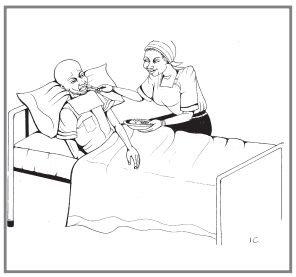
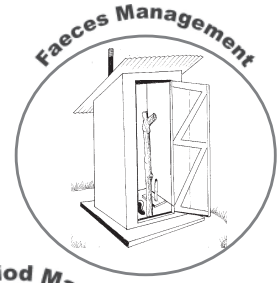
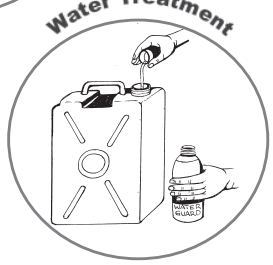
Improving Water, Sanitation, and Hygiene (WASH) Practices of Uganda Home-Based Care Providers, their Clients, and Caregivers in the Home

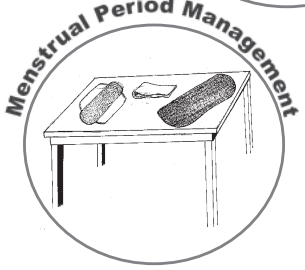
Weak, But Mobile Client



Bed-Bound Client







USAID FROM THE AMERICAN PEOPLE | HIP HYGIENE IMPROVEMENT PROJECT

THE REPUBLIC OF UGANDA
Ministry of Health

Plan
Be a part of it.

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.

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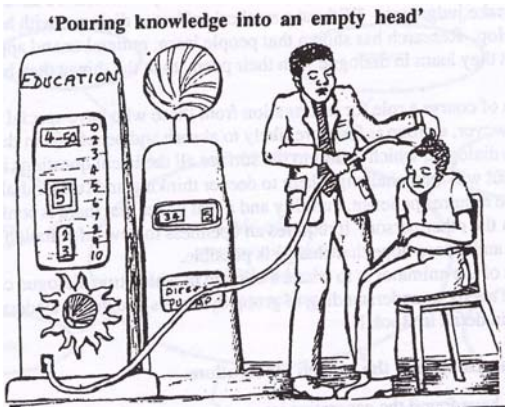
Handouts for Module 1, Session 1

Illustration on a Teaching and Learning Method



In this training, we do not want to just “pour” a lot of information into your heads without developing or using your skills in this course. We want you to be involved as much as you can in many exercises to help you learn and practice skills.

Training Objectives:

At the end of the training, HBC providers should be able to:

- Describe the role and responsibilities of an HBC provider in the provision of WASH care.
- Describe the four key water, sanitation, and hygiene (WASH) practices, including: treating, safely transporting, storing, and serving drinking water; safe handling and disposal of faeces; safe handling and disposal of menstrual blood; and hand washing with soap (or ash) and water and demonstrate actions required to implement the WASH practices in Home Based Care (HBC).
- Describe alternative methods of implementing the four key WASH practices and demonstrate the actions required to implement the practices.
- Assist HBC clients and their household members to adopt improved WASH practices.
- Demonstrate effective communication skills and steps needed to improve WASH practices, including use of the WASH assessment tools and Counselling Cards.

Handouts for Module 2, Session 2

What are HIV and AIDS?

H Human: Only found in humans

I Immuno-Deficiency: Weakens the immune system which is the body's defence system

V Virus: A type of germ

A Acquired: To get, something not present at birth

I Immune: The body's defence system to fight illness

D Deficiency: Lack of, or not enough of something

S Syndrome: A collection of diseases, getting sick

Pictures of Joseph

Picture 1. This is a picture of Joseph, an HIV-positive client who is living with both HIV and AIDS. Joseph is living with both HIV and AIDS. HIV has beat up Joseph's immune system, or his natural defence system, which should help to keep him healthy.

Source: Partners in Health

Picture 2. Joseph is feeling healthy and well. He is still living with HIV but his immune system is strong and he no longer is considered to have AIDS.

Source: Partners in Health

Picture 3: Importance of Keeping a Strong Immune System by Practising Good WASH Practices: Progression of HIV to AIDS

Image 1 Image 2 Image 3 Image 4

Picture Source: Partners in Health

Everyone has an immune system that fights off germs. Good water, sanitation and hygiene practices help keep our immune system healthy.

- **Image 1**: Look at the first image. Think of the body's normal immune system as a warm, protective blanket that fights off germs and keeps a person healthy and free from illness.
- **Image 2**: Look at the second image. When HIV comes into the body, it begins to attack the immune system, much like a moth that starts to chew on a blanket but you cannot really see the hole. You can have HIV but not look or feel sick.
- **Image 3**: In the third image, with no good care and with poor water, sanitation, and hygiene (e.g., drinking unsafe water, putting germs into your body with contaminated hands or food), HIV keeps destroying the immune system. The immune system can no longer fight off germs. Just like when a blanket gets holes in it, it cannot keep you warm. Without the immune system's protection, it is easy to get sick with an illness or an "opportunistic infection." This means that a weak immune system presents an "opportunity" for a germ to infect and cause a lot of unnecessary illness, including diarrhoea. This is one reason people living with HIV are more likely to have diarrhoea than people who are not living with HIV.
- **Image 4**: Look at the fourth image. HIV has made the immune system so weak that it cannot work anymore. The warm, protective blanket that fought off the germs is now gone. This has now caused AIDS (Acquired Immune Deficiency Syndrome). At this stage, it is very easy for people living with AIDS to die of opportunistic infections. They actually die of the opportunistic infections that they get when they have AIDS, and they do not die from HIV.

How HIV Is Spread and Not Spread

Fluids that Carry HIV	Fluids, Solids or Things that DO NOT Carry HIV	Three Main Modes of Transmission
• Blood, including menstrual blood • Faeces with blood • Vaginal fluids • Semen • Breast milk	• Faeces without blood • Saliva • Sweat • Tears • Mucous • Urine • Mosquitoes • Sharing food, water or dishes • Pets/animals	• Sexual intercourse • Mother to child via: pregnancy, birth and breastfeeding • Blood to blood contact (blood transfusions, exchange of infected blood directly in a wound, sharing needles or other skin cutting/piercing instruments, knives, etc.)

Case Study 1: Identifying the Linkages between WASH and HIV

Case Study: Anne and Robert

Anne and Robert are a married couple living in Kampala. Robert got sick in 2001 and tested to be HIV-positive. A few years ago, Anne also became sick and was found to be HIV-positive. As Robert and Anne became weaker with HIV, they moved to Anne's sister's house. Anne's sister, Florence, agreed to help take care of them until Robert and Anne became well enough to live on their own again. An HBC provider in Florence's community eventually helped Robert and Anne get on ARVs at the clinic and provides them with support in the home. The HBC provider even provided them with a new jerrican for water and a bottle of the WaterGuard chlorine solution so they could treat their drinking water so it was safe to drink when taking their pills.

When Robert and Anne started filling their new jerrican at Florence's neighbour's water tap, they soon heard neighbours gossiping about them and whispering when they thought Anne and Robert weren't looking. Robert and Anne knew the neighbours were talking poorly about them and they felt guilty and ashamed. The next door neighbour confronted Florence and asked if someone living with HIV was staying in the home. He said that visits from the HBC provider and the water container mean that someone with HIV must be living in the house. Very soon thereafter, the neighbour stopped sharing their water tap with the household. As a result, Florence had to cut back on the amount of food she could buy for the home in order for water to be bought and delivered to the house for cooking, drinking and other household needs. The family has also run out of WaterGuard solution and is unable to buy another bottle. They have started drinking local, untreated water.

The HBC provider has noticed on recent visits that Robert and Anne began to complain of frequent bouts of watery diarrhoea and weakness. When the HBC provider visited the home, there were many water containers (basins, jerricans and pots) which were scattered in the compound. Most water containers were very dirty and so was the water in them. The HBC provider also noticed that Robert was too weak to walk to the community latrine and had begun to defecate in the yard at night when neighbours were not likely to notice. The HBC provider also noticed that there was no soap or hand washing station in the home. When the HBC provider went with Robert to the clinic, they were told that Robert's CD4 count had decreased since he had become so weak with the diarrhoea.

For the last couple of weeks, Anne has been feeling better. One day, she decided to surprise her sister by cleaning the house. When Florence returned from work, she was shocked to see that Anne was cleaning. She told Anne that she was too sick to be cleaning and she would prefer to clean her own house.

Pair Share

1. Ask participants to think about the client in the case study and the household situation. Next, ask participants to turn to the person next to them to discuss and answer the following two questions on the flipchart:

Case Study Question 1:	What are the specific water, sanitation, and hygiene needs of Robert and Anne?
Case Study Question 2:	List at least two ways that the family was stigmatised because of Robert and Anne's HIV status.

Definition of Home Based Care

Home based care (HBC) is the total care of clients (including children, adolescents and adults) and their family members. It is care that is extended from the local health facility to the client's home in partnership with the client's family and community. It includes care for the client and family's physical needs, psychological needs, spiritual needs and social support needs.

The Role of the Trained HBC Provider in Providing Water, Sanitation, and Hygiene (WASH) Care

- The HBC provider will improve their own practices in water, sanitation, and hygiene and will be a positive role model in the communities and households where they work.
- Working with their organisation and the households they serve, the HBC provider will continuously assess the needs of the client and the client's household and determine where to start improving the client and the client's household water, sanitation, and/or hygiene practices.
- The HBC provider will be responsible for conducting a wide variety of WASH activities in his/her community and households with a wide variety of audiences including individuals, families and groups. This means the HBC provider will use his/her skills and tools to focus on WASH in their home visits. The HBC provider also will demonstrate good WASH practices to household members and help clients and families improve their WASH practices over time.
- The HBC provider will assist households in advocating for and obtaining the supplies that will help them improve their WASH practices (e.g. soap or ash for hand washing, gloves or plastic material, etc). They will link and refer clients (and the clients' households) to supplies and other resources that may be available in their communities or organisations.
- The HBC provider should be fluent in local languages of the community in which he/she works, as well as demonstrate excellent interpersonal communication skills and sensitivity to local practices and traditions.
- The HBC provider will monitor the WASH activities in the households he/she serves and keep records in accordance with the HBC provider's organisation requirements. The HBC provider will use records to help track progress of the households as they improve their WASH practices.
- The HBC provider will work inside the program framework of his or her organisation and will help the organisation adapt and use the messages and tools from this WASH training to their local context.

Handouts for Module 3, Session 1

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.

Definition of Small Doable Actions

When it is not possible to do the "ideal" behaviour, then:

- Small doable actions (SDA) are the small steps ('baby steps') or tasks that get you closer to the desired or ideal WASH behaviour.
- Small doable actions still improve the health of the individual or household (even if those actions are not as great an improvement as the "ideal behavior").
- Small doable action are considered feasible (possible, realistic) by household members, from THEIR point of view, considering their current practice, available resources, and particular social context.
- Although small doable actions fall short of an "ideal practice," they are more likely to be adopted by a broader number of households because they are considered feasible within the local context.

Handouts for Module 4, Session 1

Critical Times to Wash Your Hands

Critical Times for Hand Washing for HBC Providers and Household Caregivers	
Before preparing food/cooking	After defecation (cleaning your own “private parts” [perineal area])
Before eating or feeding someone	After cleaning a client’s “private parts” (e.g., cleansing for urination, defecation, menstruation)
Before taking or giving medication	After changing a nappie/diaper and cleaning a baby’s bottom
Before putting on gloves, cleaning wounds or handling any blood, or body fluids	After taking off gloves, plastic sheet/ wrapping when cleaning wounds, or handling any blood or body fluids

Other Important Times to Wash Your Hands

Faeces or Other Body Fluids

- *AFTER* cleaning out/cleaning around latrine
- *AFTER* handling animal dung around the house or in the fields
- *AFTER* changing your sanitary pad/towel OR piece of absorbent material during menstruation

Food and Water Preparation

- *BEFORE* handling, washing, cutting, cooking, or storing any food, including dry food like maize
- *AFTER* handling raw chicken, raw meat, raw fish
- *BEFORE* treating your household drinking water
- *BEFORE* preparing oral rehydration solution

Client Care and Personal Hygiene

- *BEFORE AND AFTER* caring for a sick person (their body, clothing, and bedding) whether it is while giving a bed bath, giving mouth care, cleaning or dressing any wounds or cuts, etc.

Putting Things in the Mouth

- *BEFORE* feeding a client anything (food, drinks, medicine, etc.)
- *BEFORE* breastfeeding or feeding a young child
- *BEFORE* eating
- *BEFORE* giving medications and oral rehydration solution

Household Environment

- AFTER contact with contaminated surfaces (e.g., rubbish bins, cleaning cloths, surfaces where there has been a spill of body fluids, such as vomit)
- AFTER handling/working with livestock animals or pets

Handouts for Module 4, Session 2

Household Water Calculation Table

Water Calculation Table

Example for family of six
(including one infant, one toddler, two older children, one man who takes medication three times per day and is bedbound, and one woman who currently has her period)

EXAMPLE	**Column "A"** **Number of times a day/ each person**	**Column "B"** **Number of family members doing this**	**Total number of times a day** **(Multiply Column "A" with Column "B")**
After defecation	2	3 (woman, 2 older children; the 2 babies don't wash THEIR hands)	6
After cleaning a client's perineal area	4 (1 for defecation, 3 for urination)	1 (ill bedbound man)	4
After changing a nappie/diaper and cleaning a baby's bottom	6	2	12
After changing material used to absorb menstrual blood	4 (menstrual period)	1	4
Before preparing food/cooking	3	2 (mother and daughter)	6
Before taking/giving medication	3	1 (father)	3
Before eating	3	4	12
Before feeding	3	1(toddler that is eating solids)	3
Before breastfeeding	5	1 (baby that is still breast feeding)	5
TOTAL			**55 TIMES A DAY**

Handouts for Module 6

Small Group Exercise: Faeces Case Studies

Case Studies

Group 1
You are a Home Based Care provider and you have been looking after a young woman with late stages of AIDS for many months. Although she was on antiretroviral therapy for some months, the treatment started to fail about three months ago, and now she is very sick and bedbound. She lives alone – her husband and young child died two years ago.

Now your client has developed diarrhoea – she is having diarrhoea episodes at least five times a day. You are only able to visit once a day for about an hour, otherwise she is alone. When you are at her house you wash her, and change and wash the bed sheets. You are worried that when you are not there she is not able to clean herself and has to lie in her faeces.

Small Group #1 Question: What small practical changes can you make in the client's household and the management of your client's diarrhoea that will improve the handling and disposal of her faeces, as well as improve her quality of life?

Group 2
You are a Home Based Care Provider looking after people living with HIV and AIDS in a rural area. One of your clients – a young man, is on antiretroviral therapy and you visit him to support him in adherence to his medicines. His health is now improving, and he is becoming stronger. This young man is not well accepted by his neighbours and is socially isolated. Lately, he says that the local community leader has told him he is not allowed to use the village latrine anymore because people have been saying that he will spread HIV to the whole village. He is very upset and tells you that now he has to use an open field where many animals also defecate. He is also worried that he may pick up an infection from using the field.

Small Group #2 Question: Since your client is not able to use village latrine right now (the "IDEAL" way of disposing faeces), what are OTHER faeces disposal alternatives your client could try (less than "IDEAL" practices)? What could you encourage your client to do that would help him more safely handle his faeces, and better protect him against infection?

Group 3
You are a Home Based Care provider and also the neighbour of a young woman who everyone in the neighbourhood knows has been living with HIV for some time. This young woman also has an 18-month old son. Although you have never had much to do with your neighbour (as there is another HBC provider who supports her on her antiretroviral treatment), one day she comes to see you to ask for your help. She says she has to fill in a form for the clinic and she knows that you can read and write very well and asks you to help her complete the form.

You go to her house and while you are helping her complete the form, she says she has to help the baby on the small commode. After the baby has sat on the small commode, your neighbour cleans his bottom with water from a cup on the ground next to an open jerrican of water. She then comes back to you to continue completing the form. She hasn't washed her hands after cleaning the infant's bottom, and the commode, full of faeces, still is sitting on the floor next to the jerrican of water.

You know that she needs to improve her faeces handling and disposal practices for her own and her own son's health.

Small Group #3 Question: What are some small, realistic actions you could talk about with your neighbour? What are some small, realistic actions you could work on with your neighbour to improve the household's faeces handling and disposal situation? *(Remember that she did not invite you to her house as a HBC provider, so you will need to use your communication skills very carefully).*

Group 4

You are a Home Based Care provider visiting a new client for the first time. Your client is a 40-year-old man who has been living with AIDS for some time. You have been told by the nurse supervisor that, until recently, your new client was well but has now developed diarrhoea, which has made him weak. The nurse supervisor has told you that the clinic has not found any infection and the doctor at the clinic suggested that the diarrhoea might be due to the HIV itself and its effect on the lining of the stomach, or gut. When you visit the client you find that he is able to get around his small house if he leans on the small pieces of furniture. He tells you that it is getting harder and harder for him to get to the latrine (which is quite close by to his house) as his balance isn't very good and he has nothing to hold onto to support him on the path to the latrine or to use the latrine when he is inside. He also is not able to close the latrine door after entering and is embarrassed that someone will see him using the latrine. He has started to use a bedside commode in the house but can't empty it himself.

Small Group #4 Question: What are some small, realistic actions you could work on with your neighbour to improve his ability to use the latrine?

Handouts for Module 8

Practising Using the Assessment Tool, Counselling Cards, and the 4 A's

Case Study: Anne and Robert's Family

Anne and Robert are a married couple living in Kampala. They have been married since the year 2000, and were married when Anne was 18 years old. Anne did not complete her secondary schooling. Robert currently is unemployed and has a problem with drinking too much local beer.

Anne and Robert moved in with Anne's sister, Florence. Anne stays at home to take care of Robert, Anne's three children and Florence's only child, a daughter, so there are four children living in the household. Anne also cooks for the family. Hilda, the mother of Anne and Florence, also lives in the house. She is elderly, frail, and is bedridden.

Florence and Anne take turns caring for Hilda, and the neighbours help out as well. Florence is a teacher and uses her salary to take care of the family. Her husband was a truck driver and died several years ago in an accident. The family lives in the Kisenyi slum area in urban Kampala, near a drainage channel where most people in the community defecate and dispose of faeces.

You are a home-based care provider in this community. Someone in the community told you that Anne and Robert are HIV-positive and that their family might need help. They also told you that the neighbours have complained about Robert coming home drunk late at night, hitting his wife, and screaming at her for not doing the things he told her to do.

You arranged to visit at a time that was convenient for the family. This is your first visit.

Hand Washing Situation

While in the home, you observe that:

You do not see any soap anywhere, nor do you see an established place for hand washing (like a hand-washing station). You notice that the household cooks with a saucepan and charcoal stove in the kitchen area where you see a *katasa* (small basin) with some grey, soapy-looking water.

Hilda, the mother of Anne and Florence, is alone in a small room on her bed and is unable to move much because she is frail and bedridden. You do not see any hand washing supplies in her room.

Safe Water Situation

While in the home, you observe that:

There is a bottle of WaterGuard solution on a shelf in the kitchen area, but it looks like it is empty because it is laying on its side without the cap. It clearly has not been used for some time because it is very dusty.

There are many water containers (basins, jerricans, and pots) scattered in the compound. Most water containers are very dirty, and so is the water in them.

You see one of the children dip a dirty cup in the large clay pot that holds the household water. You notice there is no cover on the clay pot.

Faeces and Menstrual Period Situation

On your first visit to Anne's and Robert's family, you observe and learn several important pieces of information about their faeces and menstrual blood handling and disposal situation:

On the way to the house, you noticed a community latrine, which is a 10-minute walk from the house.

When you walk into the compound, you notice that the ground near the neighbour's house has many smelly piles of faeces (and you suspect that either the children or someone who is too weak, cannot or won't walk to the latrine is defecating in the yard.) All of these faeces are near the containers where neighbours store water.

There are some bloody rags stuffed under a table in the corner of Anne's room.

Hilda's room smells of faeces and old food. You see rags covered with faeces and soaked with urine stuffed under the mattress.

Handouts Module 9: Self-Reflection Tool

Client's Name: _____

Self-assessment objective: To assess how well I am improving water, sanitation and hygiene practices during each household visit.

Instructions:

a. Write the client's name in the space above.

b. Read each question and place an "X" in the box that corresponds with your answer.

- I have yet to be successful
- Yes, I was successful

c. For questions that were answered "I have yet to be successful," think about how you can reach your objectives and discuss the problem with your colleagues in your organisation or with your fellow HBC providers.

d. Repeat the same process every time you visit the household.

	QUESTIONS	MEETING 1		MEETING 2		MEETING 3		MEETING 4	
		I have yet to be success-ful	Yes, I was success-ful	I have yet to be success-ful	Yes, I was success-ful	I have yet to be success-ful	Yes, I was success-ful	I have yet to be successful	Yes, I was successful
1	Did I help the family identify at least one practice (water treatment, hand washing, faeces care, or menstrual care) to improve?								
2	Did the family commit to trying at least one improved WASH practice?								
3	Did I ensure that all of the household members actively participated?								
4	Did I use the Assessment Tool to identify the current behaviours ?								
5	Did I use the Counselling Cards?								
6	Did I use the Assessment Tool and/or Counselling Cards to help the client/household members identify at least one improved behaviour to try?								
7	Did I write down the client's current practice and new practice goals in my notebook?								
8	Did the clients and/or household members ask questions?								
9	Did I set up a day and time for my next household visits?								