity
Social stigma	Better social acceptance
Conclusion: Diarrhea causes personal suffering and greater risk of death for PLHIV, but with WASH, their lives can be longer and better.	

[*] Katabira, E. T. 1999. Epidemiology and Management of Diarrheal Disease in HIV-Infected Patients. *International Journal of Infectious Disease* 3(3):164–167.

[†] Opportunistic infections can attack PLHIV more easily because their resistance and immunity is lower. Tuberculosis and malaria are examples of opportunistic infections that are easier for PLHIV to get and that are more serious when they do. And there are many other opportunistic infections, including bacterial meningitis, candidiasis, *Pneumocystis carinii* pneumonia (also known as *Pneumocystis jiroveci* pneumonia), cryptosporidiosis, herpes, etc.

Session 1 Handout 2: What is WASH? Water, Sanitation, and Hygiene

For the purposes of this course, here is a simple definition of WASH:

WASH is the use of proper practices with water, cleanliness, and waste disposal to reduce disease transmission, particularly for PLHIV and their families. WASH should be applied in both health facilities and at home.

Here are examples:

Safe water for drinking

Frequent, correct handwashing

Better latrines and/or safe excreta disposal

Session 1 Handout 3: WASH and Communication for Behavior Change: Frequently Asked Questions

1. What is communication for behavior change?

It is communication between two people—or more—to help people actually change their behavior. It goes beyond giving people information. Communication for behavior change helps people change their habits and adopt healthy new behaviors. If they use new WASH habits (e.g., proper handwashing, safe water, etc.), they can avoid disease, stay healthier, and lead better lives. In this course, you will learn how to use communication for behavior change in your work.

2. Do you use communication for behavior change when patients are at the clinic or hospital, or when they go home?

This is an important question. You want the patients to change behavior while they are with you and when they go back home. Even though you may not be able to go to the patients' homes, you can work with them on how to change their behavior there.

In fact, people's health is largely determined by what they do at home and at work. This means that it is enormously important to follow healthy habits at home.

3. Don't we already tell patients and their families what they need to do to be healthier?

Yes, many health workers communicate with patients and their families about health messages, either formally or informally. They do it in many ways, such as through counseling, distributing brochures and flyers, holding educational sessions for the community, and so on. And that is a good thing.

Communication for behavior change builds on that. It focuses on both the information and the change in behavior. To change behavior, communication has to be two-way—not just a talk or lecture. The information itself is not enough. In this course, you will learn how to use two-way communication, to get the focus on behavior change so that people can adopt new habits and avoid disease.

4. Even if people know what they should do, often they don't do it! How do you get them to change their behavior?

Just because you know something does not mean that you do it. Information about healthy habits is not enough. One of the things you have to work on in communication for behavior change is barriers to a new healthy behavior. For example, access to safe and clean water in the home and the clinic can be a barrier, so can a lack of time. In the real world, there are barriers for almost any type of behavior change.

We can only identify and address barriers if we use two-way communication and listen to our patients, their families, and the community.

5. Overcoming barriers to adopting a new behavior is important. But is that all?

No! People have to want to make the change! They need motivation. They can have all the information they need and know how to address the barriers and problems, and still not change. They will not change without motivation.

People are motivated to make a change when they see an advantage for themselves or the people they are close to. There are many kinds of advantages. Advantages include feeling better, being able to work, avoiding illness or pain, saving money, and so on. These are reasons people will practice a new habit. We can find out what motivates people if we use two-way communication and listen to our patients, their families, and the community.

Human beings are very logical. They will not change what they do unless there are no barriers and there is a benefit that they see.

6. How would communication for behavior change work with WASH?

Communication for behavior change is critical for WASH because in addition to making positive changes in WASH practices at the facility level, PLHIV and their families need to change their behavior at home as well. In addition to the actions you can take at the facility to make it safer for PLHIV, you can also communicate with patients, their caregivers, and their families about the need for a hygienic toilet, handwashing with soap, effective use of tippy taps, safe water storage, and proper food handling. The new WASH habits at both the facility and individual level can help people stay healthier and live longer. PLHIV and their families need the information, they need to see ways around barriers, and they need to see the advantages of adopting WASH behaviors, just as you do throughout this training process.

7. When do you use communication for behavior change?

You can do it at almost any time. You can do it with individual patients or with small groups. You can do it directly with patients or with their families or caregivers. You can do it as a formal conversation, using a job aid, or simply as part of a short casual conversation. The more ways you do it and the more often you do it, the better success you will have. But it always has to be two-way communication.

8. Isn’t it easier to just tell the person what they should do?

It is certainly easier, but it is not as effective. Simply hearing a message does not mean that a person will change behavior. Just telling people what to do can be a waste of

time, and it may even cause poor relations. Adults are not willing to follow orders the way children are supposed to do, even if the order is for their own good.

9. Doesn't communication for behavior change take more time?

Yes, communication for behavior change definitely takes more time than just telling someone what to do. But research shows that it has greater impact on people's behavior, and impact is what matters. You could tell someone to do something many, many times, and there would be no impact. Your time would have been wasted. Communication for behavior change is about having an impact.

10. Realistically, do we as health professionals have time to do this?

It can be a challenge. But please keep in mind communication for behavior change keeps your patients healthier and helps them avoid disease. This can mean an easier workload for you. You will find that you can make it "automatic" in your general communication. As mentioned previously, communication for behavior change can work in brief conversations over a period of time. A 10-minute chat or half-hour session are only a couple of the ways to do it.

11. But what if I have been doing something like this already?

Good! Keep it up! Maybe you are naturally a good communicator, and you can become even better by learning more of the techniques to help people with behavior change.

12. Does it always work?

No, there is not a communication approach that always works. But communication for behavior change, when it is done well, can be very effective. And it can greatly improve the lives of PLHIV. It can help bring out their potential to take action for themselves.

13. How can I learn more about communication for behavior change?

You will learn more about it in the sessions of this course. You will practice the techniques so that you can use them with your patients and their families and caregivers. The more you practice, the better you will get and the more impact there will be. You will be helping PLHIV have better lives.

Session 1 Handout 4: Communication for Behavior Change: Three Key Questions

1. What is a healthy behavior?

A healthy behavior is one that is known to improve health or reduce the risk of disease.

Examples of healthy behaviors from the WASH course include:

- Drinking only safe water
- Washing hands correctly
- Covering the opening of a latrine to control flies.

2. What are the barriers to a healthy behavior?

Barriers are reasons that would stop a person from following a desired healthy behavior.

Examples of barriers related to WASH practices:

- Time and cost to get clean water
- Not enough water and no soap
- Not knowing that flies from a latrine spread germs.

3. What is the motivation to adopt a healthy behavior?

Motivation to adopt a healthy behavior refers to the reasons that would stimulate somebody to use that behavior. Understanding people's motivation is useful in helping people find a way around barriers. Again, the specific motivation to change a behavior can vary from person to person.

Examples of motivation for WASH practices:

- Wanting to look and feel clean and attractive
- Wanting to avoid diarrhea
- Wanting to stop spreading germs to family members
- Wanting to keep flies out of the house and especially away from food
- Wanting to get a better job.

Session 2: Preventing Diarrhea and Other Infections: Related Training Aids

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Session 2 Handout 1: Introduction to Job Aids

Throughout this training, the distribution and use of job aids is important. Job aids are tools to encourage higher standards of WASH practices at the facility as well as provide a communication for behavior change guideline to support health workers as they conduct communication/educational sessions for PLHIV, their caregivers, and other groups, so that they will adopt healthier behaviors at home. This course has designed job aids for two specific purposes:

1. **For use at the health facility:** To help health workers at your health facility follow WASH practices

2. **For use with patients:** To help you and your colleagues conduct effective communication for behavior change sessions on key WASH topics.

Using the job aids provided in this training will help you and your colleagues communicate more effectively, so people understand and learn about healthy behaviors that prevent the spread of disease. This handout has instructions on how to make job aids at minimal cost and with materials that should be readily available to you.

Instructions for Making Job Aids

Here are some instructions on how to make job aids to use in your work.

Job Aids for Health Facilities

These job aids are designed to hang on the wall in a health facility to remind health workers of important practices they should be following. They are not intended for the general population.

It is easy to use the sample job aids to make posters for your health facility!

1. Decide how many copies you need.

2. Copy the sample onto large sheets of paper or cardboard. If possible, the posters should be four times the size of the copy in this manual—size A1 paper. Size A2 paper is also an option. A color copy is best, but black and white is acceptable.

3. If a copying machine is not available, make copies by hand, being careful to follow the details in the sample poster. If it is possible to get an artist to paint the posters on plastic, hardboard, or cloth—using waterproof paint—they will last longer.

4. Cover the finished poster with plastic for protection.

Job Aids for Patients/Communication for Behavior Change

The job aids for communication for behavior change are designed to help health workers conduct communication/educational sessions for PLHIV, their caregivers, and other groups, so that they will adopt healthier behaviors at home.

Each of these job aids has two sides:

- The front has pictures and short messages designed to communicate the most important information on a topic to PLHIV, their caregivers, family members, and others.
- The back has key questions and information that should be covered by health workers when they do a communication for behavior change session for PLHIV, their caregivers, or others.

Two options to produce the job aids on your own include:

1. **Make double-sided "posters" on individual WASH topics**

   These are posters with two sides. One side has pictures/short messages for groups of PLHIV, their family members, and others; the other side has text for you (the health worker) to use when you do a communication for behavior change session for PLHIV, their family members, and others.

   a. Decide how many double-sided posters to make. One or two should be enough for most health facilities.

   b. Copy the picture side of the sample job aid onto large sheets of paper. If possible, the posters should be at least four times the size of the copy in this manual—size A1 paper. A color copy is best, but a black and white copy is acceptable.

   c. Make the same number of copies of the text side of the sample job aid on the same size paper. Do not copy the text onto the back of the pictures.

   d. Use glue to mount the copies on a piece of cardboard, plywood, or some other solid surface the same size as the copies. The picture side goes on one side of the solid surface; the text on the other side. To make the poster last longer, cover it with plastic.

   e. If a copying machine is not available, make copies by hand. If it is possible to get an artist to paint the poster on two sides of a piece of wood, a heavy sheet of plastic, or thick white cloth—using good quality paint—they will last longer.

   f. You may want to make two holes in the top corners or the posters so you can attach some string and hang the poster from hooks, a tree branch, etc.

2. Make a flip chart on all the WASH topics

A flip chart can have several pages, so you can include all the WASH topics in one flip chart. When it is being used, it stands on a table or can be hung from a hook or a tree branch. Like the double-sided posters, one side has pictures/short messages for groups of PLHIV, their family members, and others; the other side has text for you (the health worker) to use when you do a communication for behavior change session for PLHIV, their family members, and others.

A flip chart is very convenient to use, and it is helpful to have all your WASH materials for communication for behavior change together. But it is more complicated—and often more expensive—to make a flip chart than to produce the double-sided posters.

Here are the steps to make a flip chart from the sample job aids in this manual.

a. Decide how many flip charts to make. One or two should be enough for most health facilities.

b. Copy the picture side of the sample job aid onto large sheets of paper. The pages should be two to four times the size of the copy in this manual—size A2 or A1 paper. A color copy is best, but black and white is acceptable.

c. Make the same number of copies of the text side of the sample job aid on the same size paper. Do not copy the text onto the back of the pictures.

d. Mount each of the pages with pictures on a separate piece of cardboard the same size as the page. You will need one extra piece of cardboard—but do not put anything on it yet!

e. Place the pictures in the order you plan to use them, with the pictures all facing the same way. Place the extra piece of cardboard (with no pictures) last.

f. Work out where to place the text so you will be able to see it while you are showing the relevant pictures. This is the hardest part of making a flip chart because:
   - The text does not go on the back of the page with the relevant pictures—it goes on the back of the *previous* page.
   - The text for the first page goes on the extra piece of cardboard (with no pictures).
   - It is important to get the text the right way up, so you can read it when the flip chart is open! When you are sure the text is in the right place, glue it in place.

g. Make two or three holes along the top edges of the pictures, being sure to place the holes in exactly the same place on each page. Bind the pages together with metal rings or string.

h. Use a piece of cloth or some pieces of ribbon to hold the base for the flip chart together. The cloth/ribbon needs to be attached to the back of the last picture and the blank piece of cardboard.

i. If a copying machine is not available, make copies by hand. If it is possible to get an artist to paint directly onto some cardboard or hardboard, that will make a long-lasting flip chart. The flip chart can also be painted onto pieces of heavy white cloth. In that case, the flip chart is usually hung from a hook or tree and no cardboard or solid materials are needed.

Keep your materials in a dry place where they will not be damaged, so they will last as long as possible!

Session 2 Handout 2: List of Job Aids on WASH Topics

	Topic	Purpose
Sessions 2 and 3	**Preventing Diarrhea and Other Infections; Behavior Change for WASH in the Home**	
	Standard precautions for health workers	For health facilities
	Handwashing for health workers	For health facilities
	Handwashing in the home	For communication for behavior change sessions
Session 4	**Water Treatment, Safe Storage, and Handling at Point-of-Use**	
	Safe water in the home	For communication for behavior change sessions
Session 5	**WASH and Safe Sanitation**	
	Safe and clean toilets in the home	For communication for behavior change sessions
Session 6	**Waste Management in Resource-Constrained Settings**	
	Waste segregation for health workers	For health facilities
	Safe trash disposal at home	For communication for behavior change sessions
Session 7	**Cleanliness and Hygiene**	
	Cleaning the home	For communication for behavior change sessions
Session 8	**Food Hygiene**	
	Food safety at home	For communication for behavior change sessions

Session 2 Handout 3: Group Discussion Questions on Standard Precautions

These questions are for your small group. You may discuss them in any order you like. Choose the ones that are most interesting for your group. There may not be time for you to discuss all the questions. You should be ready to share answers to at least three or four questions that were especially important, surprising, or controversial. Your report to the large group will be very informal with no flip chart. One person from your group will be asked to stand up and explain what your answers or points are.

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1. Why are you instructed not to recap a needle after using it?

2. About “cough etiquette,” who can demonstrate how you “cover your mouth with your elbow” when you sneeze so that you do not get germs on your hand? Is this etiquette used at your site?

3. Are certain supplies or equipment mentioned in the standard precautions absent at your clinic or hospital? If you have them, are they adequately provided? What equipment is missing or lacking?

4. Are there any inexpensive or easy substitutes for supplies you can use for the standard precautions that you do not have or are low on?

5. Who uses sharps boxes and can give a brief explanation of how to use them and dispose of them correctly?

6. How often is patient care equipment cleaned where you work? Give examples of different kinds of equipment and how often it is (or is not) cleaned.

7. Which of the standard precautions cost little or nothing to use?

8. Which of the standard precautions require significant resources?

9. Are there standard precautions that you would rate your clinic or hospital very high on? Which ones?

10. Are there standard precautions that you would rate your clinic or hospital poorly on? Which ones?

11. Do you have any questions or observations on these standard precautions for the large group or the trainers?

Challenge question: These are the 10 standard precautions. If it were up to you what would be the 11th and why?

Session 2 Handout 4: Job Aid on Standard Precautions for Health Workers

Protect Yourself and Your Patients from Infections **Standard Precautions**	
Message	*Accompanying Illustrations*
Wash your hands Wash your hands before and after touching patients, doing a procedure, and handling blood and other body fluids.	*Soapy hands under running water coming from tap*
Wear gloves Wear gloves for all procedures and whenever you may come in contact with blood and other body fluids.	*Hands covered with latex gloves or putting on gloves*
Use a mask and gown Use a mask and gown whenever there is a risk of splashed blood or other body fluids.	*Figure with full facial mask and a gown*
Handle needles and other sharps carefully Handle needles and other sharps carefully and dispose of them in a sharps box.	*Needle being inserted in a sharps box*
Cover your nose and mouth Cover your nose and mouth to prevent the spread of infections through the air.	*Person sneezing into arm* and *Figure wearing small mask (covering nose and mouth) (i.e., two illustrations)*
Clean and disinfect equipment and instruments Clean and disinfect equipment and instruments before and after use.	*Bottle labeled "Chlorine" next to a scalpel and a thermometer in a glass of water*
Segregate waste Segregate infectious waste, highly infectious waste, sharps waste, and non-infectious waste.	*Four types of containers with a sample of each type of waste*
Handle linens carefully Handle linens carefully to avoid spreading infections.	*Bed linens bundled together on top of a bed*

Session 2 Handout 5: Quick Questionnaire on Handwashing

To understand the challenges our patients face in handwashing, we need to take a look first at our own handwashing habits and the challenges that we face.

1. When did you wash your hands today?

2. How many times have you washed your hands today?

3. Do you think you washed your hands correctly each time?

4. Did you wash your hands long enough?

5. Did you have the materials you needed (enough water, soap, a clean towel)?

6. Are there any cheap substitutes for soap?

7. How many times approximately did you shake hands with friends, patients, or colleagues so far today?

8. Can you estimate how many times a day you wash your hands at work on average?

9. Approximately how many times a day do you estimate you should wash your hands at work?

10. If you do not wash your hands at work as often or as well as you would like, what are some of the reasons?

11. Do you think you need to wash your hands right now?

Session 2 Handout 6: Job Aid on Handwashing for Health Workers

Message	*Accompanying Illustration*
Protect Yourself and Your Patients from Infections **Wash Your Hands**	*Soapy hands rubbing* * ➡ *Nurse taking patient's temperature* * ➡ *Soapy hands rubbing* *
Six Key Steps 1. Wet your hands 2. Apply soap 3. Rub hands together 4. Clean between fingers 5. Rinse hands with water 6. Dry hands with a clean towel or in the air.	 *Hands under running water from tap* *Bar of soap in one hand* *Soapy hands rubbing palm to palm* *Soapy fingers interlaced, showing cleaning between fingers* *Hands under running water* *Right hand over left hand, with towel between them* and *hands waving in the air (i.e., two illustrations)*
If soap and water are not available, use alcohol	*No illustration—this is a text box*
Eight Key Times to Wash Hands 1. *Before* touching a patient 2. *Before* an aseptic task (piercing the skin) 3. *Before* preparing food, eating, or feeding somebody 4. *After* touching a patient 5. *After* contact with blood or other body fluids 6. *After* touching patient surroundings (linens, intravenous lines, etc.) 7. *After* using the toilet 8. *After* cleaning a baby or changing a nappy.	*No illustrations—this is a text box*

20 seconds

Session 2 Handout 7: Eight Times When You Must Wash Your Hands

1. **Before touching a patient:** This includes hand shaking, palpitation, taking temperature or blood pressure, etc., even when there is no exposure to bodily fluid. This keeps you from taking germs from one patient to another or from yourself to a patient. You do not want to be a carrier of germs!

2. **Before an aseptic task:** Wash again before contact with mucous membranes or fluids. Examples include piercing skin, giving eye drops, contact with broken skin, drawing blood, or having contact with medical devices such as catheters.

3. **Before preparing food, eating, or feeding someone:** Do this when preparing food for yourself or for someone else to prevent germs from getting onto your food or that of the person you are serving.

4. **After touching a patient:** You do not want to be taking germs from patient to another—or transmitting them to yourself.

5. **After contact with blood or bodily fluids:** These are also dangerous sources for disease. Examples are nasal discharge, blood, saliva, feces, and urine.

6. **After touching patient surroundings:** Whenever you have touched the furniture, personal items, food containers, or things handled by a patient. This includes touching sheets or clothing that have been soiled.

7. **After using the toilet:** The risk of getting germs on your hands from your own bodily fluids is significant. This poses a risk to yourself and to others. Wash after you touch the door knobs or latches of the toilet or latrine.

8. **After cleaning a baby or changing a nappy:** Feces are big carriers of diseases and must be carefully cleaned off your hands so they are not spread.

Session 3: Behavior Change for WASH in the Home: Related Training Aids

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Session 3 Handout 1: Five Times When You Must Wash Your Hands at Home

There are five times when PLHIV, their families, and caregivers must wash their hands in the home—compared with eight times when health professionals must wash their hands in a hospital or clinic. The following list includes some important situations when you might not think to wash your hands.

1. **Before preparing food or cooking, including:**
   - Before preparing any food
   - Especially before and after handling raw meat, fish, or eggs
   - Before returning to food preparation, if you stopped to do something else for a while.

2. **Before feeding another person or eating, including:**
   - Before eating or helping others eat
   - Being sure others in the home wash their hands at these times.

3. **After using the toilet, including:**
   - After you go to the toilet
   - After you have helped somebody else go to the toilet (e.g., somebody living with HIV or a baby/child)
   - After cleaning the toilet, a potty, or bedpan.

4. **After cleaning a baby's bottom or changing a diaper, including:**
   - After changing a diaper
   - After handling any dirty diaper
   - After touching or cleaning a baby's bottom.

5. **After cleaning up blood, vomit, urine, or feces, including:**
   - After caring for a cut or wound
   - After handling a sanitary napkin (when a woman has her monthly bleeding/menstruation)
   - After cleaning up when somebody has vomited or soiled their sheets or clothes
   - After handling dirty laundry.

Session 3 Handout 2: Job Aid for Handwashing in the Home

Protect Yourself, Your Family, and Others from Disease **Wash Your Hands!**					
(Messages)	*(Accompanying Illustrations)*			*(Messages)*	*(Accompanying Illustrations)*
When:				**How:**	
▪ Before preparing food or cooking	*Soapy hands*	➡	*Woman cutting raw vegetables*	1. Wet your hands	*Hands under running water from tap*
▪ Before eating or feeding another person	*Soapy hands*	➡	*Man feeding an older person*	2. Use soap or ashes	*Bar of soap between hands*
▪ After the toilet	*Man leaving latrine and moving toward handwashing station*	➡	*Soapy hands*	3. Rub hands together and count to 20	*Soapy hands rubbing, surrounded by numbers 1 to 20*
▪ After cleaning a baby's bottom or changing a nappy	*Happy baby lying on its back with fresh nappy; mother discarding dirty nappy*	➡	*Soapy hands*	4. Rinse hands	*Hands under running water from tap*
▪ After cleaning up blood, vomit, urine, or feces	*Man emptying a potty*	➡	*Soapy hands*	5. Dry hands with clean towel or wave them in the air	*Towel between hands* and *hands waving in the air* *(i.e., two illustrations)*

Discussion Guide for Communication Session on Handwashing

"Hello and welcome! My name is _____, and today we're going to talk about protecting ourselves and others from disease by doing something very simple: washing our hands properly!"

"Why do you think it is important for us to wash our hands properly?"

Key points:

- *Washing hands with soap removes germs. The germs can make us sick if they get into our mouth, nose, or eyes.*
- *If somebody is living with HIV, that person can become very ill and even die. That's because PLHIV get sick more easily, and when they're sick, they get sicker than others.*
- *Proper handwashing is very important to stay healthy and prevent disease!*

"Who benefits from clean hands?" "Why?"

"Did you know that if we washed our hands properly we could prevent almost half the cases of diarrhea?"

"Think of all the things we do at home. When should we be washing our hands?"

Key points:

- *Before preparing food or cooking*
- *Before eating or feeding another person*
- *After the toilet*
- *After cleaning a baby's bottom or changing a nappy*
- *After cleaning up blood, vomit, urine, or feces.*

Emphasize the key points by asking someone to describe the images on the other side of this card (left side).

"Do people you know wash their hands every time they do these things?" "Why is it hard to do so?"

"What would make it easier to wash our hands every time we do these things?"

"One suggestion is to set up a special place for handwashing at home. Is that something you could do?"

"We all think we know how to wash our hands. But let's see if we're really doing it right! What can you see on these pictures?"

Key points:

- *Wet your hands*
- *Apply soap or ash*
- *Rub hands together and count to 20 (20 seconds)*
- *Rinse hands*
- *Dry hands with a clean towel or by waving them in the air.*

Demonstrate proper handwashing (with soap, water, and clean towel), and ask the group to explain the five steps as you do them.

"What would make it easier for us to wash our hands correctly every time?"

"Now let's go over what we have discussed today!"

"When should we wash our hands?"

"How many steps does it take to wash our hands properly?" "Can you describe them?"

"And why is it important to wash our hands often and follow the five steps?"

"Thank you for participating in this discussion! I hope the information will help you and your family stay healthy and avoid disease!"

Session 3 Handout 3: Elements of Effective Communication for Behavior Change

The PG has detailed technical resource materials on communication for behavior change. This sheet is only a summary.

Use the brief description on this page for your small group discussion work.

1. *KISS:* This acronym stands for "keep it short and simple." It means that communication is best when it is brief, clear, and to the point. For example, we should not use medical terms, lengthy explanations, and how we were often taught in school.

2. *Two-way communication:* We can't just tell people what we want them to do. With adults, we have to keep the communication open and going both ways. We need to understand them as much as they need to understand us. Especially important in two-way communication are the following steps:
   a) Ask people questions. Find out what they are thinking and if they understand.
   b) Invite questions from them. Find out what their concerns are.

3. *Motivation:* Behavior change will not take place unless people are motivated. They need a reason for the change, and it is up to them to choose the reason or reasons. We cannot tell them. They have to "own" the motivation. It could be something they already know about or something we help them discover in communicating with them.

4. *Barriers:* There are all kinds of reasons why PLHIV—and other people—do not have healthy behaviors. If they are going to change, they have to understand what the barriers are and then use their motivation to get around the barriers. In communicating, we have to invite people to describe what their barriers are. We have to understand their story.

5. *Listening skills:* Listening is a magic part of communication with adults, especially in communication for behavior change. We have to spend as much time listening, and listening skillfully, as we do talking. The listening skills are so important you will be taking a simple test to help you see which of the listening skills you are strong in and which you need to improve in. Words are only part of the communication. How we sit, use our eyes, and move our heads are all part of body language. If we use it well, body language will help us communicate well.

6. *Making the point:* A conversation or discussion is not enough. It has to end with a point; not a point that you are making, but rather one that the people you are communicating with make. The point is an informed agreement to adopt a healthy behavior. Without that point, the communication is not successful.

Session 3 Handout 4: Using Communication for Behavior Change in the Real World

As you practice using the job aids together with communication for behavior change during this training, it is important to remember there are some differences between how you practice it here and how you will actually apply it at your facility. To help you remember the differences, we have developed this simple list.

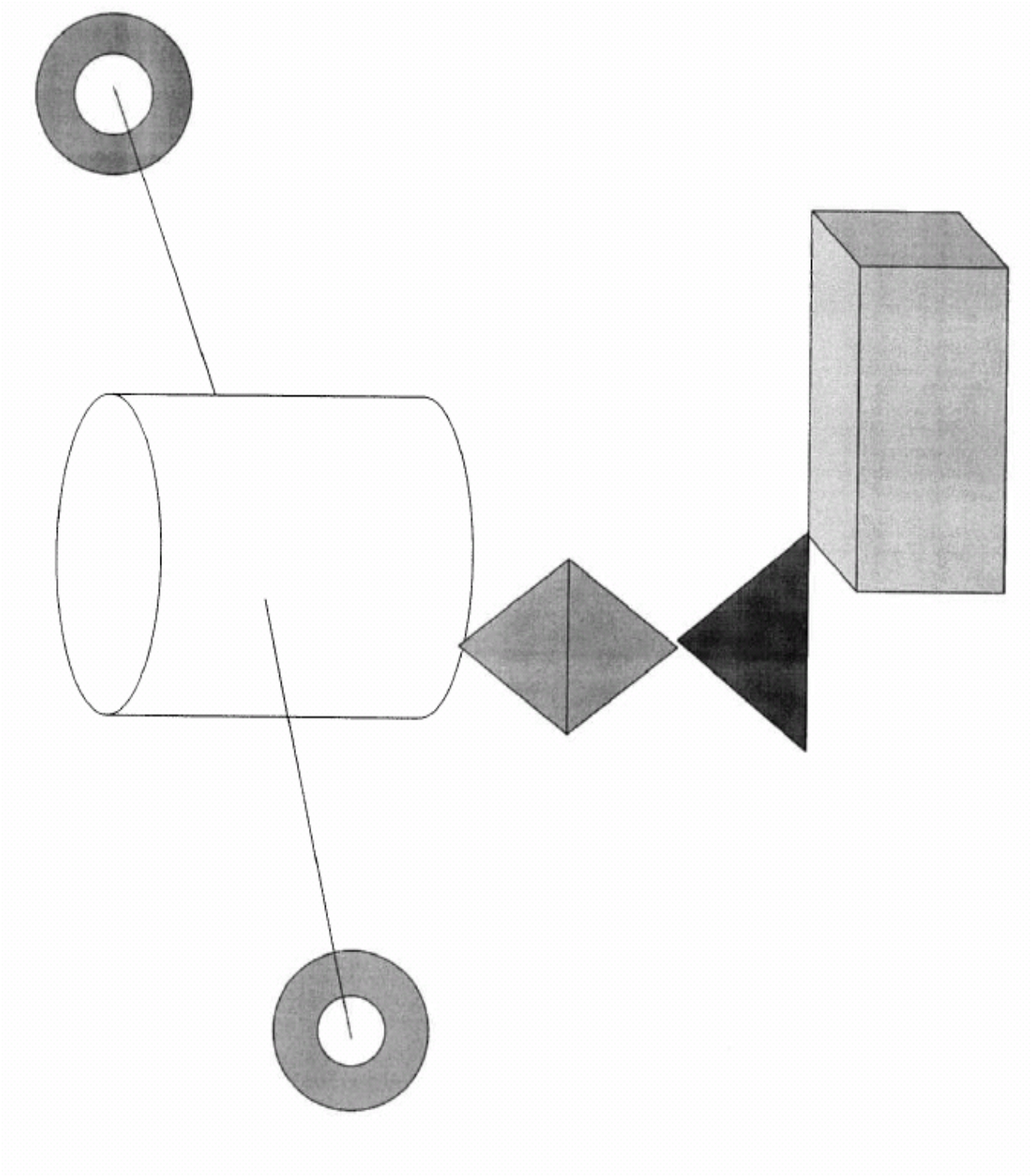
In This Course	At Your Facility	Example
You get specific feedback.	You may not receive feedback.	People may not want to be disrespectful to a medical person and will only say positive things, if anything.
You have a specific time to deliver this information.	You may have all the time you want or may have less time than you would like.	Some sessions may take a long time if people are interested and have lots of questions.
You use all the job aids and communication for behavior change messages equally.	You may use some all the time and others not very often at all.	You will make your best judgment of what your patients and their caregivers need.
You have an attentive audience that participates.	You may have an audience that is not really interested and does not respond.	Can you handle a sleepy or distracted audience?
You may have few distractions or interruptions.	You may have many distractions and interruptions.	These include babies crying, people coming and going, mid-day heat, etc.
If you make errors, someone will correct you.	If you make errors, no one may correct you and people will follow what you tell them.	You are a medical person, so you must know best.
Job aid copies in the course are small.	Job aids will be bigger (maybe).	Bigger is better so all can see.
The people you are demonstrating for have a good background in medicine and health.	Your patients do not have this understanding and may need to know the basics.	You may need to stress the basic information, which is what the job aids are for.
What else?		

At your facility, the needs of your patients and their family members should determine how much time you spend on these demonstrations. The more time you take helping them learn these basics, the more they can keep their family and themselves healthy and out of your facility.

Session 3 Handout 5: Directions for Two-Way Communication Experiment

(Trainers need to recruit a participant volunteer to do this exercise in front of the group.)

1. Take this copy of the geometric drawing, and do not let anyone else see it.
2. Come to the front of the room when the trainers ask, and stand with your back to the group. Do not look at the group.
3. Look at this geometric drawing but be sure no one else in the group sees it.
4. Describe to the participants how to draw the drawing (e.g., at the top of the page, in the center, draw a three-dimensional cylinder; then draw a line going through the center of the cylinder—the line goes at an angle of about 20 or 25 degrees, starting on the left and rising higher on the right—and so on).
5. Do not face the participants.
6. Do not show them the drawing.
7. Speak slowly.
8. Do not repeat any of your instructions.
9. Do not answer any questions from the participants.
10. Do not use your arms or hands to help the group.



Session 3 Handout 6: Listening Skills Self-Assessment

For the following questions, write "1" if your response is often, "2" if it is sometimes, and "3" for rarely or never. Write your score again in the column under score. Add scores for all questions to get your total score.				
	Often	**Some-times**	**Rarely/ Never**	**Score**
1. I interrupt the speaker.				
2. I get easily distracted by the speaker's incorrect use of language and way of speaking (e.g., voice too loud, too soft, poor grammar, etc.) rather than concentrating on what is being said.				
3. I only pay attention when the subject is interesting.				
4. I interrupt the conversation when somebody interrupts us (e.g., phone calls, requests from colleagues, somebody comes into the room).				
5. I do something else while listening (e.g., organize my desk, do paperwork, stare into space).				
6. I pretend to listen, but I am actually thinking of other things.				
7. I think it is more important to express my own ideas than to listen to what the speaker has to say.				
8. I tend to daydream when the speaker talks very slowly.				
9. I listen for information that I can use to criticize or correct the speaker.				
10. I think about what I will say or do next, rather than focusing on what the speaker is saying.				
			Total Score:	

- A *total score of over 25* means you are a very good listener needing minor improvements. Keep up the good work.
- A *total score of 15 to 24* means you have some work to do so that you can use communications for behavior change well. Note what your low scores are and work on changing your behaviors!
- A *total score of less than 15* means you are being honest with yourself and that you need to practice your colleagues and supervisor to raise your scores. Some of your improvement can take place during this course.

**Adapted from* Interpersonal Communication and Counseling Five-Day Curriculum*, undated manual by Program for Appropriate Technology in Health and State Family Planning Commission of China.*

Session 3 Handout 7: Directions for Practice Demonstrations Using Communication for Behavior Change and the Job Aid for Handwashing in the Home

1. You will work in groups of four. For each job aid, at least two people will practice the demonstration. More will practice as time allows.

2. All participants must first study the job aid, “Protect Yourself from Disease—Wash Your Hands.” Be sure you know how to hold it up and use it, explaining the messages and images on the front using the discussion guide on the back. Prepare to give a demonstration of communication for behavior change as you use the job aid.

3. For each job aid, two people in the group will separately give the demonstration to the others who play the role of PLHIV, family members, or caregivers. They will ask questions and make comments. They should try to be just like typical patients or persons with whom you will be using communication for behavior change.

4. After your demonstration, start by telling what you did well in the demonstration and then how you could have done better in using communication for behavior change with the job aid. Did you use the communication principles? Did you use the job aid well?

5. Next, the other members of the group tell you at least two things you did well in communication for behavior change with the job aid, and then one or two priority things you could do better. The one or two things must be priorities, such as missing a step in the job aid or forgetting one of the elements in communication for behavior change. Do not mention minor points such as not sitting up straight or holding the job aid a little crooked.

6. Repeat these steps for the second demonstration, making sure the presenter starts by commenting on how they did and then receiving comments from the other members of the group.

Session 3 Handout 8: Community Quiz—Behavior Change for WASH in the Home

There are not many rules to this community quiz, except that you must work with your community! First try to answer the questions on your own. When you have finished, raise your hand, and you will be assigned a colleague to work with. The two of you should compare answers and discuss your differences. By cooperating together, you should get a very high score on this quiz! Then you will discuss your answers in the large group. You will not hand this quiz in to your trainers. Write your answers right on this page in your PG.

1. What are the five times when you must wash hands in the home?

2. What are the five steps to effective handwashing?

3. If a person does not have a clean towel, how should they dry their hands after washing?

4. What does KISS stand for?

5. Give three examples of common barriers that you believe can keep PLHIV from washing their hands correctly.

6. Give two examples of motivation for handwashing in the home that would be typical for PLHIV.

7. Give at least one benefit of two-way communication.

8. Twenty seconds is the minimum time that a person should use to wash hands effectively. True or false?

9. A traditional medical school lecture is an example of two-way communication. True or false?

10. What is an example of a desired health behavior that you personally would like to work on for yourself?

Challenge Questions—Can you answer these two more difficult questions?

1. Name at least four of the six elements of communication for behavior change listed on the page you studied in this session.

2. What is one of the “other infections,” other than diarrhea, that WASH helps stop the transmission of?

Session 4: Water Treatment, Safe Storage, and Handling at Point-of-Use: Related Training Aids

Session 4 Handout 1: Safe Water and Clean Water 216
Session 4 Handout 2: Questions and Answers for Making Water Safe Using Water Treatment Options..... 217
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Session 4 Handout 7: Job Aid on Making Your Water Safe to Drink!..... 223

Session 4 Handout 1: Safe Water and Clean Water

Safe Water	Clean Water
Water that has been disinfected (e.g., treated with chlorine) and is safe to drink. Safe water must be used for: • Drinking • Food preparation.	Water that looks clean but is not safe to drink. Clean water can be used for: • Handwashing • Cleaning utensils • Cleaning surfaces • Laundry.

Session 4 Handout 2: Questions and Answers for Making Water Safe Using Water Treatment Options

With a partner, answer the following questions.

1. There is one best way to treat water. True or false?

2. Once chlorine is added to water, you must wait 30 minutes before drinking it. True or false?

3. Solar disinfection is an inexpensive way to treat water. True or false?

4. The strength of chlorine does not change over time. True or false?

5. Health care facilities need safe water for what three main uses?
   a._____ b._____ c._____

6. Chemical methods for treating water include _____ and _____.

7. Physical methods for treating water include what three ways?
   a._____ b._____ c._____

8. In your opinion, what is the greatest benefit of chlorine?

9. In your opinion, what is the greatest drawback of using chlorine?

10. In your opinion, what are the two biggest advantages and the two biggest disadvantages of ceramic filtration?
    Advantages: _____ and _____

    Disadvantages: _____ and _____

11. What water treatment method do you currently use at your site?

12. Which affordable and available water treatment method would be the best to expand access to safe water at your site?

Challenge Questions:

13. Be ready to tell the group how flocculation works.

14. Be ready to tell the group how solar disinfection works.

Answer Key:

1. False
2. True
3. True
4. False
5. Drinking, cooking, and mixing medicines
6. Chlorination and flocculation
7. Filtration, solar disinfectant, and boiling

8–10. Accept examples from Session 4 in the PG.

11. Open answer—Note the most common methods.
12. Open answer—Ask why the stated method might work best.

Challenge Questions:

13. See Session 4 Section 4.2.2 in the PG.
14. See PG Section 4.2.4.

Session 4 Handout 3: Top Questions When Considering Water Treatment Options

1. Is the water in my site safe for drinking, cooking, and mixing medicines?

2. If there are not enough resources to have safe water for handwashing and cleaning, is there at least enough clean water for these purposes?

3. How can we have enough safe water at my site for drinking and cooking? How can we have enough clean water for handwashing and cleaning?

4. What water treatment methods are locally available and affordable?

5. What other potential problems are there? For example, will there be a decrease in water supply and quality during the dry season? Or will heavy rains and flooding make normally safe supplies unsafe?

6. Which methods would require the least amount of (education or behavior) change to use?

7. Which method is most cost-effective?

Session 4 Handout 4: Chlorine for Safe Water

We have reviewed how to treat water with chlorine to make it safe for drinking and general use.

The following nine steps for treating water with chlorine are mixed up. Can you put the steps in the correct order? To make it quicker, you can just list the numbers (e.g., you would write 4, 7, 1, etc., if these were the first three steps for the process and continue until you have all nine steps in order).

1. Add chlorine to the water to be purified.

2. Know how many liters your water container holds.

3. Use as needed.

4. Gather the needed items.

5. Pour impure water into safe water container through a filter.

6. Read the directions.

7. Wait 30 minutes.

8. Measure the correct amount of chlorine.

9. Mix water and chlorine solution well.

Session 4 Handout 5: What Makes a Good Safe Water Station?

To make the most use out of your safe water, the following should also be in place:

- A stand or table about a meter high for easy access to the water, or a rod or hook to hang it at a convenient height
- A pan underneath to catch spilled and used water
- Soap or wood ash for washing hands
- A clean towel or instructions for how to air dry hands properly
- A cleaning and refill schedule (to be sure it is sanitary)
- A location in a high-use area (to make it easy to use)
- A poster/sign nearby to remind people of the most effective way to use it.

What else?

Session 4 Handout 6: What Makes a Good Tippy Tap?

A tippy tap is a portable water container that can be placed at a convenient location for handwashing or drinking.

A good tippy tap:

- Has a small opening on the top for refilling, though it should be too small for a cup or dipper to enter and bring germs
- Has a tap or other opening that does not leak
- Is easy to clean
- Is inexpensive
- Either stands on a small table or stand about a meter high or hangs from a rod or hook at a convenient height
- Has soap for handwashing next to it and a basin underneath to catch waste water
- A regular schedule for refilling and cleaning (without this tippy taps are useless).

Session 4 Handout 7: Job Aid on Making Your Water Safe to Drink!

Protect Yourself and Your Family from Disease **Make Your Water Safe to Drink!**	
Message	***Illustrations***
Use Liquid Chlorine	Hand holding a bottle labeled chlorine.
How to use liquid chlorine: 1. Fill clean jerry can with 20 L of water 2. Pour one or two bottlecaps of chlorine into the water 3. Shake the jerry can 4. Wait 30 minutes.	 1. Jerry can labeled 20 L. 2. *Two illustrations:* Hand emptying contents of one bottlecap into jerry can labeled 20 L—with "clear water" written underneath; hand emptying contents of two bottlecaps into jerry can labelled 20 L—with "water is not clear" written underneath. 3. Man shaking jerry can (squiggly lines above jerry can to illustrate shaking motion). 4. Man watching clock, which has an arrow around it indicating half an hour.
Now your water is safe to drink!	*No illustrations—this is a text box*
Keep Clean Water Safe	
Use a clean, covered container to store safe water. Do not put your hands, a cup, or a ladle into safe water. Pour the water without touching it.	Show three options: - Jerry can - Clay pot with narrow neck and lid - Bucket with lid and tap. An "X" over an image of hand dipping a cup in the water. An "X" over an image of a ladle and the bottom of plastic bottle (jagged edges from being cut off) being dipped in the water. Woman tilting a jerry can to pour the water.

**** Adapt instructions based on chlorine products available locally.****

Discussion Guide for Communication Session on Water Treatment and Safe Storage
Hello and welcome! My name is _____, and today we're going to talk about protecting ourselves and others from disease by doing something very simple: Making our water safe with chlorine!
"What do we mean when we say 'making our water safe'?" "Why do you think it is important to make our water safe?" *Key points:* • *It removes germs that can make people sick.* • *PLHIV, especially, can become very sick if they drink unsafe water.* • *Making your water safe and washing your hands are very important to prevent diarrhea and stay healthy!* "Who benefits from safe water? Why?"
"Where do you get your water?" "What does your water look like when you get it?" *Key point:* • *Even when water looks clean, it can have germs that can make people sick.* "How do *you* make your water safe?" "Has anybody used chlorine to make water safe?" "What can you see in these pictures?" *Key points:* • *Fill clean jerry can with 20 L of water.* • *Pour two bottlecaps of chlorine into the water.* • *Shake the jerry can.* • *Wait 30 minutes.* *Demonstrate proper water treatment using chlorine solution, water, and a clean container. Ask the group to explain the steps as you do them.*
"When should we use safe water?" *Key points:* • *For drinking* • *To wash fruits, vegetables, or other foods we will be eating raw* • *To cook food.* "Do people you know make their water safe?" "Why is it hard to do so?" "What would make it easier to make our water safe?"
"Now let's go over what we have discussed today." "Why is it important to make our water safe?" "When should we use safe water?" "Can someone describe how to make water safe, using chlorine?"
"But there is one more very important thing: *Keeping* our water safe. Once water is safe, it is important to protect it from getting germs again. But how?" *Key points:* • *Use a clean, covered container to store your safe water.* • *Do not put your hands, a cup, ladle, or anything else into safe water.* • *Pour the water without touching it.* *Emphasize key points by asking someone to describe the images on the other side of the card.*
"Thank you for participating in this discussion! I hope the information will help you and your family stay healthy and avoid disease!"

Session 5: WASH and Safe Sanitation: Related Training Aids

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Session 5 Handout 2: Can You Match Up These Items? A Community Quiz and Answers on WASH and Safe Sanitation..... 227
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Session 5 Handout 4: Job Aid on Safe and Clean Toilets 230

Session 5 Handout 1: Summary Points: WASH and Safe Sanitation

This session is on WASH practices for latrines/toilets, especially in the home. It shows ways that WASH can help PLHIV live better and longer lives. Details on these summary points are in the Technical Resource Manual, the job aid, and in the exercises in this session.

Excreta are a higher risk for PLHIV. Because their immune system is weaker, PLHIV can get various infections from excreta more easily than other people can. Excreta means feces, urine, blood, vomit, etc.

The risk can be cut. It is not difficult to reduce this risk for PLHIV, their families, and others. Improving toilets and latrines helps stop the transmission of many types of germs and the sickness they cause.

There are low-cost steps. It is usually easy to improve a latrine or toilet for PLHIV. It can be made clean, offer privacy, and have a cover for over the hole. It can also have better ventilation, lighting, and a handrail or other device for stabilization. These steps also mean that people will use latrines and toilets rather just having their bowel movements in a field, along a path, or in some other open place.

There is help for very sick people. Some simple equipment for people who may be too sick to go to latrines or toilets can cut the risk of infection for them and their families. The sanitary use and cleaning of commode chairs (also known as potty chairs), urinals, and bedpans protects them and their families.

We have to fight false stories. It is very sad that you still hear stories like how you can get HIV from a latrine or toilet used by PLHIV. This is absolutely untrue. You can, however, get other sicknesses from toilets that are not clean, and so can PLHIV, only it is even more dangerous for them. For most people the risk of HIV comes from sex without a condom.

A job aid to help your work. The job aid you will practice with makes it easy for you to use communication for behavior change to help patients and their families understand and apply this information.

Session 5 Handout 2: Can You Match Up These Items? A Community Quiz and Answers on WASH and Safe Sanitation

The following is a list of items relating to WASH and latrines/toilets. They are numbered 1 through 10. Next, there is a list of definitions or examples of them. They are lettered A to L. Your job is to match the two that make the most sense. For example, if number 11 was “wood ash” and letter K was “a substitute for soap,” you would write K in the blank space next to number 11.

List of Items

1. Greater susceptibility to diarrhea and other sicknesses
   Which letter from the list below? _____
2. A special stool for children
   Which letter from the list below? _____
3. Soap (or wood ash) and water for handwashing after use
   Which letter from the list below? _____
4. Excreta
   Which letter from the list below? _____
5. Items used during menstruation
   Which letter from the list below? _____
6. A sturdy bamboo handrail for a person to hold on to
   Which letter from the list below? _____
7. Privacy, light, a cover for the hole, ventilation, etc.
   Which letter from the list below? _____
8. You can catch HIV from a toilet used by PLHIV
   Which letter from the list below? _____
9. A commode chair or potty chair
   Which letter from the list below? _____
10. Bleaching powder
    Which letter from the list below? _____

Definitions or Examples

A. Urine, feces, vomit, menstrual blood, etc.
B. Important conditions for having an acceptable latrine
C. Necessary supplies to keep near latrines/toilets
D. A recommended cleaning agent for latrines/toilets
E. A chair placed over a potty for people who cannot get to a latrine
F. The reason why PLHIV should be protected from fecal matter and other germ sources
G. A false story that is sometimes told or heard in the community
H. Items considered infectious waste and need to be disposed of according to the guidelines for waste management
I. A way of making latrines/toilets easier to use and safer for young people
J. An example of support for people when they squat over the hole in a latrine

Answer Key

1. F
2. I
3. C
4. A
5. H
6. J
7. B
8. G
9. E
10. D

Session 5 Handout 3: Facts and Fiction About Transmission of HIV

HIV is transmitted primarily through sex with no condom, sharing needles, being born to a mother living with HIV, or in rare cases, blood transfusion. The four body fluids (i.e., blood, semen, vaginal fluids, and mother's milk) are the sources of almost all infection.

We have to fight many false stories about how a person can contract HIV. Some of the stories cause a stigma for PLHIV, making their lives difficult.

Part of your role is to use communication for behavior change to get the truth out to people. This table shows some commonly heard false stories.

False Stores about Contracting HIV	The Role of WASH
You can get HIV from a toilet used by PLHIV. **False**	Dirty toilets do not cause HIV, but they do spread other germs. These germs are a danger to everybody, but especially to PLHIV, because they have weaker immunity. Applying WASH means keeping toilets clean.
Shaking hands, hugging, or otherwise touching PLHIV can give you HIV. **False**	Dirty hands do not cause HIV, but they spread other germs. These germs are a risk to everyone, but especially to PLHIV. Clean hands prevent the spread of germs.
You can get HIV from using cups or dishes used by PLHIV. **False**	Dirty cups or dishes can spread other diseases (but not HIV).These germs are especially dangerous for PLHIV. Good dishwashing kills the germs.
Sleeping in the same bed with PLHIV can give you HIV. **False**	If sex does not take place, sleeping in a bed with PLHIV does not pose any risk of HIV.
You can get HIV by washing clothes of PLHIV. **False**	Never touch excreta or body fluids on clothing without rubber gloves. However, washing clothes poses no risk.
You can get HIV by using a book, pencil, hat, or other personal items of PLHIV. **False**	You do not get HIV from touching things owned by PLHIV.
You can get HIV from handling feces and urine. **Generally false**	*Unless* you have an open cut, you cannot get HIV from handling feces and urine. You can get many harmful germs by unsafely handling waste.

Session 5 Handout 4: Job Aid on Safe and Clean Toilets

Protect Yourself and Your Family from Disease **Safe and Clean Toilets**	
Message	*Illustrations*
A safe toilet has: - A cover over the hole - A door latch - Water or toilet paper for cleansing - Light - A pole to support people who are weak -Water and soap or wood ash nearby for handwashing.	*A latrine with an open door showing the elements of a safe latrine. An arrow points to each element:* - *Hole cover* - *Latch on door* - *Container with water for cleansing* - *Space between roof and wall for natural light to come in* - *Wooden pole* - *A jerry can and bar of soap on a table next to the latrine.*
A clean toilet is: - Cleaned with water and bleach - Cleaned and swept once a day.	*Cleaning brush next to bucket of water and bottle labeled bleach; woman sweeping immediate area around latrine.*
When someone is very sick: - Use a potty - Clean it with water and bleach.	*Sick-looking man sitting on a potty with a piece of matting/wood nearby (cover for the potty).*

Discussion Guide for Communication Session on Keeping Toilets Safe and Clean
"Hello and welcome! My name is _____, and today we're going to talk about protecting ourselves and others from disease by doing something very simple: Keeping our toilets safe and clean!"
"Think of the toilets you have used. How would you describe them?" "How do you feel about using them?" "Why?" "Why do you think it is important to have safe and clean toilets?" *Key points:* • *Clean toilets keep flies away from human feces. Flies feast on feces and then land on us and our food, spreading germs.* • *Contact with feces and urine can make people very sick, especially PLHIV.* • *People are more likely to use toilets when they are clean and safe.* "What makes a toilet safe?" *Key points (emphasize key points by having someone describe the images on the other side of this card):* • *A cover over the hole* • *A door latch* • *Water or toilet paper for cleansing* • *Light* • *A pole to support people who are weak.* "What else should it have?" • *Soap and water or wood ash for handwashing. Remember to wash your hands properly after using the toilet!* "Who benefits from clean and safe toilets?" "Why?"
"How do people you know clean their toilets?" "How often do they clean them?" *Key points (emphasize the key points by asking someone to describe the images on the other side of this card):* • *Use water and bleach* • *Clean and sweep once a day.* "Do people clean their toilets properly?" "Why is it hard to clean them properly?" "What would make it easier for us to clean our toilets properly?"
"What should we do if a person is very sick and can't walk to the toilet?" *Key points:* • *Help them use a potty* • *Empty the contents into a toilet* • *Clean the potty with water and bleach* • *Remember to wash hands after helping somebody go to the toilet and after cleaning the potty.*
"Now let's go over what we have discussed today!" "What makes a toilet safe?" "What should we use to clean a toilet?" "How often should a toilet be cleaned?" "What should we do when a person is too sick to use the toilet?" "When should we wash our hands?"
"Thank you for participating in this discussion! I hope the information will help you and your family stay healthy and avoid disease!"

Session 6: Waste Management in Resource-Constrained Settings: Related Training Aids

Session 6 Handout 1: Waste Segregation Quiz 234
Session 6 Handout 2: Poster on Segregation of Medical Waste 235
Session 6 Handout 3: Job Aid on Getting Rid of Trash Safely 236

Session 6 Handout 1: Waste Segregation Quiz

For each of the items listed, circle the correct type of waste. At least one of the items may be difficult to classify.

1. **An empty "blister pack" that no longer contains malaria pills**

   Sharps Waste General Waste Infectious Waste

2. **Leftover food from lunch**

   Sharps Waste General Waste Infectious Waste

3. **A broken pipette from a laboratory**

   Sharps Waste General Waste Infectious Waste

4. **A urine sample that was used for a diagnostic test**

   Sharps Waste General Waste Infectious Waste

5. **A handkerchief or cloth used by a man suffering from a bloody nose**

   Sharps Waste General Waste Infectious Waste

6. **An empty chlorine container**

   Sharps Waste General Waste Infectious Waste

7. **A used syringe with the cap on the needle**

   Sharps Waste General Waste Infectious Waste

8. **Used rubber gloves from a surgical procedure**

   Sharps Waste General Waste Infectious Waste

9. **Expired antibiotics or other medications**

   Sharps Waste General Waste Infectious Waste

10. **A small empty box that held cycles of contraceptive pills**

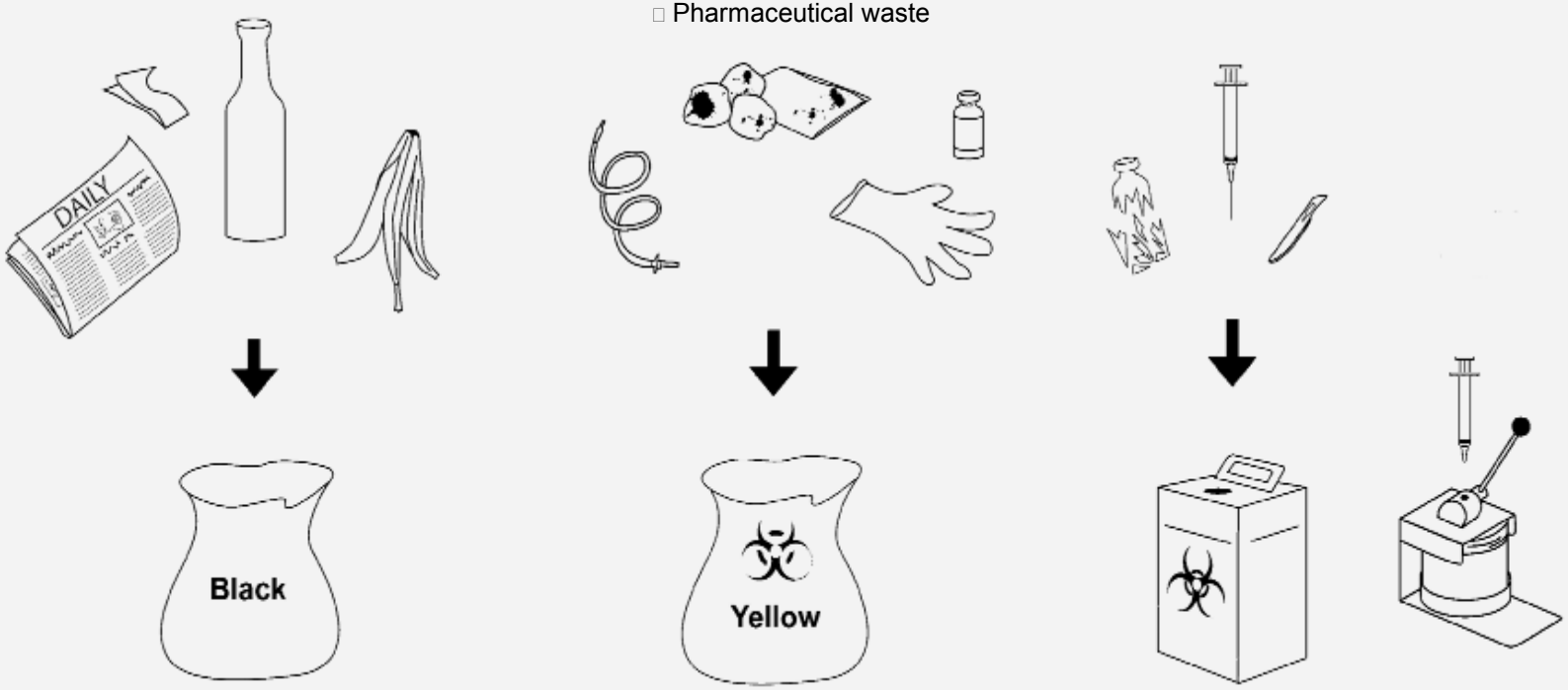
    Sharps Waste General Waste Infectious Waste

Session 6 Handout 2: Poster on Segregation of Medical Waste

General Waste
- Paper/packaging material
- Bottles/cans
- Glass
- Food

Infectious Waste
- Gauze/dressing
- Blood/intravenous fluid lines
- Gloves
- Anatomical waste
- Pharmaceutical waste

Sharps Waste
- Needles
- Infusion sets
- Scalpels
- Blades
- Broken glass



Session 6 Handout 3: Job Aid on Getting Rid of Trash Safely

<table>
<tr><th colspan="5">Protect Yourself, Your Family, and Others from Disease
Get Rid of Trash Safely</th></tr>
<tr><td>Message</td><td colspan="4">Illustrations</td></tr>
<tr><td>Separate trash into dangerous trash and regular trash</td><td colspan="2">At left, a narrow-neck jar and lid; a syringe, razor blade, and bloody gauze above the jar, as though they are being thrown in.
↓</td><td colspan="2">At right, a bucket; a syringe wrapper, newspaper, and banana peel over bucket, as though they are being thrown in.
↓</td></tr>
<tr><td></td><td>Message</td><td>Illustration</td><td>Message</td><td>Illustration</td></tr>
<tr><td></td><td>Pour bleach into the jar to disinfect trash</td><td>Bleach solution being poured into jar three-quarters full of used waste.
↓</td><td rowspan="2">Throw away like regular trash</td><td rowspan="2">Normal garbage can</td></tr>
<tr><td></td><td>Bury trash far from home</td><td>A pit with a closed jar filled with infectious waste. A person is covering it with soil. There is a fence around the pit. In the distance, there are homes and a well.</td></tr>
<tr><td>Wash your hands after handling trash</td><td colspan="4">Soapy hands under running water from tap.</td></tr>
</table>

Discussion Guide for Communication Session on Getting Rid of Trash Properly
"Hello and welcome! My name is _____, and today we're going to talk about protecting ourselves and others from disease by doing something very simple: getting rid of trash safely!"
"What types of trash do we throw away in our homes?" "Would you say this type of trash is regular trash or dangerous trash?" *Key points:* • *Examples of regular trash include paper, bottles and cans, food waste, and syringe wrappers* • *Examples of dangerous trash include needles, razor blades, and bloody gauze or material* • *Dangerous trash must be handled carefully.* "Why do you think it is important to get rid of trash properly?" *Key points:* • *Prevents the spread of dangerous germs found in trash, which can make people sick* • *Some dangerous trash, like used needles and razors, puts people at risk of serious diseases like HIV and hepatitis* • *Helps keep away flies that carry germs and stops bad smells, so the house is more pleasant and comfortable.* "Who benefits when we get rid of trash properly?" "Why?"
"What should we be doing when we throw away trash?" *Key points:* • *Separate trash into dangerous trash and regular trash* • *Use a narrow-neck jar with a lid for dangerous trash. This way no one, especially children, can take the trash out.* *Emphasize the key points by asking someone to describe the images on reverse (at the top of the page).* "What should we do with the trash after separating it?" *Key points:* • *Pour bleach into the jar with the infectious waste. Do not touch or empty the contents of the jar.* • *Bury dangerous waste far away from any homes and water sources.* • *Throw away other trash like regular trash.* • *Never mix regular and dangerous trash.* *Emphasize the key points by asking someone to describe the next set of images on reverse.*
"Is it realistic for us to get rid of trash the way we just explained it?" "Why is it hard to do so?" "What would make it easier for us to get rid of trash properly?"
"Now let's go over what we have discussed today!" "What are some examples of dangerous trash?" "How should we separate our trash?" "What type of a container should we use for dangerous trash?" "Why?" "How should we get rid of jars with dangerous trash?" "What should we do after handling trash?"
Thank you for participating in this discussion! I hope the information will help you and your family stay healthy and avoid disease!"

Session 7: Cleanliness and Hygiene at Facilities: Related Training Aids

Session 7 Handout 1: Areas for Disinfection by Risk Level 240
Session 7 Handout 2: How to Dispose of Waste Water 241
Session 7 Handout 3: Job Aid on Keeping Things Clean 242

Session 7 Handout 1: Areas for Disinfection by Risk Level

Low risk for spreading or getting infection

1. Administrative areas: The non-patient areas (i.e., clerical, financial, and administrative areas including store rooms, etc.)

Cleaning: Swept daily following normal domestic cleaning.

Medium risk for spreading or getting infection

2. Most patient or common care areas: The consultation rooms, general wards, laboratories, pharmacy, and waiting rooms

Cleaning: Wet mopped daily with hot water and detergent. If there is no hot water, use 0.2% bleach or other disinfectant.

Extreme risk for spreading or getting infection

3. High-risk areas: The infectious disease or isolation wards, operating/surgical areas, procedure rooms, surgery and delivery rooms, intensive care units, premature baby units, emergency, and dialysis units

Cleaning: Before and after every procedure or when soiled using 1% bleach.

Session 7 Handout 2: How to Dispose of Waste Water

Waste water comes from washbasins, showers, sinks, etc. (grey water), and from flushing toilets (black water). Waste water should be removed rapidly and cleanly from the point where it is produced.

- Waste water removal or drainage from health facilities should avoid contaminating the facility itself or its surroundings.
- Waste water should be removed in standard waste drainage systems to outside sewers or disposal systems at the site.
- It is best if waste water from a health facility is connected to a properly built and functioning sewer system. This in turn should be connected to an adequate treatment plant.
- If the sewer does not lead to a treatment facility, waste water needs to be kept and treated on-site before it is disposed of.
- Open waste water drainage systems should be covered up to avoid risks like mosquitoes breeding and possible contamination from people touching it.
- Small quantities of infectious liquid wastes (e.g., blood or body fluids) may be poured into sinks or toilets. Most pathogens are rendered inactive by a combination of time, dilution, and the presence of disinfectants in the wastewater.

Toxic wastes (e.g., reagents from a laboratory) should be treated as health care waste. They should not be poured into sinks or toilets that drain into the waste water system.

Session 7 Handout 3: Job Aid on Keeping Things Clean

Protect Yourself and Your Family from Disease **Keep Things Clean**	
Messages	***Illustrations***
Keep your home clean • Sweep inside and outside the house • Clean the floors with water • Clean any blood, urine, feces, or vomit with water and bleach.	 *Woman sweeping living area/man sweeping outside the house* *Woman mopping, with a bucket of water next to her* *Spilled blood on floor; bottle labeled bleach; broom with handle and a cloth tightly wrapped around the bristles; hand covered with a plastic bag*
Keep clothes, sheets, and towels clean • Remove feces and vomit • Use water and bleach to clean clothes, sheets, and towels soiled with blood, urine, feces, or vomit	 *Feces being dumped into latrine hole directly from sheet* *Sheets in large bowl soaking in water; bottle labeled bleach; clothesline nearby*
Protect your hands when handling blood, urine, feces, or vomit	*Man handling soiled linens with hands in plastic bags*
Wash your hands after cleaning	*Soapy hands under running water from tap*

Discussion Guide for Communication Session on Cleaning the Home
"Hello and welcome! My name is _____, and today we're going to talk about protecting ourselves and others from disease by doing something very simple: Keeping things clean!"
"Why do you think it is important for us to keep our homes clean?" *Key points:* • *Cleaning helps remove germs that can make us sick.* • *If somebody is living with HIV, that person can become very sick. That's because PLHIV get sick more easily; when they're sick, they get sicker than others.* "Who benefits from a clean home?" "Why?"
"What are the things we do to keep our homes clean?" *Key points:* • *Sweep inside and outside the house* • *Clean the floors with water* • *Use water and bleach to clean surfaces that have blood, feces, urine, or vomit. Protect your hands when you might touch blood or feces.* *Emphasize key points by asking someone to describe the images on the other side of this card.*
"Keeping clothes and bed sheets clean is also very important. How do you wash your clothes?" "How about clothes that have feces, vomit, or blood?" *Key points:* • *Remove feces and vomit* • *Use water and bleach to clean bed sheets soiled with urine, feces, vomit, or blood.* *Emphasize key points by asking someone to describe the images on the other side of this card.*
"Do people you know clean their homes, soiled bed sheets, and clothes properly (as discussed)?" "Why is it hard to do so?" "What would make it easier to clean properly?"
"Can you think of things we must do to protect ourselves while we clean and after we clean?" *Key points:* • *Protect your hands when handling feces, blood, vomit, or urine* • *Wash your hands after cleaning.* *Emphasize key points by asking someone to describe the images on the other side of the card.*
"Now let's go over what we have discussed today!" "How should we clean urine, feces, vomit, or blood?" "How should we clean our floors?" "How should we clean clothing or sheets soiled with urine, feces, vomit, or blood?" "What should we always do after cleaning?" "How can we protect our hands when we might touch urine, feces, vomit, or blood?"
"Thank you for participating in this discussion! I hope the information will help you and your family stay healthy and avoid disease."

Session 8: Food Hygiene: Related Training Aids

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Session 8 Handout 2: Job Aid on Keeping Your Food Safe to Eat..... 251

Session 8 Handout 1: Questions on Food Safety (and Trainer Version)

Please review this list of items on food safety with your partner and choose any 10 to answer. You can go in any order. For each statement you choose, circle the best response from the three choices and then complete the phrase with your own words on the line. Give your honest opinion. Try to pick out questions that you and your partner think are important or you have strong views on.

For example, for a statement on giving fresh fruit to children, you might circle “b. Safe because” and then complete the phrase at the bottom with, “it is healthy for them.”

1. **Cooking chicken in a pot, and then cooking rice in it.**

   This is: a. Risky because b. Safe because c. I am not sure because

   _____

2. **Having rice and beans for breakfast that are left over from last night.**

   This is: a. Risky because b. Safe because c. I am not sure because

   _____

3. **Sweeping the kitchen floor once a week.**

   This is: a. Risky because b. Safe because c. I am not sure because

   _____

4. **Saving fuel or time by cooking something very quickly.**

   This is: a. Risky because b. Safe because c. I am not sure because

   _____

5. **Washing down food preparation surfaces after dinner.**

   This is: a. Risky because b. Safe because c. I am not sure because

   _____

6. **Using powdered milk from a can that has been open for several days.**

   This is: a. Risky because b. Safe because c. I am not sure because

   _____

7. **Letting chickens pick up scraps in the place where you prepare food.**

   This is: a. Risky because b. Safe because c. I am not sure because

   _____

8. **Cutting up meat and then cutting up vegetables.**

   This is: a. Risky because b. Safe because c. I am not sure because

   _____

9. **Cooking all the food you need for the whole day in the morning.**

   This is: a. Risky because b. Safe because c. I am not sure because

   _____

10. **Letting kids help you do the cooking.**

    This is: a. Risky because b. Safe because c. I am not sure because

    _____

11. **Coming from the toilet to sit down for supper.**

    This is: a. Risky because b. Safe because c. I am not sure because

    _____

12. **PLHIV cooking at home.**

    This is: a. Risky because b. Safe because c. I am not sure because

    _____

13. **Saving food for somebody who is very late for supper.**

    This is: a. Risky because b. Safe because c. I am not sure because

    _____

14. Cooking food with water from a stream or creek.

This is: a. Risky because b. Safe because c. I am not sure because

_____

15. Buying any meat or milk products that smell a little funny but are cheaper.

This is: a. Risky because b. Safe because c. I am not sure because

_____

16. Saving cooked and uncooked food in the same container.

This is: a. Risky because b. Safe because c. I am not sure because

_____

17. Eating processed foods versus unprocessed foods.

This is: a. Risky because b. Safe because c. I am not sure because

_____

18. Eating with your fingers versus using utensils.

This is: a. Risky because b. Safe because c. I am not sure because

_____

19. Leaving dishes out to air dry versus drying them with a towel.

This is: a. Risky because b. Safe because c. I am not sure because

_____

Trainer Version: Questions on Food Safety

Note: Handout 1 has three choices written below each statement and a line for completing the answer. In order to save space, they are not repeated in this trainer version. The numbers written after each statement refer to the five keys to food safety (from PG Session 8). This is meant to help the trainer identify which of the five keys apply to each of the statements. The trainer should be flexible as other answers may be appropriate depending on the point of view of the participant.

1. Cooking chicken in a pot, and then cooking rice in it—**1, 2**
   It is safest to wash the pot between cooking the chicken and cooking the rice.

2. Having rice and beans for breakfast that are left over from last night—**4**
   This can be safe if the food has been stored properly in a temperature that prevents microorganisms from growing and covered to keep insects or rodents away.

3. Sweeping the kitchen floor once a week—**1**
   It depends on how dirty the floor gets: if the food waste attracts insects and rodents, once a week is not often enough.

4. Saving fuel or time by cooking something very quickly—**3**
   This may be acceptable, but there may be a risk with milk products, eggs, meat, and food that has been left out and uncovered.

5. Washing down surfaces where food is prepared after dinner—**1, 2**
   Surfaces where food is prepared should be wiped down before and after each meal and after any time raw meats are involved. Use safe water whenever possible and clean water if safe water is not available.

6. Using powdered milk from a can that has been open for several days—**5**
   It depends on how it was stored—follow the instructions and the expiration date on the container. Be sure to mix powdered milk with safe water only.

7. Letting chickens pick up scraps in the place where you prepare food—**1**
   Chickens can carry diseases and leave excreta on the floor—it is best to keep them out of the kitchen, if possible.

8. Cutting up meat and then cutting up other vegetables—**1, 2**
   Both the surface and the knife should be cleaned with soap and safe water between cutting the meat and cutting the vegetables.

9. Cooking all the food you need for the whole day in the morning—**3, 4**
   This may be safe but it depends on:
   - *Type of food is being kept—milk products, eggs, meat, and poultry are most dangerous.*

- *Temperature it is kept at—is the food in a refrigerator, in a cool place, in a pot on the stove, in direct sunlight?*
- *How it is stored—are flies and other insects able to land on it?*
- *Be sure all foods are prepared with safe water.*

10. Letting kids help you do the cooking—**no individual rule**
    This is acceptable as long as they are supervised to follow safe hygiene standards. This is a good opportunity to teach children important lessons for keeping themselves healthy.

11. Coming straight from the toilet to sit down for supper—**1**
    Wash hands before sitting down.

12. PLHIV cooking at home—**no individual rule**
    This is fine as long as PLHIV follow safe food hygiene standards (i.e., washes hands, does not sneeze into food, prevents blood from getting into food, only cooks and cleans with safe water, etc.).

13. Saving food for somebody who is very late for supper—**3, 4**
    It depends on how the food was stored. It is always a good idea to reheat the food to kill any microorganisms that have grown on it (see number 3 and number 8).

14. Cooking food with water from a stream or creek—**5**
    This can be acceptable if the water is purified first, but there is a risk if it is straight from the source. The water may be acceptable to use if boiled or made safe first.

15. Buying any meat or milk products that smell a little funny but are cheaper—**5**
    This is likely a risk unless it is cooked very thoroughly; even then, it may still cause illness.

16. Saving cooked and uncooked food in the same container—**2**
    This is risky. It is important to keep cooked and uncooked food in separate containers.

17. Eating processed foods versus unprocessed foods—**5**
    Natural food is generally healthier than food that has been manufactured or has many additives.

18. Eating with your fingers versus using utensils—**1**
    Either is fine as long as they are clean.

19. Leaving dishes out to dry versus drying them with a towel—**1**
    Air drying is fine. Using a clean towel for drying is important.

Session 8 Handout 2: Job Aid on Keeping Your Food Safe to Eat

Protect Yourself and Your Family from Disease **Keep Your Food Safe to Eat**	
Messages	***Illustrations***
Wash • Wash everything used to prepare food, using clean water and soap • Wash your hands before preparing food • Wash fruits and vegetables.	Illustrations showing the "washing continuum," with arrows between steps: o Hands washing a cutting board and knife with soapy water ⟶ o Soapy hands rubbing under running water coming from a tap ⟶ o Hands washing fruits and vegetables ⟶ o Hands cutting vegetables on a cutting board.
Cook food thoroughly	1. Pot cooking over a fire, with bubbling water, chicken, vegetables, and visible steam 2. Cooked meat with a pink raw section in the middle and an X across it.
Separate cooked and raw foods	A dish with chicken radiating steam and another dish with raw, uncut vegetables.
Protect food by covering it	A hand placing a plate over a dish of chicken, vegetables, and rice. Another dish already covered.
Wash hands before eating	Soapy hands under running water from tap.
Eat cooked food within two hours	Clock with arrow showing noon to 2 p.m.; family of five at the table eating (mother, father, grandmother, and two small children).

Discussion Guide for Communication Session on Food Safety
"Hello and welcome! My name is _____, and today we're going to talk about protecting ourselves and others from disease by doing something very simple: Keeping our food safe to eat!"
"Why do you think it is important for us to keep our food safe?" *Key points:* • *Dangerous germs are found in many places and can easily get into our food.* • *Germs can be passed on from our hands, kitchen cloths, knives, and other things used for cooking.* • *Raw meat, chicken, and fish may have dangerous germs that can spread to other foods while they are being prepared or stored.* • *Food that is not cooked thoroughly can make people very sick, especially PLHIV.* • *Cooking food thoroughly kills almost all dangerous germs.* "Who benefits from having safe food?" "Why?"
"What should we do before we begin preparing food?" *Key points (emphasize key points as you go through each question by asking someone to describe the images on the other side of this card):* • *Wash everything used to prepare food with clean water and soap.* • *Wash your hands with soap and water before preparing food. If you need to interrupt cooking, wash your hands again when you return to cook.* • *Wash fruits and vegetables with safe water if you will eat them raw.* "What types of food should be cooked thoroughly?" *Key points (emphasize key points as you go through each question by asking someone to describe the images on the other side of this card):* • *All food should be cooked thoroughly, but especially meat, chicken, fish, and eggs.* • *Well-cooked meat and chicken should not have any raw spots.* "Should we mix cooked and raw foods?" *Key points (emphasize key points as you go through each question by asking someone to describe the images on the other side of this card):* • *Store raw and cooked foods in separate containers.* • *Do not use the same cutting board and knife to cut both raw and cooked foods. Wash them with clean water and soap first.* "How can we keep our food safe after it is cooked?" *Key points (emphasize key points as you go through each question by asking someone to describe the images on the other side of this card):* • *Keep food in clean, covered containers to protect it from flies, dust, and animals.* • *Eat food within two hours after it is cooked.* • *Store food and vegetables in a cold place.* • *Reheat cooked food thoroughly before eating it.* "Finally, what should we do before we eat?" • *Wash hands before eating.*
"Do people you know do all these things to keep their food safe?" "Why is it hard to do so?" "What would help us to do all these things?"
"Now let's go over what we have discussed today!" "What are the six key things we should do to keep our food safe to eat?" "What should we always do before eating?" "When should cooked food be eaten?" "What should we do if we can't eat the food right away?"
"Thank you for participating in this discussion! I hope the information will help you and your family stay healthy and avoid disease!

Session 9: WASH in Resource-Constrained Settings: Related Training Aids

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Session 9 Handout 2: Actions That Have Been Taken in Resource-Constrained Settings 255

Session 9 Handout 1: Working in Resource-Constrained Settings

Health professionals often have to work in resource-constrained settings. This means that conditions at their clinic or hospital are far from ideal, and that there are very limited resources for supplies and improvements. However, please note that:

- Not everything costs money. Many improvements can be made at little or no cost.
- Sometimes hard choices have to be made to pick a few priorities, and many things that would be good to do cannot be done.
- You need to choose on the basis of what will have the biggest impact. What will matter most in terms of stopping the spread of germs and making life better for PLHIV?

Directions for Small Group Work

- Study the list of actions in Handout 2 with the colleagues in your small group.
- Pick out the actions that are most usable where you work.
- Change any actions that you like so they will be appropriate for where you work.
- If there are actions for resource-constrained settings that you already do at your site, be ready to explain to the large group what they are.
- Above all, brainstorm new actions that could help in resource-constrained settings.
- You will have about 20 minutes for your group work, and then your trainers will ask you to join in a large group discussion and share your best ideas.

Session 9 Handout 2: Actions That Have Been Taken in Resource-Constrained Settings

These actions are not ideal. They are intended only as examples of what people have had to do in resource-constrained settings. Please add other actions to the list that can help PLHIV and others in resource-constrained settings.

Treat at least enough water for drinking. If there are limited resources or capacity for water treatment, make sure drinking water, particularly for PLHIV, is the priority. After that, if you can, use safe, treated water for cooking. Facilities in many places do not have resources to treat water for laundry and cleaning. Clean water should be used for laundry and cleaning.

Use some tippy taps for handwashing only, not for drinking water. If drinking water is very limited (for whatever reason), do not put it in tippy taps for handwashing. Label tippy taps as drinking water or handwashing water.

Recycle waste water from tippy taps. If your water supply is very limited, you may have to use the water from handwashing caught under the tippy tap in a basin or bucket for other uses such as cleaning floors and latrines/toilets. This is not ideal, but it is better than not cleaning the floors or latrines/toilets at all!

Local cleaning materials may be much cheaper. For example, a traditional broom, mop, or cleaning cloths may work as well and be much cheaper than imported items.

Substitute clean wood ashes for soap. Clean wood ashes are usually cheaper. Note that you need a little container so that they stay dry and do not cake.

Buy soap instead of hand sanitizers and alcohol wipes. Hand sanitizers and alcohol wipes are effective and very convenient, and you do not have to have water or a tippy tap to use them. But they are expensive. You can usually buy much more soap for the same amount of money than you can these products.

Do not pay more for soap or cleaning products with a fragrance. Sometimes people think that soap or cleaning products for hands, floors, toilets, and laundry are better because they have a pleasant fragrance and smell good. They are not better; they just cost more.

Ask family members and caregivers to help with routine chores. They may be happy to give of their time with various cleaning chores if they are asked; they have a real interest in protecting their loved one.

Plastic bags are cheap substitutes for lots of WASH work. They can keep insects out of drinking water. They can be used to store infectious waste if a proper container is not yet available. They have many uses in keeping food clean. Of course, the bags themselves have to be kept clean.

Invite people to contribute materials you need. People in the community, religious groups, and others are often happy to contribute materials when they know that a facility has a very small budget. They could give wood ashes, containers for tippy taps, soap, basins, pails, cleaning supplies, spades, paper for signs and job aids, equipment for safer food preparation, and other items for WASH work. One idea is to put up a sign in the waiting areas with a short list of what is needed. Another is to speak to community leaders. People want to have clinics and hospitals that serve PLHIV and the whole community well.

Some people are happy to volunteer their labor. It is important to have a specific task so that people can come on a particular day or afternoon. Possibilities include fixing doors on toilets, making and setting up new tippy taps, remodeling a food preparation area, setting up a new pit latrine, digging a waste disposal site, and having a general clean-up day. Even school children have volunteered to help with such projects. Four key steps for using volunteer labor are 1) have specific tasks the volunteers really can do, 2) have the needed tools for the job, 3) have someone to direct them, and 4) take steps to assure that nobody will be hurt.

Trade materials with a nearby clinic or hospital. Your facility may have an extra water barrel, for example, that you could trade for a commode chair from another site.

At your site, what are actions for resource-constrained settings that you are already doing?

What new actions for resource-constrained settings can you think of?

Session 10: SDAs for WASH: Related Training Aids

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Session 10 Handout 2: The WASH List of Sample SDAs 259

Session 10 Handout 1: What is a Small Doable Action?

Definition

For the purposes of this course, a small doable action (SDA) is an action that:

- Costs little or no money
- Is easy to do and involves no serious barriers or problems
- Can be done starting within a day or two day of when you return to work
- Requires no authorization from your supervisor (or you are reasonably sure it will be given)
- Has a WASH impact and will lead to improving the lives of PLHIV.

(Note that the SDAs are different from the larger doable actions [LDAs] that will require additional resources and time [e.g., constructing new latrines/toilets or drilling a new well]. Supervisors and managers will decide which LDA actions to get resources to work on.)

You have covered several technical areas so far in the WASH course. In this exercise on SDAs, you are asked to read **Session 10 Handout 2: The WASH List of Sample SDAs**.

Session 10 Handout 2: The WASH List of Sample Small Doable Actions

Directions

1. Working with a partner, study the list and discuss which SDAs you personally are choosing and why. Be ready to answer questions for the commitment ceremony.

2. Which of the SDAs do you want to pick to do on your job? (A minimum of eight is recommended. Put a tick mark next to the ones you choose. Explain to your partner why you chose them and what problems they may involve.)

3. You can change SDAs on the sample list any way you want. Just cross out words you do not want and write in your changes. Can you think of SDAs that you want to add to the list? (Write them in the blanks near the end of the list.)

4. Finally, at the end of your list, add the names of at least three people whom you will tell about your choices and why you commit to use them. A month from today, you will talk to them again and tell them about your success with your WASH SDA work. The three people could be your supervisor and two other colleagues, but the choice is up to you. Telling other people about your choices is a way of showing your personal commitment. It also helps them understand WASH better, and they may start practicing some of your SDAs!

_____1. *Make your own handwashing kit with a plastic bag, towel, and soap.* These items may not be readily available when and where you need them. Having your own kit will make it easier to wash your hands during your busy day.

_____2. *Shake hands less.* In many cultures, handshaking is an important part of traditional courtesy, but we may do it more than is really necessary.

_____3. *Touch patients less.* It is definitely necessary to touch patients at times. You have to touch them for medical reasons, and sometimes just to be polite and show your concern. But avoiding unnecessary touching can reduce the chances of infections spreading between you and patients.

_____4. *Practice proper coughing and sneezing etiquette.* Cough or sneeze into the crook of your arm, and not your hands. This avoids getting germs on your hands, which you will then have to wash before doing anything else.

_____5. *Put up handwashing signs in key locations.* Pick the most important places. Add diagrams if they will be better than just words. Make sure that water and soap are available.

_____6. *Ask patients, "When did you wash your hands today?"* This will help them understand the importance of this and will reinforce your own awareness of this simple but key action.

_____7. *Set up your own tippy tap where you need it most.* This helps ensure that you will use it. Of course, you need to arrange to refill it regularly and to have soap available.

_____8. *Put soap chips and water in a plastic bottle.* Use a knife to shave the chips from a bar of soap. This will give you something more like liquid soap, and your soap will last longer. It is also a way of keeping your soap from getting "lost." Write your name on the bottle.

_____9. *If you give patients plastic drinking cups, get them in a variety of colors.* This makes it easier for patients to identify which cup is theirs.

_____10. *Cover the openings of pit latrines.* When flies and other insects cannot get in and out easily, they cannot spread germs easily. A small woven mat or even a piece of cardboard can serve as a cover.

_____11. *Use lime, ashes, or even dirt to cover waste in latrines from time to time.* This reduces the spread of germs and disease caused by flies and other insects.

_____12. *Do not touch the door knobs or handles of latrines/toilets.* These are often very dirty. Use a piece of toilet paper to open and close doors when possible, or install doors with handles that lift with the arm or elbow.

_____13. *Cover drinking water containers until you can get a better container.* You can help guard the purity of water with a covering such as a plate or woven mat until you can get a closed container or one with a built-in lid.

_____14. *Clean your stethoscope and commonly used instruments regularly,* especially those that touch patients most often.

_____15. *Teach PLHIV and their families how to clean items they commonly use around the house.* (This is an SDA and does not replace the use of job aids and communication for behavior change.)

_____16. *Talk to patients and their family members about handwashing and sanitation.* (Again, this is an SDA that does not replace the use of job aids and communication for behavior change.)

_____17. *Put up posters in key locations.* These might include posters on handwashing, standard precautions, segregation of waste, or other topics.

_____18. *Talk to the cleaning people at your facility.* Tell them that you appreciate what they do because it helps PLHIV and everybody at your facility and eventually people in the community. (Note that this does not replace thorough training of non-clinical staff with job aids. See Session 14 on engaging non-clinical staff.)

_____19. *Use the sun to clean materials when possible.* Sunshine kills germs. For example, mops and sheets dried in the sun are more sanitary. A mop that is still damp from the day before may spread germs that have grown in it.

_____20. *Air dry your hands when clean towels are not available.* Do not wipe them on your shirt or frock, which may have dirt or germs on it.

_____21. *Replace a mop with a cloth.* Mops get dirty, and it is important to clean them frequently or change them often. A heavy cloth can be easier to keep clean.

_____23. *Save your cleanest water for drinking.* If you have limited potable water, save it for drinking and cooking. Use water that is less pure for cleaning and washing.

_____24. *Carry your own toilet paper or tissue.* If there are not enough resources to have toilet paper in latrines/toilets for everyone, as a health worker who touches many patients, you can at least keep your own supply.

_____25. *Keep flies out of wards with mosquito netting.* Ordinary mosquito netting, even from old mosquito nets, can be placed on windows or doorways to help keep insects out.

_____28. *Give incoming patients a packet of three or four priority information pamphlets on WASH.* Share these with the patient's families when possible, too.

_____29. *Change shoes at work.* Do not wear shoes home that you wear at work and vice versa. You could bring germs from one environment into the next very easily.

_____30. *Avoid touching your eyes, nose, or mouth.* Germs are spread when a person touches something with germs and then touches his or her eyes, nose, or mouth.

_____31. *Stay at home when you are sick.* You may do more harm than good, especially because you are working with people whose immune systems are weakened.

What are other SDAs you can think of? They could involve anything you have learned in this course concerning diarrhea, communication for behavior change, water, latrines/toilets, waste management, cleanliness, food hygiene, or something you saw on your WASH tour of the facility.

_____Another SDA: _____
_____

_____Another SDA: _____
_____

_____Another SDA: _____
_____

Three people whom you will tell about the SDAs that you have committed to and whom you will meet with again a month from today to tell about you success with WASH SDA work are:

1. _____

2. _____

3. _____

Session 11: Facility Tour for WASH Observations: Related Training Aids

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Session 11 Handout 1: The Purpose of the WASH Tour: A Template Letter for Adaptation

Dear Facility Director,

Thank you so much for agreeing to host a tour for the health professionals in our WASH training.

WASH stands for water, sanitation, and hygiene, and in this case it is WASH for people living with HIV (PLHIV). Applying the WASH principles we have learned in this training will help us reduce diarrhea and various opportunistic infections for PLHIV so that they live healthier and longer lives.

Of course, WASH practices can stop disease transmission to families, other patients, and health professionals, as well as PLHIV. It is a significant benefit for everyone!

So far in our training, we have studied theory. The WASH tour will help us see how to apply the theory in the “real world” at a facility, with all the difficulties and challenges that are present. The tour has four specific objectives:

1. Examining how to apply WASH in a real facility
2. Analyzing challenges in the application of WASH theory
3. Gathering ideas from this site for WASH problem solving
4. Starting a strategy for the application of WASH in our own work settings.

Let us assure you this is not an inspection or an assessment. It is a chance for us to learn from what we see and help us understand how we can apply WASH principles better.

There are never enough resources to apply all WASH principles perfectly. It is important to do priority actions that are possible with the available resources. That is what we want to learn more about. We will be especially looking at five technical areas:

1. Water safety/quantity/accessibility
2. Handwashing/access to handwashing facilities
3. Hygiene, cleanliness, food hygiene, laundry
4. Management of excreta/health care waste/waste water
5. Use of job aids and communication for behavior change and its impact in the home for PLHIV.

We are grateful to you for hosting our tour. You are helping make our training better, and that will help us improve the lives of PLHIV, their families, and the community.

With great respect,
The WASH Training Participants and Trainers

Session 11 Handout 2: Instructions for Using WASH Facility Tour Observation/Interview Sheet

- The total time for the tour is 45 minutes.
- The first 5 or 10 minutes are for greetings, introductions, and a brief interview with the director or supervisor of the facility.
- Suggested questions for the interview are in Session 11 Handout 4, but they may be adapted to the context of the visit.
- After the beginning interview, you will work in small groups of about five people and be accompanied by one of your trainers.
- Each group will complete at least three of the five technical areas included on **Session 11 Handout 3: WASH Facility Tour Observation/Interview Sheet**. Your trainers will tell you which areas to cover. You will have only about 10 minutes per technical area, though sometimes you can work on more than one technical area as you walk around.
- **Handout 3: WASH Facility Tour Observation/Interview Sheet** has only a few indicator questions to guide observations on the WASH tour. It is not for a comprehensive assessment of a clinic or hospital.
- Note that some of the questions are answered by what you observe, but for others you need to ask questions. It may not be possible to get all the answers. Also, you may make additional observations.
- Be sure to underline items where the facility is strong in WASH.
- You will not have time to write long answers or comments. You can answer many points by just using the letters: Y for yes, N for no, M for maybe, P for partly, NA for not applicable, and DN for do not know.
- You may have different answers than other people in your group. That is acceptable. Later, you will discuss why you have different opinions. You may run into another group as you work. You probably will have some different answers from them.
- Notice that some of the technical areas have physical places you need to go to, such as wards and latrines/toilets. But for others, like hygiene and cleanliness, you can observe any place at the facility.

Session 11 Handout 3: WASH Facility Tour Observation/Interview Sheet

Technical Areas The five technical topics are lettered A, B, C, D, and E. (Your group will be assigned at least three of them to complete.) In the next column, you may answer with the code letters: Y for yes, N for no, M for maybe, P for partly, NA for not applicable, and DN for do not know. Underline items when the facility is strong in WASH work.	**Y/N/ M/P/ NA/DN**	**Notations as Needed**
A. Water safety/quantity/accessibility 1. Is there sufficient safe drinking water available in the facility, especially for patients, including PLHIV, and facility staff? 2. If so, ask how the water has been treated/purified. 3. If it has been treated or purified, ask if there are ever any problems with the treatment system (e.g., cost, supplies, getting the water treated all the time). 4. Is water accessible, especially for PLHIV, in a nearby place where they can get to it easily? 5. Is there any evidence that patients or their families bring their own water to drink? 6. If so, try to ask if the water has been treated/purified. 7. Any other observations on Topic A?		
B. Handwashing/access to handwashing facilities 1. Did you see people washing their hands at any time during your tour? 2. If so, could you tell if they were washing their hands correctly? 3. Ask clinical staff if they are able to wash their hands as often as they should.		

4. Do you see any posters or other information on effective handwashing? 5. Do you see handwashing facilities (faucets, tippy taps, etc.) *with water in them*? 6. Are soap (or clean wood ashes) and clean towels available at these handwashing facilities? 7. Are there enough handwashing facilities? 8. Are they in convenient or necessary locations so that people will really use them (in high-risk areas, near toilets, kitchens, etc.)? 9. If there are tippy taps, ask if there is a schedule for filling and cleaning them. 10. Any other observations on Topic B?		
C-1. Hygiene and cleanliness 1. Are the latrines/toilets clean? 2. Do they have locking doors, lighting, ventilation, and a handrail or bar for stabilization? For pit latrines, are there covers over the hole to help control insects? 3. Do the toilets and latrines have toilet paper or something else for people to clean themselves? 4. Except for pit latrines, do they have water? 5. Is there a functioning sink or tippy tap with soap or wood ashes near toilets/latrines for handwashing? 6. Do you see commode chairs, bedpans, urinals, and similar equipment for people too sick to go to toilets or latrines? (If not, ask staff.) 7. Is there sufficient quantity of this equipment in the correct places? 8. Are the floors in public areas generally clean?		

9. Are the floors in high-risk areas general clean? 10. Are there noticeable odors that indicate lack or cleanliness? 11. Does patient furniture and bedding appear to be clean, including sheets, pillow, tables, chairs, etc.? 12. Do you see equipment for sterilizing medical instruments and equipment, and is the sterilization equipment operational? (If you do not see it, ask about it.) 13. Ask to see cleaning equipment and supplies, such as mops and cleaning products. 14. Ask if there is a regular schedule for cleaning/washing of floors, patient bedding, furniture, etc. 15. Ask how vomit, feces, and other excreta are cleaned up. 16. Ask if there are always sufficient supplies for cleaning. **C-2. Food handling and laundry** *(If there is no kitchen at the facility, skip questions 17 to 21.)* 17. Do kitchen floors appear clean? 18. Do food preparation surfaces and cooking utensils appear clean? 19. Ask if there is a continual supply of water for cooking and cleaning. 20. Is there a sufficient fuel supply for cooking? 21. Do you see cleaning equipment and supplies? Are they adequate? (If you do not see them, ask about them.) *(If there is no laundry at the facility, skip questions 22 to 26.)* 22. Does the laundry always have enough water?		

23. Is there a sufficient supply of fuel to heat water? 24. Are there sufficient soap and other supplies? 25. How are sheets and other items with blood, feces, vomit, etc., on them washed? 26. Are there several pairs of rubber gloves to protect workers handling such items? 27. Any other observations on Topic C?		
D. Management of excreta/health care waste/waste water 1. Do you see any sharps boxes where they need to be (laboratories, wards, etc.)? 2. Do you see any evidence of segregation of infectious waste from sharps and from non-infectious waste? 3. Ask what the system is for waste pick-up and handling. 4. Ask how the waste is disposed of, particularly of infectious waste and sharps. 5. Any other observations on Topic D?		
E. Use of job aids and communication for behavior change and its impact in the home for PLHIV 1. Ask if staff have had any training on how to use job aids and communication for behavior change. 2. Do you see any posters on WASH topics, especially handwashing? 3. Ask if clinic staff know what job aids are. 4. Ask if they have any job aids on WASH topics. If they have WASH job aids, what are the topics of the job aids?		

5. If they have job aids, ask if they have any that help PLHIV and their families in the home. 6. If there are job aids or posters at the facility, ask staff if they are able to use them as often as they would like. 7. If not, what are some of the challenges in using them more often? 8. Any other observations on Topic E?		

Session 11 Handout 4: Illustrative Questions for Initial Interview with Facility Supervisor(s)

(Adapt these questions as appropriate. It is not necessary to write detailed answers. Two of your colleagues in the course may serve as lead interviewers, but anyone may ask a question during the 10 minutes of the interview.)

After greetings and introductions, offer the official letter (adapted from **Session 11 Handout 1: The Purpose of the WASH Facility Tour: A Template Letter for Adaptation**) if the official(s) have not already seen it.

1. Concerning WASH, especially for PLHIV, what are priority changes you would like to make at your clinic or hospital?

2. What are some of the challenges you may face in trying to make these changes?

3. Can you tell us your ideas in trying to meet the challenges?

4. Have you or any of your staff been trained in what is known as WASH for PLHIV?

5. Are there any comments or suggestions you have for us as we begin to take this brief WASH tour of your facility?

Thank you so much for offering your facility as host facility for us during our WASH training.

Session 11 Handout 5: Tool for Analysis of WASH Assessment Findings

Facility/site: _____

Strengths/enabling factors identified:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Weaknesses/gaps identified:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Suggested SDAs to improve WASH:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Session 12: Summary Review and Evaluation: Related Training Aids

Session 12 Handout 1: WASH Course Evaluation 274
Session 12 Handout 2: Course Certificate Template 276

Session 12 Handout 1: WASH Course Evaluation

Date of Course: _____ Location of Course: _____

You are not required to write your name on this evaluation form. For each question, please circle whichever of the four responses you prefer. You are welcome to add any brief comments you like. When you have completed this form, please place it in the evaluation envelope or other place indicated by your trainers. Thank you.

---

1. Compared to other professional and technical workshops or training you have had, how does this course compare?

   Poorly Fair Better Much Better

Comment:

2. How would you rate the participation of the participants in the course?

   Poor Fair Good Very Good

Comment:

3. How were the training site, the training room, and tea/coffee breaks if they were given?

   Poor Fair Good Very Good

Comment:

4. How effective were the training methods and the training materials used?

   Poor Fair Good Very Good

Comment:

5. In general, how effective were the trainers for your course?

   Poor Fair Good Very Good

Comment:

6. How well do you believe you can explain WASH and its importance as a preventive health measure for PLHIV, their caregivers, their family members, health workers, and others?

   Poorly Fair Well Very Well

Comment:

7. How well do you believe you can demonstrate effective communication for behavior change across all major WASH principles?

   Poorly Fair Well Very Well

Comment:

8. How well do you believe you will be able to apply what you learned when you get back to your hospital, clinic, or other work site?

   Poorly Fair Well Very Well

Comment:

9. Overall, how would you rate this course?

   Poor Fair Good Very Good

Comment:

10. Please write any other comments that you wish in the following space.

Please place this evaluation form in the place indicated by your trainers. Thank you.

Session 12 Handout 2: Course Certificate Template

CERTIFICATE OF COMPLETION

Participant's Name

WASH: Water, Sanitation, and Hygiene Training
Date
Location

(trainer's name/signature)

Introductory Session: Day 4 for Supervisors/Managers: Related Training Aids

Introductory Session Handout 1: Schedule for Day 4 for Supervisors/Managers..... 278

Introductory Session Handout 1: Schedule for Day 4 for Supervisors/Managers

Time	Session	Activity/Note
8:30 a.m.	**Introduction to Day 4 for Supervisors/Managers**	Preview of the day
8:45 a.m.	**Session 13: The Role of the Supervisor**	- Overview of the supervisor's leadership role on WASH - The basics of supportive supervision
10:30 a.m.	**Break**	
10:45 a.m.	**Session 14: Engaging Non-Clinical Staff in WASH Practices**	Preparing training sessions for non-clinical staff, using job aids
12:15 p.m.	**Lunch**	
1:15 p.m.	**Session 15: – Larger Doable Actions (LDAs) with WASH Impact**	Identifying LDAs to support WASH at participants' own health facility/facilities
1:45 p.m.	**Five-minute break**	
1:50 p.m.	**Session 16: Local Resource Mobilization**	- Basic principles of local resource mobilization - Identifying resources needed for participants' LDAs and potential sources for those resources in their communities
3:20 p.m.	**Break**	
3:35 p.m.	**Session 17: The Way Forward: When You Return Home**	Developing a list of priority WASH actions to apply when participants return home
4:40 p.m.	**End of day**	

Session 13: The Role of the Supervisors: Related Training Aids

Session 13 Handout 1: Checklist for Assessment of WASH 280
Session 13 Handout 2: Giving and Receiving Quality Feedback 285

Session 13 Handout 1: Checklist for Assessment of WASH

Observe and mark in the appropriate circle.

Site visited:_____ Date of visit: _____

Section 1: Cleanliness and Hygiene

1.1 Is there visible dirt on the floor in common areas?
O Yes O No

1.2 Is there visible blood or body fluid on the floor in common areas?
O Yes O No

1.3 Is there visible dirt on the floor in patient care areas?
O Yes O No

1.4 Is there visible blood or body fluid on the floor in patient care areas?
O Yes O No

1.5 Is there visible dirt on patient care surfaces (e.g., tabletops)?
O Yes O No

1.6 Is there visible blood or body fluid on patient care surfaces (e.g., tabletops)?
O Yes O No

1.7 Is there visible dirt on patient beds, pillows, or mattresses?
O Yes O No

1.8 Is there visible blood or body fluid on patient beds, pillows, or mattresses?
O Yes O No

1.9 Is there a handwashing station?
O Yes O No

1.10 Does the handwashing station have running water?
O Yes O No

1.11 Is there soap available at the handwashing station?
O Yes O No

1.12 Is there a clean towel available at the handwashing station?
O Yes O No

1.13 If running water from a tap is not available, is there any alternative arrangement?
O Yes O No

1.14 If yes, what is the alternative arrangement?
O Hand sanitizer O Bucket wash O Tippy tap O Other:_____

Please describe:

1.15 Do staff wash hands:

	Always	Sometimes	Never
Before patient contact			
Before an aseptic task			
After body fluid exposure			
After patient contact			
After contact with patient surroundings			
After visiting the latrine			
Before food preparation			
Before feeding of child/patient			

1.16 What is the method of disposing of waste water from handwashing?
O Collection in containers
O Sewer/waste water line
O Soakage pit
O Other: _____

Section 2: Safe Water

2.1 Is there a source of drinking water for the patients at the facility?
O Yes O No

2.2 If yes, what is the source of drinking water for the patients?
O Tap water O Storage tank O Other: _____

2.3 If “yes” to question 2.1, how often is the drinking water supply available?
O Always available O Sometimes available

If sometimes, why is the drinking water supply not always available?

2.4 If “yes” to question 2.1, is there a sign for drinking water source (to separate from non-potable water)?
O Yes O No

2.5 If no drinking water source is available at the facility, where do patients get their drinking water?

2.6 Do patients treat water to make it safe for drinking at the facility point of use?
O Yes O No O Unsure

2.7 If yes, how do they treat water?

2.8 How do the patients store their drinking water at the facility point of use?
O Plastic bottles O Jerry can O Other: _____

Section 3: Excreta Disposal

3.1 Is there a latrine available in the facility?
O Yes O No

3.2 If "no," please describe the alternative arrangement for patients. (Then skip to Section 4.)

3.3 If "yes" to question 3.1, please describe the materials the latrine is made of (floor, roof, door, etc.).

3.4 If "yes" to question 3.1, is there separate latrine for male and female patients?
O Yes O No

3.5 Is the latrine easy for patients to access?
O Yes O No

3.6 Is there a light on the way to latrine from the health center?
O Yes O No

3.7 Is there a light inside the latrine?
O Yes O No

3.8 Is there a lock system inside the latrine?
O Yes O No

3.9 Is there any support (or other modification/addition) in the latrine for use of the sick patients?
O Yes O No

3.10 If "yes" to question 3.9, what are the modification/additions?

3.11 Is the latrine clean (no fecal and/or urine on the seat or surrounding area)?
O Yes O No

3.12 Is there cleansing supply available (toilet paper/water for anal cleaning) in the latrine?
O Yes O No

3.13 What handwashing supplies are within close reach of the latrine?
O Water and soap O Water only O Hand sanitizer O Ash O None

3.14 Are individualized excreta disposal facilities (e.g., commode chair, bedpan, urinal) available for bed-bound patients?
O Yes O No O Not applicable

Section 4: Health Care Waste Management

4.1 Are wastes segregated at the point of generation?
O Yes O No

4.3 Are the containers clearly marked with the biohazard sign?
O Yes O No

4.4 Is there a safety box (or a sharps container) within arm's reach of the injection provider?
O Yes O No

4.5 Does the injection provider immediately dispose of the used needles and syringes in the safety box/sharps container?
O Yes O No

4.6 Are there any overflowing or pierced safety boxes (or sharps containers) in the area?
O Yes O No

4.7 Are there any used sharps in the trash?
O Yes O No

4.8 Are there any loose sharps inside or outside the health facility?
O Yes O No

At the waste disposal site:

4.9 How are sharps and infectious waste disposed of?
O Open dumping in an unprotected area O Dumping in protected pit
O Burning in an unprotected area O Burning in a protected area
O Burning in protected pit O Burning and in protected pit O Incineration

4.10 Is the waste disposal area protected from humans with fencing?
O Yes O No

4.11 Is the waste disposal area protected from animals with fencing?
O Yes O No

4.12 Is the waste disposal area protected from birds with fencing?
O Yes O No

Section 5: Kitchen

5.1 Is there a handwashing station available in the kitchen?
O Yes O No

5.2 Does the handwashing station in the kitchen have running water?
O Yes O No

5.3 Is there soap available at the handwashing station in the kitchen?
O Yes O No

5.4 Is there a clean towel available at the handwashing station in the kitchen?
O Yes O No

5.5 Do staff wash hands at critical times during food preparation and handling?
O Yes O No

5.6 Do staff clean eating utensils before use?
O Yes O No

5.7 Is potable water used for cooking?
O Yes O No

5.8 Do staff handle food properly (keeping cooked and uncooked foods separate)?
O Yes O No

5.9 Is there a refrigerator to store cooked foods?
O Yes O No

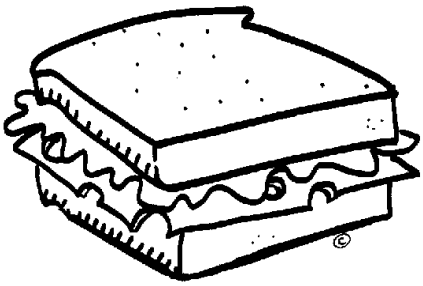
5.10 If “no” to question 5.9, how do they store cooked foods?

Session 13 Handout 2: Giving and Receiving Quality Feedback

Giving Feedback

- **Pay attention to time and place when giving feedback.** It is best to offer feedback immediately following the incident in question—do not wait too long. However, it is important to provide feedback in a quiet place, away from patients and other staff.
- **Describe rather than judge.** Describe objectively what happened, focusing on the behavior and not the person. Avoid making judgments or making the supervisee feel attacked (e.g., talking about the supervisee as "incompetent" or "irresponsible").
- **Make clear and unambiguous statements.** Keep your sentences short and be specific. Do not talk about poor food hygiene practices—that is very vague—but give specific examples of which practices need to be changed, so the supervisee understands your point.
- **Describe the impact of their actions.** Explain what will happen as a result of the behavior (e.g., people are placed at risk of disease and potentially even death).
- **Focus on modifiable behaviors.** Feedback needs to focus on things the supervisee can change. It is unrealistic to expect a provider who is seeing 50 patients a day to do communication for behavior change too.
- **Involve the individual.** Allow the supervisee to work through the issue with you and to suggest solutions, rather than telling him or her what to do. Allowing the individual to create solutions will increase the probability of actions being taken.
- **Summarize the conversation and then follow-up.** Ensure that you are both clear on what the problem is and how it will be fixed. Offer support and encourage the individual. Finally, follow-up over time and praise good work and positive changes that have occurred.

Feedback Sandwich



- Provide a positive comment
- Provide one constructive criticism or suggestion for improvement
- End on a positive note.

Receiving Feedback

- **Listen carefully.** Do not interrupt the person providing feedback. Make eye contact, and when they have finished, ask questions to clarify their meaning.

- **Do not be defensive.** Try to see the supervisor's point of view and consider how to use the feedback effectively. If you disagree with a point, ask for more details or examples.

- **Summarize what you have just heard.** Put the supervisor's feedback into your own words and ask him or her if you have understood correctly.

- **Feel free to discuss the feedback.** Without being defensive, discuss the input. Explain your reaction, problems you might have with changing, and the impact you think the change(s) might have.

- **Build a plan of action.** It may be helpful to involve the supervisor in making a plan for improvement. Alternatively, suggest that you would like to think about things and discuss how to move forward in a few days. Remember that even if you do not agree with everything, some of the feedback may be accurate.

Session 14: Engaging Non-Clinical Staff In WASH Practices: Related Training Aids

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Session 14 Handout 1: Role-Play on Motivating Non-Clinical Staff to Improve WASH Practices

Before stepping into the role of a manager/supervisor conducting a training for cleaners, point out to the group that, in the interests of time, you will be skipping two very important first steps:

- *Welcoming the group*
- *Having everybody introduce themselves.*

Then step into your role-playing role, saying:

- "Dear colleagues, the work you do is very important at this hospital/clinic. It is not only the doctors and nurses who help people get better when they are sick and who save lives! You also have an important role in helping people get better when they are sick and saving lives. When you clean the facility, you are partners in helping patients and saving lives!"

- "We have asked you to come to this workshop to talk about how to do your job so as to protect everybody's health: patients' health—but also your own health and that of the doctors and nurses here."

- Ask anybody in the group who has heard about germs that cause disease to raise their hand. State that it is very good that some of them are already familiar with this important information.

- State that germs are tiny living things that cause disease. You cannot see them without a microscope, but it is easy for them to get into our bodies and make us sick. Germs are a bit like flies, but much smaller. Flies like to sit on dirt and feces where they pick up bad germs that they transfer to people when they settle on a person or their food. Flies and germs carry disease. You can get diarrhea and other diseases that are unpleasant for all of us, but that can kill people who are weak, like PLHIV, small children, or the elderly.

- We need to get rid of feces and urine so flies do not sit on them and then carry bad germs to patients, the hospital staff—including you—and the community, making people sick.

- In hospitals and clinics, used medical instruments, like needles used for injections and instruments used to examine patients or operate on patients, can also carry disease if they have been in touch with somebody's blood. We all have to be very careful to avoid touching a sharp instrument, or we can get serious diseases of the blood, like hepatitis B and C, that lead to serious problems.

- Used medical instruments that have been in touch with somebody's blood can also carry HIV, which leads to AIDS. Ask who has heard about HIV and AIDS. If necessary, provide a brief explanation for those who aren't familiar with HIV and AIDS. It is unlikely people who do not work directly with patients will be affected, but they need to be careful.

- "Waste material, like bloody gauze or bandages, can also carry diseases of the blood."

- "Dirty things can carry disease, too. Some diseases are carried from one person to the next through the air or from touching something that a sick patient touched. Therefore, keeping things very clean and killing those germs is really important."

- "That is why we do not want germs in this hospital/clinic! Our job is to keep people healthy and to cure those who are sick. We all need to do our part to keep germs away from people!"

- "This training will help you keep germs from spreading in the hospital/clinic. It is important to do things the way it is explained in this training. It will help patients from getting sick or sicker than they already are. It will also help everybody who works at the hospital/clinic from getting sick—doctors, nurses—and you, too! And remember that it is important to follow these practices at home, too, so you are protecting yourself and your family from disease."

Step out of the role-play to say that that's the end of the short introductory role-play. Suggest that trainers modify their introduction to each training session with a few points about why the topic of that session is important, why it is important for cleaners to keep things clean, and why it is important for laundry staff to be careful in handling dirty laundry, etc.

Session 14 Handout 2: Five Job Aids for Training Non-Clinical Staff

Job Aids for Training Non-Clinical Staff		
Non-Clinical Audience	**Subject**	**Job Aid Title**
1. Cleaning staff	Cleaning and disinfection of patient care areas	Protect yourself and patients from disease: Keep spaces clean!
2. Cleaning staff	Keeping latrines/toilets clean	Protect yourself and patients from disease: Keep toilets clean!
3. Waste handlers	Storage and disposal of health care waste	Protect yourself and patients from disease: Handle waste safely!
4. Kitchen staff	Food hygiene	Protect yourself and patients from disease: Keep food safe to eat!
5. Laundry staff	Safe handling of laundry	Protect yourself and patients from disease: Handle laundry safely!

Session 14 Handout 3: Job Aid on Keeping Spaces Clean!

Message	*Illustrations*
Wear gloves and a mask	
• Wear thick gloves when handling waste.	*Man wearing gloves and picking up full plastic bag from inside waste bin*
• Wear thick gloves when handling blood, feces, urine, or vomit.	*Woman wearing gloves and cleaning up blood on floor with a cloth*
• Wear a mask to protect against germs that pass through the air.	*Man wearing a mask while mopping the floor; patient in bed coughing*
Be alert for sharp objects	*Full waste can with a used syringe sticking out the top*
• Place sharp objects in sharp box.	*Gloved hand placing used syringe in a sharp box*
If you get a needle prick or a cut from a sharp object: • Bleed the wound immediately • Wash the wound with soap and water • Tell your supervisor immediately.	*Woman reaching for a waste bag and being pricked by a needle protruding from the bag→ man with hand over sink bleeding his pricked finger→ soapy hands under running water from tap→ man talking to woman supervisor*
Wash hands	*Soapy hands under running water from tap*

Message	*Illustration*	*Messages*	*Illustrations*
Low-risk areas		**High-risk areas**	
• Clean and sweep administrative offices daily	*Man sweeping office. Office has a desk, some folders, and a filing cabinet.*	• Infectious diseases wards • Isolation wards	*Closed door with "isolation" sign*
Medium-risk areas		• Operating rooms • Delivery rooms	*Empty operating theater*
• Doctors' offices	*Female doctor behind desk talking with patient*	• Rooms for injections or medical procedures	*A nurse drawing blood, with supplies next to her*
• Patient waiting areas	*Waiting area with several patients*	• Intensive care units • Emergency rooms	*Room with two incubators*
• Patient wards	*Ward with several beds with patients*	***How to clean:***	
• Laboratories	*Male laboratory technician looking into microscope; test tubes nearby*	• Clean up blood, urine, feces, or vomit with water and bleach.	*Vomit on floor; hand holding a cloth; bottle labeled 2 percent bleach*
• Pharmacies	*Female pharmacist with shelves of medications behind her*	• Clean and mop after each operation, procedure, and delivery, or when dirty.	*Man mopping with bucket of water next to him*
How to clean:			
• Clean up blood, urine, feces, or vomit with water and bleach.	*Spilled blood on exam table; hand holding a cloth; bottle labeled 2 percent bleach*		
• Clean and mop daily—or when dirty. Use hot water *or* cold water and bleach.	*Man mopping with bucket of water next to him*		

Session 14 Handout 4: Job Aid on Keeping Toilets Clean!

Message		***Illustrations***	
Wear gloves		*Man wearing gloves and cleaning a latrine*	
Message	***Illustration***	***Message***	***Illustration***
Clean toilets daily	*Image of a latrine*	**Clean commodes and bedpans after each use**	*Image of commode and bedpan*
• Use a brush, water, and bleach to remove dirt	*Hand cleaning a latrine with short-handled brush; bucket of water and bottle labeled bleach nearby*	• Empty feces and urine into the toilet	*Gloved hands emptying contents of a bedpan into a latrine*
• Mop the floor with water and bleach	*Man mopping around latrine; bucket of water and bottle labeled bleach nearby*	• Clean with a brush, water, and bleach	*Gloved hand with brush cleaning inside bedpan; bottle labeled bleach nearby*
		• Leave to dry before using again	*Bedpan placed upside down to dry*
Message		***Illustration***	
Handle infectious waste carefully: • Place waste in plastic bags without touching it • Close bag with a knot • Treat it as infectious waste.		*Bloody cloth (for menses) and dirty toilet paper*	
		Plastic bag closed with a knot; bloody cloth (for menses) and dirty toilet paper visible inside	
		Bag placed in red container with biohazard sign	
Message		***Illustration***	
Wash your hands after cleaning		*Soapy hands under running water from tap*	

Session 14 Handout 5: Job Aid on Getting Rid of Waste Safely!

Message	***Illustration***	
Wear protective gear: • Thick gloves • Boots • Plastic apron • Goggles • Mask.	*Man wearing full protective gear. Arrows point to each item: gloves, boots, apron, goggles, and mask.*	
Do not take protective gear home	*Man approaching house with protective gear in a clear bag with an X across image*	
Look out for sharp objects	*Full waste can with a used syringe sticking out the top*	
• Place sharp objects in a sharp box.	*Gloved hand placing used syringe in a sharp box*	
If you get a needle prick or a cut from a sharp object: • Bleed the wound immediately • Wash the wound with soap and water • Tell your supervisor immediately.	*Man reaching for a waste bag and being pricked by a needle protruding from the bag→ man with hand over sink bleeding his pricked finger→ soapy hands under running water from tap→ man talking to woman supervisor*	
Message	***Illustration***	
• Keep different types of waste separate	*Spilled rubbish on floor with an X over it* *Waste handler emptying contents of sharp box into regular rubbish bin with an X across the image*	
Keep waste away from patients and visitors	*Left of picture: people in street clothing walking along a hallway* *Center of picture: a wall with a padlocked door* *Right of picture: room with stacked sharp boxes, rows of red and yellow bags with biohazard signs*	
Get rid of waste properly	*Man wearing protective gear placing sharp boxes in an incinerator; more sharp boxes and red and yellow bags nearby*	*Man leaving rubbish bins outside as rubbish truck approaches*
Message	***Illustration***	
Wash your hands after handling waste	*Soapy hands under running water from tap*	

Session 14 Handout 6: Job Aid on Keeping Food Safe to Eat!

Text	***Illustrations***
Start by washing: • Wash everything used to prepare food with clean water and soap • Wash your hands before preparing food • Wash fruits and vegetables, especially if they will be eaten raw.	*Illustrations showing the "washing continuum," with arrows between steps:* o *Hands washing a cutting board and knife with soapy water* ⟶ o *Soapy hands rubbing under running water coming from a tap* ⟶ o *Hands washing fruits and vegetables* ⟶ o *Hands cutting vegetables on a cutting board*
Cook food thoroughly	*1. Pot cooking over a fire, with bubbling water, chicken, vegetables, and visible steam* *2. Cooked meat with a pink raw section in the middle and an X across it*
Separate cooked and raw food	*A dish with chicken radiating steam and another dish with raw, uncut vegetables*
Protect food by covering it	*Hospital serving dish with chicken, vegetables, and rice; a cover is being placed over it.*
Eat cooked food within two hours	*Clock with arrow showing noon to 2 p.m.* ⟶ *man serving food to a patient*
Wash dishes thoroughly: • Use soap and water • Let them air dry.	*Hands washing soapy dishes under running water from tap; nearby are dishes on a drying rack.*
Wash your hands before serving food	*Soapy hands under running water from tap* ⟶ *hands serving food to a patient*
Do not handle food if you are sick	*Person coughing and cutting vegetables with an **X** across it*

Session 14 Handout 7: Job Aid on Handling Laundry Safely!

Message	***Illustration***
Look out for sharp objects: • Place sharp objects in a sharp box. If you get a needle prick or a cut from a sharp object: • Bleed the wound immediately • Wash the wound with soap and water • Tell your supervisor immediately.	*Syringe protruding from dirty doctor's gown* *Gloved hand placing used syringe in a sharp box* *Man gathering sheets and getting a needle prick on finger* *Man with hand over sink bleeding his pricked finger*→ *Soapy hands under running water from tap*→ *Man talking to woman supervisor*
Wear gloves when handling blood, urine, feces, or vomit	*Woman handling soiled linens with hands in rubber gloves*
Wash laundry carefully: • Throw feces or vomit into a toilet without touching it • Bundle laundry • Remove laundry from patient areas right away • Soak laundry in water and bleach • Rinse with water.	*Feces being emptied into latrine hole directly from sheet* *Woman bundling sheets on bed* *Woman pushing cart with dirty linens* *Sheets in large bowl soaking in water, bottle labeled bleach next to bowl* *At left: bowl with soaking laundry near bleach bottle* *In center: woman pouring water into a separate bowl* *At right: clothes line with sheets drying*
Wash your hands	*Soapy hands under running water from tap*

Session 14 Handout 8: Checklist to Prepare a Training for Non-Clinical Staff

1. Prepare the content of the training in detail; determine who will do the training and the names of the participants; estimate how much time the training will take.
2. Plan how you will follow-up with non-clinical staff after the training to help and support them as they begin to implement WASH practices. (Ideas: supportive supervision or a follow-up meeting or training.)
3. If somebody other than you will be the trainer, allow time to share the WASH materials from this training with that person and spend time helping the trainer prepare to do a good, practical training.
4. Ensure that adequate funds are available to purchase materials and pay any expenses for the training; obtain approval for the training, if necessary.
5. Reserve space for the training, with enough chairs for everybody and a place to post the job aid where it can be easily seen. It is highly desirable to hold the workshops in the following settings (and at the right times) to allow non-clinical staff to see and practice relevant WASH practices:
   - The training for cleaners in a health facility, so that they can visit various types of patient care areas as well as a latrine/toilet.
   - The training for waste handlers in the area where waste is stored—at a time when there are not many patients present.
   - The training for food handlers in or close to a kitchen—at a time when it is not being used.
   - The training for launderers close to a latrine/toilet.
6. Notify participants of the time and place of the training, and how long it will last, at least a week ahead of time—if possible sooner. If they will have expenses getting to the training, explain how those will be handled.
7. Collect and purchase any equipment or supplies needed for the training—see the handouts outlining the supplies and equipment needed to train non-clinical staff. Remember to make a copy of the job aid that is large enough for a group to see. Make at least one copy of the job aid and place it where the non-clinical staff will see it each time they come to work.
8. The day before the training:
   - Check that the training room you have reserved will still be available for you.
   - Bring all the supplies and equipment to the training room (or another room nearby) and leave them in a safe place, ready for the next day.
   - If the workshop participants will be receiving reimbursement for travel expenses or per diem, check that the money and receipts are available.
   - If you will need people to sign in for the workshop, have the form (or paper) ready.

The day of the training, have the room set up 20 to 30 minutes before the workshop begins—chairs set in a circle, equipment and material in place—so you can welcome participants and start training as soon as they arrive.

Session 14 Handout 9: Supplies and Equipment Needed to Train Cleaning Staff (Including Those who Clean Latrines/Toilets)

Item	How Many and What Kind?	Cost Estimate
Job aids on “Keeping Spaces Clean!” and “Keeping Toilets Clean!”		
Thick gloves to handle waste (or plastic bag with string)		
Mask to protect from germs		
Sharps: a needle and syringe and razor blades		
Waste bin for infectious waste, lined with a red or yellow plastic bag		
Sharps box (safety box)		
Waste bin for general waste		
Water for handwashing (from tap or tippy tap)		
Soap for handwashing (or wood ash)		
Clean towel for drying hands		
Water for washing floors, etc. (from tap or buckets of water)		
Bucket for mopping floors		
Cloth for mopping floor		
Mop for floor		
Brush with a short handle for cleaning latrine		
One percent bleach for floors*		
Two percent bleach for cleaning up blood, urine, feces, etc.*		
Measuring cup for water and bleach		
Plastic bags to dispose of waste from latrine		
Commode (if possible)		
Bedpan (or potty)		

Brush for cleaning bedpan		
Paper and pen/pencil for trainer to keep notes		
Paper and pen/pencil for participants (if they want to keep notes)		
Coffee/tea/water and snacks, if resources permit		

** Please adapt according to the type(s) of bleach available in the country.*

Session 14 Handout 10: Supplies and Equipment Needed to Train Waste Handlers

Item	How Many and What Kind?	Cost Estimate
Job aid on “Getting Rid of Waste Safely!”		
Thick gloves to handle waste		
Boots		
Plastic apron		
Goggles		
Mask		
One or two bags of infectious waste		
A needle sticking out through a bag of infectious waste		
One or more sharps boxes (safety boxes)		
Regular rubbish bin for ordinary rubbish		
Water for handwashing (from tap or tippy tap)		
Soap for handwashing (or wood ash)		
Clean towel for drying hands		
Paper and pen/pencil for trainer to keep notes		
Paper and pen/pencil for participants, if they want to keep notes		
Coffee/tea/water and snacks, if resources permit		

Session 14 Handout 11: Supplies and Equipment Needed to Train Food Handlers

Item	How Many and What Kind?	Cost Estimate
Job aid on “Handling Laundry Carefully!”		
Water for handwashing (from tap or tippy tap)		
Soap for handwashing (or wood ash)		
Clean towel for drying hands		
Cutting board		
Knife and spoons for cooking		
Some vegetables		
Some meat or fish		
Safe water for drinking/cooking (in a narrow-necked, covered container)		
Cooking pot		
Several plates/bowls to use during cooking (one for meat or fish, another for vegetables)		
Several plates/bowls for eating/serving food		
Forks and spoons for eating		
Cover for protecting cooked food		
Clock		
Bowl for dishwashing		
Dishwashing soap or liquid		
Brush or sponge for washing dishes		
Drying rack for washed dishes		
Paper and pen/pencil for trainer to keep notes		
Paper and pen/pencil for participants, if they want to keep notes		
Coffee/tea/water and snacks, if resources permit		

Session 14 Handout 12: Supplies and Equipment Needed to Train Laundry Staff

Item	How Many and What Kind?	Cost Estimate
Job aid on “Handling Laundry Safely!”		
Sharps (a needle and syringe and razor blades)		
Sharps box		
Doctor’s gown with pocket		
Water for handwashing (from tap or tippy tap)		
Soap for handwashing (or wood ash)		
“Dirty” laundry (sheets, towels), if possible with a fresh stain from red paint (“blood”) and a stain from some brown squashed banana (“feces”)		
Thick rubber gloves (or plastic bag with string)		
Water for washing clothes (from tap or buckets)		
Basin for washing laundry		
Two percent bleach for washing blood, urine, feces, etc.*		
Laundry cart for transporting linens through patient care areas (if possible)		
Paper and pen/pencil for trainer to keep notes		
Paper and pen/pencil for participants, if they want to keep notes		
Coffee/tea/water and snacks, if resources permit		

** Please adapt according to the type(s) of bleach available in the country.*

Session 15: Larger Doable Actions with WASH Impact: Related Training Aids

Session 15 Handout 1: Definition of Larger Doable Actions (LDAs) with WASH Impact 304

Session 15 Handout 1: Definition of Larger Doable Actions (LDAs) with WASH Impact

Definition: For the purposes of this course, larger doable ctions (LDAs) are WASH actions that require significant time, planning, and resources. Note the following points:

1. **LDAs usually involve a team of people committed to implementing them.** LDAs usually cannot be done by one person. They need supervisors/technical managers, staff, and sometimes outside experts, such as carpenters, engineers, or laborers. The group has to work as a team to accomplish the LDA.

2. **LDAs usually require some non-medical expertise to complete.** Often, LDAs need expertise that is not clinical or medical. For example, if new latrines are needed that will not flood in the rainy season, then a person with expertise in soil, water flow, and drainage needs to be on the team, or there can be problems and wasted resources.

3. **LDAs may require authorization from officials at higher levels.** Usually, authorities at higher levels, such as the district or region, are happy to see local officials doing what needs to be done. However, formal authorization from them may be necessary.

4. **LDAs generally require some local resource mobilization.** The resources that LDAs need can be human resources, time, equipment, money, etc. In many cases, resources will need to be mobilized locally, and that is the topic of the next session. You probably will not be able to do all the LDAs you would like to do!

5. **LDAs have the potential to provide great WASH impact and help many PLHIV, and others, too.** SDAs are good because they can be done quickly by one person or a few people, and they are very low cost. But they might not reach as many PLHIV and others as LDAs can. It is important to do both SDAs and LDAs. LDAs often have greater long-term potential.

Unlike SDAs for WASH, LDAs are not simple actions that can be done in the very short-term, with little or no resources. However, it is not important whether some actions are SDAs or LDAs. Some may fall more in a middle group. If the action has a positive impact on PLHIV, they are a priority!

Session 16: Local Resource Mobilization: Related Training Aids

Session 16 Handout 1: Sample of a Completed Flip Chart for an LDA 306
Session 16 Handout 2: Ideas for Sources of Donated/Borrowed/Bartered Materials/Supplies, Labor, and Equipment for LDAs 307
Session 16 Handout 3: Estimating Resources Needed for LDAs 308

Session 16 Handout 1: Sample of a Completed Flip Chart for an LDA

Resources Needed for LDA: Building a Latrine for the Health Clinic	
Item	**Resources Needed** *Use local currency—not U.S. dollars!*
Materials/supplies:	
- Concrete mix and water (check how much is needed)	- Ask builder to donate—or $20
- Basin for mixing concrete	- Ask builder to donate—or ask a patient to donate old basin
- Fifteen square meters of wood planks for walls and door	- Ask mayor for funds; ask woodworker to sell wood at reduced price—or pay $75
- Thirty meters of wood beams for frame	- Same as above—or pay $60
- Nails	- Set up collection box for patient contributions (money—not nails!)
- Two large hinges for door	- Same as above
- Latch for door	- Ask mayor/woodworker as above—or pay $5
- Sandpaper	- Patient collection box
Labor:	
- One and a half days from expert in building latrines—for advice and oversight	- Ask expert to volunteer his time—or pay $38
- Two people: two days each to dig the hole	- Ask patients or youth group to donate their labor—or pay $10/day × two people × two days = $40
- One day of a concrete layer's time	- Ask builder to donate—or $10
- Two people: two days each to build wooden walls and install metal roof	- Nurse's brother is carpenter, try to barter with him in exchange for using empty room in clinic for storage—or $10/day × two people × two days = $40
Equipment:	
Two spades	- Borrow from builder
One wheelbarrow	- Borrow from builder
One trowel for laying concrete	- Borrow from builder
One saw	- Borrow from builder
One hammer	- Borrow from builder
Total:	$288—or less, depending on donations!

Note: I need to check with latrine building expert for details of exactly what is needed to build a latrine and get prices. He might also have ideas to get things donated or at a reduced price.

Session 16 Handout 2: Ideas for Sources of Donated/Borrowed/Bartered Materials/Supplies, Labor, and Equipment for LDAs

- Local businesses (e.g., a building company) might be willing to provide some skilled workmen or some materials—particularly if their work is related to construction or sanitation and they get credit for their contribution.
- A community organization, like a religious organization or youth group, may identify some of its members to donate time to a project that will benefit the community; they may have funds or ask their members to contribute to a project that will benefit the community.
- A former patient who got good care from your hospital or clinic might be prepared to help, to show appreciation for the care he or she received.
- Somebody in the community who has built his own house or shop might be willing to share his or her experience and help out.
- A government department that has workers specializing in sanitation might be able to provide advice on how to build a latrine.
- Go to the mayor of the town, to the town council, or to some other political leader to see how they can help.
- A nongovernmental organization (charity organization) may be able to provide funding.

Session 16 Handout 3: Estimating Resources Needed for LDAs

Estimating what resources—materials/supplies, equipment, labor—are needed is an important step in selecting which LDAs to do. Once you have these estimates, you will have a better idea of which LDAs to do.

To make estimates, follow these four steps, using the table:

1. Choose one of your LDAs to work with. If you have time, do another.

2. First, break an LDA down into a list of items (materials/supplies, labor) and the resources needed for each. For each item, consider what materials/supplies or labor you can get donated, barter for, or pay for.

3. At the end, add up all the costs to see the total "value" of your LDA.

4. Consider if the LDA will have a large impact on PLHIV. If you find there is a lot of REMO needed for one of your LDAs, but you think the impact on PLHIV will not be very large, you might decide to drop it and move forward with another LDA that will involve less REMO or have a larger impact.

Proposed LDA	**Item**	**Resources Needed** ***Use local currency, not U.S. dollars.***
Example: Making a pit for safe disposal of medical waste	Four laborers to dig pit (one day)	$10/day × 4 = $40 *or* find volunteers
	Two spades	$16 × 2 = $32 *or* borrow spades
	Safety fence to put around pit	$86 *or* barter with someone who has fencing
	Two workers to install fence (one day)	$20 *or* find volunteers who know the work
	Total	**$178 or less,** depending on what can be arranged

1.	**Total**	
2.	**Total**	
3.	**Total**	

Your trainers will ask you to work with a partner(s) to explain your estimates and get feedback. Your partner(s) will then explain his or her estimates.

Session 17: The Way Forward—When You Return Home: Related Training Aids

Session 17 Handout 1: The Way Forward for WASH..... 312
Session 17 Handout 2: Evaluation Form for WASH Course: Day 4 for Supervisors/Managers 315

Session 17 Handout 1: The Way Forward for WASH

This worksheet will help you organize your plans for the WASH work you will do. Try to stretch yourself to do as much good as you can!

- Write the activity goals you have made for yourself and your staff in the spaces provided. This will help you remember what needs to be done and follow-up when you return to your facility.
- This worksheet is yours to use as needed. Write in changes or details for items, as appropriate for your situation.
- This work will be done by teams from the same place working together.
- There is not just one correct answer.

---

1. In Session 10 on resource-constrained settings, I determined that the following actions were important to apply to my facility:

2. During Session 11 on SDAs, I made commitments to do the following actions (see the WASH list of SDAs in your PG and write in details or additional actions as necessary):

1.

2.

3.

4.

3. In Session 13 on engaging non-clinical staff, I decided to train staff who perform the following functions:

Type of Non-Clinical Staff to be Trained	Topic	Preliminary Date of Training

4. In Session 14 on supportive supervision, I decided to take the following actions to implement more effective supervision:

5. In Session 15 on LDAs, I made the decision to take on the following projects:

6. In Session 16 on local resource mobilization, I decided to seek the following resources for my LDAs:

LDA	Resources to be Sought

7. I will also do the following things (place a check next to items you plan to do and make any changes needed):

_____ Purchase cleaning supplies and equipment for non-clinical staff to do the WASH work they will be trained to do.

_____ Use the Technical Resource Manual and the PG to help staff understand how to apply the WASH principle of _____.

List any other tasks you plan to do:

_____ What else?

_____ What else?

Session 17 Handout 2: Evaluation Form for WASH Course: Day 4 for Supervisors/Managers

Today's date: _____
Location of course: _____

You do not need to write your name on this evaluation form. For each question, please circle whichever of the four responses you prefer. You are welcome to add any brief comments and suggestions. When you have completed this form, please place it in the evaluation envelope or box as indicated by your trainers. **Thank you!**

---

1. How did today's Day 4 training compare with the first three days of WASH?

   Poorly Fair Better Much Better

   Comments and suggestions:

2. How well prepared do you feel to train non-clinical staff in WASH practices?

   Poorly Fair Well Very Well

   Comments and suggestions:

3. How well do you believe you will be able to complete the WASH tasks you have chosen?

   Poorly Fair Well Very Well

   Comments and suggestions:

4. How will the session on local resource mobilization help you achieve your WASH tasks?

   Poorly Fair Well Very Well

   Comments and suggestions:

5. Which of today's five sessions did you find the *most* helpful?

   a. Supportive supervision for WASH b. Engaging non-clinical staff

   c. LDAs d. Local resource mobilization

   e. The way forward—returning to your facility

   Why?

6. Which of today's five sessions did you find the *least* helpful?

   a. Supportive supervision for WASH b. Engaging non-clinical staff

   c. LDAs d. Local resource mobilization

   e. The way forward—returning to your facility

   Why?

7. Please write any other comments you wish to share with us in the following space.

Please place the evaluation form in the place indicated by your trainers. Thank you.

Appendix 2: Country Adaptation Guide

Country Adaptation Guide for Improving the Lives of People Living with HIV through Water, Sanitation, and Hygiene

1. Introduction

The training program *Improving the Lives of People Living with HIV (PLHIV) through WASH: Water, Sanitation, and Hygiene* was developed for use in low and middle income countries around the world. The WASH practices taught in the training program apply to any country, but the training needs to be adapted to reflect the realities of any specific country where it will be used. Examples of the kinds of things that may need to be adapted are as follows:

- The content itself, to ensure it reflects the methods of water treatment available in a specific country or the types of toilets/latrines found in health facilities there
- The technical terminology in common use in the country, so that training participants understand the material
- The language and pictures in the job aids, so they communicate key information in ways people will understand in a particular country.

In addition, because countries may be at different levels of implementation of WASH practices, it may or may not be necessary to use the complete training package. While we recommend that the package be used in full, with the complete PG and the full set of job aids, we recognize that it may be necessary to pare down the training materials and/or job aids depending on the training needs of the participants and available time and resources.

This adaptation guide was developed to provide guidance on adapting the material at the country level. It is recommended that an existing working group adapts the curriculum or is established to undertake the adaptation. This group should include personnel with expertise in care and support for PLHIV, expertise in infection prevention and control, and trainers and specialists in communication for behavior change/information, education and communication. The group should include people familiar with the realities of health facilities and communities. It is important the final technical content of the materials be endorsed by the Ministry of Health/Department of Health as representing current national policy. This may necessitate some changes to existing policies on HIV and/or WASH.

We recommend you follow the steps outlined in adapting the training curriculum to your country's needs. The process will be easiest if you follow the steps in the order presented in this guide. All those involved in the adaptation process should be thoroughly familiar with the material presented in the course before starting on the adaptation.

2. Determine Training Priorities

The first step is to set training priorities, as that will affect how you adapt the course. Key considerations will be:

- Which types of health facilities will be involved in the training. For example:
  - Those focusing on HIV services
  - Inpatient facilities (general hospitals or specialized hospitals)
  - Outpatient facilities (large clinics/outpatient departments, specialty clinics, small clinics, health posts, etc.).
- Which types of health workers will be trained. The course as presented was designed for:
  - HIV program managers at the facility, regional, city, or district levels
  - Managers of infection prevention and control and/or hygiene at the facility, regional, city, or district levels
  - Doctors, nurses, and others providing care for PLHIV or patients with infectious diseases in inpatient or outpatient facilities.

  There is an additional Day 4 for Supervisors/Managers of the doctors, nurses, and other health workers providing care for PLHIV or patients in infectious diseases departments.
- Will the training be conducted nationwide, regionwide, districtwide, or based on other geographic criteria?
- Will the course be taught as presented (i.e., as a continuous three-day course)? While that is the recommended approach, it may be more realistic to present it in a series of short (maybe half-day or one-day courses).
- Are some of the practices included in the course in conflict with current regulations or guidelines, so that policy changes are needed before certain sessions can be taught?

3. Adapt the Participant Guide

The first and most important part of the training program to adapt is the PG because it contains all the essential technical information for the course. After, the TG, including the job aids, will need to be modified to be consistent with the PG.

The content of the PG is evidence-based, and we recommend keeping changes to a minimum. We do recommend, however, that the manual be adapted to the individual country environment, so as to make it relevant and easy to use. This may entail making changes to the content as well as to technical terminology.

The following are some key points, chapter by chapter, that may need to be adapted to make the manual useful and relevant in a particular country.

It may also be necessary to adapt the material and the language. For example:

- Certain health care workers may have no difficulty in understanding the technical terminology, while others may find that challenging.

- Outlying health facilities may not need all the information relevant to cleaning high-risk areas of health facilities or incineration.

Session 1: A Better Life for PLHIV through WASH
No adaptation anticipated to be needed.

Session 2: Preventing Diarrhea and Other Infections
Even though it may not always be possible for health facilities to fully comply with the standard precautions due to resource constraints, these precautions are so fundamental to infection prevention that we recommend not changing these provisions. Health facilities that are not complying should give high priority to coming into compliance.

Session 3: Behavior Change for WASH in the Home
No adaptation anticipated to be needed.

Session 4: Water Treatment, Safe Storage, and Handling at Point-of-Use
It is important the information in the PG reflects the availability of water treatment and safe storage products in each site. Visit various stores or markets in both urban and rural areas or contact people in the field before adapting the manual.

- Adapt the content in light of the availability, affordability, and practicality of various water treatment products and their relative effectiveness in eliminating the most common germs, viruses, bacteria, and protozoa.
  - Chlorine products
  - Flocculation products
  - Water filters and filtration materials/products
  - Sunshine for solar disinfection.

  Describe the available products, include instructions for use of each water treatment method included, and try to include pictures and the price range of available products. It is recommended to include all brand names, if possible, or at least the brand names of the most available products.

- Adapt the content in light of the availability, affordability, and practicality of various covered water storage containers with spouts or spigots for pouring the water:
  - Buckets with cover and spigot
  - Closed containers with spigot
  - Jerry cans
  - Clay pots
  - Other.

  Again, describe the available products, include instructions for use of each product, and try to include pictures and the price range of available products. Provide brand names of all products, if possible, or at least of the most available products.

Session 5: WASH and Safe Sanitation
The only adaptation in this session will likely be to ensure the PG reflects the types of toilets or latrines most commonly found.

Session 6: Waste Management in Resource-Constrained Settings
Adapt the PG to ensure it covers the types of safety boxes/sharps boxes and other containers/bins and bin liners where health care waste is collected. This information should be presented and mirror what is used in the specific country and include the final disposal options available in health facilities—provided these meet requirements for safety/infection prevention. If the course is being done for outlying health facilities with low resources, it is acceptable to provide only one bin for all infectious waste (both infectious waste and highly infectious waste).

If the currently available boxes/bins/liners and final disposal options do not meet international standards (as presented in the current version of the PG), it may be desirable to present the types of boxes/bins/liners and final disposal options that should be in place, to encourage health facilities to move toward safe disposal of health care waste. National guidelines many also need to be revised.

Session 7: Cleanliness and Hygiene at Facilities
No adaptation anticipated to be needed.

Session 8: Food Hygiene
In settings where refrigerators are rare and storage below 5°C is unavailable, modify the five keys to food safety table to delete references to refrigeration in item 4, Keep Food at Safe Temperatures.

Session 9: WASH in Resource-Constrained Settings
No adaptation anticipated to be needed.

Session 10: Small Doable Actions (SDAs) for WASH
Adapt the examples of SDAs in line with changes made in the PG.

Session 11: Facility Assessment Tour for WASH Observations
Modify the **Session 11 Handout 3: WASH Facility Tour Observation/Interview Sheet** according to the changes made in the PG.

Technical Terminology

The following is a list of key technical terms used in the TG and the PG. If any of these terms are not commonly understood by participants in the training, or if not be culturally appropriate, they should be adapted to the local environment. These terms should be used consistently throughout the training.

Air dry/air drying
Aseptic task
Barriers to healthy behaviors
Bedpan (see also potty)
Biohazard
Bleach/household bleach/bleaching powder

Body fluids
Carer/caregiver
Chlorine/chlorination
Commode
Communication for behavior change
Contamination/contaminated
Cleaning/cleanliness/cleaning supplies
Defecate
Disinfect/disinfection
Disposal of health care waste/excreta/feces
Excreta/safe excreta disposal
Feces/safe feces handling/safe feces disposal
Filter/filtering/filtration
Final disposal (of waste)
Flocculation
Food hygiene
General waste
Germ
Gloves
Hand hygiene
Handwashing point/handwashing station
Health care waste/waste management/waste disposal
Healthy behavior/barriers to healthy behavior
High-risk area
Hygiene/hygienic/unhygienic
Incineration
Infection
Infectious waste
Job aid
KISS principle (“keep it short and simple”)
Latrine
Motivation for healthy behaviors
Needle-stick/needle-stick injury
Patient care area
People living with HIV (PLHIV)
Personal protective equipment
Point-of-use
Potty (see also bedpan)
Puncture
Safe water/safe water storage
Safety box (see also sharps container)
Sanitation
Sharps/sharps container/sharp waste (see also safety box)
Sodium hypochlorite
Solar disinfection
Spill/spillage

Standard precautions
Sterilization
Tippy tap
Toilet
Treatment of waste
Two-way communication
Urinal
Urine/urinating
Vomit
Waste disposal/safe waste disposal
Waste minimization
Waste segregation
Water, sanitation, and hygiene (WASH)
Water treatment

4. Adapt the Job Aids

There are two types of job aids included in the training program: 1) job aids to display in health facilities and 2) job aids for communication for behavior change to help health workers communicate key information about WASH practices to PLHIV, their families, and others who care for them.

4.1 Adapting the Job Aids to Display in Health Facilities
These job aids are intended for health workers, so they need to be adapted to be suitable for that audience.

- Adapt the wording in the job aids:
  - First, be sure that the content and technical terms are consistent with your adaptation of the PG.
  - Check the wording in the posters to ensure health worker understanding even at the lowest level of the health facility where the job aids will be displayed. Change any words that you think might not be understood.

- Adapt the illustrations (pictures) in the job aids:
  - Ensure the people in the posters look like people in your country.
  - Ensure the clothing is appropriate for your country.
  - Do the containers for different types of waste look like those in your country?
  - Do the hospital beds and bed linens look like those in your country?
  - Are there any other illustrations that do not look right for your country?

  If necessary, change the pictures so they will look right and communicate effectively with health workers!

4.2 Adapting the Job Aids for Communication for Behavior Change
- The information in the job aids for communication for behavior change is intended to be communicated to PLHIV, their families, and others who care for them. The information needs to be easy to understand for people without a medical background

and, in some countries, for people who have difficulty reading or who maybe cannot read at all.

- Adapt the wording that accompanies the illustrations (pictures):
  - First, be sure the content and technical terms are consistent with your adaptation of the PG, keeping in mind that some of these terms may need to be simplified to be understandable for PLHIV, their families, and others who care for them.
  - Check that the wording that accompanies each picture is easy to understand for PLHIV, their families, and others who care for them. Change any words that you think might not be understood.

- Adapt the illustrations (pictures):
  - Ensure the people in the pictures look like people in your country.
  - Ensure the clothing shown in the pictures is appropriate for your country.
  - Are men and women depicted in appropriate roles?
  - Are the pictures of the following items appropriate for your country?
    - Water containers
    - Latrine
    - Bedpans/urinals/potties
    - Brooms/brushes for cleaning
    - Buckets and jars for waste disposal
    - Gloves
    - Hospital beds and bed linens
    - Kitchen utensils used to prepare food
    - The types of foods shown.
  - Will people understand that an “X” over a picture means that the picture shows something that should *not* be done?
  - Will people understand that arrows around a clock show time passing?
  - Are there any other illustrations that do not look right for your country?

  Change anything that does not look right, so the job aids will communicate effectively!

- Adapt the text on the back of the job aids:
  This text will be used by health workers when they conduct communication for behavior change sessions for PLHIV, their families, and others who care for them. Even though health workers probably use technical language in their work, the text on the back of the job aid should use the same simple language that appears on the illustrated side of the job aid. This will help health workers use simple language when conducting communication for behavior change sessions for people without a medical background. The text must also be consistent with PG and the text on the front of the job aids.

- Pre-testing the job aids: It is extremely important to pre-test the job aids before they are printed or otherwise produced in larger quantities. Pre-testing materials, and

then modifying them in light of the results of the pre-test, is the best way to ensure that they are actually understood by the audience for which they are intended.

Basic instructions on how to pre-test materials are included in “The Basics of Pre-Testing Materials.”

- Setting priorities: If the authorities organizing the training have a limited budget, as often happens, we recommend prioritizing:
  - Production/printing of the job aids for health facilities
  - Production of the pictures for the job aids on communications for behavior change. This can be done at relatively low cost in the form of black and white posters.

5. Adapt the *Trainer Guide*

- Adapt the TG to make the content and terminology consistent with the PG.
- Review and adapt the TG to be sure:
  - The content is appropriate to the types of health workers to be trained and the level of health facilities targeted
  - The language is easy to understand
  - The material is culturally appropriate.
- The TG includes the job aids in Appendix 1 as handouts and provides ample time for participants to practice using them through the training. Once the job aids have been adapted, as outlined previously, include them as handouts in line with guidance in the TG.
- If there are resource constraints that stand in the way of giving each participant a copy of all the training materials (PG and handouts), you will need to adapt the training exercises in the TG. Some alternative training methods that involve less paper are the following:
  - Present material on flip chart paper or write it up on large sheets of cardboard, so it can be reused when the workshop is repeated.
  - Modify exercises originally intended for individual work so they can be done in small groups, thus reducing the amount of paper needed.
  - Modify exercises involving handouts so the trainer reads questions out loud and asks people to respond.

6. The Basics of Pre-Testing Materials

It is extremely important to pre-test the job aids for the WASH training before they are printed or otherwise produced in larger quantities. Pre-testing materials, and then modifying them in light of the results of the pre-test, is the best way to ensure that they are actually understood by the audience for whom they are intended.

6.1 When to Pre-Test
The job aids should be pre-tested when they are almost final—*before* printing or reproduction. If you think that the job aids included in this training package are

appropriate for your country, you can pre-test the versions included here. More likely, a working group will have adapted the materials to make them more suitable for your country.

6.2 With Whom to Pre-Test

Pre-testing is done with small groups (about 6 to 10 people in a group) representing the audience for which the job aids are intended. Ideally, each job aid would be tested with at least two or three groups to get a good picture of how the material is understood—but pre-testing with one group is better than nothing!

- The job aids are intended for health facilities and target an audience of health workers, so they should be pre-tested with health workers. If possible, pre-test the material with different types of health workers such as doctors, nurses, nurse aides, people from different levels of health facilities (hospitals, large clinics, small clinics, or health posts), workers from both urban and rural areas, and both men and women.

- The job aids for communication for behavior change are intended to communicate with PLHIV, their families, and others who care for them, so they should be pre-tested with those groups, if possible. If it is not possible to find enough PLHIV, their families, and others who care for them, members of the general population will be adequate. Again, it is best to try to identify a range of people for the pre-test(s) (e.g. urban/rural, men/women, various ethic groups and age groups, different income groups, different levels of literacy, people speaking different languages/dialects, etc.). Only the illustrated side of these job aids needs to be tested with members of the public. There is no need to test the text/discussion guide on the back with the public.

  However, because the job aids for communication for behavior change will be used by health workers to communicate information to PLHIV and those who care for them, they should also be pre-tested with a sample of health workers who might use them, to ensure that they are useful. This group should be invited to comment not only on the illustrated side but also on the text/discussion guide at the back, to be sure they understand it and how to use it.

6.3 Rewarding Participants for Their Time

Sometimes people who organize pre-tests pay a small fee to the participants. Sometimes they do not. Usually, organizers provide some token of their appreciation. At a minimum, participants are usually offered tea/coffee/juice and a snack. A small gift is also always welcome (e.g., some soap, a towel, a notebook or pen and pencil). Brochures with health information are also good gifts.

People lead busy lives and have limited time to participate in something like a pre-testing group. It is best not to let the discussion go on for more than about an hour. That means that you will probably only have time to test one or two materials with any particular group. If it is a complicated job aid, you may only be able to test one in an

hour. If it is simpler material, like a poster, it may be possible to test two or possibly even three job aids.

6.4 Role of the Facilitator
The idea of a pre-test is to *listen* to what people say about the materials—*not* to do an educational session about the content of the materials. A pre-testing discussion guide is provided subsequently and should be used by the facilitator to guide the discussion and get the group's reactions to the materials. The facilitator needs to be a good listener who will invite all members of the group to express their opinions. He or she also needs to be able to cut off discussion on a topic if it goes on too long or drifts away from the topic. Above all, he or she needs to give people a chance to speak and be heard—*not* give the group a lecture about WASH topics! Once the pre-test is over, the facilitator can answer people's questions about WASH topics, taking the opportunity to send them home better informed.

6.5 Analyzing the Results
It is helpful to have somebody take detailed notes during the pre-test or to have a recording device to record the session. With the help of those notes or the recording, you can refresh your memory of the discussion before you make changes to the materials being tested.

When analyzing a group's comments on a job aid, keep in mind that you heard a range of opinions expressed during the pre-test. You should make changes when there was clear consensus—or a majority opinion—in the group that something was not clear or not culturally inappropriate. Do not accept every single change proposed by one or two people during the pre-test. What counts is to make the most important changes needed, so the materials will be well understood by the audience.

7. Sample Discussion Guide for Pre-testing Job Aids

Please adapt this discussion guide for each job aid to be tested. Be sure to include any topics on which you would like to get some feedback.

7.1 Introduction
- The facilitator introduces him- or herself and invites everybody in the group to introduce themselves.
- He or she explains the purpose of this meeting is to discuss some materials being developed to help reduce disease transmission. Before printing/reproducing the materials, it is important to know that they are clear, easy to understand, and suitable for the audience—the audience being people like those in this group. He or she wants to get honest feedback from the group on these materials, so they can be improved before being printed/reproduced.
- He or she makes it clear it is important for everybody in the group to express an opinion. It is normal for people to see things in different ways, and it is important to know how different people see the materials before printing/reproducing them. The audience should express honest opinions.

- He or she asks the group to please give everybody an opportunity to speak and express their opinion—and not to dominate the discussion.
- He or she explains if the discussion strays from the topic, or goes on too long on a specific topic, he or she will cut it short and move on to the next topic.

7.2 Time to Review the Material

- The facilitator shows a single job aid to the group and invites them to take a few minutes to review it—each person for him- or herself.
- The group should be quiet during this time.

7.3 General Discussion

- The facilitator places the job aid out of sight and says, "Now that you have seen the material, I'd like to hear what you think is the main point of this material. What's the main message it is trying to convey?"

  After this and subsequent questions, the facilitator may need to ask some follow-up questions to get a range of opinions:
  - *What do other people think?*
  - *Does everybody agree?*
- "The material was intended to convey the message that _____ (insert the overriding message of the material). Do you think that message is clear? How could it be made clearer?"
- "Was the subject interesting to you? If not, why not? Was anything unclear?"
- "Did you think the material is attractive? I'm talking about how it looks—the design, the colors, the style of the pictures, etc. What did you like about it? What didn't you like? How could it be made more attractive?"
- "Do you think this material is relevant to people like you, your family and friends? What makes it relevant to you? If you think it is not relevant, please explain why."

7.4 Detailed Discussion

- The facilitator displays the job aid again and says, "Now we're going to look at the detail of this material."
- He or she points to the first picture and says. "Let's start by looking at the first picture. What's happening in this picture? What do you see?"

  After this and subsequent questions, the facilitator may need to ask some follow-up questions like:
  - *What else do you see?*
  - *Does anybody see something different in the picture?*
- "Is there anything in the picture that isn't clear to you?"
- (Adapt this question according to the content of the picture.) "Does the picture look like it could be in this community? Do the people look like people here? Do people here do things like that? Are the houses/furniture/objects typical of how they would look around here?"
- "Is there anything you think is inappropriate or might be offensive?"
- The facilitator should point out that the text that goes with the picture says "_____" (insert the lesson of the job aid). "Is that a good point to go

together with the picture?" Ask people what they think that phrase means. If necessary, ask how the desired point might be expressed more clearly.

Repeat the detailed discussion for each picture and text box in the material.

7.5 Wrap-up

- The facilitator says. "Now that we've looked at the detail of this material, I want to read you the title: '_____.' Is that a suitable title for this material? If you have other suggestions, I'd like to hear them."
- "Finally, before we finish, I'd like to invite you to say anything else that hasn't yet been said here. Does anybody have anything to say?"
- "Are there any other last-minute comments?"
- "I want to express my very best thanks to each of you for sharing your precious time with me today. I know you are busy, and I'm most grateful that you came. You have made some really useful comments that will help us finalize this material so it communicates more effectively with people. We hope that the final material will help prevent the spread of disease in this community and other places. Once again, thank you for your help!"

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