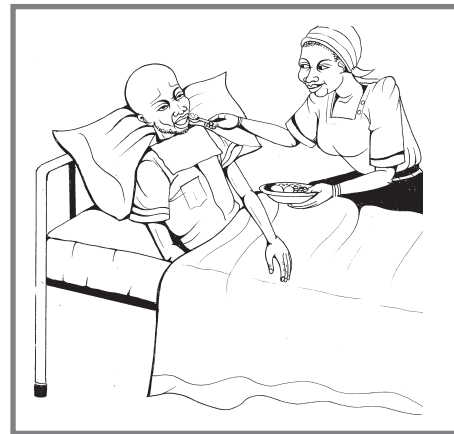


# Improving Water, Sanitation and Hygiene (WASH) Practises of Ugandan Home Based Care Providers, their Clients and Caregivers in the Home



**Weak, But Mobile Client**

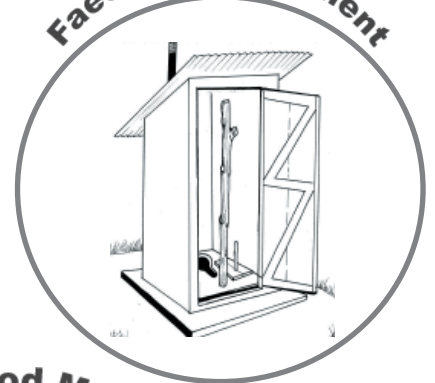


**Bed-Bound Client**

**Hand Washing**



**Faeces Management**



**Water Treatment**



**Menstrual Period Management**



The USAID Hygiene Improvement Project (HIP) is a six-year (2004-2009) project funded by the USAID Bureau for Global Health, Office of Health, Infectious Diseases and Nutrition, led by the Academy for Educational Development (contract # GHS-I-00-04-00024-00) in partnership with ARD Inc., the IRC International Water and Sanitation Centre in the Netherlands, and The Manoff Group. HIP aims to reduce diarrheal disease prevalence through the promotion of key hygiene improvement practices, such as hand washing with soap, safe disposal of feces, and safe storage and treatment of drinking water at the household level.

**Contact Information:**

USAID Hygiene Improvement Project  
Academy for Educational Development  
1825 Connecticut Avenue, NW  
Washington, DC 20009-5721  
Tel. 202-884-8000; Fax: 202-884-8454  
[hip@aed.org](mailto:hip@aed.org) - [www.hip.watsan.net](http://www.hip.watsan.net)

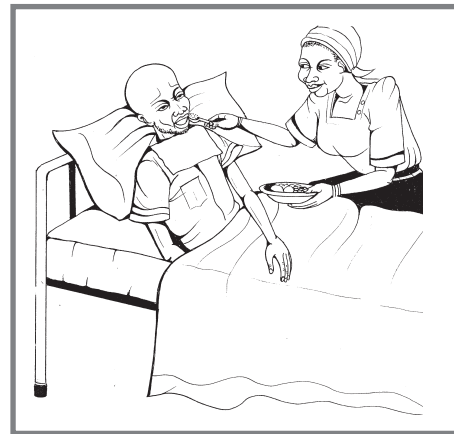
Plan – Uganda  
Plot 126 Luthuli Avenue, Bugolobi,  
P.O. Box 12075  
Kampala, Uganda  
[www.plan-international.org](http://www.plan-international.org)  
Office Telephone: + 256-414-305-000



# Improving Water, Sanitation and Hygiene (WASH) Practises of Ugandan Home Based Care Providers, their Clients and Caregivers in the Home

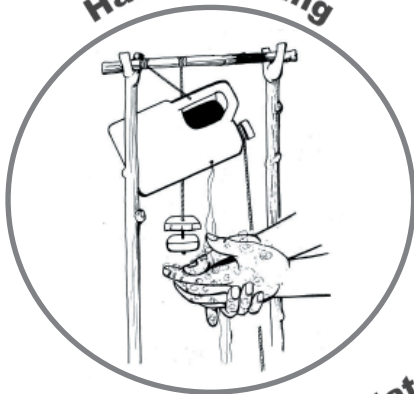


**Weak, But Mobile Client**

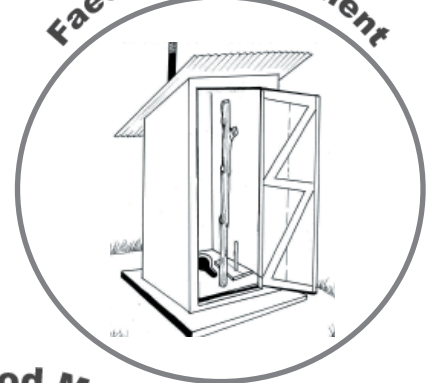


**Bed-Bound Client**

**Hand Washing**



**Faeces Management**



**Water Treatment**



**Menstrual Period Management**





## **ACKNOWLEDGEMENTS**

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# TABLE OF CONTENTS

<b>Introduction .....</b>	<b>9</b>
How to Use the Participant's Guide .....	9
<b>Unit 1: Basic Facts about “WASH” and Home-Based Care.....</b>	<b>13</b>
1. Introduction to Water, Sanitation and Hygiene (WASH) .....	13
2. How Poor WASH Practises Cause Diarrhoea .....	16
3. Facts About HIV and Water, Sanitation and Hygiene (WASH) .....	17
<b>Unit 2: Hand Washing .....</b>	<b>22</b>
4. Why You Should Wash Your Hands.....	22
5. How to Wash Your Hands with Soap (or Ash).....	22
6. What You Need to Wash Your Hands .....	24
7. When You Wash Your Hands.....	24
8. Who Should Wash Their Hands? .....	26
9. Hand Washing Station.....	26
10. Tippy Taps for Hand Washing .....	28
<b>Unit 3: Water Treatment.....</b>	<b>35</b>
11. The Importance of Treating Your Water in the Home (at the Point of Use) .....	35
12. Which Household Water Do I Need to Treat? .....	36
13. Getting the “Dirt” Out of Your Water Before You Treat It.....	36
14. The Most Common Methods of Treating Water in the Home (at the Point of Use) .....	37
15. How Do I Use the Three Types of Chlorine Products to Treat My Drinking Water? .....	38
15A. Using WaterGuard Solution to Treat Your Drinking Water .....	39
15B[1]. Using WaterGuard Tab to Treat Your Drinking Water.....	41
15B[2]. Using Aquasafe to Treat Your Drinking Water .....	43
15C. Using a PUR Sachet to Treat Your Drinking Water.....	46
16. How to Treat Your Water by Boiling .....	48
17. How to Safely Transport, Handle, and Store Drinking Water.....	51
18. Cleaning Drinking Water Storage Containers.....	53
<b>Unit 4: Safe Handling of Blood and Body Fluids.....</b>	<b>54</b>
19. Universal Precautions (Blood and Body Fluid Contact) .....	54
20. Mixing and Using Jik (Household Bleach) Solution to Kill Germs.....	61

How Do I Use Jik Solution to Clean up (Disinfect) Blood or Other Body Fluids on Surfaces and Materials (Floors)? ....	62
20A. How to Disinfect and Dispose of <u>Cloth/Rag/Bandage</u> Soiled with Blood or Body Fluids, including Faeces .....	62
20B. How to Disinfect <u>Hard Surfaces and Floors</u> (e.g., Concrete Floor, Table, etc.) Soiled with Blood and Body Fluids .....	63
20C. How to Clean <u>Soft Surfaces</u> (e.g., Dirt or Sand Floors) Soiled with Blood and Body Fluids) .....	64
21. How to Protect Your Hands from Blood or Body Fluids: Using Gloves, Plastic Sheeting, or Other Plastic Material .....	64
22. What is the Best Type of Material for Gloves or as a Substitute for Gloves? .....	65
23A. How to Put on Gloves, Plastic Sheeting, or Other Plastic Material .....	66
23B. How to Safely Remove Gloves, Plastic Sheeting, or Other Plastic Material .....	67
24. Can I Reuse Gloves, Plastic Sheeting, or Other Plastic Material? .....	68
25. Where Do I Throw Away (Dispose of) Gloves, Plastic Sheeting, or Other Plastic Material After They Are Used? ....	70
26. Skin Care While Using Gloves, Plastic Sheeting, or Other Plastic Material on Your Hand .....	71
<b>Unit 5: Safe Handling and Disposal of Faeces</b> .....	72
27. Do all Faeces Contaminate and Spread Illnesses? .....	72
28. Where to Dispose of Faeces .....	72
29. Faeces and Urine Disposal Care of a <u>Bedbound</u> Client .....	74
30. How to Turn a Client and Position a Bedbound Client.....	74
30A. How to Turn a Client with <u>One Caregiver</u> .....	75
30B. How to Turn a Client in Bed with <u>Two Caregivers</u> and a Lift Sheet .....	76
31. Faeces Care for a Client Who Cannot Control When They Defecate or Urinate (an “Incontinent Client”) or a Bedbound Client .....	77
31A. How to Use a <u>Mackintosh</u> , Plastic Sheet, or Banana Leave(s) and <u>Changing</u> Soiled Bed <u>Linens</u> (Making an Occupied Bed) .....	78
31B. How to Use Plastic Pants .....	84
31C. Using a Bedpan or Basin in the Bed .....	86
31D. Using a Urinal (or clean, tall cup/can with a smooth edge) ....	91
32. How to Clean the Private Parts (also called the genital and rectal area or perineal area) .....	92



32A. Private Parts (Perineal) Care of Females.....	94
32B. Private Parts (Perineal) Care of Males.....	97
33. Faeces Care for a Client Who is Able to Get Out of the Bed but Cannot Walk to the Latrine or Toilet.....	101
33A. Building a Bedside Commode .....	101
33B. Getting a Client Up from a Bed to the Bedside Commode (to Urinate and Defecate) .....	103
34. Faeces Care for a Client Who is Weak But Able to Go to the Latrine or Toilet.....	106
35. Safe Handling and Disposal of Infant/Children's Faeces.....	110
<b>Unit. 6: Mentrual Period Management .....</b>	<b>112</b>
36. Menstrual Blood and HIV.....	112
37. Safe Handling and Disposal of Menstrual Blood .....	112
38. Keeping the Client and Her Household Clean Throughout Her Menstrual Period.....	113
39. What Materials Can Girls and Women Use to Manage Their Menstrual Period? .....	114
40. How to Dispose of Rags, Linens, Clothes, Banana Fibres, or Cloth Soiled with Menstrual Blood.....	118
41. Cleaning Rags, Clothes, Linens, and Cloth Stained with Menstrual Blood So They Can Be Re-Used .....	120
<b>Annex 1</b>	
Acronyms and Glossary .....	122
<b>Annex 2</b>	
Tools to Improve WASH Practices .....	140
Tool 1: Interpersonal Communication Skills .....	143
Tool 2: The Four “A” Steps .....	148
Tool 3: How to Use the WASH Assessment Tool .....	151
Tool 4: How to Use the WASH Counselling Cards .....	158
Tool 5: Supplies for WASH in Home Based Care .....	165



# Introduction

## How to Use the Participant's Guide

**The purpose of this guide** is to give Home Based Care (HBC) Providers the tools and information they need to improve the quality of care they provide to their clients. In particular, this Guide focuses on how to improve care related to:

- Water: How to make water safer to drink by safely transporting, storing and serving it, and by adding chemicals (chlorinating water) or by boiling it. This is called “**treating**” water.
- Faeces: How to properly handle and dispose of faeces, which is often called proper **sanitation**.
- Handwashing: how to properly wash hands and when to wash hands, which is often called proper **hygiene**.

The three subject areas of **water**, **sanitation** and **hygiene** are often referred to with the initials/acronym of **WASH**.

The Guide also includes tools and information that HBC Providers can use to help their clients and their client's household members improve their WASH practises, or the way in which they customarily wash their hands; treat, transport, store and serve their drinking water; and handle and dispose of faeces and menstrual blood.

When water is treated, transported, stored and served properly, and people wash their hands and eliminate faeces and menstrual blood properly, fewer germs are spread. This results in fewer cases of diarrhoea and other illnesses, which has a positive effect on HBC providers, caregivers and other household members by improving their health. When people are healthy, they do not spend money on medicine and doctor visits, they can work without problems, and children do not miss school. All of this leads to the improvements in the home based care client's condition, the family's living conditions and the quality of the services provided by the HBC Providers.

This Guide provides practical information, illustrations and tools to help clients, family members and HBC providers make informed decisions about water, sanitation and hygiene practises which directly impact the health of the household.

The Annexes in the back include:

- **Annex 1:** An acronym and glossary section that explains terms, basic definitions and acronyms that will be used throughout the participant's guide and training course. If you do not understand the meaning of words or abbreviations in this guide, please look for more information in this Annex.
  
- **Annex 2:** Tools to help improve WASH practices, including:
  - Tool 1: Interpersonal communication skills
  - Tool 2: The four "A" steps
  - Tool 3: How to use the WASH assessment tool
  - Tool 4: How to use the WASH counselling cards
  - Tool 5: Supplies for WAH in home based care

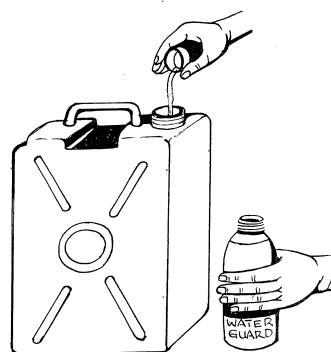
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# **PRACTICAL TOPICS AND TOOLS FOR HBC PROVIDERS, CLIENTS AND THEIR CAREGIVERS IN THE HOME**



# Unit 1: Basic Facts about “WASH” and Home-based Care

## 1. Introduction to Water, Sanitation and Hygiene (WASH)



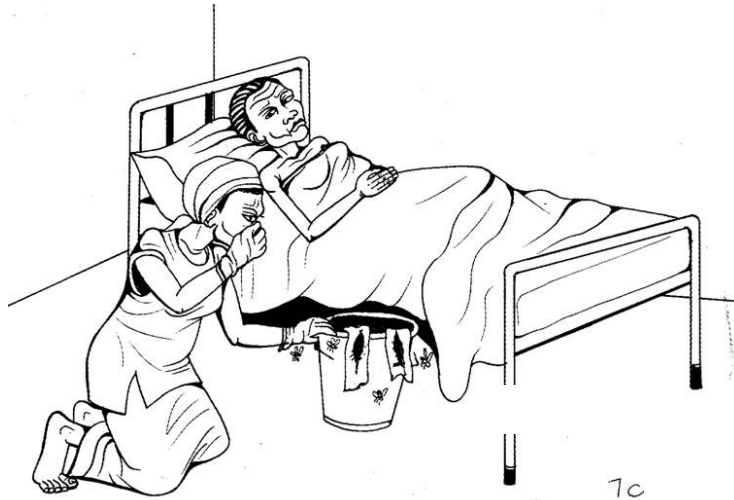
Research in households in Uganda identified that there are problems in the way that many households and HBC providers wash their hands, treat and handle their water, and handle their faeces and menstrual blood, especially for people who are ill, weak and bedbound.



These poor practises can lead to conditions that raise the risk of getting diarrhoea and transmitting illnesses, like HIV, from one person to another. This Participant's Guide is focused on building on what HBC providers and household members already know to help improve four key WASH practises in households, including:

- **Handwashing** with soap (or ash) and water;
- Treating, safely transporting, storing and serving **drinking water**;
- Safe handling and disposal of **faeces**;

- Safe handling and disposal of **menstrual blood**.



Poor water, sanitation and hygiene practises cause many problems for the household, including:

- *Diarrhoea and other serious illnesses.* Diarrhoea is a very common illness and is a sign of disease in the body. Severe diarrhoea can cause:
  - A loss of fluids (water) in the body called *dehydration*. The lack of water can be especially serious in children, the elderly, those living with illnesses and those who are malnourished. Any person with diarrhoea is in danger of dehydration.
  - Malnutrition and delayed growth of people, especially children. Bad nutrition can also lead to more diarrhoea illness.
  - Poor quality of life of people, or the ability to enjoy normal life activities.
  - Money problems in the household. With diarrhoea in the household, more money is spent to treat diseases and household members have less ability to work on days that they (or their children) are sick.
- *Slow development of children and poor school attendance and performance.* Many children suffer from stomach infections caused by parasites as a result of poor water, sanitation and hygiene. These parasites can slow a child's development and result in poor school attendance and performance. Poor WASH facilities in schools also discourage girls from attending school full time and force some to drop out.



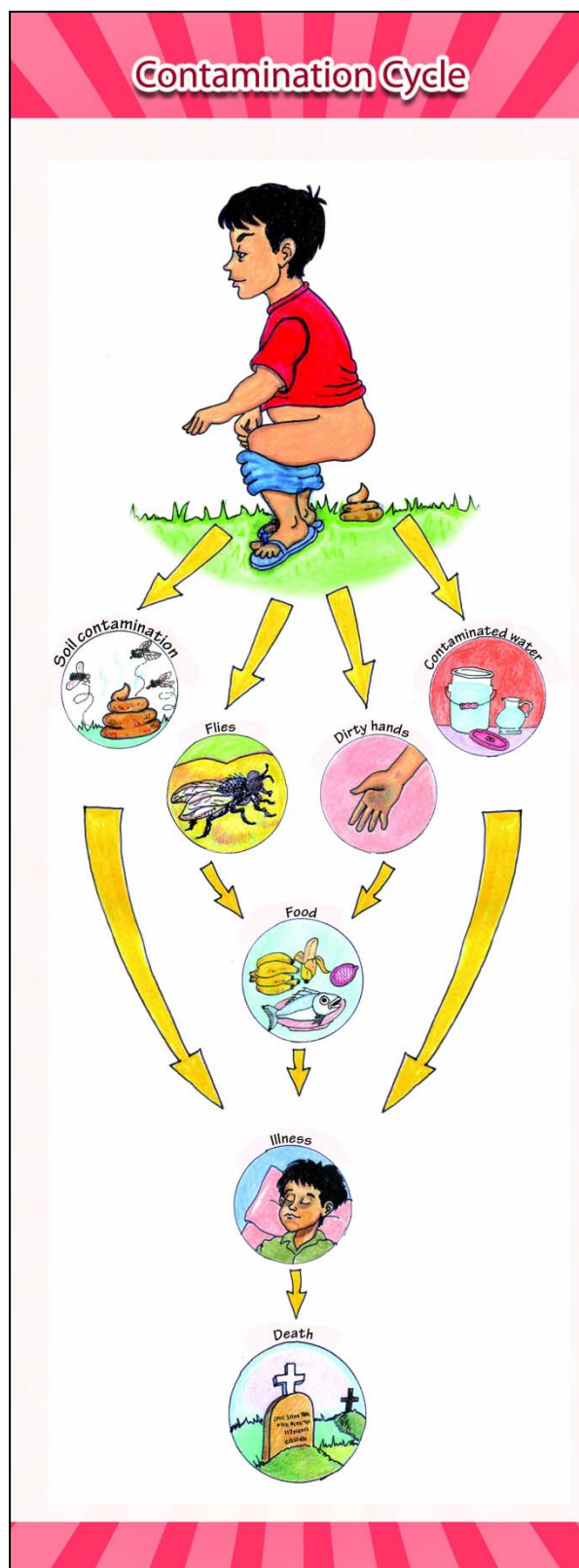
- *Opportunistic infections among people living with HIV and AIDS.* An opportunistic infection is an infection caused by germs that usually do not cause disease in a healthy immune system (the body's natural defence system against illness). When someone is living with HIV, they have a poor immune system that presents an easy "opportunity" for a germ to infect and cause illness that can easily be prevented. This is especially important because people living with HIV and AIDS die of opportunistic infections, not from the HIV itself. Good water, sanitation and hygiene (WASH) practises can help prevent opportunistic infections such as diarrhoea, mouth diseases and skin conditions.
- *Spread of HIV by unsafely handling and disposing of items soaked with the menstrual blood of HIV-positive female clients.* Menstrual blood of HIV-positive female clients can contain HIV. However, there is an extremely low risk of getting HIV when handling items soaked with menstrual blood if universal precautions are taken. Universal precautions are simple infection control procedures (e.g. washing and protecting your hands, etc) that reduce the risk of spreading infectious germs among clients, the client's household members and HBC providers. Universal precautions are meant to not only protect HBC providers and family members, but also protect the clients from unnecessary infection. It is important that HBC providers take universal precautions with ALL of their clients, whether they know if they are HIV positive or not.

## 2. How Poor WASH Practises Cause Diarrhoea

Most diarrhoea is caused by eating food or drinking water that is contaminated or infected with human and/or animal faeces as a result of poor sanitation, poor hygiene and unsafe drinking water. This is illustrated in the contamination cycle diagram .

This diagram shows the way that germs that cause diarrhoea mainly reach people including via “the 5 F’s”: fingers (hand), flies (insects), fields (defecation outdoors), fluids (water supply) or food, or directly into the mouth.

- The contamination cycle starts with people (represented here by a child) and animals defecating out in the open.
- Faeces come into contact with the soil and contaminates people and animals.
- Faeces on the ground attract flies, and flies contaminated with faeces land on food, which people eat.
- People who do not wash their hands after defecating spread germs in their surroundings and food.
- Faeces in the soil contaminate our water sources and then we consume contaminated water.



Contamination by all of these routes occurs every day in our community and causes diarrhoea, especially affecting children and people whose

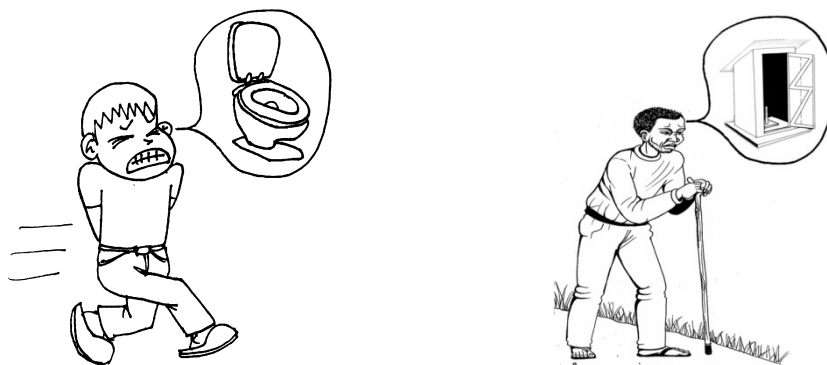
immune systems are already weak such as the elderly and those who are living with HIV. Certain hygiene practises have been proven to have the greatest potential for preventing diarrhoea because they reduce the transmission of germs. They are:

- Safe handling and disposal of faeces
- Correct handwashing and at critical times
- Safe drinking water: treatment and safe transportation, storage and serving.

### 3. Facts About HIV and Water Sanitation and Hygiene (WASH)

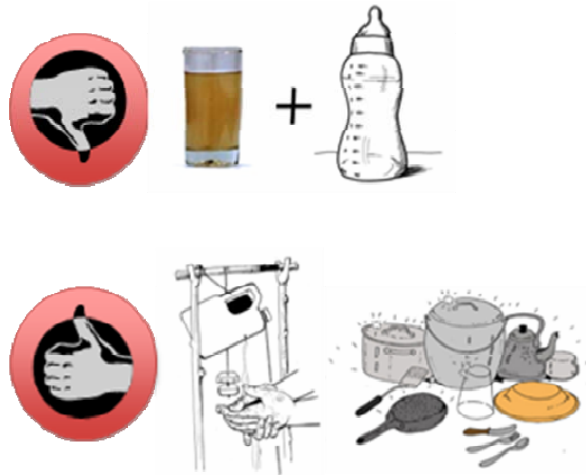
Because HIV lives in certain body fluids (e.g. blood, faeces with blood, vaginal fluids, semen, breast milk, pus, blister fluid) and affects the way HIV-positive clients may handle their water, sanitation and hygiene needs, it is important to remember some key facts when you are providing care to HIV-affected households:

People living with HIV **can** experience diarrhoea more frequently than people who are not living with HIV.



A household member **CAN** get HIV by handling with their bare hands (no gloves/plastic sheet material) a sanitary towel/napkin, cloth or banana fibre which is soaked with menstrual blood from an HIV-positive female client.

The person preparing food/formula for an HIV-exposed baby must use treated drinking water (that has been stored for no more than 24 hours), wash hands frequently with soap (or ash), and disinfect the liquids or foods and the containers for the food/formula. This can help to prevent opportunistic infections such as diarrhoea.



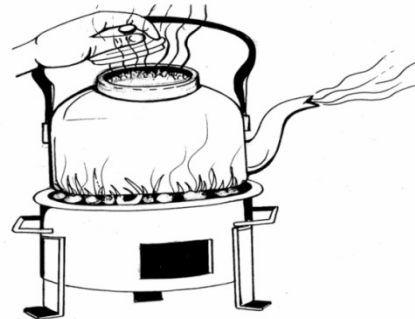
Switching between breast milk and formula or animal milk CAN cause damage to the part of a baby that helps them digest food and may allow the HIV virus to pass more easily from an HIV-positive mother into her baby's body. This increases the baby's risk of getting HIV.

Putting on gloves or plastic sheeting on your hands while handling faeces CAN help reduce the risk of spreading HIV and the germs that cause diarrhoea.



HIV can only live/survive for a short period of time outside of the human body, depending on the quantity or amount of HIV present in the body fluid and the conditions the fluid is subjected to. Therefore, it is very difficult to spread HIV outside of the body.

Treating an HIV-positive client's drinking water CAN decrease the chance that the client will get diarrhoea.



Handling your client's HIV treatment medication without first washing your hands CAN cause the client to develop an opportunistic infection.



+



Soaking rags that are saturated with HIV-infected menstrual blood for at least 20 minutes in a mixture of “1 part Jik to 9 parts water”, then washing them with soap and water, and then rinsing and drying them in the sun WILL kill the HIV virus and adequately clean the rags so they can be reused. To throw out the soaking water, dig a hole and dump the water in.





HIV CANNOT be spread (to an HIV-negative person) by sharing treated water from a jerrican with an HIV-positive person.

HIV CANNOT be transmitted (to an HIV-negative person) by sharing a toilet/latrine with an HIV-positive person.



Remember that HIV is spread from one person to another person by sharing blood and body fluids from sexual intercourse, mother-to-child transmission during pregnancy, birth or breastfeeding, and through direct blood-to-blood contact.

**It is your responsibility to protect yourself and others by doing actions that reduce the chance of spreading HIV**

You not only have the responsibility to protect yourself from HIV, but also to tell others how to avoid HIV infection. You can do this by:

- Educating on safer sex practises such as promotion of abstinence, reducing the number of sexual partners and using condoms.

- Helping HIV-positive women get the health services they need to prevent the spread of HIV to their unborn or newborn child, including help to not mix other foods or fluids with breastfeeding.
- Making sure that only blood that has been tested for HIV (“safe blood”), is used for transfusion.
- Doing simple infection control procedures called universal precautions, which include (but are not limited to) the following:
  - Protecting your hands and any surfaces of the skin if/when they come in contact with anybody else’s blood or body fluids. Washing your hands with soap (or ash) before putting on gloves and after taking off gloves and disposing of them.
  - If any skin needs to be pierced or cut, making sure the needles, knives, syringes or other instruments are sterile (germ-free and disinfected after every use). Make sure these instruments are safely handled, never shared after they are used and disposed of in safe location.

Universal Precautions are described in further detail in unit 4, section 19 (page 54).

## Unit 2: Hand Washing

### 4. Why You Should Wash Your Hands

Hands are always dirty with germs. We transmit germs from one person to another with our hands. Hands come in contact with many germs throughout the day, including when cleaning ourselves after we defecate. No matter what material (toilet paper, newspaper, leaves, etc.) is used to clean yourself after defecating, your hands still get dirty from the faeces (even if you cannot see or smell what got on your hands). For this reason, both hands should always be washed using soap (or ash) after defecation or after using a latrine.

One very important way illnesses are spread from one person to another person is through people's hands. Research studies show that washing your hands can reduce the risk of getting sick with diarrhoea by as much as 45%<sup>1</sup> and also suggest that unwashed hands contribute to the spread of respiratory illnesses.

### 5. How to Wash Your Hands with Soap (or Ash)

<b>STEP 1</b>	<b><u>Wet both of your hands with water.</u></b> It does not matter if the water you use is in a bowl or whether it is running water. It is important to use running water only when rinsing your hands.
<b>STEP 2</b>	<b><u>Lather with soap</u></b> (Note: if no soap is available, it can be replaced with ash, another cleansing agent).
<b>STEP 3</b>	<b><u>Rub your hands together thoroughly.</u></b> It is the soap (or ash) combined with the scrubbing action that helps loosen and remove germs.
<b>STEP 4</b>	<b><u>Rinse your hands with running water</u></b> Rinse with water poured from a water container such as a Jerrican, pitcher, cup, jug or tap to sweep away the loosened germs.
<b>STEP 5</b>	<b><u>Shake the excess water off your hands and allow them to air dry.</u></b>

<sup>1</sup> V. Curtis and S. Cairncross. 2003. **Effect of Washing Hands with Soap on Diarrhoea Risk in the Community: A Systematic Review** *Lancet Infectious Diseases* 3: 5 275 - 81



# HOW TO WASH YOUR HANDS

## Counselling Card

1

Wet your hands and lather them with soap (or ash).



2

Rub your hands together and clean under your nails.



3

Rinse your hands with a stream of water.



4

Shake excess water off your hands and air dry them.



## 6. What You Need to Wash Your Hands



You should wash your hands with water and soap. If you don't have soap, you can use ash instead. It serves the same purpose as the soap, to help 'scrub' what is stuck on your hands, so the running water can sweep it off. You can wash your hands with water that has not been treated, and still get clean hands, as long as you **POUR** the water over your hands (no dipping in a bowl!). The soap or ash "lifts" the dirt, and the water then washes off the visible and invisible germs.

## 7. When You Wash Your Hands

There are many important times you should wash your hands; however, in your role as a HBC provider you, your clients and their family members should wash hands at the following "critical times:"

### BEFORE:

- Preparing food and cooking
- Eating or feeding someone
- Taking or giving medications
- Putting on gloves/plastic material, cleaning wounds, or handling any blood or body fluids

### AFTER:

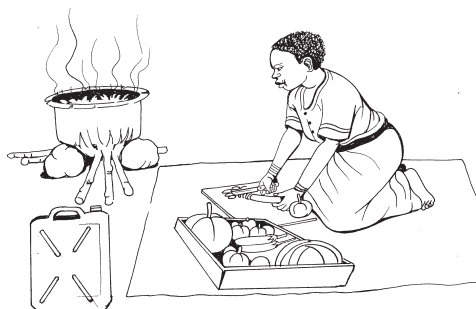
- Defecating (passing faeces)
- Cleaning your own or your client's private parts (e.g., cleansing due to urination, defecation, menstruation).
- Changing a nappie/diaper and cleaning a baby's bottom
- Taking off gloves/plastic materials, cleaning wounds, or handling any blood or body fluids

# CRITICAL TIMES TO WASH HANDS

## Counselling Card



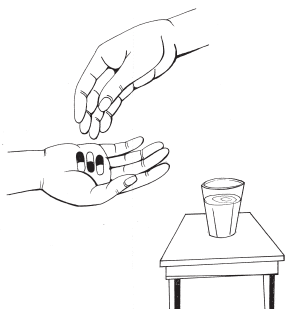
**Wash hands  
with soap  
(ash)...**



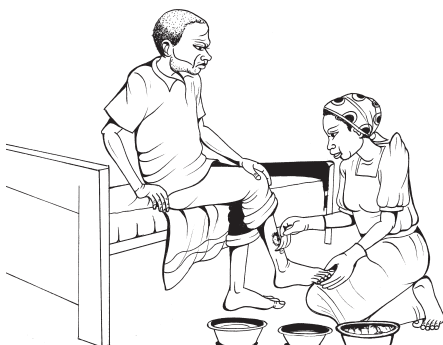
**Before cooking**



**Before eating, feeding patient,  
or breastfeeding**

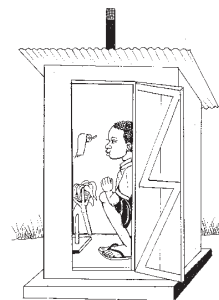


**Before giving/taking medicine**

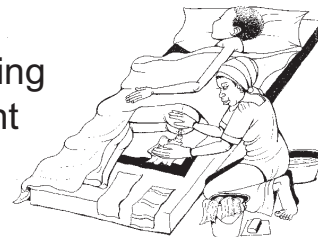


**Before touching body fluids**

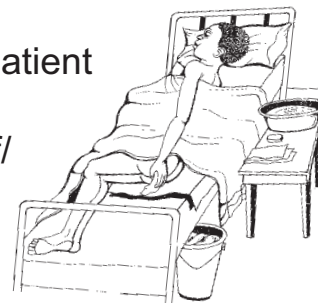
**After  
defecating**



**After  
cleaning  
patient**



**After patient  
cleans  
himself/  
herself**



**After  
cleaning  
baby**



**After  
touching  
body  
fluids**



## **8. Who Should Wash Their Hands?**

Everyone should wash their hands including adults, the elderly, young people, children and babies. If children are unable to wash their hands by themselves, an adult should help them.

## **9. Hand Washing Station**

A hand washing station is a place that has all the supplies that you need for washing your hands. Having a hand washing station increases the chance that people will actually wash their hands. It is especially important to set up a hand washing station by your latrine and/or near where food is prepared and eaten.

A hand washing station should include:

- Soap (or ash) to lift the germs off your hands
- Water to wet your hands
- Water in a container (such as a jerrican, saucepan, pot, bucket, cup, basin, etc.) that easily allows you to pour water over your soapy (or ash covered) hands.
- A vessel or container to hold the used water that is then thrown out.

# WHERE TO PUT A HAND WASHING STATION

## Counselling Card



Water and soap (or ash) near cooking and eating area



Water and soap (or ash) near latrine



Water and soap (or ash) next to patient's bed

## 10. Tippy-Taps for Hand Washing



A “Tippy Tap” is a device that helps you wash your hands using very little water and can be part of a hand washing station. It consists of a container filled with water (such as a 3- or 5-litre jerrican) that has a small hole made in it to allow a very small stream of water to pour out to wet and rinse your hands. For some tippy tap models, one end of a rope is attached to the container

and the other end of the rope is attached to a stick on the ground. When the user steps on the stick it tilts the container so that the water spills out.

A piece of soap (or a container of ash) should be attached to the pole/stick that supports the tippy tap. When you correctly use a Tippy Tap that has a foot lever attached, only the soap or ash is touched during hand washing, making it an effective way to wash your hands without contaminating them in the process.

### How to build a tippy tap

Follow these easy steps build your own Tippy Tap:

#### STEP

1

#### Marking the hole:

Select a clean, empty 3-litre or 5-litre plastic container for your Tippy Tap. Mark the location for the hole on the container, around 12 cm below the cap.

#### STEP

2

#### Heating the nail:

Hold the nail with a pair of pliers or a cloth, and heat the nail with any flame, such as from a fire, a candle or a lighter.

#### STEP

3

#### Making the holes:

With the hot nail, make the hole in the container, and a second hole in the cap.

---

**STEP****4****Inserting the rope:**

Put the longer piece of rope (1-metre) through the hole in the cap. Start by putting the end of the rope through the outside surface of the cap so that the loose end of the rope ends up on the inside of the cap.

**STEP****5****Knotting the rope:**

Make a knot in the rope that rests on the inside surface of the cap. Make sure the knot is big enough that the knot cannot be pulled back through the cap. Screw the cap back on the container. The knot should now be inside the container with the remaining long, loose end of the rope hanging outside the container.

**STEP****6****Attaching the stick (foot pedal):**

Tie the end of the rope to a 1-metre stick. The stick is now connected to the container with the rope. This is the foot pedal of the Tippy Tap.

*Note: You can adjust the length of the rope, if needed, during Step 11.*

**STEP****7****Making the hole through the soap:**

Using a tool (e.g. screwdriver, thick stick), make a hole through the soap by slowly rotating and pushing the tool through the soap.

**STEP****8****Inserting the rope:**

Put the shorter, second piece of rope (.5 metre) through the hole in the soap and tie to a short stick or piece of wood.

**STEP****9****Filling the container:**

Fill the container with water, up to the level of the hole.

**STEP****10****Putting the poles in the ground:**

Decide the best place to put your Tippy Tap. It should be where frequent hand washing should take place, such as near a latrine or kitchen. Using a tool to dig holes (e.g. shovel, spade), make two holes in the ground to a depth of 50 cm. Place the poles about 70 cm apart. Put the poles in the holes and pack the soil around them.



---

**STEP  
11****Hanging the Jerrican, the foot pedal stick and the soap rope:**

1. Put the stick through the handle of the Jerrican, and put the stick between the two poles. The Jerrican should now be hanging from the stick.
2. Tie the rope with the soap near the Jerrican so it is hanging from the stick. (If no soap is available, a container to hold ash can be used instead.)
3. Make sure the rope for your foot pedal is adjusted so *that one end of the stick/foot pedal hangs about 15cm above the ground and the other end of the stick rests on the ground.*

**STEP  
12****Make a soak pit:**

Make a hole under the Jerrican where the water will likely fall (about 40x40cm in length and width and 20cm deep). Fill in the hole with rocks. This is a soak pit, which keeps the Tippy Tap from becoming a mud hole and a mosquito-breeding place.

**To Use Your Tippy Tap:**

- Push the stick down with your foot. This tips the container, which makes water run out of the hole. Wet your hands and release the stick. Apply soap (or ash) to your hands. Push the stick down again and rinse your hands.

**To Maintain Your Tippy Tap:**

- Keep the tippy tap full of water by refilling it regularly so it is always ready for use.
- Wash the inside and outside of the tippy tap weekly or sooner if it looks dirty.
- Replace the soap (or ash) when it is gone.
- Unclog the soak pit of any soil clumps to prevent overflowing
- Replace the wooden sticks over time to prevent collapsing of the Tippy tap.



# HOW TO BUILD A TIPPY TAP FOR HAND WASHING

## Counselling Card

### Materials Needed:

1. Two wooden branches (2 metre length, Y-shaped end)
2. Two thinner sticks 1 metre long (one for Tippy Tap handle, one for foot pedal)
3. Saw to cut wood
4. 8 to 11 cm length nail
5. Piece of cloth or nail pliers
6. Heat source (flame)



7. Spade or shovel
8. Two pieces of rope (0.5 metre for cap; 1 metre for foot pedal)
9. 3- or 5-litre jerry can
10. Soap
11. Piece of wood same length as piece of soap
12. Screwdriver or tool to make hole through soap
13. Rocks, gravel for soak pit

### How to Build a Tippy Tap:

- 1 Mark hole.** Select clean, empty 3-litre or 5-litre plastic container. Mark location for hole, about 12 cm below cap.



- 2 Heat the nail.** Hold the nail with a pair of pliers or a cloth, and heat the nail with any flame.



- 3 Make holes.** With hot nail, make hole in container, and second hole in cap.



Instructions adapted from, "How to Make a Tippy Tap – A hygienic handwashing device with running water. Authors/Photos Mark Tiele Westra. Werkgroep OntwikkelingsTechnieken (WOT); University of Twente, the Netherlands; Henk Holtslag Connect International.

- 4 Insert rope.** Put longer piece of rope (1 metre) through hole in cap. Start by putting end of rope through outside surface of cap so loose end of rope ends up on inside of cap.



- 5 Knot rope.** Make a knot in the rope that rests on inside surface of cap. Make knot big enough that knot cannot be pulled back through cap. Screw cap back on container. Knot should now be inside container with remaining long, loose end of rope hanging outside container.



- 6 Attach stick (foot pedal).** Tie end of rope to 1 metre stick. Stick is now connected to container with rope. This is foot pedal for Tippy Tap.

*Note—You can adjust the length of the rope, if needed, during Step 11.*



- 7 Make hole through soap.** Using tool (e.g. screwdriver, stick), make hole through soap by slowly rotating and pushing tool through the soap.



- 8 Insert rope.** Put shorter, second piece of rope (.5 metre) through hole in soap and tie to short stick or piece of wood.



- 9 Fill container.** Fill container with water, up to level of hole.



- 10 Put poles in ground.** Decide best place to put Tippy Tap. Should be where frequent hand washing should take place (near a latrine or kitchen). With shovel or spade, make two holes in ground to depth of 50 cm. Place poles about 70 cm apart. Put poles in holes and pack soil around them.



- 11 Hang jerry can, foot pedal stick, and soap rope.**

- Put stick through handle of jerry can, and put stick between two poles. Jerry can should now be hanging from stick.
- Tie rope with soap near jerry can so it is hanging from stick. (If no soap available, use container to hold ash).
- Make sure rope for foot pedal is adjusted so that one end of stick/foot pedal hangs about 15cm above ground and other end of stick rests on ground.



- 12 Make soak pit.** Make hole (40x40cm and 20cm deep) under jerry can where water will fall). Fill hole with rocks. This is a soak pit that keeps Tippy Tap from becoming mud hole, mosquito breeding place.



## To Use:

Push stick down with foot. This tips container, which makes water run out of hole. Wet hands and release stick. Apply soap (or ash) to hands. Push stick down again and rinse hands.

## How to Maintain Tippy Tap:

1. Keep Tippy Tap full of water by refilling so it is always ready for use.
2. Wash inside and outside of tippy tap weekly or sooner if it looks dirty.
3. Replace soap (or ash) when used up.
4. Replace wooden sticks over time to prevent collapse.



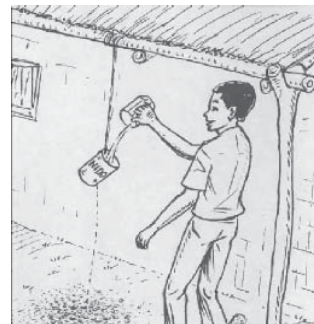


# DIFFERENT KINDS OF TIPPY TAPS

## Counselling Card

### Tin Can

- Make hole on side of tin can near bottom
- Hang can
- To start water flow: pour cup of water in can
- To stop water flow: let water run out



### Hollow Tube

- Make hole in container
- Insert hollow tube (pen casing, pawpaw stem...) in hole
- Find plug/cover for tube (pen cap, stick, ...)
- To start water flow: remove plug/cap
- To stop water flow: cover/plug tube



### Screw Top with Hollow Tube

- Make hole in side of screw top bottle
- Insert tube into hole
- To start water flow: loosen screw top
- To stop water flow: tighten screw top



## Hole in Cap

- Make hole in container cap
- Hang container so can tip over
- To start water flow: tip container
- To stop water flow: put container upright



## Tilting Jug

- Make hole in jug side or handle
- Hang so can tilt
- To start water flow: tilt container
- To stop water flow: put container upright



## Unit 3:

# Water Treatment

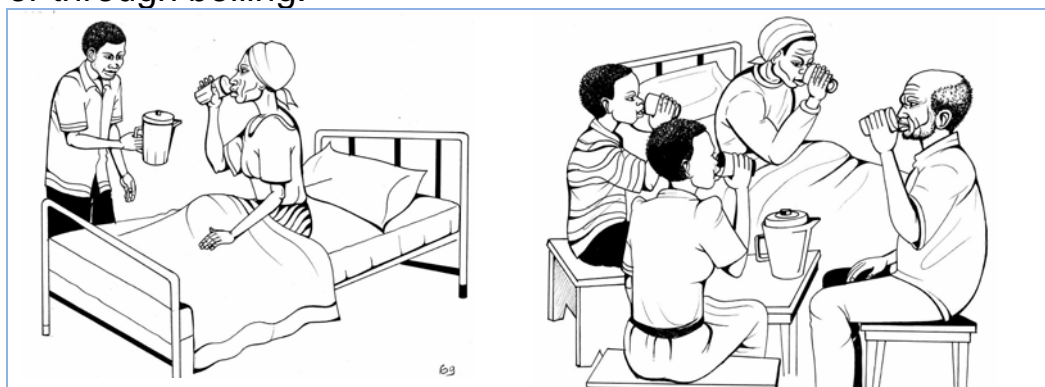
### 11. The Importance of Treating Your Water in the Home (at the Point of Use)

There are often germs in our household water that can cause us to become sick and get many illnesses, including diarrhoea. We cannot see the germs (small things in the water), but they are harmful to us if we drink them.

Water from ANY source, including water from “improved sources,” such as a piped/tap water, borehole, protected well, improved spring, etc., can be contaminated because of breaks in the system, poor upkeep/maintenance, flooding, or groundwater contamination. Water from rivers, ponds, open tanks, unimproved springs and wells can also be contaminated.

Even if the water is not contaminated at the source, it is often contaminated as it is being transported to the home or in the household due to poor handling (serving) and storage practises.

It is important to treat ALL of your drinking and cooking water in the home before consuming it. Everyone in the household should be drinking the treated water, including anyone who is ill, babies, children, adults and the elderly. In Uganda, water is treated in the home by using chemicals, such as chlorine (which is sold as products such as Waterguard, Aquasafe and PUR) or through boiling.



## 12. Which Household Water Do I Need to Treat?

We use water in the household for many purposes – drinking, mixing food or formula for babies, cooking, laundry, cleaning and other hygiene practises (such as hand washing and bathing, cleaning utensils and water vessels), caring for animals, and many other reasons.

However, it is not necessary or always possible to treat ALL of your household water. It is MOST important to treat all of the household water that is:

- Consumed by household members for drinking and cooking; and
- Used to mix in food, formula, juice or drink mixes, especially for babies, other young children and people living with illnesses, including HIV/AIDS.

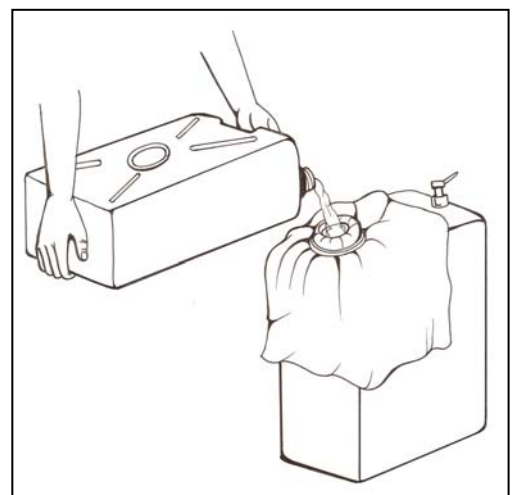
## 13. Getting the “Dirt” Out of Your Water Before You Treat It

If your water looks “dirty” (muddy, cloudy, not clear), most people prefer to get as much of the “dirt” out of your water before chlorinating it with Waterguard and Aquasafe products or boiling it. [Note: You do not need to worry about getting the “dirt” out before using PUR.] Getting the “dirt” out of the water helps Waterguard and Aquasafe kill the germs better and improves the way your boiled water tastes and looks.

You can filter your water by using either of 2 following methods:

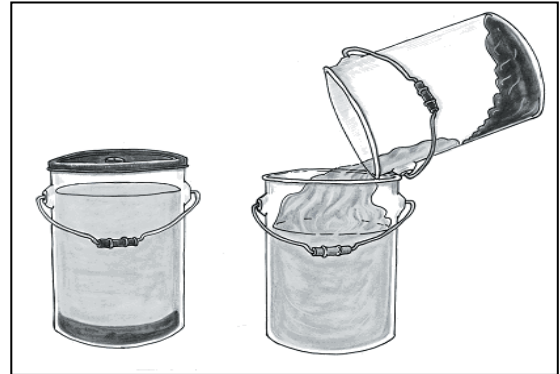
### (1) **Separate out the “Dirt” with a Cloth (“Filtering”):**

pour the water through a clean piece of cloth (tightly woven with no holes in it) that has been placed over the opening of another clean container. The cloth will collect the “dirt”. Take the “dirt” which collected on the cloth during the filtering and place it where children and animals cannot get to it, such as in a latrine or buried in a hole. After dumping the “dirt” wash the filter cloth and dry it in the sun.



OR

(2) **Let the “Dirt” Go to the Bottom and Pour Out the Clear Water (“Settling and Decanting”)**: let the untreated water sit untouched for 12 hours so that the dirt sinks to the bottom of the container while the clear water remains at the top of the container. Then pour (or “decant”) the clear water from the top into a second container, leaving the “dirt” behind in the original container. Throw away the “dirt” or residue remaining in the first container by placing it where children and animals cannot get to it, such as in a latrine or buried in a hole.



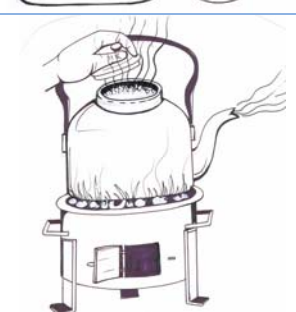
## 14. The Most Common Methods of Treating Water in the Home (at the point of use)

**Chlorinating water:**

**(adding chemicals to water to make it safe to drink).**



**Boiling water to make it safe to drink.**




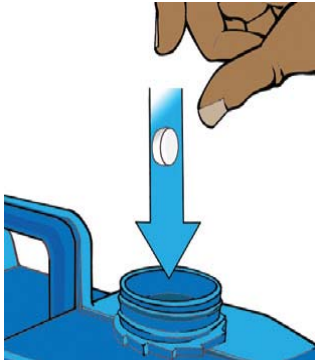



## 15. How Do I Use the Three Types of Chlorine Products to Treat My Drinking Water?

There are specific products that use a chemical called chlorine to treat your water. Before reviewing the products and how to use them, it is important to keep the following in mind:

- Care should always be taken when working with chemicals.
- Do not allow the chemicals to come into contact with the eyes.
- Chemicals should be stored out of reach from children in a dry place out of direct sunlight.
- Common household laundry bleach (or Jik), should NOT be used to treat water because of potential problems with using the correct amount.

Three types of chlorine products are available in Uganda which are used to chlorinate water:

(A) <b><u>WATERGUARD</u></b>	(B) <b><u>AQUASAFE</u></b> and <b><u>WATERGUARD TAB</u></b>	(C) <b><u>PUR</u></b>
<p>Chlorine Solution.</p> <p>This product comes in a liquid form.</p> 	<p>Chlorine Tablets.</p> <p>These products come in small pill/tablet form.</p> 	<p>Chlorine Sachet.</p> <p>This product comes in a powder form in a small envelope.</p> 

Detailed steps on how to use each of these four chlorine products are listed in this section under Part A, B, C, and D as follows.



## 15A. Using Waterguard Solution to Treat Your Drinking Water

<b>STEP 1</b>	<b>Filter water through cloth:</b> Fill a 20-litre container with untreated water that is filtered through a clean cloth.
<b>STEP 2</b>	<b>Add Chlorine Solution:</b> Remove the cap from the Waterguard bottle.  <b><u>Dirty Water: Add 2 Capfuls of Waterguard Solution</u></b> If your water was “DIRTY” before you filtered it through a cloth (in step 1), then pour <b><u>TWO CAPFULS</u></b> of Waterguard liquid into the 20-litre jerrican full of untreated water.  OR  <b><u>Clear Water: Add 1 Capful of Waterguard Solution</u></b> If your water was <b>CLEAR</b> before you filtered it through a cloth (in step 1), then pour <b><u>ONE CAPFUL</u></b> of Waterguard liquid into the 20-litre jerrican full of untreated water
<b>STEP 3</b>	<b>Shake:</b> Cover the jerrican and shake thoroughly until the Waterguard is completely mixed with the water in the jerrican.
<b>STEP 4</b>	<b>Wait and Drink:</b> Let the water sit for 30 minutes. After 30 minutes, the water is safe to drink.

Water treated with WaterGuard Liquid that is stored in a narrow neck container with a tight fitting lid can be drunk for up to seven days. Treated water stored in a wide mouth container or without a tight fitting lid can be drunk for only 24 hours.

When it is time to treat more water, be sure to empty your container before treating the next batch!

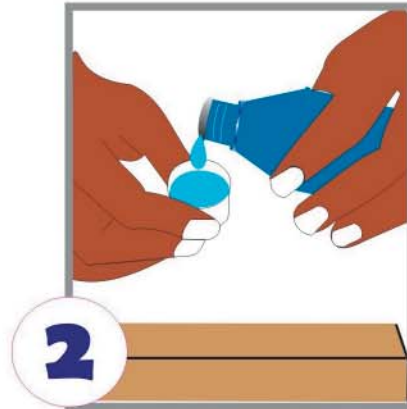
A bottle of WaterGuard Solution that has been opened can continue to be used until the expiry date, as long as the bottle is stored with the cap on.

# WaterGuard™ LIQUID INSTRUCTIONS

## Counselling Card



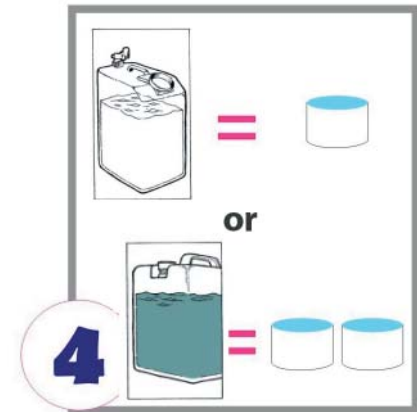
1 Fill a clean 20 litre jerri can with water filtered through a clean cloth.



2 Fill the bottle cap with WaterGuard.



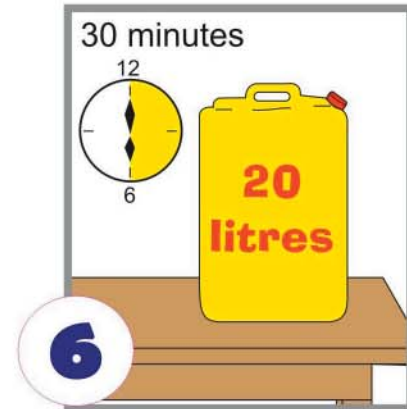
3 Pour the capful into the 20 litres of water.



4 For clear water use 1 capful. For dirty water use 2 caps full.



5 Close the jerri can and shake.



6 Wait 30 minutes before using.



7 The water is now ready to drink.



8 Store it away from children and sunlight.

**Remember: Do not swallow tablets and store them away from children and sunlight. Water treated with WaterGuard that is stored in a narrow neck container with a tight fitting lid can be drunk for up to seven days. Treated water in a wide mouth container or without a tight fitting lid can be drunk for only 24 hours.**

## 15B[1]. Using Waterguard Tab to Treat Your Drinking Water

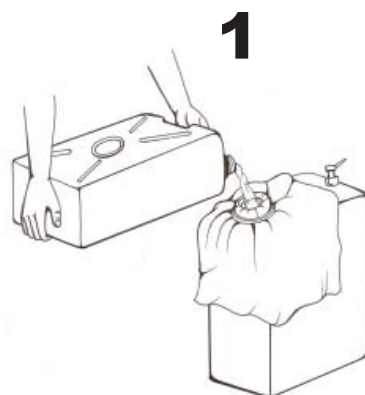
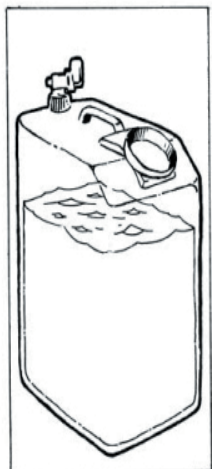
<b>STEP 1</b>	<b>Filter water through cloth:</b> Fill a 20-litre container with untreated water that is filtered through a clean cloth.
<b>STEP 2</b>	<b>Add Chlorine Tablet(s):</b>  <b><u>Dirty Water: Add 2 WaterGuard Tab tablets</u></b> If your <b>water</b> was “ <b>DIRTY</b> ” before you filtered it through a cloth (in step 1), then open the Waterguard tablet package and put <b>TWO chlorine tablets</b> into the untreated water. Cover the container. There is no need to stir or shake the water.  OR  <b><u>Clear Water: Add 1 WaterGuard Tab tablet</u></b> If your <b>water</b> was <b>CLEAR</b> before you filtered it through a cloth (in step 1), then open the Waterguard tablet package and put <b>one chlorine tablet</b> into the untreated water. Cover the container. There is no need to stir or shake the water
<b>STEP 3</b>	<b>Wait and Drink:</b> Let the water sit for 30 minutes. After 30 minutes, the water is safe to drink.

Water treated with WaterGuard Tab that is stored in a narrow neck container with a tight fitting lid can be drunk for up to seven days. Treated water stored in a wide mouth container or without a tight fitting lid can be drunk for only 24 hours.

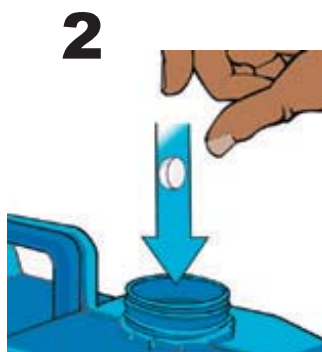
When it is time to treat more water, be sure to empty your container before treating the next batch!

## Counselling Card

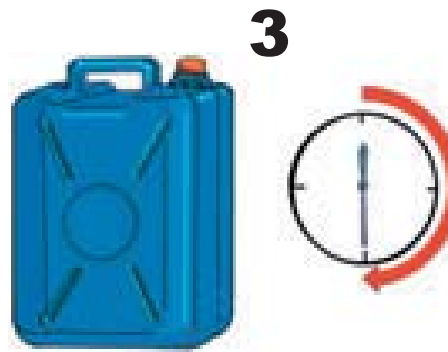
**Does your water look clear?**



Filter the water through a clean cotton cloth.



Add 1 tablet to 20 litres of filtered water.

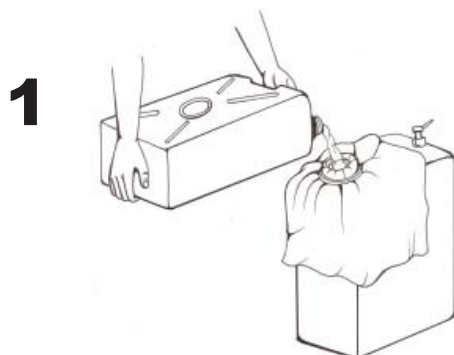
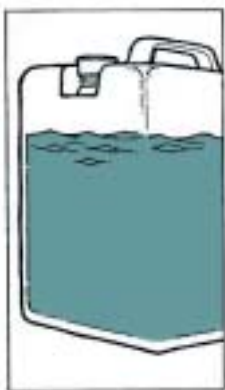


Wait 30 minutes.

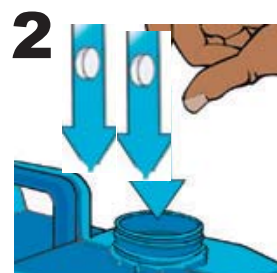


Water is now ready to drink.

**Does your water look dirty?**



Filter the water through a clean cotton cloth.



Add 2 tablets to 20 litres of filtered water.



Wait 30 minutes.



Water is now ready to drink.

**Remember: Do not swallow tablets and store them away from children and sunlight. Water treated with WaterGuard that is stored in a narrow neck container with a tight fitting lid can be drunk for up to seven days. Treated water in a wide mouth container or without a tight fitting lid can be drunk for only 24 hours.**

## 15B[2]. Using Aquasafe to Treat Your Drinking Water

<b>STEP 1</b>	<p><b>Check for “dirt”:</b></p> <p>Fill a 20-litre container with the untreated water that needs to be chlorinated. Determine if the water is clear or if it looks “dirty” (muddy, cloudy). If the water looks clear, skip the rest of this step and go directly to Step 3. If the water looks “dirty,” go to Step 2 to filter the “dirt” from the water.</p>
<b>STEP 2</b>	<p><b>Remove the “dirt”:</b></p> <p>Remove the “dirt” from enough water to fill a 20-litre jerrican by either of the following 2 methods:</p> <ul style="list-style-type: none"><li>• <b>Remove the “Dirt” with a Cloth (“Filtering”):</b> pour the water through a clean piece of cloth (tightly woven with no holes in it) that is placed over the opening of a clean container. The “dirt” will get trapped by the cloth. After filtering your water, put the “dirt” which collected on the cloth where children and animals cannot get to it, such as in a latrine or buried in a hole. After dumping the “dirt,” wash the filter cloth and dry it in the sun.</li></ul> <p>OR</p> <ul style="list-style-type: none"><li>• <b>Let the “Dirt” Go to the Bottom and Pour Out the Clear Water (“Settling and Decanting”):</b> let the untreated water sit untouched for 12 hours so that the dirt settles to the bottom of the container while the clear water remains at the top of the container. Then pour (or “decant”) the clear water into a second container while leaving the “dirt” behind in the original container. Throw away the “dirt” or residue remaining in the first container by placing it where children and animals cannot get to it, such as in a latrine or buried in a hole.</li></ul>

<b>STEP</b> <b>3</b>	<b>Add Chlorine Tablet(s):</b>  <u><b>Tap Water:</b></u> Add <b>1 Aquasafe tablet</b> for water collected from a tap.  <u><b>River, Well or Dam Water:</b></u> Add <b>2 Aquasafe tablets</b> for water collected from a river, well or dam.
<b>STEP</b> <b>4</b>	<b>Wait and Drink:</b> Let the water sit for 30 minutes. After 30 minutes, the water is safe to drink.

Water treated with Aquasafe that is stored in a narrow neck container with a tight fitting lid can be drunk for up to seven days. Treated water stored in a wide mouth container or without a tight fitting lid can be drunk for only 24 hours.

# AQUASAFE™ INSTRUCTIONS

## Counselling Card



### FOR WATER COLLECTED FROM TAP



Add 1 tablet of Aquasafe to 20 litres of clear water



Wait for 30 minutes



Your water is now safe and ready to drink



### FOR WATER COLLECTED FROM RIVER, WELL OR DAM

(Water collected from river, well or dam is more impure than tap water)



Add 2 tablets of Aquasafe to 20 litres of clear water



Wait for 30 minutes



Your water is now safe and ready to drink



### IF THE WATER IS UNCLEAR OR MUDDY

First filter the water through a clean cloth, then add 2 tablets to 20 litres of water and wait for 30 minutes before you can drink

**Remember: Water treated with Aquasafe that is stored in a narrow neck container with a tight fitting lid can be drunk for up to seven days. Treated water in a wide mouth container or without a tight fitting lid can be drunk for only 24 hours.**

## 15C. Using a PUR Sachet to Treat Your Drinking Water

<b>STEP</b> <b>1</b>	<b>Add Chlorine:</b> Fill a 10-litre container with untreated water that needs to be chlorinated. Open the PUR sachet and pour the powder into the water.
<b>STEP</b> <b>2</b>	<ul style="list-style-type: none"><li>• Stir:</li><li>• Stir the water vigorously for 5 minutes.</li><li>•</li></ul> <p>Stop stirring and let the water sit still for 5 minutes. At the end of the 5 minutes, the water should look clear and the particles or “dirt” should be at the bottom. Check and see if the water is clear. If the water is not clear, stir again until the “dirt” is separated from the water. The PUR powder causes the particles or “dirt” floating in the water to clump together and sink.</p>
<b>STEP</b> <b>3</b>	<b>Separate out the “Dirt” with a Cloth (“Filtering”):</b>  Remove the “dirt” that has sunk to the bottom by filtering the water through a cloth. Pour the water through a clean piece of cloth (tightly woven with no holes in it) that has been placed over the opening of another clean container.  Take the “dirt” which collected on the cloth during the filtering step and place it where children and animals cannot get to it, such as in a latrine or buried in a hole. After dumping the “dirt,” wash the filter cloth and dry it in the sun.
<b>STEP</b> <b>4</b>	<b>Wait and Drink:</b> Let the clear water sit for 20 minutes. After waiting for the water to sit for 20 minutes, the 10 litres of treated water is safe to drink.

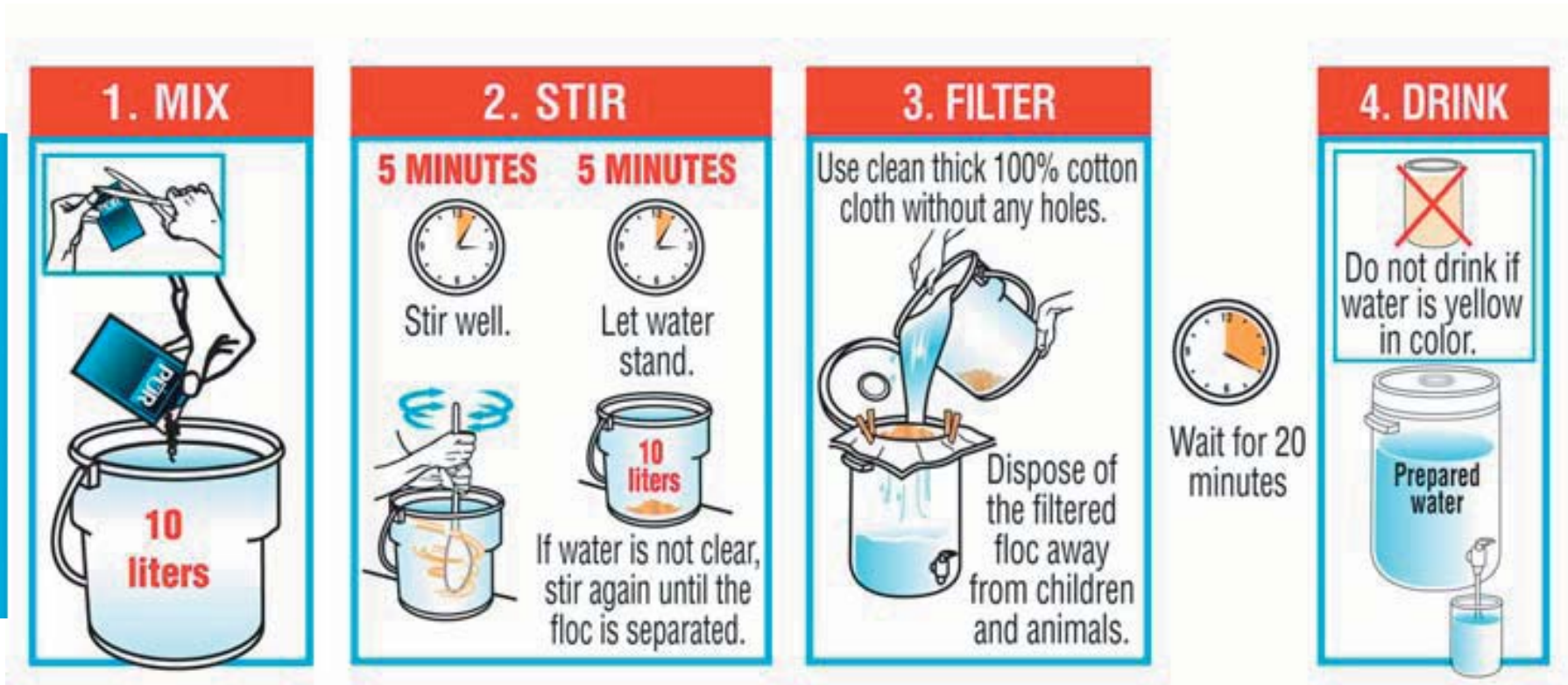
Water treated with PUR that is stored in a narrow neck container with a tight fitting lid can be drunk for up to seven days. Treated water stored in a wide mouth container or without a tight fitting lid can be drunk for only 24 hours.

When it is time to treat more water, be sure to empty your container before treating the next batch



# PUR™ INSTRUCTIONS

## Counselling Card



**Remember: Water treated with PUR that is stored in a narrow neck container with a tight fitting lid can be drunk for up to seven days. Treated water in a wide mouth container or without a tight fitting lid can be drunk for only 24 hours.**



## 16. How to Treat Your Water by Boiling

Boiling your water is another way to treat your drinking water. Boiling water kills the germs and it can be used for very clear or very “dirty” (muddy, opaque or turbid) water. However, if you have very “dirty” water, you may want to remove as much of the “dirt” as possible before boiling to make the boiled water look and taste better. Steps to treat your water by boiling include:

<b>STEP</b> <b>1</b>	<b>Check for “DIRT”:</b> Fill a container with the untreated water that needs to be boiled. Determine if the water is clear or if it looks like there is “dirt” in the water (e.g. it is muddy, opaque, turbid). If the water looks “dirty,” go to Step 2 to get the dirt out of the water. If the water looks clear, skip Step 2 and go directly to Step 3 to treat water without visible dirt.
<b>STEP</b> <b>2</b>	<b>Remove the “DIRT”:</b> Remove the “dirt” from enough water to fill a 20-litre jerrican by either of the following 2 methods: <ul style="list-style-type: none"><li>• <b>Remove the “Dirt” with a Cloth (“Filtering”):</b> place a clean piece of cloth (tightly woven with no holes in it) over the opening of another clean container and pour the “dirty” water through the cloth to collect the “dirt” on the cloth. Take the clumps of “dirt” which collected on the cloth during the filtering step and place them where children and animals cannot get them, such as in a latrine or buried in a hole. After dumping the “dirt” wash the filter cloth and dry in the sun.</li></ul> OR <ul style="list-style-type: none"><li>• <b>Let the “Dirt” Go to the Bottom and Pour Out the Clear Water (“Settling and Decanting”):</b> let the untreated water sit untouched for 12 hours so that the dirt settles to the bottom of the container while the clear water remains at the top of the container. Then pour (or “decant”) the clear water into a second container, leaving the “dirt” behind in the original container. Throw away the “dirt” or residue remaining in the first container and place it where children and animals cannot get to it, such as in a latrine or buried in a hole.</li></ul>

---

STEP 3	<ul style="list-style-type: none"><li>• Place the water over a heat source. Cover the pot of water with a tight fitting lid, if possible</li></ul>
STEP 4	Open the lid to check if the water has formed bubbles. Allow for water to heat until LARGE bubbles appear. And we mean BIG BUBBLES and not the little bubbles on the side of the pan!

Remember:

It is not necessary to keep boiling your water after large bubbles appear!

Boiled water stays safe to drink for **only 24 hours**. It should be dumped from the container before a new batch of water is boiled and stored.

# HOW TO BOIL AND STORE WATER

## Counselling Card

1

### “Dirty” looking water:

Let it settle until it is clear and pour it into a new container, leaving the dirt behind.



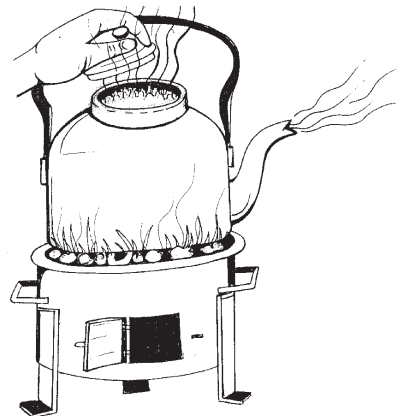
OR

Filter it through a cloth.



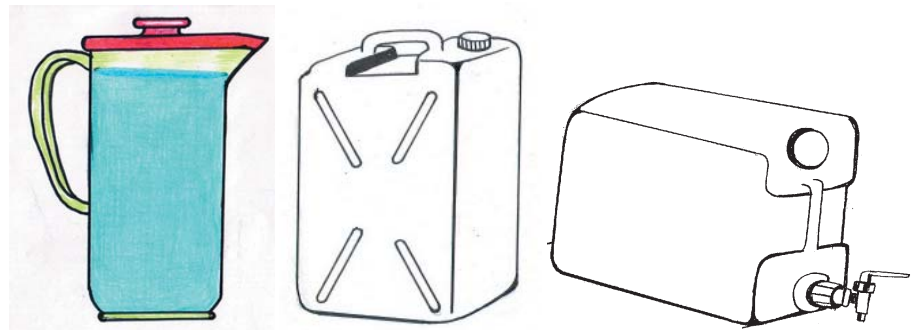
2

Boil the water until **LARGE BUBBLES** appear.



3

Let boiled water cool, then store in a safe container with a tight fitting lid and, if possible, a tap (spigot).



4

Do not drink boiled water stored for more than 24 hours.



## 17. How to Safely Transport, Handle and Store Drinking Water

How should I safely **Transport** water?

- You should transport it in a container with tight fitting lid that does not allow water to spill out or allow anything to fall in the water while it is transported.

How do I **Serve** (or take water out of the container) to drink it?

- If your container has a spigot (or tap, or spout), you should serve the water using the spigot (or tap).
- If you are using a container without a spigot (or tap), if possible, serve it by pouring the water from the container.
- If you cannot easily pour the water from the container, then take the water out by using a clean, long-handled dipper. Store the dipper by hanging it on the inside of the water storage vessel or on a nail on the wall. Do not store the dipper by lying it on the floor or a table because it can get dirty and contaminate your treated water.
- Never dip a bowl, cup or your hands into the container with your treated water because you can recontaminate it.

Where should I **Store** my treated water?

- You should keep chlorinated and boiled water in a narrow-neck container with a lid that fits tightly. Your container should also preferably have a spigot (or tap, spout or other serving device).

# HOW TO TAKE CARE OF DRINKING AND COOKING WATER

Counselling Card

## TRANSPORT



Carry your water home in a container with a lid



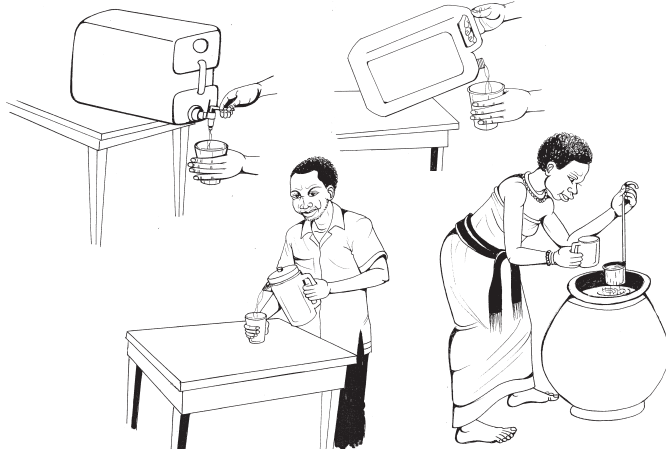
Do NOT transport it in a container without a lid



## SERVING



Serve the water without letting anything dirty (such as your hands or a cup) touch it



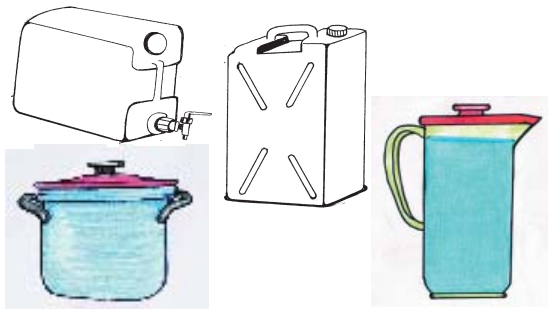
Do NOT scoop the water out with a cup or a bowl



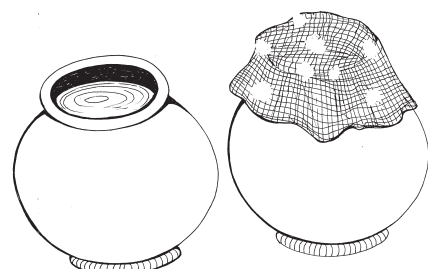
## STORAGE



Store water in a container with a tight fitting lid



Do NOT store water in a container without a lid or with a lid that does not fit tightly



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HYGIENE IMPROVEMENT  
PROJECT



THE REPUBLIC OF UGANDA  
Ministry of Health



## 18. Cleaning Drinking Water Storage Containers

It is very important for every household to ensure that ALL containers and other equipment used to handle or serve their household drinking water are kept clean. Storing your water in a dirty container or using dirty utensils can easily cause new germs to get into your treated water which can make you sick with illnesses such as diarrhoea.

### Cleaning Inside the Container:

<b>STEP 1</b>	<b>Wash outside of container with soap and water</b> - Clean the outside of the container with soap and water to remove visible dirt.
---------------	---

<b>STEP 2</b>	<b>Rise out visible dirt inside</b> – Put a small amount of water inside the container and swish it and shake it around and dump the water. Repeat this step as many times as needed until you no longer see visible dirt on the bottom of the container.
---------------	---

<b>STEP 3</b>	<b>Use bleach (Jik) [Preferred method:] or soap</b> – If <b>Jik is available</b> , pour one spoon full of Jik and nine spoonfuls of water into the water container. Swish and shake the liquid around in the container, making sure that all sides of the container are coated with the Jik and water mix. Let the Jik and water sit in the container for 20 minutes. After 20 minutes, dump out the mixture of Jik and water. Add plain water to the container and swish and shake the water around in the container, making sure that all sides of the container have been rinsed. Dump the rinse water. The container is now ready to store more treated drinking water. <i>If NO Jik is available</i> , dissolve a small piece of bar soap in water and/or create a soapy lather with a bar of soap and pour the soapy substance inside the container. Swish and shake the soapy liquid around in the container, making sure that all sides of the container are coated with the soapy solution. Let the soap sit in the container for 20 minutes. After 20 minutes, rinse the inside of the container by adding water and swishing and shaking the water around in the container, making sure that all sides of the container have been rinsed. Dump the rinse water and rinse again with plain water until no soap bubbles form. The container is now ready to store more treated drinking water.
---------------	--

NOTE: You may wipe the inside of a container with a clean cloth before the JIK or soapy water is added, but it is very important that you DO NOT clean the inside of your container with rough, scratchy material or tools (like wire brushes, sand, gravel)! Using rough, scratchy tools makes the inside of your container rough, which makes it easier for germs to grow in your container.



## Unit 4:

# Safe Handling of Blood and Body Fluids

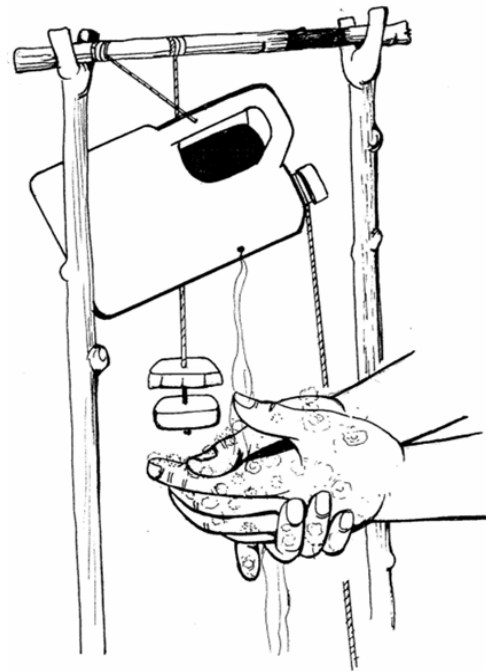
### 19. Universal Precautions (Blood and Body Fluid Contact)

Universal precautions are simple infection control steps that reduce the chances of passing an illness/infection from one person to another through (1) contact with blood or other body fluids (such as faeces, pus, vomit, sputum, urine and waste from childbirth) or (2) contact with open sores or cuts. By following universal precautions you can help protect yourself from “catching” an illness/infection from your client and you can help protect your client from “catching” any illnesses from you. Therefore, it is important that ALL HBC providers and household members use these precautions in the household.

Key precautions include:

#### Wash Hands

Wash your hands (Unit 2, Section 5, Page 22).with water and soap (or ash) at critical times, (Unit 2, Section 7, Page 24).especially after any contact with blood or other body fluids.





## Protect Hands

Always wear gloves, plastic sheeting or other plastic material on your hands to handle soiled items and to prevent direct contact with any blood or other body fluids.

If gloves, plastic sheeting or other plastic material is not available, you can use big, thick (liquid resistant) leaves (like banana leaves), a spring peg (clothes pin) or other utensil to pick up soiled items.

Clean up spills of blood, faeces or other body fluids with 1 part Jik (household bleach) to 9 parts water solution while wearing gloves, plastic sheeting or other plastic material to protect your hands.



Use gloves



Use plastic sheet material

## Wound Care

Cover your hands with gloves, plastic sheeting or other plastic material when cleaning someone else's wounds or when you have a wound on your own hand.

If it is not possible for you to protect your hands, then be sure to cover any exposed wounds on your hands or on your client with a liquid-resistant (waterproof) bandage/covering to prevent direct contact.



## Clean Up Harmful Spills

Clean up spills of blood, faeces or other body fluids with a mixture of 1 part household Jik (household bleach) to nine parts water solution (See the next section for instructions on how to prepare the Jik solution). While cleaning, wear gloves, plastic sheeting or other plastic material to protect your hands. Wear shoes to protect your feet when cleaning body fluids spilled on floors.



## Clean Things You Share with Others (Dishes, Linens, etc.)

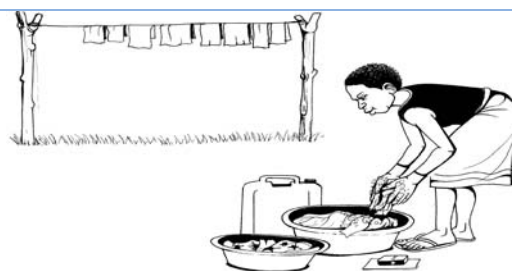
Clean things that are shared between people, like plates, drinking glasses, eating utensils, etc with soap and water before you share them with others. This will help stop the spread of diarrhoea.



It is not necessary to clean these items with Jik (household bleach).

## Separate Soiled Laundry

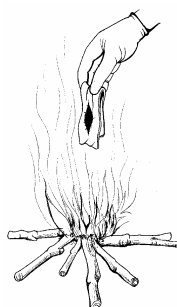
Keep clothing and sheets stained with blood, faeces or other body fluids separate from other household laundry before they are washed.



## Disposal of Soiled Things in URBAN Settings

Dispose of items used for cleaning up blood/body fluids by either (1) burning the bloody material (preferred method); or (2) “double bagging” it (putting the soiled material in a bag and tying the top, then putting it inside another bag and tying the top) and putting the sealed bag in the garbage.

### Option 1 Burning bloody material (preferred method)



### Option 2 Double bagging and putting in the garbage



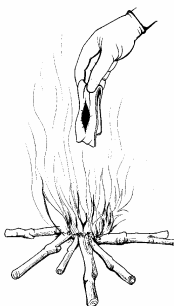
## Disposal of Soiled Things in RURAL Settings

Dispose of items used for cleaning up blood/body fluids by either (1) dropping the material down into the latrine hole (preferred method, use in rural areas only); or (2) burning the bloody material (preferred method, urban areas); or (3) “double bagging” it (putting the soiled material in a bag and tying the top, then putting it inside another bag and tying the top) and disposing of the sealed bag in the garbage.

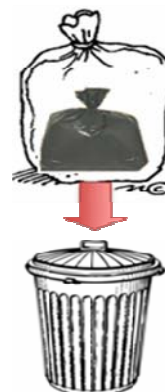
### Option 1 Dropping material into the latrine hole (preferred method)



### Option 2 Burning bloody material



### Option 3 Double bagging and putting in the garbage



## Do Not Share Anything Sharp

Do not share anything sharp that can pierce the skin and come in contact with blood or other body fluids such as toothbrushes or chewing sticks, razors, knives, syringes, needles or other sharp instruments.

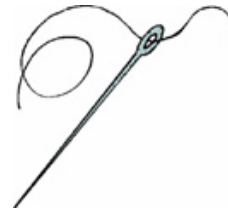
**Do not share knives that have cut the skin of another person**



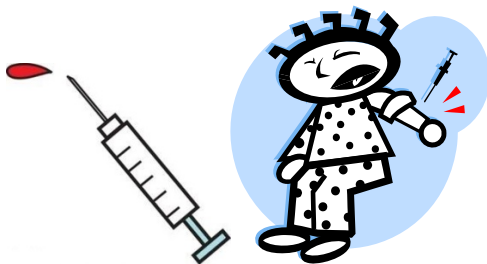
**Do not re-use razor blades that have cut the skin of another person**



**Do not re-use needles that have pierced the skin of another person**



**Do not share syringes that have pierced the skin of another person**



**Do not share toothbrushes or chewing sticks that have cleaned the mouth or teeth of another person**

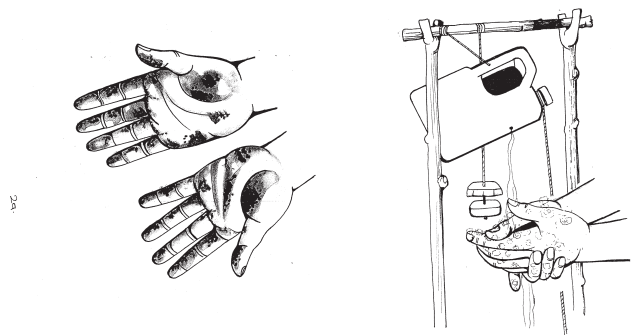


# HOW TO STOP SPREADING GERMS

## Counselling Card

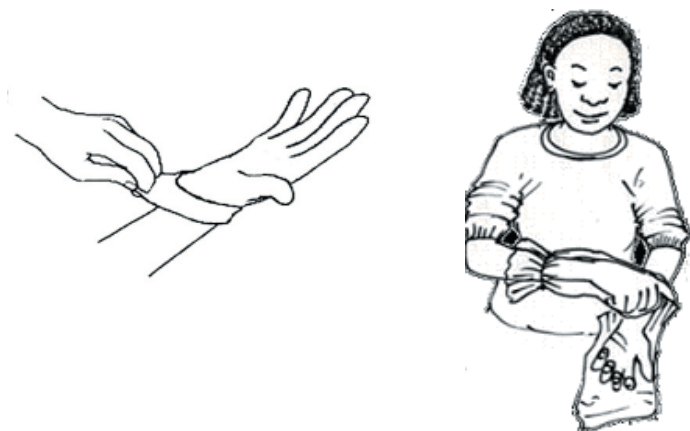
### 1 Wash Hands

Wash hands with water and soap (or ash) at critical times, especially after any contact with blood or other body fluids.



### 2 Protect Hands

Always wear gloves or plastic sheet material on hands to handle soiled items to prevent direct contact with blood or body fluids. Or use big, thick (liquid resistant) leaves (like banana leaves), a spring peg (clothespin), or other utensil to pick up soiled items.



### 3 Wound Care

Cover hands with gloves or plastic sheet material when cleaning someone else's wounds. If it is not possible to protect your hands, be sure to cover any exposed wounds on your hands or on your client with a waterproof bandage/covering.



### 4 Clean up Harmful Spills

Clean up spills of blood, faeces, or other body fluids with a mixture of 1 part household bleach (Jik) to 9 parts water. Wear gloves or plastic sheet material to protect hands. Protect feet when cleaning body fluids spilled on floors.

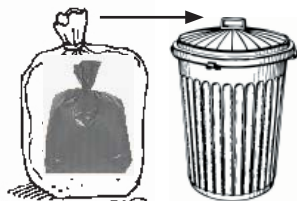




- 5 Disposal of Soiled Things in URBAN Areas:**  
Burn items used for cleaning up blood/body fluids (preferred method) or “double bag” (put soiled materials in bag and tie top, then put inside another bag and tie top)



1) Burning (preferred method)



2) Double bagging and put in garbage

**Disposal of Soiled Things in RURAL Areas:**

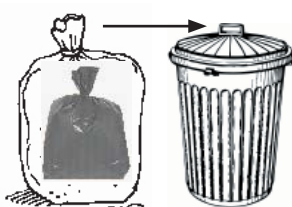
Dispose of items used for cleaning up blood/body fluids by dropping them down into latrine hole (preferred method), burning, or “double bagging.”



1) Dropping material down into the latrine hole (preferred method)



2) Burning



3) Double bagging and putting in garbage

- 6 Separate Soiled Laundry**  
Keep clothing/sheets soiled with blood, faeces, body fluids separate from other laundry before washing and wash separately.



- 7 Clean Things You Share with Others (dishes, linens, etc.) to Stop Spread of Diarrhoea Germs**  
Clean shared things with soap and water between people using them.



- 8 Do Not Share Anything Sharp**  
Do not share anything sharp that can pierce the skin and come in contact with blood or other body fluids like toothbrushes or chewing sticks, razors, knives, syringes, needles, or other sharp instruments.



Do not share toothbrushes or chewing sticks that have cleaned the mouth or teeth of another person



Do not use razor blades that another person has used



Do not use syringes that have pierced the skin of another person



Do not use knives that have cut the skin of another person

## 20. Mixing and Using Jik (Household Bleach) Solution to Kill Germs

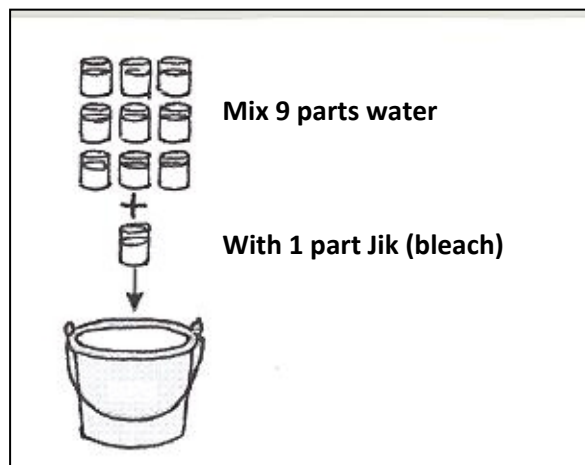
### What is Jik Solution and What Does it Do?

Jik is the brand name for household chlorine bleach that is available in Uganda. It is a liquid chemical that is typically used in laundry and other household cleaning. It can also be used to kill “germs” from blood or other body fluids in bedding, bandages, clothing, cotton wool, menstrual cloth, floors or other surfaces. HBC Providers, clients, and household members can make a mixture of Jik and water, which is called a solution, that is used to clean soiled items and surfaces. It is important to mix the right amount of Jik (one part) with the right amount of water (nine parts) to make sure that the solution is strong enough to “disinfect” or kill germs from blood or other body fluids on many surfaces and materials.



### How do I mix a “1 part Jik to 9 parts water solution”?

You can make a 1 part Jik to 9 parts water solution by doing the following steps:



**STEP**  
**1**

Gather a cup, a bucket (or large bowl), Jik and water. Remove the cap from the Jik solution. FILL the cup (or whatever container you have available) once with Jik liquid and pour it into a bucket (or large bowl/container).

**STEP**  
**2**

With the same cup (or whatever container you used to measure the Jik), fill it 9 times with water and pour it into the bucket (or large bowl/container) that has the Jik in it. Stir the water and Jik mixture (called a solution) with a stick or spoon. This solution is the “one part Jik to nine parts water solution.”

**STEP  
3**

To **dispose** of Jik solution, dig a hole and pour the left over solution in the hole. Fill the hole with dirt. Tell participants to make sure not to dispose of Jik solution near plants, drinking water sources, or near where children play.

Care should always be taken when working with chemicals. Do not allow the chemicals to come into contact with the eyes. Chemicals should be stored out of reach from children and in a dry place out of direct sunlight. Liquid and powder bleach are made with different strengths so it is important to specifically use the Jik brand name liquid bleach.

## **How do I use Jik Solution to Clean up (Disinfect) Blood or Other Body Fluids on Surfaces and Materials (Floors)?**

**Note:** Never dispose of Jik solution in a latrine or near plants. To dispose of Jik solution, dig a hole, pour in the solution, and refill the hole with soil.

### **20A. How to Disinfect and Dispose of Cloth/Rag/Bandage Soiled with Blood or Body Fluids, Including Faeces**

If a cloth/rag has any fluids (blood other than menstrual blood, pus, fluid, faeces, vomit, sputum and waste from childbirth) follow the next set of directions, which use Jik solution:

**STEP  
1**

Cover your hands with gloves, plastic sheeting or other plastic materials (see Item 21 below). Pick up the soiled cloth (soiled with blood or other body fluid) and put it in a bucket (or large bowl, container) filled with “1 part Jik to 9 parts water” solution and allow it to soak for at least 20 minutes.

**STEP  
2**

Wash the cloth as you normally would wash, with water and lots of soap/detergent so there are lots of bubbles when you scrub the cloths/rags together well. Then rinse well.  
[Note: Bleach will fade/remove colour from cloth.]



**STEP  
3**

Allow materials to air dry in the sun.

**STEP  
4**

Dispose of solution as instructed above (see instructions for making Jik solution). Soak the bucket (or bowl, container) that was used for disinfection in a 1 part Jik to 9 parts water solution for 10 minutes. After 10 minutes, throw out the used solution and wash the bucket with soap and water, rinse well and air dry in the sun. Remove your gloves, plastic sheeting or other plastic material and wash your hands.

## **20B. How to Disinfect Hard Surfaces and Floors (e.g., Concrete Floor, Table, etc.) Soiled with Blood and Body Fluids**

Hard surfaces or floors soiled with blood or body fluids must be cleaned carefully using Jik solution:

**STEP  
1**

Make a “1 part Jik to 9 parts water” solution. See steps above for instructions.

**STEP  
2**

Pour the “1 part Jik to 9 parts water” solution on the spilled fluid and leave it for 20 minutes.

**STEP  
3**

Cover your hands with gloves, plastic sheeting or other plastic material (see Section 21 below). Clean up the spilled blood and/or body fluids from the floor using a cloth/rag/banana leaf/paper towels. Leave the surface to air dry.

**STEP  
4**

Either disinfect or dispose of the cloth/rag as outlined in Section 20A (above). Remove your gloves, plastic sheeting or other plastic material and wash your hands.

## **20C. How to Clean Soft Surfaces (e.g. Dirt or Sand Floors) Soiled with Blood and Body Fluids:**

Soft surfaces (e.g. dirt or sand floors) soiled with blood or body fluids must be cleaned carefully. Read through the steps below:

<b>STEP 1</b>	Cover your hands with gloves, plastic sheeting or other plastic material.
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<b>STEP 2</b>	Dig up/remove the soft soiled surface (dirt or sand). Dispose of the soiled material either in the latrine or by burying it deep in the ground and away from the household so that people and animals cannot come in contact with the material.
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<b>STEP 3</b>	Replace the area you dug up with fresh dirt, mud, or sand. Remove your gloves, plastic sheeting or other plastic material and wash your hands.
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## **21. How to Protect Your Hands from Blood or Body Fluids: Using Gloves, Plastic Sheeting or Other Plastic Material**

Gloves, plastic sheeting or other plastic materials around the hands are always necessary when handling blood or body fluids because they protect you from germs and prevent the spread of germs to your clients. When using gloves, plastic sheeting or other plastic material, be sure not to touch any part of your own body with your covered hands (so that you don't get germs on yourself). Be sure not to use gloves or plastic sheet materials that are peeling, cracked, or have holes in them.

## 22. What is the Best Type of Material for Gloves or as a Substitute for Gloves?

Using material that is resistant to tears and liquids is the best type of material for gloves or substitutes to gloves.

Suggested types include:



**Thin “medical” gloves** made of natural rubber latex and synthetic non-latex materials (e.g., vinyl, nitrile, and neoprene) which are comfortable to wear, allowing good movement of fingers and the hands. These thinner gloves ideally should be used one pair at a time for one task and then thrown away.

**Thicker, household rubber gloves** are not as pliable and easy to use for cleaning a client; however they are best for cleaning blood or bloody fluids from floors, equipment, beds, etc. and can be used to clean a client when there is no other kind of glove available.



**Plastic sheet material:** take a large plastic sheet (like that used during the delivery of a baby) and cut a square approximately 50 cm by 50 cm large. Place the tip of your finger in the middle of square, and gather up the rest of the plastic material around your wrist. Secure it tightly by tying a string around your wrist .

If anything moist is to be touched, **do not use paper or cloth** as it may get soaked and contaminated.

Even though gloves are in place to protect your hands, it is important to always **wash your hands after using gloves** to both prevent irritation on your hands and remove any germs that got on your hands.

The thicker the glove, plastic sheeting or other plastic material, the more protection provided. Thicker chemical-resistant material such as

in many rubber gloves resists punctures and tears. However, thicker gloves also may be stiffer and harder to use to clean clients. You should select a material large enough to cover your hands and your wrists. To clean up large spills of blood or body fluids you may need to cover your elbows and/or wear an apron to keep from getting large amounts of blood on your body.

## 23A. How to Put on Gloves, Plastic Sheeting or Other Plastic Material

Keep in mind that **gloves**, plastic sheeting or other plastic material that fit the hands correctly will be more comfortable to wear. If the material fits well, you may be able to wear it longer and with more comfort.



**Suggested steps for putting on gloves include:**

- |               |   |
|---------------|---|
| <b>STEP 1</b> | Wash your hands before touching the gloves. Check for any holes or tears before putting the gloves on your hands.   |
| <b>STEP 2</b> | Determine which direction the gloves go on and which is left and right. Hold them up and look at which way the thumbs go.                                       |
| <b>STEP 3</b> | Insert your hand into the hole at the end of the glove, the one found farthest away from the glove's fingers.   |
| <b>STEP 4</b> | Slide your fingers into the finger openings that are meant for the proper finger.   |
| <b>STEP 5</b> | Pull the glove as far up over your wrist and forearm as possible so that the tips of your fingers are touching the end (inside surface) of the glove's fingers. |



**Suggested steps for putting  
on plastic sheeting or other  
plastic material include:**

**STEP  
1**

Wash your hands before touching the plastic material. Check for any holes or tears before putting the plastic material on your hands.

**STEP  
2**

If starting with a large plastic sheet (like those used for the delivery of a baby), cut a square approximately 20" x 20" (50 cm by 50 cm) (or large enough to cover your hand and wrist).

**STEP  
3**

Place the tip of your fingers in the middle of the square and with your other hand (or with someone else helping you) gather up the rest of the plastic so it covers your hand, and then gather it around your wrist.

**STEP  
4**

Secure the plastic around your wrist by tying it with a string or rubber band.

## **23B. How to Safely Remove Gloves, Plastic Sheeting or Other Plastic Material**

Remember to always remove your gloves, plastic sheeting or other plastic material on your hands immediately after caring for the client. Failure to do this may spread germs from one client to another, or from your covered hands to other surfaces. It is best if a fresh pair of gloves, plastic sheeting or other plastic material is worn for each new client.

To safely take off **gloves** that you are NOT going to RE-USE, follow the following steps:

**STEP  
1**

Hold the glove by the opening at the wrist.

**STEP 2** Peel it down over your hand, which turns it inside out. This will keep the wet side on the inside, away from your skin and other people.

**STEP 3** Throw it away.

**STEP 4** Repeat steps 1-3 with the second glove. Wash your hands with soap (or ash) and water.

To safely take off **plastic sheeting or other plastic material** that you are NOT going to RE-USE, follow the following steps:

**STEP 1** Hold one hand so that the fingers are pointing up, and with the other hand untie the string or remove the rubber band carefully so that the now loosened plastic material does not fall off your hand.

**STEP 2** Grasp one corner (at the edge) of the loosened plastic material and draw it up towards the fingers of your upheld hand. Secure it between your thumb and forefinger. Repeat this process with the remaining three corners, so the soiled surface of the plastic material is “inside” the folded material.

**STEP 3** Gently clasp the fingers of your second hand around the base of the folded soiled plastic material (where it is being clasped by the first hand) and draw your fingers up, so you can scoop the plastic material up, touching only the clean surface (that was originally against your skin).

See section 26 “Where Do I Throw Away (Dispose of) Gloves, Plastic Sheet Material or other Plastic Material After they are Used” for more information on how to dispose of soiled gloves or plastic material.

## **24. Can I Reuse Gloves, Plastic Sheeting or Other Plastic Material?**

When you finish using gloves, plastic sheeting or other plastic material used to protect your hands, it is best to throw out the dirty gloves or plastic material. It is especially important to throw away thin

gloves (including medical gloves) after one use, since they easily tear. However, if you have no other option than to re-use your gloves then you should:

<b>STEP 1</b>	Check they do not have any holes or tears. If they are damaged, dispose of them and do not reuse them.
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<b>STEP 2</b>	Pull the first glove off by grabbing the fingertips and gently pulling the glove off the hand, keeping the wet side on the outside, away from your skin and other people.
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<b>STEP 3</b>	Hang the glove immediately in a bucket of “1 part Jik to 9parts water” solution. The glove should have the soiled area immersed in the solution. The opening at the wrist should be hanging over the edge of the container (so that solution does not get inside the gloves and get the inside wet).
-------------------	--

<b>STEP 4</b>	To take off the second glove, grab a clean piece of plastic/banana leaf or other water-resistant material to pull the second glove off the same way – by grabbing the fingertips with the banana leaf (or plastic) and pull off, keeping the wet side on the outside.
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<b>STEP 5</b>	Cover the bucket, throw away the banana leaves (or disinfect the cloth), and then wash your hands with soap (or ash) and water right away.
-------------------	--

<b>STEP 6</b>	Soak the gloves in the “1 part Jik to 9 parts water” solution for at least 20 minutes.
-------------------	--

If you need to temporarily stop work, e.g. to tend to a child that may immediately need your help or to answer a phone, remove the gloves, plastic sheeting or other plastic material you are wearing and either throw them away or put them in a bucket with a “1 part water, 9 part Jik” solution to soak, as described above. Use a new set of gloves, plastic sheeting or other plastic material when you resume work. Gloves or plastic material can be re-used after soaking for 20 minutes.

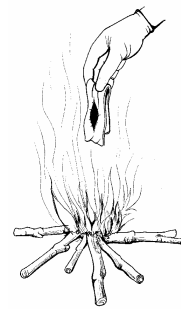
If the gloves, plastic sheeting or other plastic material are torn or somehow damaged during or after use, do not continue using them and dispose of them immediately.

## **25. Where do I Throw Away (Dispose of) Gloves, Plastic Sheeting or Other Plastic Material After They Are Used?**

**If disposing of gloves, plastic sheeting or other plastic material in an URBAN setting.**

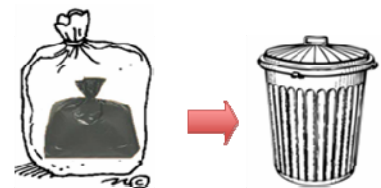
### **Option 1**

Burn the soiled material in a safe area (preferred method).



### **Option 2**

“Double bag” it by putting the soiled material in a bag and tying the top, then putting it inside another bag and tying the top and throwing away the sealed bag in the garbage (least preferred method).



**If disposing of gloves, plastic sheeting or other plastic material in a RURAL setting:**

### **Option 1**

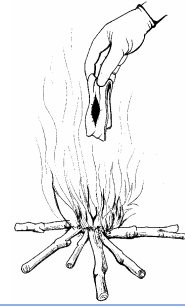
Drop the material down into the latrine hole (preferred method).





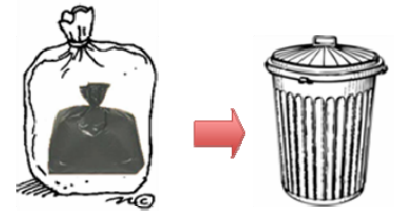
### **Option 2**

Burn the bloody material in a safe area.



### **Option 3**

“Double bag” it by putting the soiled material in a bag and tying the top, then putting it inside another bag and tying the top and throwing away the sealed bag in the garbage (least preferred method).



## **26. Skin Care While Using Gloves, Plastic Sheeting or Other Plastic material on Your Hand**

It is important to know that moisturizing lotion and hand cream, applied after hand washing, can help prevent skin dryness and irritation that sometimes happens when you frequently use gloves, plastic sheeting or other plastic material. However, it is important to know that petroleum-based hand lotions, ointments or creams (e.g. Vaseline) may damage latex used in latex medical gloves. Non-petroleum based lotions, ointments and creams are the best products to use when you are frequently using gloves, plastic sheeting or other plastic material on your hands.

## **Unit 5:**

# **Safe Handling and Disposal of Faeces**

### **27. Do all faeces contaminate and spread illnesses?**

Yes, ALL faeces contaminate and spread illnesses, whether they are from adults, children, babies, or animals.

### **28. Where to Dispose of Faeces**

Safely disposing of faeces is a critical step to reducing the chance of spreading germs and greatly reducing the spread of diseases. It is important to put ALL faeces in a latrine. ALL faeces from people (babies, young children, the frail/elderly, the ill, the healthy) should be put in a latrine.

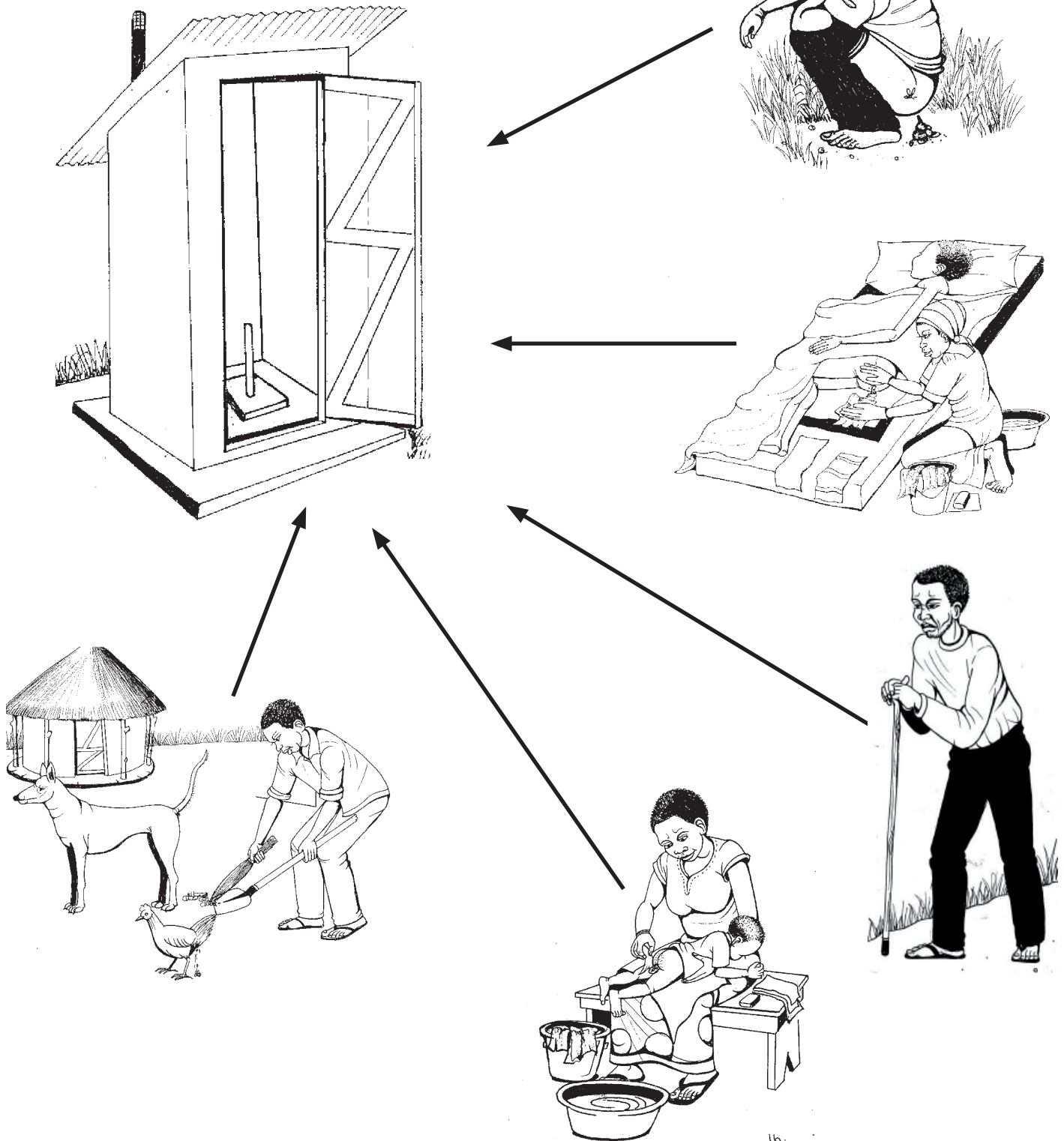
If it is impossible to put the faeces in a latrine, then you should bury the faeces (like cats bury their faeces).

Animal and people faeces that are in and around the house and near your source of water should be picked up with a shovel/hoe/broom (not by hand!) and put in the latrine or buried (the way cats bury their faeces).

# FAECES DISPOSAL

## Counselling Card

Put faeces of sick people, adults, children, babies, and animals (including birds) in a latrine.



## **29. Faeces and Urine Disposal Care for a BEDBOUND client**

The body must get rid of faeces and urine to remain healthy. The amount of help that a client needs to get rid of his/her faeces depends on how your client feels, how well they are able to move/walk, and whether the client can still control when he/she urinates or defecates. This section provides information for how to provide urine and faeces disposal help for clients who **CANNOT GET OUT OF BED**. Section 33 (page 101) will cover information for clients who are very weak but they can sit up with help, but cannot walk well. Section 34 (page 106), will cover information for clients who, with help, can still get to and use the latrine/toilet.

Bed-bound client's have special needs because they cannot get up from their bed to use the latrine/toilet or to use a bedside commode. Sometimes, bed bound clients are so weak that they may not be able to turn themselves in the bed or clean themselves after urinating/defecating. Following is information for how to provide help with the urine and faeces elimination needs of bed-bound clients:

## **30. How to Turn a Client and Position a Bedbound Client**

A client who cannot get out of bed must be helped to defecate in the bed and must have the bed linens changed when they get soiled. In order to do this, it is necessary to be able to safely roll the client on their side or to move them from one side of the bed to the other. Following are guidelines for how to roll or move a client in a way that does not hurt the client or injure the caregiver.

### 30A. How to Turn a Client with One Caregiver

Assisting a client to turn on his/her side while still lying in bed is important so that:

- The HBC provider or care giver can change soiled linens without having to get the client out of bed (if they are bed-bound)
- The client can urinate and defecate in a bed pan if they cannot lift up their hips,
- The client can keep as clean as possible while they are in the bed
- The client can reduce his/her chance of getting bed sores (or reduce their intensity) since the client will not be in one position, without enough circulation, for too long.

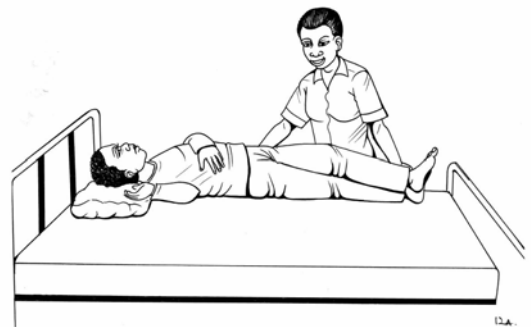
### Steps for turning:

# STEP 1

**Prepare:** Wash your hands, as taught in Unit 2, Section 5 (page 22). Come to the side of the client (stand next to the bed, or, if the client is on a mat on the floor, kneel next to the client) and communicate with the client about what you are going to do.

# STEP 2

Bend the client's arm that is farthest away from you up and next to the client's head. Then bend the client's other arm across his/her chest.



# STEP 3

Cross the client's leg that is closest to you by placing it over the client's other leg.

STEP

4



Place one hand on the client's shoulder and the other hand on the client's hip. Gently roll the client away from you on his/her side so that they are close to the side of the mattress that is farthest away you. The client is now lying on their side.

STEP

5

To turn the client back, place one of your hands on the client's shoulder and place your other hand on the client's hip. Gently roll the client towards you on his/her side so that they come back towards your side.

STEP

6

Wash your hands.

## 30B. How to Turn A Client in Bed with Two Caregivers and a Lift Sheet

Using a "lift sheet" with the help of another caregiver is another way of turning and lifting a client who is unable to move on their own. Using the sheet reduces the amount of friction that occurs on the client's skin and it helps lift the client more evenly. In order to make the lift sheet, take a flat sheet or large piece of cloth and place it under the client (see previous section, part A, for how to get the sheet under the client) so that it extends from the client's shoulders to above the client's knees.

Steps to use a lift sheet:

STEP

1

**Prepare:** Wash your hands, as taught in Unit 2, Section 5 (page 22).  
Come to the side of the client and communicate with the client about what you are going to do.

<b>STEP</b> <b>2</b>	One volunteer comes to one side of the client and the second volunteer goes to the opposite side of the client, facing the other volunteer.
-------------------------	---

<b>STEP</b> <b>3</b>	Both caregivers stand with their feet at least hip width apart or more (a broad base of support), pointing their feet towards the head of the bed. With their hands the caregivers roll the sides of the lift sheet up close to the person and grasps the rolled up lift sheet firmly next to the client's shoulders and buttocks.
-------------------------	--

<b>STEP</b> <b>4</b>	The caregivers bend their hips and knees and slide the client to the desired position (may be helpful on the count of 3 or another useful method to know the exact time to lift the client). The caregivers shift their weight from their rear leg to their front leg.
-------------------------	--

<b>STEP</b> <b>5</b>	The client is now moved to the desired position and the lift sheet can be unrolled and can remain under the client.
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<b>STEP</b> <b>6</b>	Wash your hands.
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### **31. Faeces Care for A Client Who Cannot Control When they Defecate or Urinate (An “Incontinent Client”) or A Bedbound Client**

People normally have the ability to control (or manage when they pass/let go of) their faeces and urine unless they are infants and young children who have not yet developed the control or people who are sick, frail and/or have a physical problem, causing faeces or urine to leak unexpectedly from their body. This inability to control urine or faeces is often called “*incontinence*”.

Bed bound clients who cannot control when they defecate or urinate (are incontinent) have special needs because they are likely to soil their linens



and, if help is not available right away, lay in their faeces and urine for long periods of time. Incontinent bed-bound clients can also create a lot of work for the people who take care of them because they need help cleaning themselves and having their bed linens and clothes changed and washed. Following is information on using plastic sheets and plastic pants to reduce the amount of soiling of bed linens and clothing, which may increase the comfort of the client, reduce the risk of spreading illness, and reduce the amount of work for the caregivers. [Note: plastic sheets and plastic pants can also be used by mobile clients who are incontinent to protect furniture and clothes.]

### **31A. How to Use a Mackintosh, Plastic Sheet or Banana Leave(s) and Changing Soiled Bed Linens (Making an Occupied Bed)**

It is important to look at what we can do to help protect the bed linens from getting soiled and how to change them when they do get dirtied. Steps for using a Mackintosh/plastic sheet or banana leaves while changing soiled bed linens include:

#### **STEP 1**

**Prepare:** Wash your hands, as taught in Unit 2, Section 5 (page 22).

- Come to the side of the client and communicate with the client about what you are going to do.
- Prepare the materials you need (fresh linens, gloves, plastic sheet material, other plastic material, Mackintosh, banana leaves, etc).
- Ensure privacy of the client.
- Position the client on their back.
- Cover your hands with gloves, plastic sheeting or other plastic material.

**STEP****2**

- Loosen the top linen at the foot of the bed.
- Remove any blankets.
- If the linens or blankets are dirty, remove it by rolling or folding it away from you, with the side that touched the client inside the roll. Place in a container for dirty linens/clothes. If it is not soiled and will be reused, fold it over the back of a clean surface for later use.
- Be sure to place a clean cloth, piece of clothing, sheet or blanket over the client to keep them covered throughout the linen changing procedure.

**STEP****3**

- Assist the client to turn to the far side of the bed, as described in Section 30 “How to Turn A Client” on page 74.
- On the side closest to you, loosen the bottom sheet, plastic sheet (or Mackintosh) and/or cotton cloth which may be covering the mattress.
- Fanfold the bottom linens one at a time toward the person: cotton cloth, plastic or rubber sheet/mackintosh or banana leaves, then the bottom sheet.

**STEP****4**

- Place the prepared clean bottom sheet on the exposed side of the bed by folding it lengthwise with centre crease in the middle of the bed.
- Smooth the side nearest you and tuck the sheet under the mattress.
- Fanfold the top part towards the person.
- If a plastic/rubber sheet (or Mackintosh or banana leaves) are used, repeat the previous 2 steps with a plastic sheet, placing it where the person’s hips and thighs will lay. A plastic/rubber sheet (or Mackintosh or banana leaves) **MUST** be completely covered with a cotton cloth to prevent irritation and breakdown of the client’s skin.
- Place the cotton cloth on top of the plastic/rubber sheet or Mackintosh or banana leaf and repeat the same steps followed for the bottom and plastic/rubber sheet (or Mackintosh or banana leaves).

**STEP****5**

- Go to the other side of the bed and turn the client so they are on the side of the bed away from you (so they are rolled onto the clean linens).
- On the side closest to you, loosen the soiled linens, if soiled, remove them from one piece at a time by rolling or folding them away from you, with the side that touched the person inside the roll.
- If a person is dirty, clean them.

**STEP****6**

- Unfold the clean bottom sheet, plastic sheet (or rubber sheet, mackintosh or banana leaves), and cotton cloth towards you and tuck them in under the mattress. Do not tuck in top linens so tight that they pull or press on the client's toes or feet.
- Assist the client to a comfortable position in the middle of the bed.
- Replace the pillows (after changing pillow case/s where necessary) and adjust them to a comfortable place for the client.

**STEP****7****Safe Transport, Disposal and Disinfection:**

- Remove the soiled linens carefully to avoid contaminating yourself.
- Empty any blood or body fluids immediately in the latrine.
- If a latrine is not available, bury faeces or urine away from the household and deep in the ground.
- For any sanitary towels/napkins which may be soiled with menstrual blood, follow the disposal instructions outlined in Unit 6, Section 40 (page 116). For any soiled cloth that will be reused, follow the Steps to Disinfect a Menstrual Cloth, in Unit 6, Section 41 (page 118).
- For disinfecting the bedpan, follow the Steps to Disinfect Hard Surfaces, in Unit 4, Section 20B (page 63).

**STEP****8****Hand Washing:**

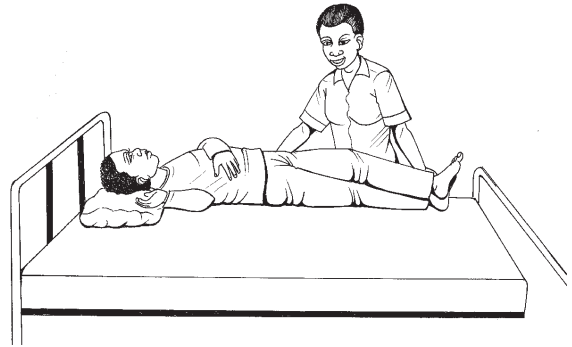
- Remove your gloves, plastic sheeting or other plastic material from your hands.
- Wash your hands, as taught in Unit 2, Section 5 (page 22).
- If the client cleaned him/herself or if their hands came in contact with faeces, blood, urine or other body fluids, ensure that the client washes their hands.
- If the client does not have hand washing materials within their reach, place water, soap (or ash) and a basin/large bowl within reach of the client.
- Ask the client to wash their hands with soap (or ash) and with rubbing motion. Offer to rinse the client's hands with running water to wash the germs from the client's hands.
- Encourage the client to allow their hands to air dry.

# TURNING BED-BOUND CLIENT, CHANGING BED LINENS

## Counselling Card

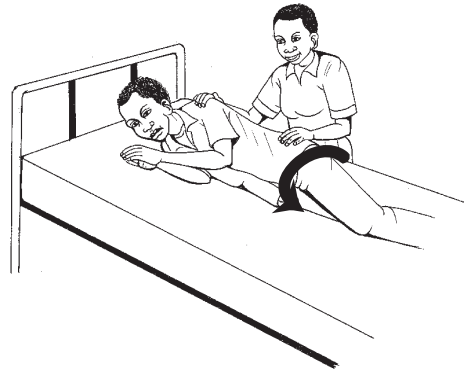
1

- Wash your hands and, if the linens are soiled, cover your hands with gloves/plastic sheet material.
- Bend the person's farthest arm next to his/her head and place the other arm across his/her chest.
- Cross his/her leg over the other leg.



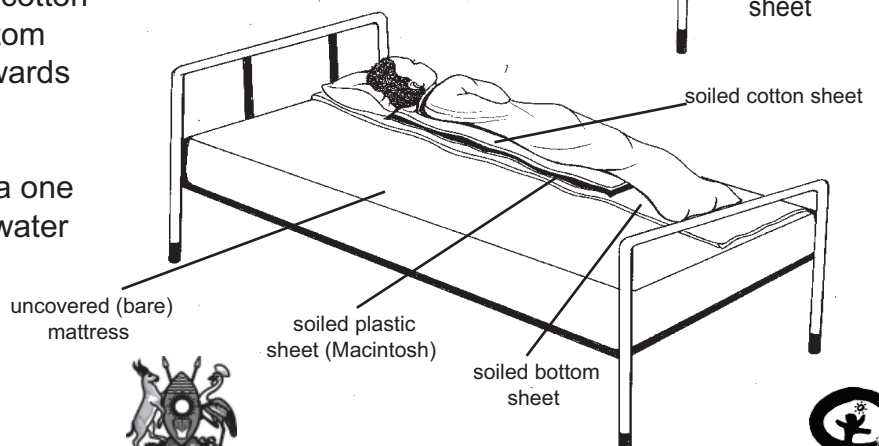
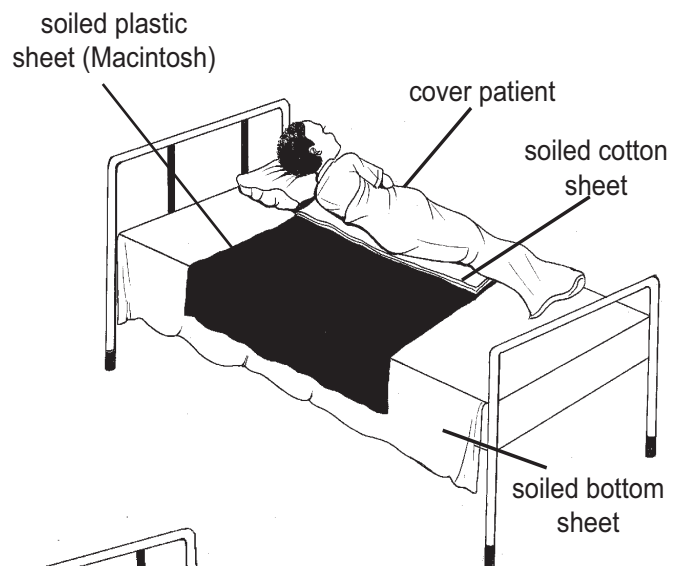
2

- Place one hand on the person's shoulder and the other on his/her hip.
- Turn the person away from you onto his/her side so that he/she is close to the side of the bed farthest away from you.



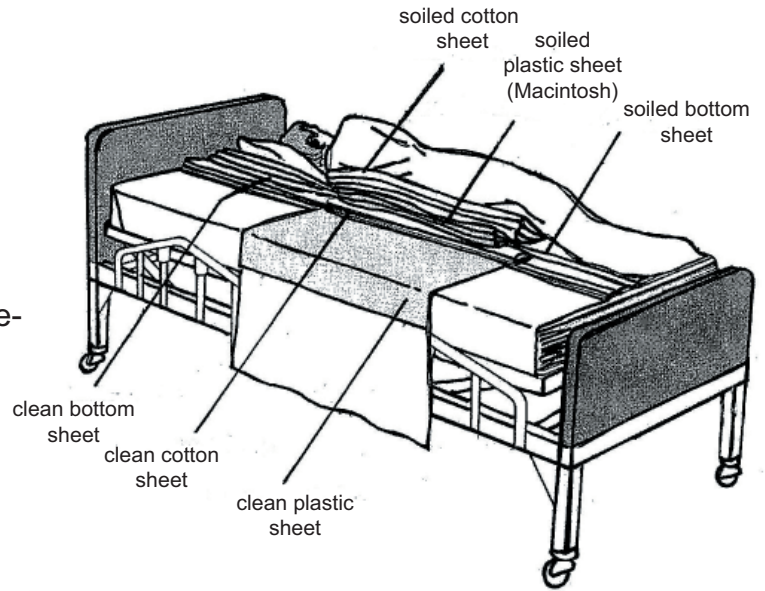
3

- On the side closest to you, loosen the bottom sheet/plastic sheet/cotton cloth.
- Fan fold bottom linens (cotton cloth, plastic sheet, bottom sheet) one at a time towards the person.
- Wipe any moisture on exposed mattress with a one part Jik and nine parts water mixture.



# 4

- Place clean bottom sheet on the exposed side of the bed by folding it lengthwise with center crease in middle of bed.
- Smooth the side nearest you and tuck the sheet under the mattress. Fanfold the top part towards the person.
- If a plastic sheet is used, repeat previous two steps with plastic sheet, placing it where the person's hips and thighs will lay.
- A plastic sheet must be completely covered with a cotton cloth. Place the the cotton cloth on top of the plastic sheet and repeat the same steps followed for the bottom and plastic sheets.



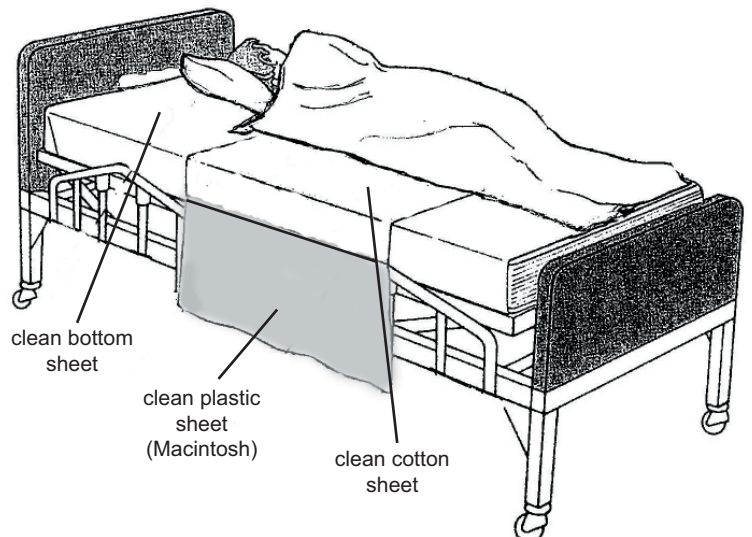
# 5

- Go to the other side of the bed and, repeating steps 1 and 2, position the person on the side of the bed away from you (so he/she is rolled onto the clean linens).
- On the side closest to you, loosen the soiled linens, if soiled, remove them one piece at a time by rolling or folding them away from you, with the side that touched the person inside the roll.
- If person is dirty, clean him/her, then wash gloves/plastic sheet covering hands with soap and water (or put on clean ones).



# 6

- Pull the clean bottom sheet, plastic sheet, and cotton cloth towards you and tuck in under mattress.



## 31B. How to Use Plastic Pants

As an alternative to using Mackintosh or plastics sheets (or as an additional precaution), clients who cannot control when they urinate and defecate can benefit from using plastic pants, which are made from medium-weight plastic. The pants will fit to the client's shape so any faeces or other body fluids are contained inside the pants.

**STEP**

**1**

Cut the plastic sheet into shape of pants that is opened up to lay flat. Refer to the Counselling Card images posted below. Cut a size appropriate for client.

**STEP**

**2**

Have a local tailor sew gathers with an elastic band on inside of edges that go between the legs (to prevent gaps that can leak).

**STEP**

**3**

Place a cotton cloth over plastic pants and put them on client making sure that only cotton cloth comes in contact with client's skin. Tie sides of the pants to hold in place.



# PLASTIC PANTS

## Counselling Card

- Used to protect bedding and clothing from urine and feces.
- Made from medium weight plastic (like plastic sheets for delivery).
- ALWAYS put cotton cloth between patient's skin and plastic pants.

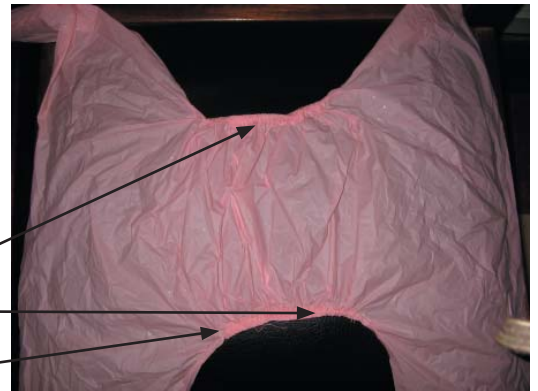
## Making Plastic Pants

**1** Cut plastic sheet into shape of a pant (that is opened up to lay flat). Cut a size appropriate for client.



**2** Have local tailor sew gathers with an elastic band on inside of edges that go between the legs (to prevent gaps that can leak).

gathers  
made by  
tailor



**3** Place a cotton cloth over plastic pant and put them on client making sure that only cotton cloth comes in contact with client's skin. Tie sides of pant to hold in place.



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## 31C. Using a Bedpan/or Basin in the Bed

Bedpans (or a basin) can be placed under the hips of clients who cannot get out of the bed to collect urine and faeces. Women and girls confined to the bed often use bedpans to urinate and defecate. However, men and boys confined to the bed often use them only to defecate and use a urinal (or clean, tall cup/can) to urinate.

It is very important to wash your hands (Unit 2, Section 5, page 22) and follow the Universal Precautions (Unit 4, Section 19 page 54) when handling bedpans and their contents. It is also important that the bedpan is covered after use and is taken immediately to the latrine or toilet. After being emptied and rinsed, it needs to be cleaned and returned to the client's bedside.

To assist a client with use of a bedpan/basin, use the following steps:

### STEP

# 1

#### **Prepare:**

- Wash your hands, as outlined in Unit 2, Section 5 (page 22).
- Come to the side of the client and communicate with the client about what you are going to do.
- Prepare the materials you need (e.g. basin, clean cloth or tissue, gloves, plastic sheet material, clean sanitary pad, etc).
- If available, put a little powder or ash on the edge of the basin/bedpan to help prevent the rim sticking to the client's skin.
- Ensure privacy of the client.
- Put a Mackintosh, plastic sheet, fresh large banana leaf, extra cloth, towel or newspaper under the client's hips to protect the bedding.
- Position the client on his/her back.
- Cover your hands with gloves, plastic sheeting or other plastic material.
- Put some ash in the bottom of the bedpan to prevent faeces from sticking to it.

**STEP****2****Bedpan Placement for Client who is Able to Lift Hips:**

[Note: If the client is unable to lift his/her hips, skip this step and go directly to Step Three.]

- If a client is able to lift his/her hips, slide a clean plastic basin/bedpan under the client's buttocks (helping the client into a sitting position on the bedpan) and then go to Step Four.

**STEP****3****Bedpan Placement for Client who is Unable to Lift Hips:**

- If a client cannot lift their hips, turn the client onto his/her side.
- Place the bedpan against the client's buttocks. If you are using a bedpan and not a bowl/basin make sure you put the open end of the bedpan towards the direction of the client's feet.
- Hold the bedpan securely and assist the client to roll onto their back.
- Make sure the bedpan is centred under the client.

**STEP****4****Wait:**

- Partially drape a sheet, blanket or piece of cloth over the client to provide privacy.
- Place tissue or a clean cloth within reach of the client. Encourage the client to clean themselves with the tissue/cloth if they are able.
- Agree with the client on a signal so they can let you know when they are finished or when help is needed (e.g. calling the provider's name loudly, making a noise by hitting a spoon against a metal pan if the person cannot call out loudly, etc.).
- Give the client privacy until the client signals for you to return. Return when the client signals.

**STEP****5****Remove Bedpan for Client who is Able to Lift Hips:**

[Note: If the client is unable to lift his/her hips and raise his/her buttocks, skip this step and go directly to Step Six.]

- Ask the client to raise his/her buttocks.
- Remove the bedpan carefully to avoid spilling any faeces, urine or possible soiled sanitary towels/napkins or cloth in the bed.
- If the client was able to wipe him/herself, ensure they are clean. Remind the female to wipe from front to back to avoid bringing germs into the vagina and bladder.
- If the client was unable to wipe him/herself, clean the client from front to back, using a clean side of the tissue/cloth for each wipe.
- Clean the genital and rectal area if necessary.
- Now go to **Step Seven**.

**STEP****6****Remove Bedpan for Client who is Unable to Lift Hips:**

- If a client is unable to lift their hips, hold the bedpan securely (so it lays flat against the mattress) and turn the client onto the side away from you.
- Remove the bedpan carefully to avoid spilling any faeces, urine or soiled sanitary towels/napkins or cloth in the bed.
- Clean the genital and rectal area if necessary, from front to back, using a clean side of the tissue/cloth for each wipe.
- Now go to **Step Seven**.

**STEP****7****Safe Transport and Disposal of Contents:**

- Cover the bedpan and/or sprinkle the contents with ash.
- Immediately take the bedpan to the latrine and put the faeces or urine in the latrine.
- If a latrine is not available, bury the faeces or urine away from the household deep in the ground.
- For disinfecting the bedpan, follow the Steps to Disinfect Hard Surfaces, in Unit 4, Section 20B (page 63).

**STEP****8****Hand Washing:**

- Safely remove your gloves, plastic sheeting or other plastic material from your hands.
- Wash your hands, as outlined in Unit 2, Section 5 (page 22).
- If the client cleaned him/herself or if their hands came in contact with faeces, blood, urine or other body fluids, ensure that the client washes their hands.
- If the client does not have hand washing materials within their reach, place water, soap (or ash) and a basin/large bowl within reach of the client.
- Ask the client to wash all surfaces of their hands with soap (or ash) and with the rubbing motion.
- Offer to rinse the client's hands with running water to wash the germs from the client's hands.
- Encourage the client to allow their hands to air dry.

# HOW TO USE A BEDPAN

## Counselling Card

1

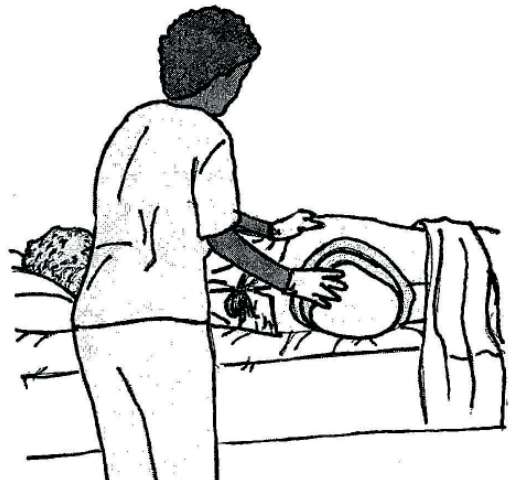
If person can lift hips, slide the bedpan under the buttocks.



2

If person cannot lift hips:

- Turn person onto side
- Place bedpan against person's buttocks
- Assist person to roll onto bedpan



3

- After person has finished (defaecated – urinated), carefully remove bedpan without spilling
- Clean person
- Immediately put faeces – urine in latrine



## **31D. Using a Urinal (or clean, tall cup/can with a smooth edge):**

Clients who must urinate and defecate in bed need to use something to “catch” the urine and faeces so that it can be put in the latrine (or buried). As we learned above, a bedpan, or shallow basin, can be placed under the hips of the person who is laying on the bed to catch the faeces of men and women. A bedpan can also catch urine of women. However, for men, a urinal (or tall cup or can) can be used to catch urine. Following is a description of how to help a client use a urinal (or tall cup/can).

- Wash your hands, as outlined in Unit 2, Section 5 (page 22).
- Come to the side of the client and communicate with the client about what you are going to do.
- Prepare the materials you need (e.g. basin, clean cloth or tissue, plastic sheet material, clean sanitary pad, etc).
- Add extra protection under the client - a Mackintosh, plastic sheet, fresh large banana leaves or even an extra cloth, towel or newspaper may be placed under the person's hips.
- Cover your hands with gloves, plastic sheeting or other plastic material.
- Give the person the urinal. If he is unable to place it himself, place it between his legs in a position to collect the urine.
- Place tissue or a clean cloth within reach of the client. Encourage the client to clean themselves with the tissue/cloth if they are able.
- Agree with the client on a signal so they can let you know when they are finished or when help is needed (e.g. calling the provider's name loudly, making a noise by hitting a spoon against a metal pan if the person cannot call out loudly, etc.).
- Give the client privacy until the client signals for you to return. Return when the client signals.
- Provide for privacy.
- If the client was able to wipe himself, ensure they he is clean and dry. If the client was unable to wipe himself, clean the penis using a clean side of the tissue/cloth for each wipe.
- Collect the urinal and dump the contents in the toilet or latrine.
- Wash urinal, cover and store.



## **32. How to Clean the Private Parts (also called the genital and rectal area)**

Care of the private parts (perineal care) is the washing of the genital and rectal areas of the body. It should be done at least one time a day. It is done more often when a client is incontinent (unable to control the passing of faeces or urine) or who has to use a bedpan (basin) or urinal for faeces and urine disposal. Assisting clients with their personal hygiene care and ensuring they are free of faeces, blood, urine in their private parts (perineal) area is very important for the health and wellbeing of clients. It also is an important part of preventing infection, odours and irritation and breakdown of the client's skin.

Private parts (perineal) care is a sensitive issue and should be kept as simple as possible, doing only what is necessary for the client and allowing the client to do as much he or she can for him or herself (to build and maintain their dignity and self-respect).

Bedbound clients are likely to need more help in maintaining a their private parts (perineal) area clean. At a minimum, it is important for a client to have soap, water, clean rags and a plastic container within reach of their bed so they can clean him or herself each day. In addition, if an adolescent girl or woman is menstruating, it is important to make clean rags or sanitary napkins available for soaking up menstrual blood and changing when necessary.

If a client is unable to thoroughly clean his/her private parts (perineal) area, especially after defecating and urinating, then the caregiver needs to help the client. Following is information on how to properly clean the private parts (perineal) area of a woman and a man.

## Before Cleaning the Private Parts (Perineal) Area:

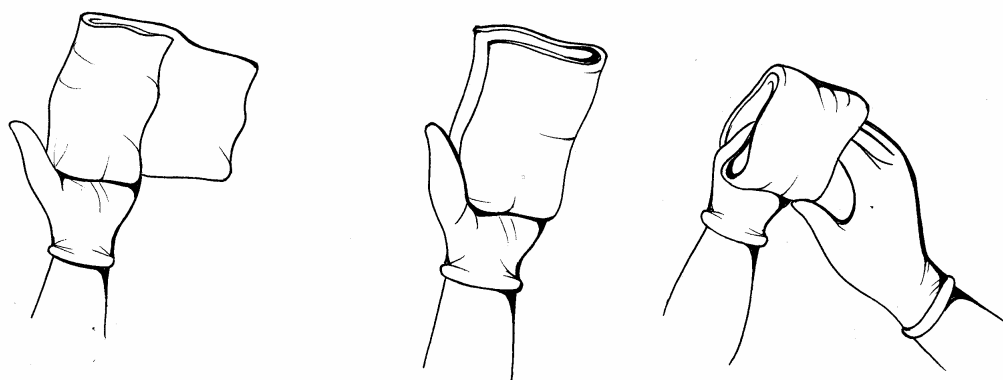
The first step BEFORE cleaning the private parts (perineal) area (of a male or female client) is to prepare for the task.

### STEP

# 1

#### Prepare:

- Wash your hands, as outlined in Unit 2, Section 5 (page 22).
- Prepare the materials you need for private parts (perineal) care (e.g. clean, cloth, soap, water, towel, cloth sheet or large cloth, plastic sheet, gloves, etc).
- Come to the side of the client and communicate with the client on what you are going to do.
- Ensure the privacy of the client.
- Position the client on their back.
- Cover your hands with gloves, plastic sheeting or other plastic material.
- Put a protective, waterproof cover on the bed linen (e.g. plastic sheet or Mackintosh).
- Dip a clean cotton cloth into a basin or bucket of clean, soapy water and squeeze the excess water.
- Take the damp clean cloth and fold it over your dominant hand, so that the ends of the cloth are turned inward and around your hand like a mitt (see image). This mitt is used to clean the client.



Note: Folding the cloth like a mitt around the hand helps keep larger segments of the cloth clean for separate cleansing strokes. This is important to minimize contaminating one area of the private parts (perineal) area with germs cleansed from another area of the private parts (perineal) area.

## 32A. Private Parts (Perineal) Care of Females

### STEP

# 1

#### **Prepare:**

- See page 93: “Before Cleaning the Private Parts (Perineal) Area.”

### STEP

# 2

#### **Separate and Hold:**

- Separate the lips of the female genital “lips” (labia) with the non-dominant hand that does not have a mitt.

### STEP

# 3

#### **Cleanse/Protect Genital Area:**

- Use the mitted cloth with the other (dominant) hand and wash the area with short downward strokes, cleaning from the front (the vaginal area) towards the direction of the back (rectal area).
- Use a different clean side of the damp mitt for each downward stroke.
- First clean the inside lips, and then move from “in to out” to clean the larger, outside lips and groin/inner thigh area, removing any blood, faeces, urine and/or vaginal discharge.
- Rinse the private parts (perineal) area with a different, CLEAN cloth
- Pat the area dry with a clean, dry cloth.
- Apply a thin layer of Vaseline or barrier skin cream to the inner thigh area.

*Note: It is important that you use the “front-to-back” technique to clean from a “clean area” towards a “dirty area”. This is to prevent contamination of the vaginal and urethral area with germs from the rectal area.*

**STEP****4****Cleanse/Protect Rectal Area:**

A side-lying position allows the rectal area to be cleaned well.

- Ask the client to turn on her side. If she is unable to move on her own, turn the client on her side (as previously taught in Unit 5, Section 30, on page 74).
- Use the rinsed cloth to clean around the rectum in the buttock area by wiping in the direction of “front to back” (vagina to rectum), removing any faeces, blood, urine and/or other body fluid.
- Rinse the cloth and rinse/cleanse the area. Pat the area dry with a clean, dry cloth.
- Apply a thin layer of Vaseline or barrier skin cream to the buttocks and rectal area.

**STEP****5****Safe Disinfection and Disposal of Soiled Materials:**

- For any soiled cloth that will be re-used, follow the Steps to Disinfect a Cloth, in unit 4, section 20A (page 62).
- For any cleaning material that will not be re-used, burn it, throw it in the latrine (rural areas only), or double bag it and put it in the trash.

**STEP****6****Hand Washing:**

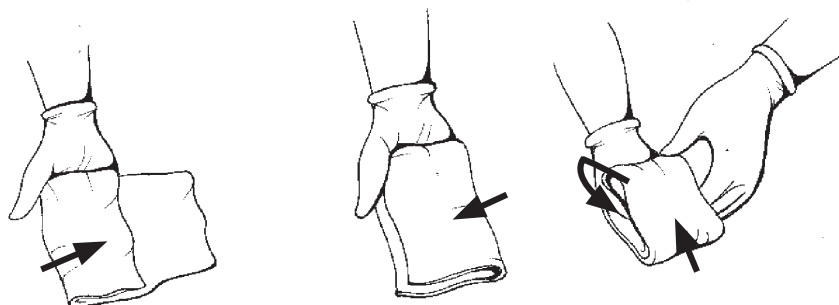
- See steps listed in the section labelled “Hand Washing After Cleaning Client’s Private Parts (Perineal) Area” (which can be found directly after the section below on “Private Parts (Perineal) Care for Males”, page 100).

# CLEANING FEMALE CLIENT

## Counselling Card

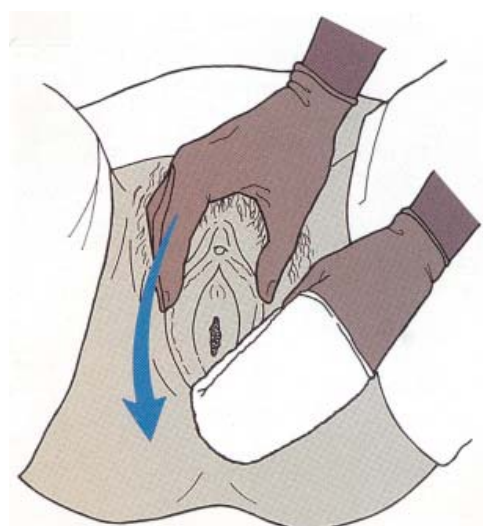
# 1

Make mitt from clean cotton cloth.



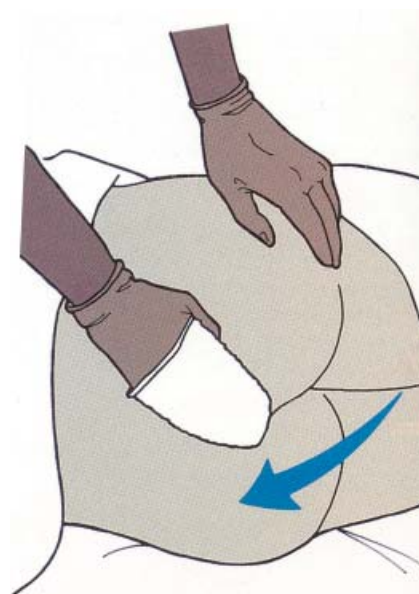
# 2

- Separate lips (labia) with one hand.
- Use a damp, mitted cloth with front to back strokes.
- First clean inside lips (small labia), then clean outside lips (bigger labia).
- Use different area of mitt for each stroke.
- Pat dry with clean cloth.



# 3

- Clean anal (buttocks) area by wiping from “front to back” (vagina to anus).
- Side lying position allows anus area to be cleaned well.
- Pat dry with clean cloth.



## 32B. Private Parts (Perineal) Care of Males

### STEP

# 1

#### **Prepare:**

- See page 92: “Before Cleaning the Private Parts (Perineal) Area.”

### STEP

# 2

#### **Gently Pull and Hold Foreskin:**

- Pull back the foreskin of the uncircumcised penis with the non-dominant hand that does not have a mitt.

### STEP

# 3

#### **Cleanse Under Foreskin:**

- Use the hand with the mitted cloth to clean the head of the penis.
- Start at hole where urine comes out and cleanse from the hole.
- Use a different clean side of the damp mitt for each stroke, removing any blood, faeces, urine and/or discharge.
- Rinse the private parts (perineal) area with a different, CLEAN cloth
- Pat the area dry with a clean, dry cloth.

### STEP

# 4

#### **Release and Cleanse Foreskin:**

- Return the foreskin to its normal position.
- Clean outside the foreskin with a circular motion.
- Use a different clean side of the damp mitt for each stroke, removing any blood, faeces, urine and/or discharge.
- Rinse the cloth and rinse/cleanse the area.
- Pat the area dry with a clean, dry cloth.

**STEP****5****Cleanse Shaft:**

- Clean the shaft of the penis with a downward motion towards the scrotum and base of the penis.
- Use a different clean side of the damp mitt for each stroke, removing any blood, faeces, urine and/or discharge.
- Rinse the cloth and rinse/cleanse the area
- Pat the area dry with a clean, dry cloth. Apply a thin layer of Vaseline or barrier skin cream if the client is incontinent of urine.

*Note: The technique of cleaning by starting to clean from the tip of the penis down the shaft of the penis is intended to prevent contamination of the urethral area with germs from the rectal area.*

**STEP****6****Cleanse Rectal Area:**

The side-lying position allows the rectal area to be cleaned well.

- Ask the client to turn on their side. If they are unable to move on their own, turn the client on their side (as previously taught in this module).
- Use the rinsed cloth to clean around the rectum in the buttock area by wiping in the direction of “front to back” (penis to rectum), removing any faeces, blood, urine and/or other body fluid.
- Rinse the cloth and rinse/cleanse the area.
- Pat the area dry with a clean, dry cloth. Apply a thin layer of Vaseline or barrier skin cream to the buttocks and rectal area if the client is incontinent of urine or faeces.

**STEP****7****Safe Disinfection and/or Disposal of Soiled Materials:**

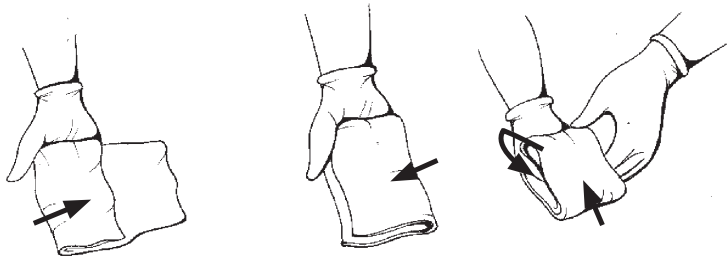
- For any soiled cloth that will be re-used, follow the Steps to Disinfect a Cloth, in unit 4, section 20A (page 60).
- For any cleaning material that will not be re-used, burn it, throw it in the latrine (rural areas only), or double bag it and put it in the trash.

**STEP****8****Hand Washing:**

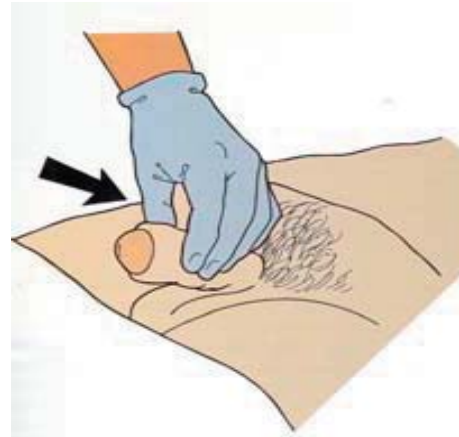
- See steps listed in the section labelled “Hand Washing After Cleaning Client’s Private Parts (Perineal) Area” (which can be found directly after the section below on “Private Parts (Perineal) Care for Males”, page 100).

# CLEANING MALE CLIENT

## Counselling Card



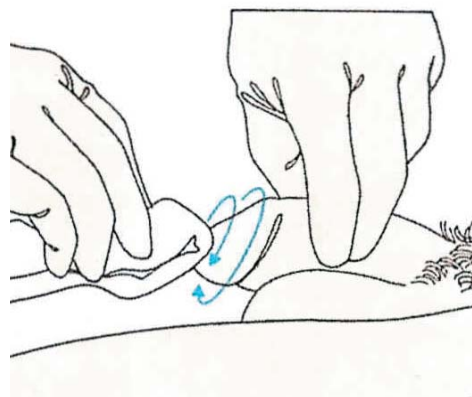
- Make mitt from clean cotton cloth
- Use different area of the damp mitt for each stroke when cleaning penis.



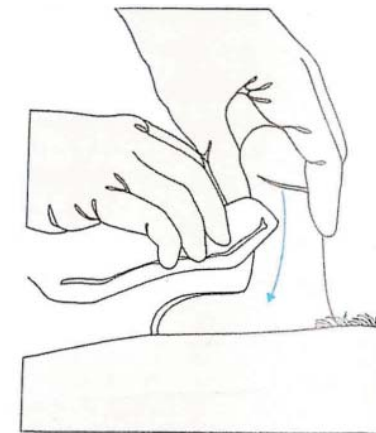
- Pull back foreskin of uncircumcised penis.



- Clean head of penis.
- Start at hole where urine comes out and sweep away from hole.



- Return foreskin to normal position.
- Clean outside of foreskin with circular motion.



- Clean shaft of penis.
- Pat dry with clean, dry cloth.



## **Hand Washing After Cleaning the Client's Private Parts (Perineal) Area**

When you have finished cleaning your client's private parts (perineal) area:

- Safely remove your gloves, plastic sheeting or other plastic material from your hands.
- Wash your hands, as outlined in Unit 2, Section 5 (page 22).
- If the client cleaned him/herself or if their hands came in contact with faeces, blood, urine or other body fluids, ensure that the client washes their hands.
- If the client does not have hand washing materials within their reach, place water, soap (or ash) and a basin/large bowl within reach of the client.
- Ask the client to wash all surfaces of their hands with soap (or ash) and with the rubbing motion.
- Offer to rinse the client's hands with running water to wash the germs from the client's hands.
- Encourage the client to allow their hands to air dry.

## 33. Faeces Care for A Client Who Is Able to Get Out of the Bed but Cannot Walk to the Latrine or Toilet

### 33A. Building a Bedside Commode

Commodes (or potty chairs) can be placed next to the clients bed or over the hole in the latrine the make it easier for a client to urinate/defecate. If possible, use a chair with arms and a seat low enough to allow the person's feet to solidly touch the floor.

**STEP**

**1**

Make a wooden stool/chair, or use an existing chair which can be modified.

**STEP**

**2**

Cut an oval hole in the middle of the stool/chair that “fits” the user (not too big, not too small). Smooth the edge of the hole to avoid bruising.

**STEP**

**3**

To use commode (potty chair):

- Put a bucket beneath the hole in the stool/chair
- OR
- Put the stool/chair over a hole in the latrine.

# MAKING A COMMUNE (POTTY CHAIR)

## Counselling Card

1

Make a wooden stool or chair.



2

Cut an oval hole in the middle of the stool that “fits” the user (not too big, not too small). Smooth the edge of the hole to avoid bruising.



3

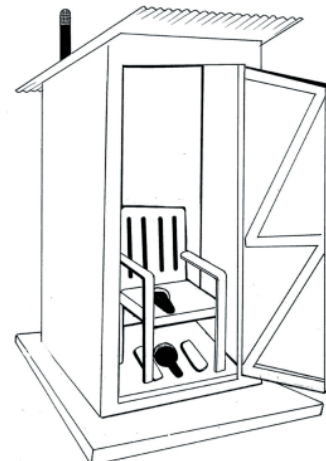
To use commune (potty chair):

- put a bucket beneath the hole in the stool/chair



OR

- put the stool/chair over the hole in the latrine.



Instructions adapted from “Making Adaptations Commune/Potty Chair,” Hospice Africa (Uganda).

## 33B. Getting a Client Up From A Bed to the Bedside Commode (to Urinate and Defecate)

### STEP

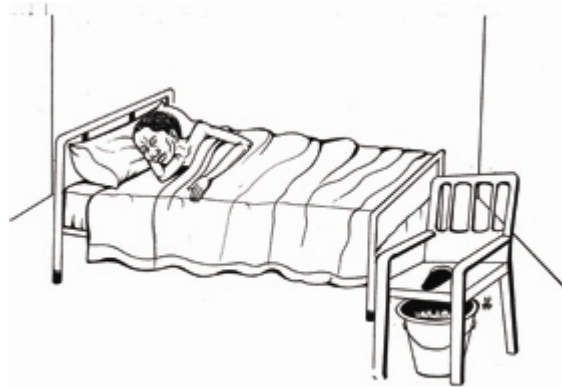
# 1

- Prepare the materials you need (chair, pillow, tissue or clean cloth for cleansing the perineum, etc). If possible, use a commode with arms and a seat low enough to allow the person's feet to solidly touch the floor. If you are going to use a bucket with the commode, put some ash in the bottom of the bucket to help prevent the faeces from sticking.
- Come to the client and communicate what you are going to do.
- Wash your hands, as outlined in Unit 2, Section 5 (page 22).

### STEP

# 2

- Place the bedside commode at the head of the bed.
- Help the client sit up and swing his/her legs over the side of the bed, making sure his or her feet touch the floor.
- Help the client put on clothing, a cloth or a robe to maintain their privacy and dignity.
- Have the client wear low-heeled, non-slippery shoes.



**STEP****3**

- Stand in front of the client who is sitting up on the bed.
- Have them place their fists on the bed by their thighs. Make sure the client's feet are flat on the floor.
- Thread your hands underneath his or her arms (between the arms and chest) and reach around to place the palm of your hands on your client's shoulder blades.
- Have the client lean forward. Brace your knees against the person's knees, and block his or her feet with your feet.
- Ask the client to push the fists into the bed and to stand on your count or signal that you agree upon with the client.
- If they are able, instruct the client to lean forward slightly, push down on the bed with his hands, straighten his/her legs and then stand up. Or, pull them up into a standing position as you straighten your knees. Or, alternatively, you could put a belt (gait belt) around the waist of the client to help you grasp the client.

**STEP****4**

- Support the client in the standing position.
- Keep your hands around their shoulder blades. Or, alternatively, you could put a belt (gait belt) around the waist of the client to help you maintain your hold.
- Continue to block the client's feet and knees with your feet and knees. This helps prevent falling.

**STEP****5**

- Turn the client so he or she can grasp the bedside commode. Have the client grab the armrests and lower himself into the chair, leaning slightly forward as he sits down.
- The back of the client's legs should touch the front edge of the seat of the chair.
- Continue help the person turn into a position that allows them to grasp the chair with both hands. Lower the client into the chair as you bend your hips and knees. The client should assist by leaning forward and bending the elbows and knees.
- Make sure the buttocks are on the back of the bedside commode. Have him/her slide his hips back into the chair and sit squarely.
- Cover the person's lap and legs with a cloth or blanket.

**STEP****6**

- Place tissue or a clean cloth within reach of the client. Encourage the client to clean themselves with the tissue/cloth if they are able.
- Agree with the client on a signal so they can let you know when they are finished or when help is needed (e.g. calling the provider's name loudly, knocking a spoon against a pot if the client cannot call out loudly, etc.).
- Give the client privacy until the client signals for you to return.
- Return when the client signals.

**STEP****7**

- When the client is finished, ensure their genital and rectal area is clean and return them back to bed by reversing the above procedure.

**STEP****8**

- Cover the bucket in the bedside commode and sprinkle some ash on top of the faeces to help reduce the odour and flies.
- Immediately take the basin/bedpan to the latrine and put the faeces, blood, urine or other body fluid in the latrine. If a latrine is not available, bury the faeces and urine away from the household and deep in the ground.
- For disinfecting the bedpan, follow the Steps to Disinfect Hard Surfaces, in Unit 4, Section 20B (page 63). Ash can be placed in the commode before and after it is used to control the smell.

**STEP****9****Hand Washing:**

- Safely remove your gloves, plastic sheeting or other plastic material from your hands.
- Wash your hands, as outlined in Unit 2, Section 5 (page 22).
- If the client cleaned him/herself or if their hands came in contact with faeces, blood, urine or other body fluids, ensure that the client washes their hands.
- If the client does not have hand washing materials within their reach, place water, soap (or ash) and a basin/large bowl within reach of the client.
- Ask the client to wash all surfaces of their hands with soap (or ash) and with the rubbing motion.
- Offer to rinse the client's hands with running water to wash the germs from the client's hands.
- Encourage the client to allow their hands to air dry.

### **34. Faeces Care for a Client Who Is Weak But Able to Go to the Latrine or Toilet**

You may have clients who are weak but are able to walk to the latrine or toilet if they have some help. Assisting clients to walk to the latrine or toilet and/or helping them balance themselves while they are in the latrine or toilet is an important task for the client's HBC provider and household members. Often with just a little help, the client may feel that he/she has much more control over what is happening to him/her. The HBC providers and household caregivers may notice that, with walking, the client's ability to defecate often improves and their appetite more easily returns.

**There are ways you can help your client walk to the latrine or toilet, such as:**

- Carefully assess that the client is able to walk before they attempt to walk, especially if the client is beginning to walk again after spending a long time in bed.
- Clear the path to the latrine or toilet.
- Have the client wear low-heeled, non-slippery shoes.

- Have the client practice shifting weight, using support to help maintain balance.
- Walk with the client as he/she begins to walk. If they are able to support their body and stand upright on their own, have him/her wear a securely fastened belt to provide something for you to grip. This helps provide stability and if he becomes faint, he can be pulled against you for support.
- If the client has one-sided weakness, walk on the weak side and slightly behind the client, using your hands to support the client.
- Help the client follow his/her normal walking gait.
- A cane, crutches, a walking stick or a walker may assist the client.

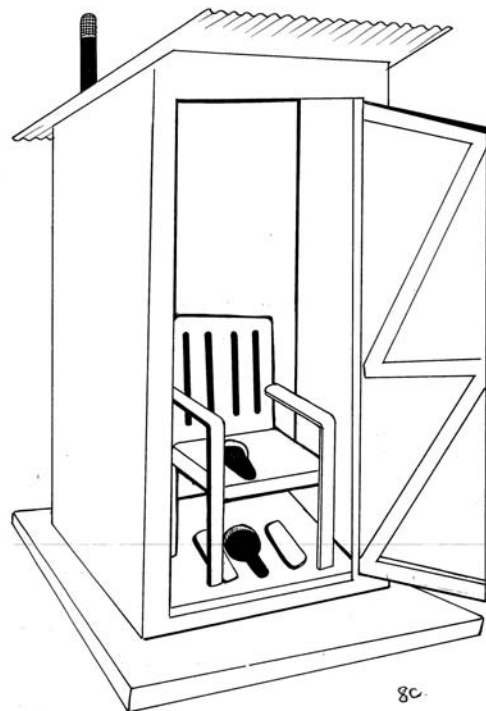
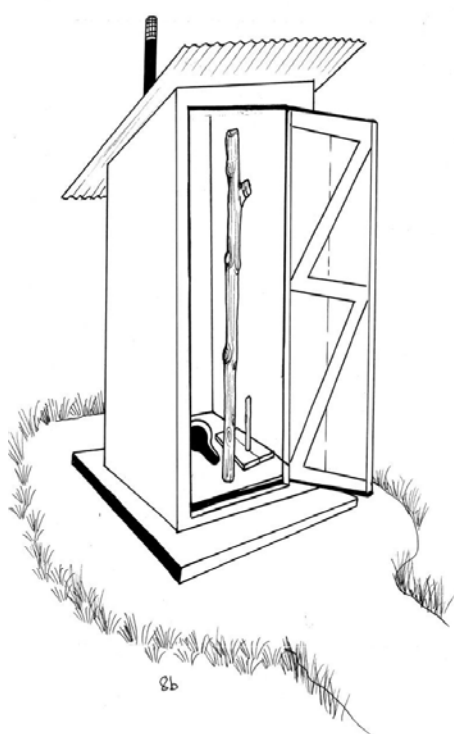


**There are ways you can help your client use the latrine or toilet, such as:**

- Placing either a pole, handle or rope in the latrine for the client to hold onto while squatting and standing.



- Helping the client with their balance as needed by holding them up from above as they pass faeces or urine. The provider may just need to give them an arm to lean on.
- Putting a bedside commode over the hole of the latrine or toilet.

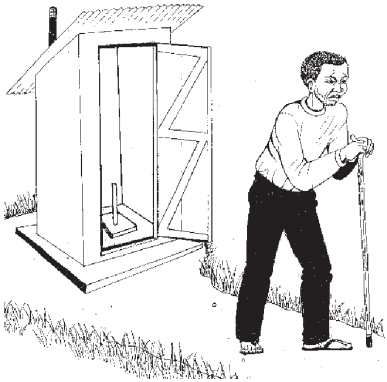


- Ensuring that the latrine is as clean as can be, because the client can pick up more germs if it isn't clean.
  - If it is not clean, use a “1 part Jik to 9 parts water” solution to wipe the door handle, pole or seat surfaces in the latrine.
  - If there is faeces on the floor push the faeces down the hole and use a “1 part Jik to 9 parts water” solution for 20 minutes on the surface of the latrine floor.
  - If it is a dirt floor, dig up the contaminated part, put it in the latrine, and back fill the hole with new dirt.

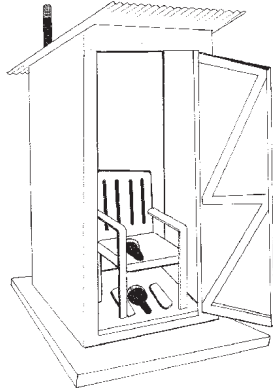
# FAECES MANAGEMENT

## WEAK BUT MOBILE PATIENT

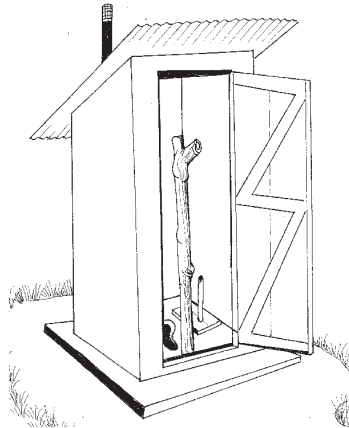
### Counselling Card



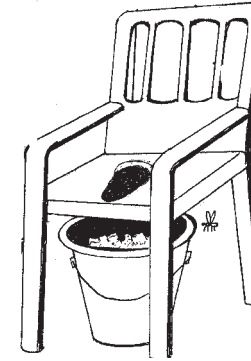
Use walking stick.



Cut hole in chair to help weak person use latrine.



Add pole (or handles on wall) to latrine to help weak person squat or stand up.

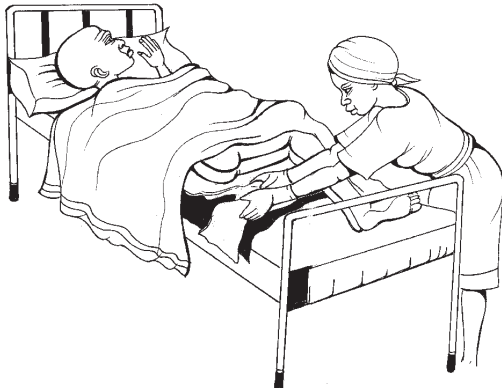


Put bucket under chair with hole in seat for indoor use.



Put hand washing supplies near where sick person defecates.

## BEDRIDDEN PATIENT



Put plastic sheet (mackintosh) with a cloth on top under sick person's hips. Change cloth when soiled.



Use potty (bedpan).

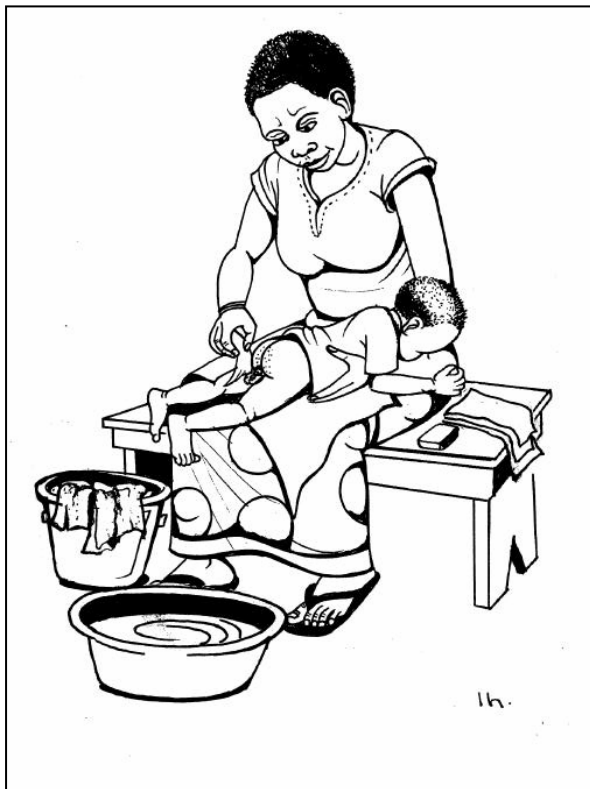


Put water, soap (or ash), and clean rags next to sick person's bed.

## 35. Safe Handling and Disposal of Infant/Children's Faeces

ALL faeces is dangerous, including the faeces of infants and young children (0-4 years of age). Although some people may believe that infant/young child faeces are harmless, their faeces contain germs that can be easily spread to others and cause illnesses such as diarrhoea. This includes germs that can easily be picked up from changing an infant's nappie or diaper or helping a young child use a potty chair. When changing the nappies of babies or toddlers, make sure to change the nappie/diaper as soon as it has become soiled and dispose of the faeces in the latrine.

Try to create a place/space far away from the food preparation area) to change the nappie/diaper or use the potty chair to reduce the spread of harmful germs to food. It is best to pick a smooth, water-resistant surface that can be easily cleaned with soap and water after each nappie/diaper change. Use a piece of cloth or paper to cover the area where you change the infant's diaper. Dispose the cloth or paper after you changed the diaper.



Also be sure to have children wash their hands after any time they could come in contact with faeces, including after having their diapers changed (an adult should wash an infant's or small child's hands). Make sure you wash your hands with soap (or ash) after helping a child use the toilet or diapering a child and before preparing, serving or eating food, as well as after handling a soiled nappie/diaper, after you use the latrine/toilet and before you prepare food or feed the

infant/young child.

**Other Tips for Safe Handling and Disposal of Faeces from a Cloth/Re-Usable Diaper Include:**

- Dump any faeces from the cloth diapers in the household latrine/toilet.
- Put the soiled diapers in a covered bucket to soak in “1 part Jik to 9 parts water” solution throughout the day. Wash them at the end of each day.
- To wash the cloth diapers, follow the “Steps to Disinfect a Cloth/Bandage Soiled with Blood or Body Fluids, including Faeces”, in Unit 4, Section 20A (page 62).
- Try to use a separate area (far away from the food preparation area) for changing nappies/diapers to reduce spreading faecal germs to food.

**Additional Tips for Safe Handling and Disposal of Faeces from a Disposal Nappie/Diaper Include:**

- Dump any faeces from the disposable diapers in the household latrine/toilet.
- Dispose of the old diaper by wrapping tabs all the way around (folding the soiled diaper surface inward), put the disposable diaper in plastic bag, tie the ends of the bag and put it in the trash/garbage. DO NOT put it in the latrine as disposable diapers do not decompose in latrines.

## Unit 6:

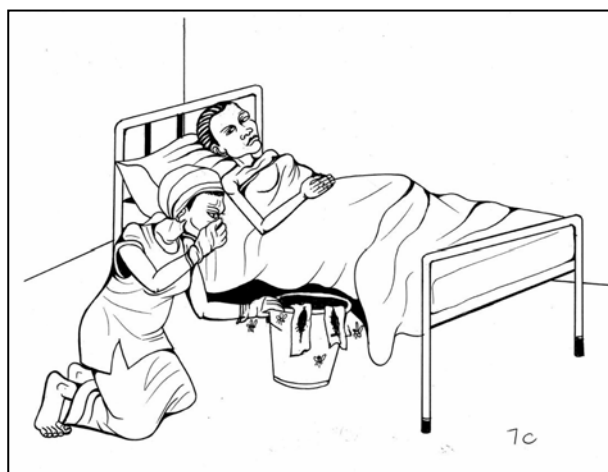
# Menstrual Period Management

### 36. Menstrual Blood and HIV

Menstrual blood of HIV-positive female clients can contain the HIV virus. However, there is an extremely low risk of getting HIV through care-giving activities if universal precautions are taken. It is important to wear gloves, plastic sheeting or other plastic material on your hands when you are handling any type of body fluid or waste (e.g. blood, pus, fluids, faeces, vomit, sputum, urine and waste from childbirth) or when the client or you have open sores or cuts that will come in direct physical contact with the other person. See Unit 4, Section 19 (page 54) for more information on how to stop spreading germs.

### 37. Safe Handling and Disposal of Menstrual Blood

Field research in Uganda showed that clients, caregivers and HBC providers need more support so they can know how to safely handle and dispose of menstrual blood.



Many challenges were identified:

- Supplies needed to safely handle the blood are often unavailable.
- Many people do not realize that female clients who are ill can still have menstrual periods, although some (but not all) who are severely ill do stop having their menstrual period.
- Most women do not like to talk about their menstrual periods and are unclear that HIV (and other illnesses/infections) can be transmitted by exposure to menstrual blood.

- Female clients who may be very sick and/or bedridden require sensitive and practical care during their menstrual period from their household caregivers and HBC providers.
- Women often hide the materials used to soak up menstrual blood and keep them for many hours or days before disposing of them or cleaning them for reuse.
- Care givers often do not cover their hands before touching a client's menstrual blood.

**It is essential to provide care in a way that helps the female client maintain her dignity so she can feel confident and in-control of managing her menstrual period.**

### **38. Keeping the Client and Her Household Clean Throughout Her Menstrual Period**

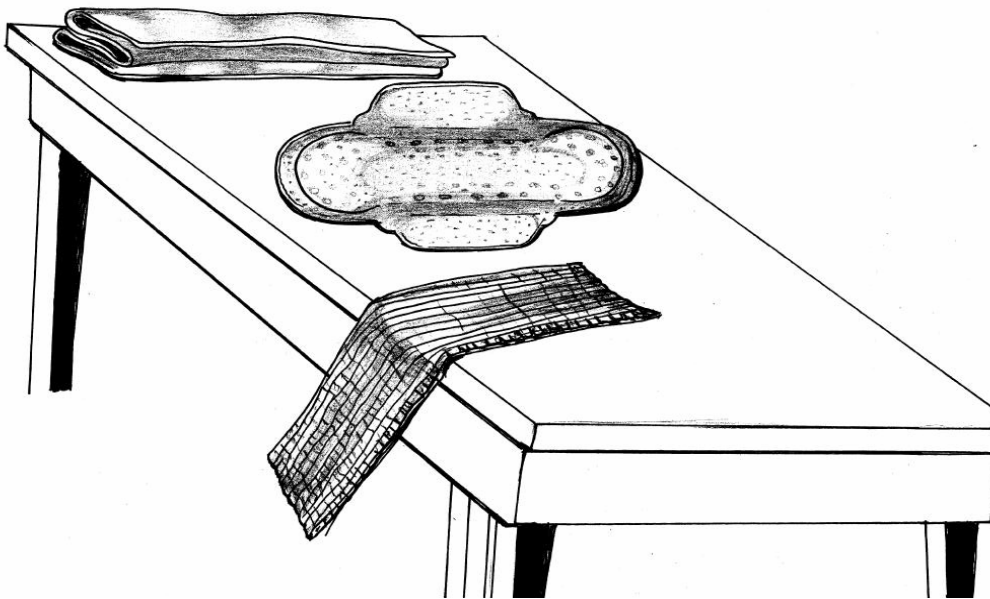
- Private parts (perineal) care (cleansing of the genitalia and rectal area) during a woman's or girls' menstrual period is a sensitive issue and should be kept as simple as possible, doing only what is necessary for the client and allowing the client to do as much as she can for herself. More information can be found on how to clean the female private parts



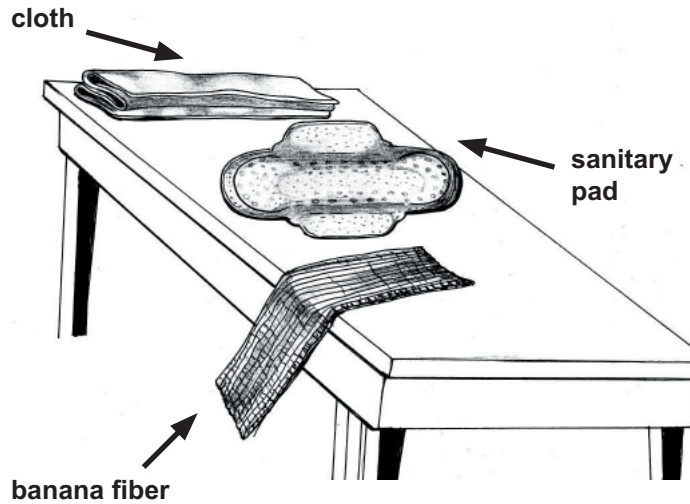
(perineal) area Unit 5, Section 32A (page 96). If your client cleans herself or if her hands came in contact with blood or other body fluids, she should wash her hands. If the client does not have handwashing materials within her reach, you and the household caregivers should place water, soap (or ash) and a basin/large bowl within the client's reach. The client should wash her hands with soap (or ash) as outlined in Unit 2, Section 5 (page 22).

### 39. What Materials Can Girls and Women use to Manage Their Menstrual Period?

- Sanitary Pad (preferred) – These are bought in shops or the market, used once and then thrown away.
- Rags, Towels or Cloth – These can be made from old clothes or material and can be washed and reused.
- Banana Fibres – These can be bought in the market or made at home. For information on how to make a sanitary pad from a banana fibre, please see Annex 3.



# MENSTRUAL PERIOD MANAGEMENT



Soak up blood with sanitary pads, cloth, or banana fibers.

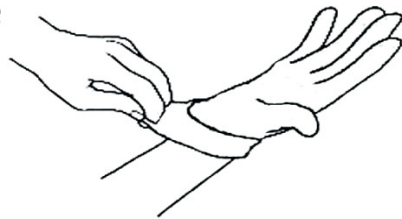
## Counselling Card



Keep clean cloth, washing water, soap (or ash), and a container for soiled cloth near bed-bound woman.



Do not store soiled cloth for a long time.



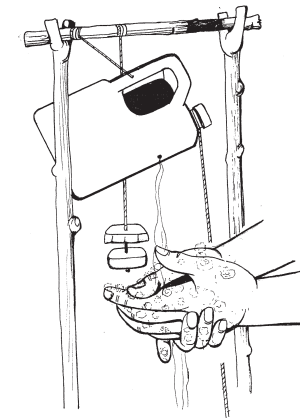
Use gloves

OR



Use plastic sheets

Always protect hands by wearing gloves or plastic material when touching someone else's blood.



Always wash hands with soap (or ash).



# MAKING SANITARY PADS FROM BANANA FIBERS

## Counselling Card

### 1 Harvest the Banana Fiber

Cut 1 to 1.5 meter long pieces of banana fiber from garden early in morning or late in evening when it is soft. (If it is picked when it is too dry it rips apart during preparation.)



Waterproof inside layer of 2 banana fiber pieces



Waterproof outside layer (called the "intestine layer") of 2 banana fiber pieces

### 2 Clean the Fiber

Wipe the banana fiber with a damp cloth to remove dirt.

### 3 Straighten the Fiber

Hold fiber with one hand and with your other hand gently, but firmly, pull your palm along length of fiber from one end of fiber to the other.

Straightening the fiber



### 4 Peel the Fiber

Carefully peel off waterproof layer from surface of fiber (the "intestine layer") that will lie against the skin.



Peeling the inside layer of the fiber

### NOTE: CRACKED FIBERS

If banana fiber cracks near middle, it cannot be used. If it cracks near edge, tear off the cracked edge (as long as remaining un-cracked width is sufficient for user.)



Cracked banana fiber

crack

## 6 FIBER READY TO USE:

The banana fiber is ready for use once the waterproof layer (the “intestine layer”) that will lie against the skin is completely peeled off.



Banana fiber with inside (intestine layer) completely peeled

## 7 Use the Banana Fiber

To use banana fiber, attach fiber to belt (made from leather, cloth or string) in front of belly button, then bring fiber down between legs and attach it to belt above buttocks. Banana fiber can be attached to belt by either rolling fiber around belt (see picture on left, below) or by tearing the ends of the fiber and tying the torn bits to belt (see picture on right, below). Change banana fiber as needed.



Banana fiber wound around belt



Banana fiber ends torn and tied to belt

## 8 Disposal of the Used Banana Fibers

Get rid of used banana fibers by:

In URBAN areas:



1) Burning used fibers (preferred method)

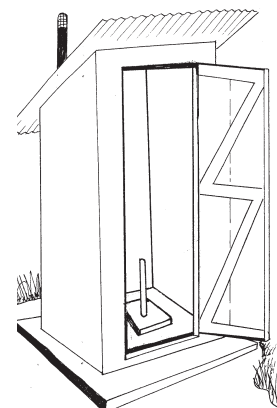


2) Putting used fibers in a bag and tying a knot in opening of bag. Put bag with used fiber in a second bag and tie it too. Put it in trash.

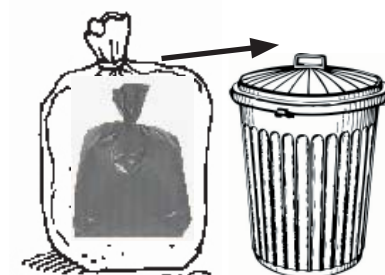
In RURAL areas:



1) Burning used fibers (preferred method)



2) Putting the used fibers in the latrine.



3) Putting used fibers in a bag and tying a knot in opening of bag. Put bag with used fiber in a second bag and tie it too. Put it in trash.

## 40. How to Dispose of Rags, Linens, Clothes, Banana Fibres or Cloth Soiled with Menstrual Blood

It is important that clients and household members do not store materials stained with menstrual blood for a long time as this can leave a bad smell, attract flies and other insects and potentially spread diseases in the home. Soiled/used disposable sanitary napkins and banana fibres that are soaked with menstrual blood cannot be re-used nor can they be thrown or discarded just anywhere. It is important that ANY soiled materials be handled with gloves, plastic sheeting or other plastic material and be disposed in the right location (see “Disposal or Cleaning of Menstrual Blood Soaked Materials” Counselling Card on page 121).

**To throw away (or dispose of) rags/linens/clothes/banana fibre or cloth soiled with menstrual blood in an URBAN setting, you have two options:**

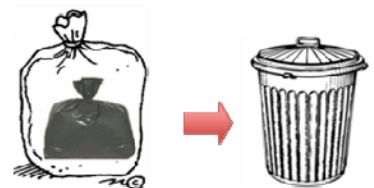
### **Option 1**

Burn the soiled material in a safe area (preferred method).



### **Option 2**

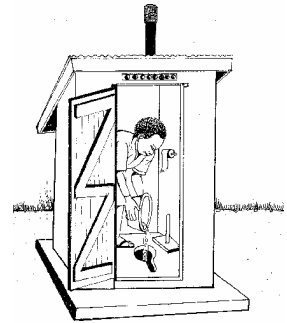
“Double bag” it by putting the soiled material in a bag and tying the top, then putting it inside another bag and tying the top and throwing away the sealed bag in the garbage (least preferred method).



To throw away (or dispose) of rags/linens/clothes/banana fibre or cloth soiled with menstrual blood in an RURAL setting, you have three options:

**Option 1**

Drop the material down into the latrine hole (preferred method).



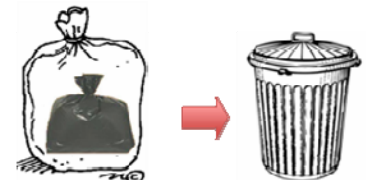
**Option 2**

Burn the bloody material in a safe area.



**Option 3**

“Double bag” it by putting the soiled material in a bag and tying the top, then putting it inside another bag and tying the top and throwing away the sealed bag in the garbage (least preferred method).



## 41. Cleaning Rags, Clothes, Linens and Cloth Stained with Menstrual Blood so They Can be Re-Used

It is important to ensure that the bedding, linens, cloth, mattresses and other materials are kept clean and free of menstrual blood.

To clean any cloth/linens/clothes soiled with menstrual blood so you can re-use them, follow these steps:

<b>STEP</b> <b>1</b>	Put on gloves, plastic sheeting or other plastic material to protect your hands before touching the material.
-------------------------	---

<b>STEP</b> <b>2</b>	Soak soiled cloth/linen/clothes in a “1 part Jik to 9 parts water” solution for at least 20 minutes (as described in Unit 4, Section 20 page 62). If there is no Jik available, then a less preferable method is to soak the material in soapy water for 20 minutes. To ensure there is enough soap in the water, make sure there are lots of bubbles when you stir and shake the water with your hand.
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<b>STEP</b> <b>3</b>	While wearing gloves, plastic sheeting or other plastic material, wash the cloth/linens/clothes as you would normally wash, with soap and water and rinse well.
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<b>STEP</b> <b>4</b>	Allow the cloth/linens/clothes to air dry in the sun. To throw out the soaking water, dig a hole to dump the water in.
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<b>STEP</b> <b>5</b>	Remove your gloves, plastic sheeting or other plastic material from your hands.
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<b>STEP</b> <b>6</b>	Wash your hands, as outlined in Unit 2, Section 5 (page 22).
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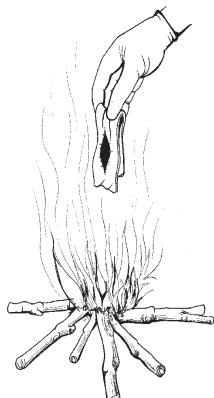


# DISPOSAL OR CLEANING OF MENSTRUAL BLOOD SOAKED MATERIAL

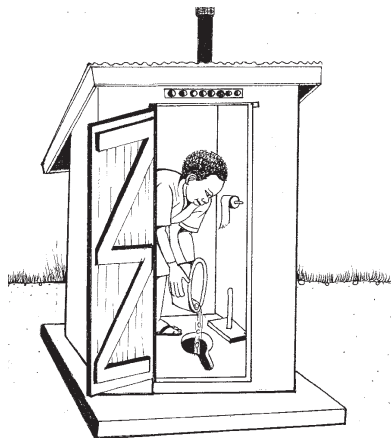
## Counselling Card

### NOT RE-USED

Soiled cloth that **will not be used again** and sanitary pads and banana fibers should be disposed of by:



Burning (preferred method for urban and rural areas)



Put in latrine (rural areas only)



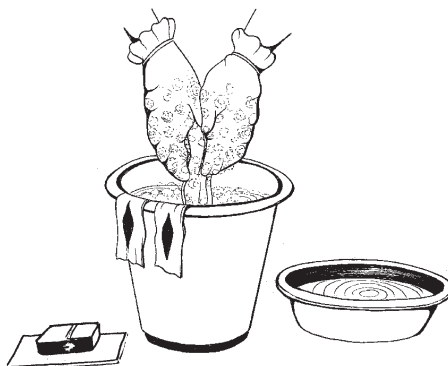
Double bagged and put in trash (least preferred method for urban and rural areas)

### RE-USED

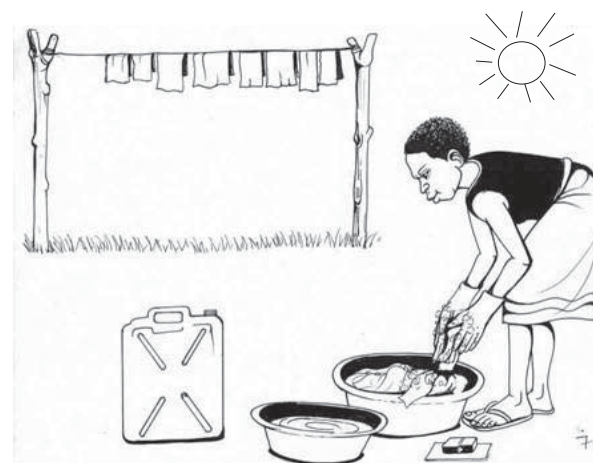
Soiled cloth that **will be re-used**:



Soak soiled cloth for at least 20 minutes in a mixture of nine parts water to one part Jik (if available)



Wash with soap and water



Dry in the sun

#### NOTE:

Always wear gloves or plastic material when handling blood and wash hands afterward.

**ANNEX 1:**

# **ACRONYMS AND GLOSSARY**

# ACRONYMS

(An acronym is a word that is formed from parts of several words)

<b>AIDS:</b>	Acquired Immunodeficiency Syndrome
<b>ART:</b>	Antiretroviral Therapy
<b>ARV:</b>	Antiretroviral
<b>HBC:</b>	Home Based Care
<b>HIV:</b>	Human Immunodeficiency Virus
<b>OI:</b>	Opportunistic Infection
<b>ORS:</b>	Oral Rehydration Salts
<b>PMTCT:</b>	Prevention of Mother-to-Child Transmission (of HIV/AIDS)
<b>TB:</b>	Tuberculosis
<b>WASH:</b>	Water, Sanitation and/or Hygiene



# GLOSSARY

(Words and their meanings in alphabetical order)

## - A -

**Acquired Immunodeficiency Syndrome (AIDS):** the name given to a group of illnesses in HIV positive people. These are illnesses that arise when people living with HIV are no longer able to fight off infections because of lowered immunity.

**Active Listening:** a counselling skill that involves paying close attention to what a client is telling you and showing the client that you are paying attention.

**Adequate:** enough, what is needed without being too much.

**Adherence:** to be conscientious in following something, in this case in taking medication according to the doctor's prescription

**Adolescent:** young people who are no longer children, and are starting to become adults

**Advocate:** to speak out for a desired goal and strive to achieve it

**Alternative:** one or more things you can choose from, another options.

**Anti Retroviral (ARV):** drugs used to reduce the amount of HIV in a person's body

**Anti Retroviral Therapy (ART):** a term used to describe giving ARV drugs in the correct way, with adherence support

**Assumptions:** supposing things without proof

**Asymptomatic:** not having any symptoms, even though infected with a disease.

## - B -

**Bacteria:** tiny germs that can only be seen with a microscope; some are helpful to body function, but many cause different diseases

**Bedbound Client:** client that is unable or unwilling to leave the bed.

**Bedpan/Plastic Basin:** device to place under bedridden client to collect faeces/urine.

**Bedsore:** wounds on skin that result from lying in one position for too long. Also called pressure sores, bedsores result from constant pressure on a particular part of the body.

**Bottle feeding:** feeding from a bottle (content can be: expressed breast milk, water, infant formula, or another formula or liquid)

## - C -

**Case study:** looking carefully at a set of circumstances for the purpose of learning

**CD4:** a common name for a type of white blood cell that fights infection that is destroyed by HIV. The more CD4 cells a person has, the healthier he or she is.

**Checking Question:** questions which allow counsellors to find out how much a client has understood and what topics need further information or explanation

**Chlorinating:** adding chlorine to water

**Chronic:** long-term or frequently recurring (compare with acute). A chronic disease is one that lasts a long time that cannot be cured. A chronically-ill client has a disease which is of long duration, without cure, but can be controlled- such as HIV, high blood pressure, diabetes, etc.

**Classified:** explained or organized in a certain way or order

**Client:** person receiving care from someone else (same as a “patient” although “client” is a more appropriate term)

**Clinical:** related to the science and practice of medicine

**Closed Question:** a type of question which requires a one-word, often ‘yes’ or ‘no’ answers only

**Cohesiveness:** sticking together

**Colleague:** a fellow worker

**Community:** a group of people living in the same village or area who have similar living conditions, interests, and problems

**Compassion:** feeling for the suffering of others

**Complications:** secondary health problems that sometimes develop in the course of a disease. For example, meningitis may result as a dangerous complication of measles

**Comprehensive:** including everything.

**Concept:** an idea

**Condom:** a thin, protective sheath that fits over the penis during vaginal, anal, or oral sex to prevent sexually transmitted disease or pregnancy. There are also female condoms that fit inside the vagina.

**Confidentiality:** the obligation owned by one person to another not to share information given by or about another or the obligation to share it only in limited circumstances. Or, to be entrusted with someone's private information and the understanding that certain information and actions will be kept private

**Consistent:** stays the same

**Constructive criticism:** a helpful and practical review/assessment/critique of a particular situation.

**Contact:** touch. Contagious diseases can be spread by a sick person coming in contact with (touching or being close to) another person

**Contagious:** easily passed from one person to another. A contagious disease is an illness that can be spread easily from one person to another.

**Contaminate/Contamination:** to dirty, stain, or infect by contact. The process of introducing harmful substances, such as germs.

**Consideration:** something that is to be kept in mind when making a decision or evaluating facts

**Conversation:** an informal talk between two or more people, a discussion.

**Counselling or counselling skills:** techniques used by counsellors or trained people to communicate well with clients who may need help on a problem(s) and necessary to develop a good counsellor/client relationship.

**Counselling Card:** a piece of paper with pictures and words to help Home Based care providers talk more easily with their clients and other client and/or their caregivers in the home around a specific topic.

**Critical times:** when washing your hands is absolutely necessary, most important and the risk of spreading germs with your hands is high

**Culture:** the beliefs, practices or values of a group of people.

## - D -

**Decontamination:** the process of removing or destroying harmful substances such as germs

**Defecate:** to pass faeces (waste product, poop, poo, shit or stool) from the colon to the rectum through the anus

**Defecation:** process of defecating or passing faeces (waste product, poop, poo, shit or stool) from the colon to the rectum through the anus

**Dehydrated:** a term used to describe the result of losing water from the body through sweating, fever, diarrhoea or vomiting. Dehydration is a condition in which the body loses more liquid than it takes in. This lack of water is especially dangerous in babies, elderly and people with compromised immune systems.

**Describe:** explaining what someone or something is like

**Dexterity:** use or control of physical and mental power

**Diagnosis:** a medical practitioner's conclusion about what a sick person is actually suffering from

**Diarrhoea:** a condition in which watery stools are passed three or more times a day.

**Differentiating:** to make a change

**Digest:** the process the body uses to turn food into energy after a food is eaten

**Dirt or Dirty:** with visible soil, particles, rough ground, not clean

**Discard:** get rid of

**Disclosure:** the process a person goes through to tell others about their status (e.g. to disclose your HIV status).

**Discrimination:** a term used to describe treating other people differently or unfairly because they are different from others in some way

**Discuss:** to talk between two or more people, a conversation or discussion.

**Disinfect:** clean something with a chemical that destroys germs

**Dominant:** stronger

**Draw Sheet:** a bed sheet, usually used with a waterproof pad, that is placed on the bed of an incontinent client to protect the other bedding or may be used to lift/ turn/position/or move a client.

**- E -**

**Elicit:** come to a conclusion by reason

**Eliminated:** taken away

**Enabling:** to make possible, able; give power, means, or ability to

**Essential:** needed, required

**Empathy:** a term used to describe trying to understand a situation from another person's point of view and showing that you care.

**Emphasize:** make it clear that something is important.

**Endorse:** to give approval, sustain or support of something

**Enhance:** improve something, make it stronger, cleaner etc.

**Equipment:** the tools or machines that are used to create or do something

**Esteem:** respect and admiration for someone.

**Eventually:** in the end, after a long time.

**Exclusively:** only, nothing else.

**Exclusive breastfeeding:** when a mother ONLY breastfeeds her child (usually recommended for the first 6 months of life).

**- F -**

**Facilitate:** to assist in the progress

**Facilitator:** a person who makes it easier for a process to happen

**Faeces:** waste product from the colon, or poop, poo, shit or stool; the waste from the body that is moved out through the bowels when someone defecates or has a bowel movement

**Faeces-to-Mouth or Faecal Oral:** spread or transmitted from the faeces, poop, poo, shit or stool of one person to his or another person's mouth, usually through food or drink, or on fingers

**Filtering:** using a cloth to pour water through in order to remove sand or dirt

**Frail, elderly Client:** older persons with poor or limited ability to function physiologically due to age and conditions of older age

## - G -

**Gender role:** behaviours that pertain to males and females

**General Hygiene:** keeping the body and surroundings fresh and clean

**Genitals:** reproductive organs, especially external sex organs

**Germ:** a very small organism or infectious particle that can grow in the body and cause some infectious diseases

**Granule:** a very tiny grain, similar to a piece of sand

## - H -

**HBC Providers:** a person (male or female) trained to provide physical, psychological, spiritual and social care within the home, for client and/or their caregivers in the home, often within their own community. They are often volunteers who help people with health, water, sanitation and hygiene practices, provides some simple treatments, and refers sick people to clinics/medical centres for other necessary treatment.

**Healthy Clients:** not lacking physical strength or vigour; in a state of good health or other terms to indicate people are well, up and about or are without symptoms of problems.

**HIV Exposed (infant):** a baby who was born to an HIV Positive mother, and MAY have HIV, but has not yet been tested for HIV

**HIV-Infected:** refers to people who are infected with HIV, whether or not they are aware of it

**HIV Infection:** the result of HIV transmission, where HIV is introduced into the body and starts to multiply and spread.

**HIV Negative:** showing no evidence of infection with HIV

**HIV Positive:** showing indications of infection with HIV

**HIV Related Illnesses:** illnesses that PLWHA contract as a result of lowered immunity.

**HIV status unknown:** people who either have not taken an HIV test or do not know the result of a test they have taken

**HIV Transmission:** the process of spreading or contracting HIV through one of the three modes of transmission (sexual contact, blood to blood transmission, mother-to-child transmission).

**Holistic:** dealing with or treating the whole of something or someone, not just some parts. Usually refers to the physical, psychological, spiritual and social aspects of a person or the care that is provided.

**Home-based-care:** services given at home and/or in the community by a HBC provider who is trained to provide physical, psychological, spiritual and social care for client and/or their caregivers in the home. They are often volunteers who receive no or a limited salary and some incentives to help households with health, nutrition, water, sanitation and hygiene practices, provides simple treatments, physical therapy, medication adherence and support, advise on sexual behaviours, and refers sick people to clinics/medical centres for other necessary treatment

**Household Hygiene:** keeping the surroundings, houses, compound, etc., clean

**Household or household members:** people living within the household, often family members (but not always).

**Human Immunodeficiency Virus (HIV):** the virus that causes AIDS by weakening the body's immune system. "Human" means the disease attacks people, "immunodeficiency" means it attacks the immune system, and "virus" refers to what causes the disease

**Hurt:** cause pain, injure someone

**Hygiene:** actions or practices of personal cleanliness that lead to good health (e.g. hand washing, bathing, etc)

- | -

**Illustrate:** give more information or examples

**Immobile Clients:** clients with mobility problems who are not able to move about.

**Immune System:** the body's defence system, which recognizes and fights germs and infections

**Implementing:** a means of achieving an end

**Inappropriate:** not acceptable, not suitable

**Incontinent Client:** client with partial or complete loss of urine or faeces control.

**Infant:** a baby - from birth to 12 months of age

**Infection:** a sickness caused by germs. Infections may affect part of the body only or all of the body.

**Infectious disease:** a disease caused by a germ (bacteria, viruses, fungi, parasites).

**Interpersonal communication or IPC:** face-to-face interaction or communication between two or more people that is useful and effective

**Interpret:** explain or decide what you think about a particular issue

**Interrupt:** stop someone while they are talking or doing something by saying or doing something yourself

**Intervention:** actions taken to prevent something from happening, or to make something happen

**Intestinal Parasites:** worms and tiny animals that get in people's intestines and cause disease

## **- J -**

**Jerrican:** a plastic container used to hold water

## **- K -**

**Knowledge:** information and understanding about something

## **- L -**

**Latex:** a type of rubber used to make condoms, medical gloves, and other very thin, flexible materials

**Latrine:** an outdoor structure with a hole or pit in the ground which is used as a toilet

**Leading Questions:** a type of question in which a counsellor guides (or leads) the client to give an answer that her/she wants to hear

**Lesions:** abnormal tissue (sores) usually caused by disease - they are most commonly found on the skin or in the mouth.

**Linen:** sheets, blankets, pillowcases, quilts and other bedding

**Litre:** a unit to measure volume (liquid)



## - M -

**Malnourished:** not having enough good, healthy food to eat. Malnutrition is a term used to describe a condition where the body does not either get enough of the right foods or it cannot process foods properly to remain healthy. It is a health problem caused by not eating enough of the foods that the body needs.

**Mackintosh:** a rubber sheet that is placed under the client's hips to protect the bedding from being soiled

**Menstrual Period, menstruation:** monthly bleeding in women

**Mixed Feeding:** feeding a baby breast milk and other foods or liquids (example: water, formula, tea, dairy milk, etc. Mixed feeding increases the chance of transmission of HIV to infants.

**Mobile Client:** client that is able to move without help from another person

**Mobilize:** encourage and prepare to take action

**Mode of transmission:** the way a disease spreads from one person to another

**Module:** in this context, a specific part or section of a training curriculum.

**Mother-To-Child Transmission (MTCT):** when an HIV infected mother passes HIV to her baby through pregnancy, during childbirth, or after delivery through breastfeeding.

**Mouth Care:** ensuring the proper cleaning of the mouth (teeth and gums) to prevent infection and decay.

## - N -

**Nausea:** stomach distress or upset; feeling like you need to vomit.

**Neglect:** fail to give someone the attention or care they need.

**Negotiation (or negotiate):** to discuss and come to mutual (or joint) agreement with another person which results in a different conclusion or effect.

**Non-Adherence:** not taking medications as they are prescribed

**Nutrients:** the substances we absorb from food that we need for growth, energy, to build our bodies and stay strong

**Nutrition:** food, feeding; providing a balanced diet. Nutritious foods are those that have the things the body needs to grow, be healthy, and fight off disease

**- O -**

**Objectives:** the object of a person's action or goal

**Opaque:** not clear – difficult to see through

**Open Question:** a type of question that requires more than a one-word (yes or no) answer and encourages people to explore their situation or feelings

**Opportunistic Conditions/Infections (OIs):** infections and diseases that attack the body when the immune system is weak. They are common in clients whose immune systems are weakened by HIV

**Oral:** by mouth. An oral medication is one taken by mouth

**Oral Rehydration Salt Solution:** medicine given to people who have diarrhoea and/or vomiting to replace the lost water and salts. A drink used to help prevent or treat dehydration.

**Organism:** a living thing (animals or plants)

**- P -**

**Paraphrasing:** to restate what has been said in other words

**Parasite:** a plant or animal that lives on or in another plant or animal, usually hurting its "host"

**Participant:** group member or contributor

**Peer Support:** support for people by another person who is in the same situation or has the same disease

**Penis:** external male sex organ

**Perceived:** to recognize, discern, envision or understand

**Perception:** ability to notice something, the opinion someone has of something.

**Perhaps:** maybe, possibly

**Perineal area:** The region between the base of the penis and the anus in males, and between the vulva/vagina and the anus in females.

**Persistent:** carrying on, not giving up.

**Personal Hygiene:** in terms of food safety, involved ensuring that people who are touching and handling food take proper care to ensure that they do not pass on bacteria or viruses.

**Petroleum Jelly** (petrolatum, Vaseline): a grease like jelly used in preparing skin ointments which is petroleum (crude oil) based.

**Physical:** to do with the body or with things that can be seen and touched.

**PLHA:** people living with HIV/AIDS.

**Plenty:** a lot, more than enough.

**Pneumonia:** an infection of the lungs often producing cough, fever, and difficulty breathing. Note this is different from tuberculosis.

**Point-of-Use:** in terms of water treatment, this means treating water in the home (with chlorine for example), rather than at a water facility plant many kilometres away.

**Positive Living:** a term used to describe steps taken by people living with HIV or IADS that enhances their lives and increases their health.

**Precautions:** things that you do to prevent something bad from happening in the future.

**Pregnancy:** the time period (normally 9 months) when a woman carries a child inside her.

**Prevalence:** measure of how common or widespread a disease or infection is in the community or population at a given period of time. This measure includes existing and new cases.

**Prevention:** action taken to keep or stop germs or illness before they start.

**Preventive Care:** a term used to describe caring efforts intended to prevent discomfort in PLWHA. Examples include: mouth care, prevention of bed sores, proper bathing, prevention of pain and stiffness in muscles and joints and ensuring bedridden clients are comfortable.

**Procedure:** the specific way a thing is done.

**Product:** something you can buy that is man-made.

**Prophylaxis:** a therapy or treatment taken to prevent infections.

**Psychological:** relating to the mind or mental processes. Psychosocial support is caring for the emotional and psychological, well-being of others.

## - Q -

**Questioning:** a communication skill that helps the provider understand the client's situation. This skill can determine the quality of information a provider receives from the client.

## - R -

**Rapport:** a relationship of mutual understanding or trust and agreement between people.

**Rate:** the number of times something happens in a given amount of time.

**Recurrent:** happens or occurs again and again.

**Rectum:** the end of the large intestine close to the anus.

**Refer or a Referral:** suggest that someone go somewhere or do something; when you refer a client, you encourage them to go and follow up with them to make sure they go. In this context, a referral usually means sending someone from the home or community to a health facility (hospital, health centre, dispensary) or from the health facility to the community.

**Reference:** a note that shows where something is discussed in more detail.

**Participant's Guide:** a handbook of extra materials for people who attend the training.

**Rehydrate or Rehydration drink:** replace fluids/liquids and nutrients in the body. Consume a drink to correct dehydration, which you can make with ORS solution and treated water or with sugar and salt and treated water.

**Reluctant:** unwilling

**Replacement feeding:** feeding infants who are receiving no breast milk with a diet that provides the nutrients infants need until the age at which they can be fully fed on family foods. During the first 6 months of life, replacement feeding should be with a suitable breast milk substitute. After 6 months the suitable breast milk substitute should be complemented with other foods.

**Replenish or Replenishment:** Restock or refill (example: putting food or water in a hungry body)

**Research:** studying to discover the facts or get new information about something

**Resistance:** -the ability of something to defend itself against anything that would normally harm or kill it. Sometimes bacteria become resistant to the effects of certain antibiotics or HIV may become resistant to certain ARVs.

**Respiration:** breathing. The respiratory system includes the bronchi, lungs, and other organs

**Respiration rate:** the number of times a person breathes in one minute

**Risk:** the possibility of injury, loss, or harm. Danger

**Role-play:** a learning exercise where participants pretend or act out a part or character that may be different than themselves

## **- S -**

**Sachet:** a small envelope with very small, loose dry grains

**Saliva:** spit. The fluid in the mouth

**Sanitation:** making clean

**Scrotum:** the bag between a man's legs that holds his testicles or balls

**Seldom:** not often

**Self-assessment:** checking yourself and making your own comments about how much you know about a subject or how well you performed a task

**Self-Care:** thoughts and activities that people do to take care of themselves and improve their health

**Self-Esteem:** confidence in yourself and belief in your qualities and abilities

**Self- Management:** when a client takes responsibility for his or her own health care.

**Semen:** thick, white fluid containing sperm that a male ejaculates

**Session:** in this context, a specific part or section of a training module (unit).

**Settling and Decanting:** the process of letting cleaning water by letting the "dirt" go to the bottom of the container and pouring out the clear water

**Sexually Transmitted Infections (STIs):** infections that is passed from one person to another through sexual activity

**Side Effect:** a bad reaction to a drug or other form of medical treatment

**Signs:** the things or conditions one looks for when examining a sick person, to find out what sickness he/she has

**Significant:** important, meaningful

**Shrink:** to become smaller

**Simultaneous:** happening at the same time

**Soiled Linen:** bedding that may have a substance on it such as faeces, urine, pus, blood, etc.

**Solution (liquid):** a liquid used to treat water

**Spigot:** tap, spout or other control device

**Spread:** increase or multiply

**Sputum:** a substance coughed up from the lungs

**Sterile:** completely clean, new and free from micro-organisms. Things are usually sterile by boiling or heating or purchasing a new, sterile product which has been sterilized

**Sterilize:** to kill microscopic organisms in something so that they cannot cause infection

**Stigma:** negative attitudes toward people who belong to a particular group or who have different characteristics than others. Usually attached to something that the community believes is socially unacceptable

**Stomach:** the sac-like organ in the belly where food is digested

**Straight:** without going from side to side, in a clear way, immediately

**Substance:** the material, stuff or the central part of a situation

**Sufficient:** enough

**Supplement:** an extra or added amount to something

**Supply:** to provide; or an amount of something

**Summarizing:** stating what has been said

**Sustainability:** to keep up or keep going

**Symptoms:** any aches, pains, conditions, feelings or other problems a person describes or reports to another person

## **- T -**

**Tablets:** small pills

**Teaspoon:** a measuring spoon that holds 5 millilitres (ml). Three teaspoons equal 1 tablespoon

**Terminally Ill Clients:** with disease which is life-threatening or final, fatal illness which cannot be controlled or cured.

**Tippy Tap:** a simple, hygienic device for hand washing with running water. A 5 litre container with a small hole near the cap is filled with water and tipped with a stick and rope tied through a hole in the cap.

**Tool:** an instrument or a method (way of doing something) that helps improve the process and/or end result.

**Traditional:** something that has existed for a long time without changing

**Transfusion:** the process of transferring blood from one person into the circulatory system of another

**Transmit:** to spread or pass along; how an infected person gives a disease to someone else

**Tuberculosis (TB):** a contagious disease caused by a germ that is breathed into the lungs. It is a common opportunistic infection among PLWHAs

**Tumpeco or Nice cups:** a plastic cup commonly available in Uganda, which is the size of a half-litre or 500ml

**Turbid:** cloudy or dirty (usually referring to water)

## - U -

**Universal Precautions:** simple infection control procedures that reduce the risk of spreading germs and illness through exposure to blood, body fluids, or contaminated equipment, surfaces, or materials.

**Urinal:** a container or jar for urine, especially for use by people who cannot get out of bed

**Urine:** liquid waste from the body; piss; pee

**Utensils:** tools you use for doing jobs in the house, especially cooking

**Utilize:** make useful

## - V -

**Vagina:** the tube or canal structure that leads from the opening of women's sex organs to the entrance of her uterus or womb

**Vaginal Secretions:** fluids that come from a woman's vagina; they help make sex smoother and protect the vagina from injury and infections

**Viral Load:** a term used to describe the amount of HIV in a person's body. The more HIV, the higher a person's viral load will be.

**Virus:** a germ smaller than bacteria, which causes infections and is easily spread from one person to another

**Vulnerable:** not well protected; weak or open to harm

**- W -**

**Weak Client:** lacking physical strength or vigour; infirm, esp. as compared what would be the normal or usual for that individual.

**- X -**

**Young Child:** a child aged from 1 to 4 years.

**- Numbers -**

**1:9 Jik solution:** a specific ratio of bleach to water mixture – one part Jik to nine parts water.



**ANNEX 2:**

# **TOOLS TO IMPROVE WASH PRACTICES**

Part of your job as a HBC provider is to help your clients and their caregivers in the home:

- Assess and become aware of what practises they currently are or are not doing
- Identify which practises they are currently doing that might be bad for their health or their family's health
- Choose what practises, if any, they want to improve
- Identify barriers or the things that make it difficult to improve those practises and how to overcome those obstacles.

The commitment by clients and their caregivers in the home to change their practises is guided by many people (including yourself), but the final decision on what to change and how to change it should be made by the client and/or their caregivers in the home.

Assisting and guiding clients and their caregivers in the home to change their routine practises (or behaviours) is often not an easy task for a HBC provider to do. It requires knowledge, practise, skills, and ongoing support from other providers and supervisors. This tools section is designed to help the HBC provider develop the knowledge and skills they need so they can talk with their clients and their caregivers in the home and to improve the way in which they usually treat, transport, store and serve their drinking water; handle and dispose of faeces and menstrual blood; and wash their hands. It introduces five sets of tools that can provide you guidance when working with your clients and their caregivers in the home:

<b>TOOL 1</b>	Interpersonal Communication Skills – Using skills to talk with your client and their household effectively.
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<b>TOOL 2</b>	The 4 A's Steps - Learning and using a series of steps or method of talking with the client and coming to a mutual agreement on improving practise(s).
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<b>TOOL 3</b>	WASH Assessment Tool- Using steps and an Assessment Tool to help you assess current WASH practises in the household.
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TOOL  
4

WASH Counselling Cards – Using a set of cards with pictures to help you talk with the client and/or the client’s caregivers in the home about how improve their practises in the household.

TOOL  
5

Supplies to Help You Improve WASH in Home Based Care – suggestions on essential equipment

## Tool 1:

# Interpersonal Communication Skills

To help someone change their practises (or the way they customarily do things), it is important to have good “interpersonal communication”, which is direct, face-to-face conversation between two or more people to exchange experiences and share ideas, beliefs, fears and doubts about a specific topic. It involves two types of communication channels:

- Verbal communication (when we use spoken language)
- Non-verbal (when we use gestures, mime, signals, etc.)

Providers must actively listen to the client and see their situation through the client’s point of view to be able to adapt messages to the specific situation of their household and come to a mutual decision with the client on how they can improve or change a practise. Being sensitive to the client’s culture, religion and traditions is also essential, as well as building rapport, or making the clients feel welcome and at ease.

Signs that you are or are not listening actively to your client include:

Signs That You ARE Listening	Signs That You ARE NOT Listening
Facing the client	Looking away or around the room
Looking at the client when he or she speaks	Being distracted
Nodding	Not acknowledging what is being said
Smiling or frowning appropriately	Moving around too much or fidgeting
Being calm	Writing notes, finding papers
Being patient	Interrupting
Maintaining eye contact (if culturally appropriate)	Not allowing silent pauses in the conversation
Asking questions at appropriate intervals	Not directly answering or addressing the issue that the client has just raised because you are not listening
Using good body language – see below	Not listening actively or intently

# Types of Questions and When To Use Them

## Open ended questions

**Open ended question is a question which gives the person an opportunity to volunteer information, experience, tell her/his story.**

Open ended questions open up the discussion and should be used as much as possible.

### **Examples** of open ended questions

- How do you store water?
- When do you make up the baby food?
- Why do you wash the bedclothes?

Open ended question should be used when we want to:

- Find out some information;
- Let the person explain things in her/his own words;
- Open up the conversation;
- Allow the person to talk more fully about their situation;
- Help get the person talking if s/he is shy to talk

## Closed questions

**A closed question is a question which either leads to single word answers or “Yes” or “No” answers.**

Closed questions do not open up the conversation and the HBC worker may then have to ask another question. These types of questions are very useful to gather specific information and predict a brief answer e.g. when you need to keep someone who talks a lot on track.

### **Examples** of closed questions:

- Do you have access to water?
- How many times a day do you wash your hands?
- Is there a latrine in the compound?

## Checking questions

**A checking question can help you to find out how much the person has understood or if you have understood, and help you decide if you need to give further information or better explanation.**

Checking questions can be used for checking you have understood the person you are working with, and for checking that the person has understood you. A checking question can do two things. It can help you to find out how much the person has understood and it can help you find out what needs further information or explanation.

**Examples** of checking questions:

- What changes have we agreed to make today in the way you use your water supply?
- How are you going to use the soap and water from now on?
- What I have heard is that you would like to build a latrine and you think both your husband and landlord would object?

## Leading questions

**Facilitator builds on participants' answers and state: A leading question is designed (either intentionally or subconsciously) to lead the person to a particular answer.**

Leading questions are based on the questioner's assumption/s. These types of questions do not help the person questioned to be open about their true feelings or actions.

**Examples** of leading questions:

- You understand about how germs can cause infection now, don't you?
- Now that we've talked, you can store your water safely, can't you?
- You don't have any more questions about hand washing, do you?
- You know better than me to store your water in an open container, right?

## Why? Questions

**Questions that ask why something is being done, has happened etc.**

“Why” questions can sometimes be useful, but should be used carefully - with a gentle tone of voice and some qualification (words that soften the effect of the question) - otherwise these types of questions can sound accusing and can feel threatening and judgmental. Often it is better to turn this question into a statement that allows the person to explain their behaviour without feeling threatened or judged.

**Examples** of why questions:

- I’m interested in why your village has this particular way of treating diarrhoea in children - can you explain it to me?
- I’d like to understand why you feel that women shouldn’t use the latrine in the daytime.
- Can you tell me more about why your family can’t wash their hands with soap and water every time they use the latrine?

## Asking 2 Questions at Once

**There is a common trap that can catch us if we do not carefully watch and plan what we are asking, that is, asking two questions together. We often ask two questions together in ordinary conversation.**

**Examples** of 2 questions at once:

- How did you manage with teaching your family hand washing? Did it go fine?
- What did he say about cleaning the latrine? Did he make a plan with the village?
- How do you know the water is clean? Do you boil it, or use a water purifier?
- What was discussed at the village meeting? Did everyone agree that a village hygiene committee needs to be formed?

Note how in these common ways of asking questions, the first question is open while the second question is a closed or a leading question. This helps the person asking the question to “limit” the response of the person

being asked (the person asking the question probably isn't even aware that this is what s/he is doing – we all do it so often in ordinary life, and it is useful for us as human beings – it would be impossible for us all to talk in open questions all the time). But we need to be very careful NOT to ask two questions together – it won't help us get the answers we really need and the client won't have the opportunity to say what s/he really thinks.

## Good Body Language

- Being relaxed, not appearing embarrassed, awkward, or shocked — even if the listener might be feeling some of those things;
- Having an open posture, e.g., arms in a comfortable position and at one's sides, not folded across chest;
- Leaning forward, and moving, shifting positions in response to the way the client is sitting. (In good listening, the listener does this without even noticing — she/he mirrors the way the client sits and moves — this is a good indication that communication is good);
- Eye contact, as appropriate to culture and gender, but not staring;
- Sitting posture:
  - Sit sideways at a 45 degree angle to the person (sitting fully facing the person can be intimidating, especially if the person is feeling embarrassed about the conversation — sitting sideways, at an angle of 45 degrees gives the person an opportunity to look elsewhere if he/she needs to at times);
  - Sitting at the same or *lower* level (if the same level is not possible) — if the provider sits higher than the client, it unconsciously suggests the provider is more important;
  - Sitting without barriers (e.g., a clinic desk - between the client and the provider, although sitting at a kitchen table with the client (at a 45 degree angle) would be a comfortable and normal way of sitting in someone's home.



## Tool 2:

# The Four “A” Steps

Home Based Care providers are continuously assisting clients and caregivers in the home with their needs and helping them take on healthier practises. Experience has shown that HBC providers can provide better care if they use a systematic series of steps which structures their work and the way they go about assisting a household with their needs. This is particularly important as providers need to remember multiple steps to observe, ask, think, discuss, plan and help households improve the way they wash their hands; treat, transport, store and serve their drinking water; and handle and dispose of faeces and menstrual blood. The “4 A’s” is the name of the series of steps that HBC providers can use to help them structure their interaction with clients and/or caregivers in the home.

They include the 4 steps of **ASSESS, AGREE, ASSIST** and **ARRANGE**.

THE 4 “A’S”		
STEP:	GOAL:	TOOL:
<b>1. ASSESS</b>	<ul style="list-style-type: none"> <li>Identify current practices</li> <li>Congratulate on “good” practices</li> <li>Discuss practices that need to be improved</li> </ul>	Assessment Tool
<b>2. AGREE</b>	<ul style="list-style-type: none"> <li>Mutually agree on ONE practice to improve (water treatment and/or handling, hand washing, faeces management, or menstrual period/cloth management)</li> <li>If ideal behaviour is not possible, mutually agree on appropriate small doable action(s) to implement</li> </ul>	Assessment Tool  Counselling Cards
<b>3. ASSIST</b>	<ul style="list-style-type: none"> <li>Demonstrate new practise, if appropriate</li> <li>Identify potential problems/barriers and how to solve them</li> <li>Develop a “plan of action”</li> <li>Guide client where they can get help or materials needed within community</li> </ul>	

<b>4. ARRANGE follow up support</b>	<ul style="list-style-type: none"> <li>• Set date and time for next visit</li> <li>• Write down in your notebook current WASH practises and new, improved WASH practises client/caregiver will implement</li> </ul>	Notebook or record keeping instrument
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Key elements of each of the steps are outlined below:

1. **ASSESS** what is currently happening in the household around hand washing, water treatment and faeces/menstrual period management. In other words, check out, find out, question, or look into the water, sanitation and hygiene situation of the household. This includes:
  - Collecting specific information by asking, listening and observing;
  - Making a decision together about whether the client and/or household member is doing a WASH practise correctly or incorrectly based on your training in this course; and
  - Exploring with the client and/or household member which practise(s) need(s) to be improved or changed.
2. **AGREE:** Discuss and come to a mutual agreement with the client or household member on what change is going to occur. Mutually come to a decision based on what is realistic and feasible for the household. This includes:
  - Reviewing options for changing a WASH practise in your dialogue with the client and/or family member.
  - Asking the client and/or family member to indicate their highest priority for what practise they feel they could change.
  - Encouraging them to make even a small change that could benefit the household, even if it is not the “ideal practise.” At least, a small step can still bring about a benefit.
  - Repeating in your own words the new practise that the client or family member wants to adopt to make sure that you and the client or family member are clear on the selected practise.
3. **ASSIST** or help clients and family members overcome barriers so they can make and sustain the changed WASH practise. Explain to participants that in order for a change in practise to become a reality, it is important to assist a client and/or family member in the following ways:

- Encouraging the client and/or family member in identifying what problems may occur exist when beginning to change the practise.
- Identifying who in the household may be able to help them with the new practise, what household items they need to support the practise, how to get needed items and demonstrating practises that may seem difficult to households.
- Repeat the plan of action with the client or household member in your own words to make sure you understand it clearly. Be sure to state what new “improved” practise will be implemented and how he/she/they will overcome any obstacles while improving the practise.
- If appropriate, guide the client regarding there in their community they can get help or supplies to help them implement their new practice.

4. **ARRANGE** follow-up support to the client and/or household member and document the changes or decisions to make changes in the household.

- Return to the household on a regular basis to encourage the client or household member to achieve his/her goal, especially when the client begins to put a new behaviour into practise.
- Document (write down) in your notebook or record keeping instrument the current WASH practise(s) and the new, improved practise(s) that will be adopted by the client and/or household member.

During a future visit, evaluate progress made by the client and/or household member in adopting the change. This can be assisted by Tool #3, the WASH Assessment Tool.

## **Tool 3:**

# **How to Use the WASH Assessment Tool**

### **Overview**

Looking carefully at the water, sanitation and hygiene (WASH) needs of your clients and their caregivers in the home is a very important aspect of your role as a HBC provider. As you learned in the “4 A’s steps,” the first thing you do when you want to help a client or their household with their WASH needs is to first ASSESS, or check out, find out, question, or look carefully at the WASH practises of the client and other household members.

To help you do this task, a pictorially based WASH Assessment Tool was produced to help you ASSESS (the 1st of the 4 A’s) a household’s current practises in hand washing; treatment of drinking water; faeces disposal; and cleaning of rags used for menstrual blood (that will be reused). Assessing these practises includes your collecting specific information by asking, listening and observing and making a decision about whether the client or family member is doing a WASH practise correctly or not correctly. Using the WASH Assessment Tool, you, your clients and/or their caregivers in the home can identify the following important information:

### **Handwashing**

1. If they wash their hands
2. What substance they use to scrub the germs off the hands (soap or ash)
3. How they rinse their hands during hand washing
4. If there is a need to be choosing a new and improved practice for hand washing (which will be discussed further in the next step, *AGREE*)

### **Safe Drinking Water**

1. If they treat their water
2. How they treat their water

3. If there is a need to be choosing a new and improved practice for safe drinking water (which will be discussed further in the next step, *AGREE*)

### **Safe Handling and Disposal of Faeces (animal and human)**

1. If they dispose of faeces or leave it out in the open
2. Where they dispose of their faeces
3. If there is a need to be choosing a new and improved practice for faeces disposal (which will be discussed further in the next step, *AGREE*)

### **Menstrual Cloth Cleaning for Re-Use**

1. If they clean cloth that is used for soaking up menstrual blood
2. What they use to wash the cloth
3. If they use bleach to soak the cloth
4. If they dry the cloth in sunshine.
5. If there is a need to be choosing a new and improved practice for handling and cleaning menstrual cloth (which will be discussed further in the next step, *AGREE*)

## **How to Use the WASH Assessment Tool for the First Time With A Client or Household Member**

### **How to Use the Assessment Tool**

- **Explain** to the client and/or the client's caregiver in the home that you want to talk with them about WASH practises you are trained in and how they do some things in the household.
- **Ask the 4 questions on the Assessment Tool**  
Ask the client or the client's caregiver in the home the 4 questions written on the Assessment Tool to understand how they are currently doing each practise. It is important to ask these questions **BEFORE** showing the client the tool.
- **Show the WASH Assessment Tool** to the client and/or their caregivers in the home and tell them that you are now going to review the Tool together line-by-line.

- **Review the Assessment Tool Line-by-Line.** For each line of the Tool, you want to identify current practises on each of the lines on the tool. You should do this by:
  - Look at the Assessment Tool with the client or the client's caregiver in the home
  - Read the text beneath each picture out loud so that you are sure that the client/caregiver is clear on what the picture is meant to represent.
  - Ask the client/care giver to point to the picture that is most similar to what they do in the home. (If the client/caregiver is having trouble figuring out which picture to choose, then you can suggest to them which choice might be appropriate according to the description they gave you in step 2, above.)
  - Repeat this process for each line of the Assessment Tool.
- Discuss which current practices are “good/ideal” and which need to be improved.

Once all of the Assessment Tool is reviewed the HBC provider points out to the client/household member which practices they are doing that **provide better protection** against illnesses such as diarrhoea. These are the practices on the **RIGHT side** of the Assessment Tool. **Congratulate** the person on the **practices they are doing well** because it shows that you have noticed and are acknowledging that they have done some things well and will make them more receptive to suggestions for improvement. It is extremely important to let the person know what is well done and explain that the practice should be maintained.

Explain to participants that if a client and/or household member showed they currently do a practise(s) toward the **left hand side** of the Assessment Tool, then these are **practises that are putting their health at risk** and they need to start doing something that takes them closer to the right hand side because the practises on the right hand side provide better protection against illnesses such as diarrhoea. (For example, if a client shows the HBC provider that they do not treat their water then they need to start treating their water.)

- **Choose ONE practise to improve.**

Discuss with the client and/or caregiver which of the four topics (either hand washing, water treatment, faeces disposal or menstrual blood management) they would like to improve before you return for the next home visit. Remember that they should choose one practise for which they are not currently doing the “ideal behaviour.”

- Let the client and/or household member know that it is hard to change many things at once and that they are likely to be much more successful if they focus on one topic at a time. If they want to choose more than one, ask them “what you feel is most important topic for you to work on” and begin with the one they choose.

- Review Counselling Cards and Identify Small Doable Actions.

- Discuss the selected topic with the family member and decide if they are going to be able to achieve the “ideal” practice represented on the right hand side of the Assessment Tool. **If they cannot achieve the “ideal practise,”** then discuss some of the “**small doable steps**” that the family may be able to achieve (and which still bring about some health gains). These small doable steps are found on the Assessment Tool (as you move from left to right) and on the counselling cards, so it is useful to **review the counselling cards** for the topic that your client selected.

- Once the family has identified the practices they want to improve, **repeat back** to the client/household member what the **improved practice** is to make sure that both of you are clear on the selected practise.

**Assessment tool “ideal practises” achieved:**

If a client is already doing the “ideal practises” for all the categories on the assessment tool, then move on to using the Counselling Cards (in Tool #4) to help them identify other behaviours they might improve.

**Client/caregiver does not want to improve their behaviour:**

If the client or caregiver does not want to try a new practise, ask them to tell you about their desire to not change anything. Encourage them to make even a small change that could benefit the household (e.g. reduce diarrhoea; reduce money spent on diarrhoea medicines, keep children or grandchildren healthy, etc).

Ask them once again if they are willing to improve one of the items on the Assessment Tool and emphasise that it does not need to be the “ideal practise,” but rather, at least, a small step which can still bring about a benefit. If they continue to insist that they do not want to change anything (even though you explain again why it is important to make a change and have given them options for “small” and “big” changes), then it is possible that they are not ready to make any changes and that you cannot motivate them at this time. However, if they change their minds and decide that they want to make a change, congratulate them on wanting to improve the situation.

## **How to Use the WASH Assessment Tool During Repeat Home Visits with a Client**

During follow-up home visits, information will be gathered on the client and the client's household member's progress regarding water, sanitation and/or hygiene improvements.

- Review with the client/household member the progress they made in accomplishing the new practise they elected during your previous visit.
  - **New practise is SUCCESSFUL:** If the new practise is now being used correctly (was “successfully” implemented), congratulate them and determine what additional new practise they would like to improve. You can determine the additional new practise by looking at your notes from the first time you used the Assessment Tool with the client/family to refresh your memory about where they needed to improve. (Or: you can repeat the step of using the Assessment Tool to determine what practises need to be



improved.) Discuss the practises that need improvement with the client and/or their caregivers in the home and agree on a new “improved” practise they want to try.

- **New practise is UNSUCCESSFUL:** If the new practise they chose during your previous visit was not adopted (they were not “successful” with the new practise), discuss what the problems were and try to help the family figure out how to overcome them. With the client and/or their caregivers in the home, brainstorm ways to overcome the problems they had. This will help the family decide if they want to continue trying the practise they chose during your previous visit (which was unsuccessful) or if they want to choose a different, “improved” practise to try. If they cannot overcome the problems they had, then help them choose a completely different practise.

# ASSESSMENT TOOL

## HAND WASHING

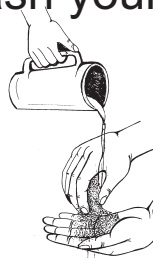
How do you wash your hands?



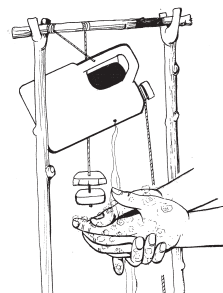
Do not wash hands. 😞



Use water only and "dip" hands. 😞



Use pouring water and ash. 😊



Use pouring water and soap. 😊

## WATER TREATMENT

How do you treat your water?



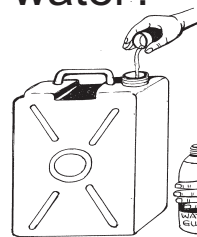
Do not treat. 😞



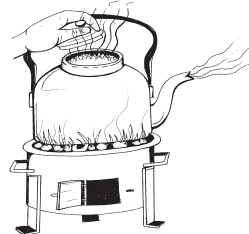
Settling/decanting  
😞



Filtering through cloth  
😞



Chlorinate  
😊



Boil  
😊

## FAECES DISPOSAL

How do you get rid of faeces?



Open defecation  
😞



Bury faeces  
😊



Use latrine  
😊

## MENSTRUAL RAG CLEANING FOR RE-USE

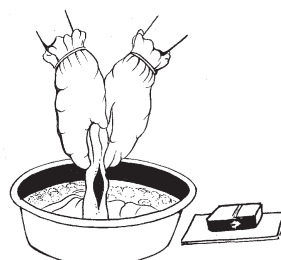
How do you clean menstrual rags for re-use?



Do not wash. Dry and reuse. 😞



Rinse in water and dry. 😞



Wash with soap and water and dry. 😊



Soak 20 minutes in Jik and water. Wash with soap and water. Dry in sun. 😊

## Tool 4:

# How to Use the WASH Counselling Cards

### Overview

The WASH Counselling Cards are designed for HBC providers to help them talk with their clients and households. Using this WASH Counselling Cards as a guide, the HBC provider can show the client and/or their caregivers in the home illustrations of important water, sanitation and hygiene practises and can better explain how those practises can be improved. HBC providers can use these cards to help clients and their caregivers in the home:

- Make informed choices for improving the way they wash their hands; treat, transport, store and serve their drinking water; and handle and dispose of faeces and menstrual blood;
- Identify and use locally available supplies and materials to meet their needs; and
- Understand and adopt practises that promote improved hand washing, safe drinking water, and safe handling and disposal of faeces and menstrual blood.

### When to Use the Counselling Cards

There are 23 WASH Counselling Cards available to help you assist the client and the client's household with certain WASH practises. All of the practises were discussed in the training, however, the counselling cards are an easy tool for you to keep or carry with you after the training to help remind you of what you learned in the training.

The 23 Counselling cards are grouped into 6 sets which include the following:

SET

1

**Handwashing** to show pictures and give you key messages on the critical times to wash your hands, where to place a handwashing station, how to wash your hands, how to build a hand washing water saving device called a tippy tap, and alternative designs for tippy taps. These cards are printed on GREEN paper.

<b>SET 2</b>	<b>Treat, Transport, Store and Serve Water</b> to show pictures and give you key messages about how to safely treat your water by boiling and with 3 chlorination methods, and how to safely transport, store and serve drinking water. These cards are printed on BLUE paper.
<b>SET 3</b>	<b>Faeces Management</b> to show pictures and give you key messages to describe how to safely handle faeces with a weak, mobile client and a bedbound client; what faeces should be placed in the latrine; how to use a bedpan and plastic pants; how to modify a chair to be used as a bedside commode and how to provide private parts (perineal) care. These cards are printed on YELLOW paper.
<b>SET 4</b>	<b>Turning Immobile Clients; Changing Bed Linens</b> to show pictures and give you key messages about how to turn immobile clients in bed and change bed linens. This card is printed on YELLOW paper.
<b>SET 5</b>	<b>Period Management</b> to show pictures and give you key messages about the materials that can be used to soak up menstrual blood, how to make menstrual pads from banana fibre and how to safely dispose of materials soaked with menstrual blood or clean them for reuse. These cards are printed on PINK paper.
<b>SET 6</b>	<b>Universal Precautions</b> show pictures on how to prevent spreading germs. This card is printed on YELLOW paper.

## How to Use the WASH Counselling Cards

HBC providers can use the counselling cards to talk with individual clients and/or with the entire household. It is important to not overwhelm the client or their caregivers with too many topics.

To use the cards with your clients and their caregivers in the home:

- Decide which topic you will focus on (through using the Assessment Tools described in Tool # 3, above)
- Select the appropriate card(s) to review

- Let the client or household member hold the card while you review all of the images on the card
  - Point to each image as you talk about it
  - Read the text out loud (that way, if your client/household member cannot read well or cannot see well, you are sure that they have received the written message)
- Discuss the images and messages with the client and/or their caregivers in the home as you go through them. Allow time after each message for the client to ask questions or make observations, if appropriate.
- When you have completed going through all the messages on the card, ask the client and/or their caregivers in the home if they have any questions or observations on what you have just reviewed.
- After reviewing all the counselling cards that are appropriate to review during this household visit, thank your client and/or their caregivers in the home for their time and willingness to improve their practises.
- Additional Step: If the client already does the “ideal practise” for all four Assessment Tool categories (water treatment, faeces sanitation, menstrual sanitation and hand washing), then move on to the remaining counselling cards that have not yet been used to see if there are any other practises they can improve.

Some other important things to think about when using the cards include:

- All cards should not be used in each client session. Select cards to use according to the individual client’s or household’s needs, but try not to introduce more than one topic (water treatment/handling, hand washing, faeces management, menstrual blood management) per home visit.
- During the discussion, maintain eye contact when talking with the client or the client’s caregiver in the household.
- Build on what the client or the client’s caregiver already knows. Use the key messages in the cards to reinforce or correct the responses,

as needed.

- Review with your client or the caregiver in the home the key points discussed on each card to ensure they have understood the discussion correctly.
- If you choose to show the client or the client's caregiver a picture, show the images in a way that gives a clear view the pictures. You may read the statements beneath the images, but focus on showing the illustrations.
- Remember that every client and household member is unique. How he or she responds to information may be different from person to person.

### **1. First Time Using a Card/Reviewing a Topic:**

The first time you are talking with the client and/or household about a particular topic:

- Read through the entire card.
- If he/she needs time to decide, revisit the topic/card during the next visit.
- If they are ready to implement a new practise, follow the steps in the "4 A's" to help your client decide what practis(es) he/she wants to try to change and discuss how he/she will achieve this change (see Tool # 3: The 4 A's Steps for more details)

### **2. Using a Card/Reviewing a Topic During a Repeat Visit:**

If you have already talked with the client or household (using the counselling card as a guide), but they have not yet learned how to do the practise:

- Review key points of the card.
- Review what the client/household has already done
- If he/she needs time to decide, revisit the topic/card during the next visit.
- If they are ready to follow the steps in the "4 A's", help your client decide what practises they want to try to change and discuss how they will achieve this change (see Tool # 3: The 4 A's Steps for more details)

**3. If you have already reviewed the counselling card and this is just a follow-up visit after the household has already made the change in the practise**

- Assess how the client or household now does the practise.

## **Example: Henry, a HBC Provider, Uses the “4 A’s,” Assessment Tool, and Counselling Cards**

### **Henry Works With Dan (Client) to Improve What He Does to Make His Drinking Water Safe**

Example of a possible conversation between a HBC provider (whom we shall call Henry) and his client (whom we shall call Dan):

[Note: Henry and Dan will cover all of the lines of the Assessment Tool, but for the sake of our example, we are only going to review what happens when they look at the line about water treatment.]

Henry explains to Dan that, “One of the goals of this discussion is to help you improve the quality of the water that you drink so that you do not get sick with illnesses like diarrhoea. Let’s talk to see if there are some things that we can identify together that you can change to reduce your and your family’s risk of getting sick.”

Henry asks Dan how he treats his water (before he shows him the Assessment Tool) and Dan tells him that he does not treat his drinking water.

Henry shows Dan the “Water Treatment” line (second row) of the Assessment Tool and Henry reads the text out loud that is below each picture. Henry asks Dan to point out the picture that most resembles his family’s situation and Dan decides that it is the picture that says, “Do not treat [water]” on the far left.

Henry explains to Dan that drinking “raw” water that has not been treated can be very dangerous because the water can have things in it that can make him and his family sick. Henry encourages Dan to start treating his

water and to choose a water treatment method (on the right hand side of the Assessment Tool) that is most appropriate for him and his family.

Henry explains to Dan that treating water by boiling it or with chlorine are the “ideal” practises since both ways to treat the water kill the germs in the water. Henry also explains that chlorinating your water has one additional advantage because the chlorine that is in the water can help “protect” the water from getting re-contaminated as easily.

Dan and Henry discuss the different options of boiling and chlorination and Henry asks him to pick the method that is most appropriate for him and his family and that he feels he and his family will be able to do. Dan points to the boiling water picture and explains that it is the new “improved” (or better) practise he is willing to try, as he is not able to get chlorine tablets or solution right now. Henry repeats to Dan that he has agreed to start filtering and boiling his drinking water. Henry pulls out his laminated counselling card on “How to Boil Water”. He shows Dan the pictures and discusses steps that are outlined on the card, including how to filter or settle/decant the water before boiling if it is “dirty” (muddy, cloudy, turbid).

Henry asks Dan, “What may keep you from making the change to boiling your drinking water?” Dan explains that his wife is the person in the household who is in charge of the household water that is used for drinking and cooking. He further explains that he does not know if his wife would be willing or able to boil the drinking water as she is very busy with her household duties. Dan asks if Henry would be willing to talk with his wife about how to treat their drinking water. Henry agrees to return to the house when Dan’s wife is there to talk about water treatment and agrees to return to the house the following day. He also thanks Dan for his time and openness to talking about safe water.

On the following day, Henry returns to the household and discusses water treatment with Dan and his wife, Sara. Henry explains to Sara the importance of treating their water and shows her the counselling card on how to properly boil water. Sara agrees that she is willing to try boiling their water. Henry then reviews the “How to Take Care of Drinking Water” counselling card with Dan and Sara so that they understand what they need to do to keep their water from getting contaminated/recontaminated



during transportation, storage and serving and the importance of having everyone in the family drink the treated water. Henry, Dan and Sara make a household plan to begin boiling their drinking water and handling it properly to keep it from getting recontaminated. The kids will help gather the extra firewood that will be needed and their oldest daughter will be in charge of putting the pot on to boil every day before she leaves for school. Sara will be in charge of putting the water into a jerrican with a lid after it has cooled.

Both Sara and Dan are encouraged to make this change so they can help prevent diarrhoea in their home and Sara is very happy that she will not be the only one responsible for all the work to make the change possible. Henry congratulates Dan and Sara on their decision because it is a big achievement and the first step in the process of behaviour change.

Immediately after leaving the house, Henry writes down notes in his HBC notebook that Dan and Sara did not treat their water before and that they are going to start boiling their drinking water. Henry also writes down the changes that Sara and Dan agreed to in how they are going to transport, store, and serve their treated water to keep it from getting recontaminated. He also puts a reminder in his notebook to follow up with Dan and Sara about how they are doing with their improved practises on the next home visit.

On the next visit, Henry checks to see how Dan and Sara are doing with the improved practises of boiling their drinking water and properly transporting, storing and serving their drinking water.

## Tool 5:

# Supplies for WASH in Home Based Care

The supplies (products, material, hardware or equipment) you are able to use to improve WASH practises varies greatly between HBC providers and between the house's location. The supplies used depends on what is available in the community, what is provided by your HBC organization, the cost of each supply, and how acceptable the use of that supply is to the clients and households where you work.

## How to Improve Access to Supplies for Improved WASH Practises

It is very important that you, as a HBC provider, help your client and/or their caregivers in the home find the supplies (products, material, hardware or equipment) that they need to improve how they may routinely or customarily wash their hands; treat and store, handle and serve drinking water; handle and dispose of faeces; and handle and dispose of menstrual blood.

You need to always keep in mind and know the different places where you could find, request, or recycle supplies, including the following channels:

- **Buy in Shops:** If you or your client and/or their caregivers in the home have money, many items can be bought from local shops, such as soap, latex rubber medical gloves or thick heavy-duty plastic gloves, buckets, jerricans, etc.
- **Request from NGOs:** There are also several NGOs in Uganda who hand out supplies to community members, chronically-ill households and HBC providers (e.g. PSI-Uganda, Reach Out Mbuya, PLAN-Uganda, Hospice Africa Uganda). Go to them for more water treatment products and storage jerricans, soap, gloves, Mackintosh, etc.

- ***Find in Public Places:*** Sometimes, the Government of Uganda or NGOs may sell supplies at a low cost or handout supplies and information at no cost to community members through local health centres, village health teams or village health days. To learn more about the building of latrines in your community, talk to your Health Inspector at the Sub-County level or the Local Council One (LC 1) Chairman at the village level.
- ***Locate Materials in or Around the Household:*** Many supplies are already available to you in your home or outside in your local environment. This may include (but are not limited to) the following items:
  - *Banana leaves* – to handle items soiled with blood or body fluids (when gloves, plastic sheet material, Mackintosh or other plastic material are not available).
  - *Ash* (fine powder remaining after wood or coal is burned) – to use as an alternative when no soap is available. The ash helps lift the germs off your hands when you rub them together. The ash can also be sprinkled on the bottom of a bed pan/basin (so that the faeces will not stick) and on top of faeces (to reduce the smell and flies).
  - *Banana fibre* – to absorb menstrual blood (when sanitary pads or menstrual rags are not available).
- ***Recycle from Used Materials:*** There are many items that can be made from used or recycled items that may already be in the household or out in your community, such as unused jerricans that can be disinfected and given to other households for water storage or to create a Tippy Tap hand washing station; unused chairs that can be converted into bedside commode by cutting a smooth, large hole in the centre of the seat and placing a bucket underneath; unused plastic basins that can be disinfected and used as bedpans.

## **When You Have Problems Getting Supplies**

If you are not able to gather, buy, create or find any supplies (products, material, hardware or equipment) through the above mentioned channels, it is important for you to speak up and talk with your HBC organization, a client and/or their caregivers in the home or other family members,

community leaders, local clinics, or others to bring their attention to the problems you are facing. Explain to them how important it is to have the basic, necessary supplies in order for people to do basic WASH practises that can make your client and their household much healthier.

See if others can help you overcome these challenges....and no matter how hard you try...**Don't Give Up!**

It is also sometimes helpful to talk with other HBC providers and community members and join with them together to advocate for improved availability of supplies. Sometimes people may take you more seriously if they realize this is a bigger problem that affects many people/households that just your clients/households.

## **After You Have the Supplies**

Once you gather, buy, create or find supplies for your client and/or their caregivers in the home:

- **Encourage and Discuss:** It is important to encourage the client and/or their caregivers in the home to identify who in the household may be able to help them with the new supply, what other household items need to be used to support use of the supply, talk through how they are going to use it, etc. For example, if you are able to gather a water treatment chlorine product for your households, you likely need to work with other members of the household to see if there is a clean jerrican available to safely store the water and discuss why the product is important, how the household can use the product and why it is important for everyone in the household to drink the treated water.
- **You also may need to demonstrate** and practise with client and/or their caregivers in the home how to use that supply which may seem difficult but can be easily learned (e.g. teaching them how to use the water treatment chlorine product).
- **Don't forget to always try to link your client and their household** to individuals and organizations in the community who can assist them with improved access to WASH supplies, information and other

supports for improved WASH practises.

- **Follow Up:** it is important for the HBC provider to provide continuous follow-up to encourage proper use of the supply, especially when the client begins to put a new behaviour into practise.

## **The Importance of Replenishment**

**IT IS CRITICAL** that you always think about whether a particular supply (products, material, hardware or equipment) will need to be **REPLENISHED** (refilled, replaced or stocked up again) and follow up with your clients and the client's household to help them replenish that particular item **BEFORE IT RUNS OUT!** For example, it does little good to give your households one bottle of WaterGuard chlorine water treatment solution without thinking through with them on how they will replenish this bottle when it is finished. If you learn that it would not be possible to replenish this supply (e.g. due to unavailability or cost), then you would need to work with that household to prepare for boiling their water, which is an appropriate alternative water treatment method to chlorination (after their WaterGuard supply runs out).