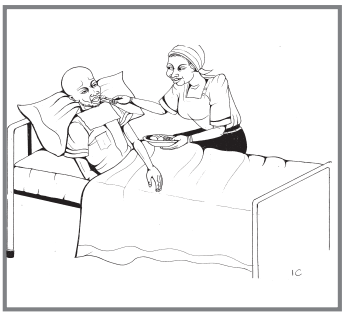
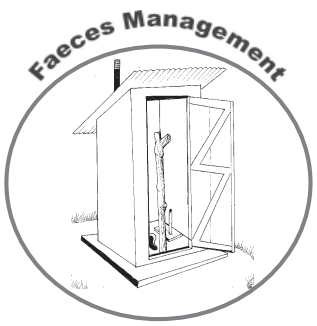
Trainer's Manual

Weak, But Mobile Client



Bed-Bound Client

Integrating Safe Water, Sanitation, and Hygiene (WASH) into Home-Based Care Services in Uganda



USAID FROM THE AMERICAN PEOPLE | HIP HYGIENE IMPROVEMENT PROJECT

THE REPUBLIC OF UGANDA
Ministry of Health

UGANDA WATER & SANITATION NGO NETWORK
UWASNET

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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Introduction

This training addresses the urgent need for improved 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 in Home Based Care (HBC). Although HBC providers receive training in many aspects of care and support at household level, including training in the principles of basic WASH, little emphasis and/or detailed information has been given about ***how*** HBC providers can help household members to overcome, or change, the many daily obstacles to improved WASH behaviours in the home. This training addresses this gap and is based on the principle that WASH practices in the household ***can be improved -*** that is, new practices can be adopted and current practices can be modified or changed in small ways that are acceptable to the householder, and that are feasible—actually can be carried out by households.

This training course comprises session plans and materials for training HBC providers and is based on the task or job description for the role of the HBC provider. It tries to meet the needs of workers with various levels of literacy by providing an experiential learning opportunity with a high degree of involvement by participants. The course is supported by a detailed (text based) Participant's Guide, (mostly pictorially based) an Assessment Tool, and Counselling Cards.

Background

Globally, diarrhoeal disease is the second highest cause of mortality and morbidity in children under 5 years of age. The World Health Organization estimates that 85-90 percent of diarrhoeal disease in developing countries can be attributed to unsafe water and inadequate sanitation and hygiene practices. Certain groups of people are particularly at risk of diarrhoea because their immune systems are more fragile and less able to fight off infections. These groups include elderly people, babies, infants and young children, and people with life-limiting illnesses, such as AIDS and cancer. Diarrhoea, a common symptom of HIV and AIDS, affects 90 percent of people living with HIV and AIDS and results in significant morbidity and mortality among this group. This training will concentrate on the WASH needs of sick people who are being cared for at the household level. For HBC providers, many of these clients will be people with HIV and/or AIDS.

People with HIV and/or AIDS are at increased risk for diarrhoeal diseases, and are far more likely to suffer severe and chronic complications, if infected. There is terrible irony in providing patients with advanced antiretroviral agents (ARVs), and asking them to wash the life-saving pills down with water that may infect them with a life-threatening illness. To add to the irony, one of the complications of diarrhoeal illness in HIV-infected patients is a reduced ability to absorb antiretroviral and other medications from the gut. This poor absorption of ARVs can contribute to the development of HIV strains that are resistant to antiretrovirals. Furthermore, even when infections in the gut are not present (e.g., bacterial infections from

unsafe water), HIV itself can erode the gut and cause diarrhoea. People living with HIV, therefore, have a paramount need for better WASH practices.

In addition to the negative impact on life expectancy and quality of life that diarrhoeal illnesses cause people with HIV and AIDS, they also add significantly to the burden on caregivers at home. Furthermore, physical vulnerability of a person with HIV can promote opportunistic infections. Once the person is sick, her/his needs increase, but her/his ability to gain access to support and treatment to meet those needs decreases (because of immobility, stigma, etc.). Consequently, household members who provide care and HBC providers have to try to meet the immediate needs of the person who is sick in the home.

Evidence from CDC-sponsored research in Uganda[1] and in other areas of the world has determined the efficacy of hand washing and safe water systems in reducing diarrhoea among people living with HIV and AIDS. Home-based water treatment and safe storage have been shown to reduce the number of diarrhoea episodes users experienced by 25% in HIV-positive adults. The findings also showed that presence of soap and a latrine were associated with less diarrhoea. With the evidence base firmly established in Uganda and elsewhere, water treatment and safe storage at the point-of-use (POU), hand washing with soap, and sanitation promotion (WASH) interventions have been expanded globally.

In response to the overwhelming need to put WASH evidence into practice in Ugandan home based care, Plan/Uganda partnered with the Ugandan Ministry of Health, the USAID Hygiene Improvement Project (HIP), the Uganda Water and Sanitation NGO Network (UWASNET), other international and local non-governmental organizations (NGOs), community-based organizations (CBOs) and faith-based organizations (FBOs) to integrate safe water, hygiene, and sanitation into care and support programs for people living with HIV and AIDS. A Working Group on WASH Integration into HIV/AIDS Home Based Care, stakeholder consultations were held, and a formative review and trial of improved WASH practices (TIPS) was conducted in select urban and rural areas of Uganda. The process identified key water, sanitation, and hygiene (WASH) practices for home based care providers, household members and people living with HIV to incorporate in their regular care routines to reduce the risk of diarrhoeal diseases and transmission of HIV. The four priority practices include: 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.

This training course reflects the findings and recommendations from this field work and includes practical information on how WASH impacts on households affected by HIV and AIDS, and specifically build competencies for HBC providers to carry out and promote improved WASH practices in the homes of people living with HIV.

[1] Lule JR, Mermin J, Ekwaru JP, Malamba S, Downing R, Ransom R, Nakanjako D, Wafula W, Hughes P, Bunnell R, Kaharuza F, Coutinho A, Kigozi A, Quick R. Effect of home-based water chlorination and safe storage of diarrhea among persons with human immunodeficiency virus in Uganda. Am J Trop Med Hyg. 2005 Nov;73(5):926-33.

Trainer Notes

Course Objectives

At the end of the training, the 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.
- 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, based on the skills acquired by the HBC provider in the training.
- Demonstrate effective communication skills and steps (4 A's) needed to improve WASH behaviours, including use of the WASH Assessment Tool and Counselling Cards.

Course Methodology

- Use of structured learning activities: presentations, group discussion, group work, role play, practical exercises, etc.
- Engaging the HBC providers through active involvement in the exercises and working in small groups.
- Participants will practise the same activities they will be expected to carry out in their communities and to teach their clients and other household members.
- The training incorporates the Participant's Guide, Assessment Tool, and Counselling Cards which the HBC providers will be able to use in the households where they work.

Session Methodology, Structure and Length

Each session is based on adult learning principles and is set up as follows:

- Title page with session objectives
- Module and session title and time
- Preparation instructions and necessary materials
- Detailed training instructions

The first part of the training focuses on participants learning about the health risks related to water, sanitation, and hygiene in the settings where they work. The second part then moves on to learning about the WASH promotion skills and methods they will use themselves, with their clients, and with the families that they serve. The third part focuses on applying the methods and skills that they have learned.

Once the introductory training is completed, regular follow up, supervision, and training should be provided by each organisation. This should be based on the evaluation of the introductory course and observations of the HBC providers in the field. It could include discussion of issues or problems faced in their work as well as more in-depth training. Follow up training also should make use of on-the-job mentoring and coaching, as well as formal training sessions.

The training is structured in a modular basis so it can be done in parts over separate training periods if an organisation cannot bring staff in for three consecutive days. The modular structure also allows organisations to focus only on a specific topic area, such as faeces management, if the resources and time are not available to cover all four topic areas of water treatment, hand washing, faeces and menstrual blood management (see section below, "Menu for Selecting Sessions"). However, it is strongly recommended that HBC providers receive training in all four topics since they all influence the spread of illness within a household.

Number of Participants

The ideal number of participants is about 15. The facilitator should not work with more than 20 participants since having more participants would increase the amount of time needed for discussion, provide less time for individual practise, and increase the difficulty of facilitating the (large) group, especially for less-experienced facilitators.

How to Use This Manual, the Training Handouts, the Participant's Guide, Assessment Tool, and Counselling Cards

The training is suitable for HBC providers who have limited literacy skills and relies heavily on the use of visual aids, practical demonstrations, and illustrations. However, HBC providers with limited literacy skills will need assistance from a more literate individual to help them access information in the Participant's Guide.

The Trainer's Manual provides easy-to-follow instructions to the trainer on how to conduct the sessions. Before putting on the workshop, the trainer(s) should become familiar with the manual and its contents. The manual contains instructions, explanatory trainer notes, and from time to time suggestions about what to say to the participants. The manual is keyed directly to the Participant's Guide and Training Handouts.

The Training Handouts will be used during the workshop by the HBC providers (participants) and include information that is necessary for the training, but not appropriate for use during home visits when working with a client. The Trainer's Manual will specify when each Training Handout should be referred to by the participants during the course of the training.

The Participant's Guide will be used during the workshop by the training participants and can be used by the HBC provider in the community and in their households. During the course, the Participant's Guide, which is primarily text based, will be the source of complementary technical information.

The Assessment Tool and *Counselling Cards* are job aids that will help the HBC provider identify current WASH practices in the household and work with their clients and household members to identify what practices to improve and how. These pictorially based tools can be used by both literate and low literate individuals.

Printing the *Assessment Tool* and *Counselling Cards* on colored paper helps the HBC provider when using the cards in the community because he/she can quickly identify cards by thematic groupings. It is recommended that the cards be printed on the following colors:

WHITE PAPER

1. Assessment Tool

GREEN PAPER (HAND WASHING CARDS)

2. Critical Times to Wash Hands
3. How to Wash Your Hands
4. Where to Put A Hand Washing Station
5. How to Build a Tippy Tap for Hand Washing
6. Different Kinds of Tippy Taps

BLUE PAPER (WATER CARDS)

7. How to Take Care of Drinking and Cooking Water
8. How to Boil and Store Water

9. PUR Instructions
10. WaterGuard Liquid Instructions
11. WaterGuard Tab Instructions
12. AquaSafe Instructions

PINK PAPER (MENSTRUAL PERIOD CARDS)

13. Menstrual Period Management
14. Making Sanitary Pads from Banana Fibers
15. Disposal or Cleaning of Menstrual Blood Soaked Material

YELLOW PAPER (FAECES & UNIVERSAL PRECAUTIONS CARDS)

16. Faeces Disposal
17. Faeces Management
18. How to Stop Spreading Germs
19. Making a Commode (Potty Chair)
20. How to Use a Bed Pan
21. Plastic Pants
22. Turning Bed-Bound Client, Changing Bed Linens
23. Cleaning Female Client
24. Cleaning Male Client

Training Materials

(Calculated for 20 participants, the maximum amount recommended. Adjust as necessary)

Materials	Quantity
Participant's Guide	20
Workshop Agenda	20
WASH Assessment Tool	20
WASH Counselling Cards	20
Welcome sign for door or wall	1
Name tents/tags/masking tape	20
A watch/Clock (to keep track of length of sessions)	1
Easel/stand to hold flip chart paper	1-2
Flipchart (or newsprint) paper (paper should be no smaller than 2.0'x2.5' ft (or 76.2cmx61 cm).	100 pages
Pens or pencils for participant use	20
Notebooks/notepads for participants	20
Markers (4 red, 4 black, 4 blue, 4 green, if possible)	16
Roll of masking tape	3
Coffee/Tea for each break; lunch each day for each participant and trainers	20+
Bowl or Basin (large enough to collect water for hand washing)	2
Bars of Soap (small)	1
Water containers (jug, pitcher, or cup for rinsing or can use jerricans)	4
Basin or bowl of mud (soil mixed with some water to form a thick mud), large enough to be able to dip hands in it.	1
Small bowl of ash (fine powder remaining after wood or coal is burned)	1
Tippy Tap materials (list separately below so have enough per small group). • Stick (1 metre length for foot pedal) • Fine tip marker (to mark hole)	5 of each item (1 set for demo; 4 sets total so that each of the 4 small groups

• Nail (about 6 inches [8- 11 cm] in length) • Piece of cloth • Candle • Matchbook (or lighter or any open flame) • 0.5 metre pieces of rope (for the cap) • 1 metre pieces of rope (for the foot pedal) • 3- or 5-litre jerrican container • Piece of soap • Stick or piece of wood the same length as the piece of soap • Stick, screwdriver or other tool that can make a hole through the soap	who will build a tippy tap can have one set)
Completed Tippy Tap	1
Stick (1 meter in length, for tippy tap handle for demonstration on how to build a tippy tap)	1
Bucket or bowl large enough to catch several litres of water	2
Clean Towel	1
Half-litre clear plastic bottles of clean water	2
Salt	1 small bag
Thread (or long blade of grass, or long hair; 12 inches)	1
Piece of faeces	1
Jug (small jerrican) of water (for rinsing hands)	1
Bottle of WaterGuard Chlorine Solution	1
Sachet of PUR Chlorine Product	1
Aquasafe chlorine tablet (in blister pack)	1
WaterGuard chlorine tablet (in blister pack)	1
Long-handled spoon or stirring stick	1
Jerricans full of water (for water to use during various demonstrations, like hand washing) with tight fitting lid	2
Clean long-handled utensil for serving water (dipper, stirring stick, or ladle)	1
Pieces of cloth (tightly woven) with no holes and is wide enough to fit over the container (for filtering)	2
10-litre buckets filled with turbid (muddy) water (PUR demonstration)	1

10-litre empty jerrican (PUR demonstration)	1
20-litre jerrican containers filled with water (one for each of the WaterGuard liquid, WaterGuard Tab and Aquasafe demonstrations)	3
20-litre empty jerrican container (with a tap [like from PSI or AFFORD]; this container will receive the filtered water for the WaterGuard Liquid demonstration)	1
Enough cups for each participant to taste the water	30+
Tumpeco Cup (holds 1/2 litre)	1
Gloves, or other plastic materials to protect hands (for "To Use or Not to Use" game)	20
Rubber bands (to demonstrate how to hold plastic material in place on hands)	2
Pair of medical (latex) gloves	5
Pair of heavy duty ("kitchen"/rubber) gloves	1
Plastic sheeting material (like that used for deliveries) cut 20 X 20 inches (50 X 50 cm; for demonstration of how to cover hands when don't have gloves)	2
Mackintosh or plastic sheet like those used for deliveries (both used in linen changing demonstration and one reused to cover table when working with Jik to protect table from spills)	1
Piece of cloth (same size as Mackintosh or plastic sheet used to protect bed)	1
Bed sheets (one to cover the "mattress" and the other to cover the client)	2
Bottle of Jik bleach (enough Jik to fill one Tumpeco cup, ½ litre)	1
1 bucket	1
Water (for Jik demonstration where ½ litre Jik, which is already accounted for in the row above, will be mixed with 5 litres of water)	5 litres
Cloth stained/soiled with dirt (for demonstration of how to soak body fluid soaked rag in Jik solution)	1
Bedpan or small plastic basin	1
Sample bedside commode (a chair with a hole cut in the centre and a bucket placed underneath)	1

Sample plastic pants	1
Sample sanitary napkin/towel	1
Sample cloth or rag for soaking up menstrual blood	1
Additional Materials to Have Printed or Photocopied Prior to the Training	
Daily Training Evaluation form (Annex in Modules 4 & 6)	40 (20 for day 1 & 20 for day 2 of training)
Pre/Post-Training Assessment Tool (Module 1, Annex 2)	40 (20 for pre and 20 for post-assessment)
Contamination Cycle Illustrations (Module 2, Annex 1)	1
WASH and HIV Myths and Misconceptions Illustrations and Statements (Module 2, Annex 3)	4
End of Workshop Evaluation (Module 9, Annex 3)	20
Certificates of Completion (Module 9, Annex 4)	20

Workshop Schedule at-a-Glance

Integrating WASH into HBC

Day 1		Day 2		Day 3	
8:30-9:00	Registration	8:30-8:35	Recap Day 1	8:30-8:40	Recap Day 2
9:00-10:30	Introduction to Training (M1: S1, S2)	8:35-10:00	Reducing Water Used for Hand Washing (M4,S2)	8:40-9:40	Safe Handling and Disposal of Menstrual Blood (M7, S1)
		10:00-10:40	How to Treat Your Water (M5, S1)	9:40-10:30	Using the 4 A's (Assess, Agree, Assist and Arrange) (M8, S1)
10:30-10:50	TEA	10:40-11:00	TEA	10:30-10:50	TEA
10:50-11:50	Effect of WASH on Health (M2, S1)	11:00-12:00	How to Treat Your Water (M5, S1) continued	10:50-1:00	Using the 4A's (Module 8, Cont.)
11:50-1:30	Importance of WASH and HIV (M2,S2)	12:00-12:30	How to Safely Transport/Store/ Serve Your Water (M5, S2)		
		12:30-1:30	Safe Handling of Faeces, Blood, and Other Body Fluids (M6)		
1:30-2:30	LUNCH	1:30-2:30	LUNCH	1:00-2:00	LUNCH
2:30-3:00	Role of HBC Provider (M2, S3)	2:30-4:30	Safe Handling of Faeces, Blood, and Other Body Fluids (M6 Cont.)	2:00-3:40	Putting WASH Knowledge and Practice into Action (M9, S1)
3:00-3:55	Intro to WASH Behaviour Change (M3, S1)				
3:55-4:15	TEA	4:30-4:50	TEA	3:40-4:00	TEA
4:15-5:15	Washing Hands With Soap (or Ash) and Water (M4, S1)	4:50-5:35	Safe Handling of Faeces, Blood, and Other Body Fluids (M6 Cont.)	4:00-5:20	Putting WASH Knowledge into Action (M9 Cont.) , Closing
5:15-5:30	Day 1 Evaluation	5:35-5:45	Day 2 Evaluation		

Menu for Selecting Sessions

The training is structured in a modular basis so that it can be done in "pieces" over separate training periods if an organization cannot bring staff in for three consecutive days. The modular structure also allows organizations to focus only on a specific topic area, such as faeces management, if the resources or time are not available to cover all four topic areas of water treatment, hand washing, faeces and menstrual blood management. However, it is strongly recommended that HBC providers receive training in all 4 topics since they all influence the spread of illness within a household.

If your organization is only going to cover some of the topic areas, be sure to cover all of the sessions in the appropriate column. Please note that Modules 1-3 that are indicated for more than one topic – and they do not need to be repeated if an organization is choosing to implement multiple topics (for instance, if your organization is doing Hand Washing and Water Treatment, you only need to cover Modules 1-3 once).

Module & Session	Hand Washing 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
M-1/S-1 – Workshop Overview	•	•	•	•
M-1/S-2 – WASH Assessment	•	•	•	•
M-2/S-1 –Effects of WASH on Health	•	•	•	•
M-2/S-2 – Importance of WASH and HIV	•	•	•	•
M-2/S-3 –Role of HBC Provider	•	•	•	•
M-3/S-1 –Introduction to WASH Behaviour Change	•	•	•	•
M-4/S-1 How/When to Wash Hands	•			
M-4/S-2 Reducing Water for Hand Washing	•			
M-5/S-1 – How to Treat Drinking Water		•		
M-5/S-2 – How to Safely Transport, Store, and& Serve Drinking Water		•		
M-6/S1– Safe Handling and Disposal of Faeces, Blood, and Other Body Fluids			•	
M-7/S1 - Safe Handling and Disposal of Menstrual Blood				•
M-8/S1 – Using the "4 A's" (Assess, Agree, Assist and Arrange)	•	•	•	•

SESSION PLANS

Day 1
Module 1, Session 1
Introduction to the Training

Session Learning Objectives

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

1. Make their expectations for the course known.
2. State the purpose of the training.
3. Establish workshop norms.

Time: 60 minutes

Prep Work

Before you teach:

1. Review the Principles of Training and Facilitation guide (see copy in the Annex 1 for this Module). This will give you some important tips and techniques to use during a training session.
2. Bring supplies:
   - Flipchart stand
   - Markers
   - Flipchart paper (or newsprint; 100 sheets)
   - 1 copy of the workshop agenda for each participant (or write the agenda on flipchart paper large enough for everyone to see it and post it at the front of the room)
   - A 'Welcome' sign to post at the door
   - 1 Participant's Guide, Training Handouts, Assessment Tool, and set of Counselling Cards (23 cards in a set) for each participant
   - 1 pencil and pad of paper for each participant
   - Name tents, name tags, or masking tape for participants to write their names and wear (or place in front of them at their table)

3. Prepare a piece of flipchart paper with the following definitions:
   - **WASH** – This abbreviation stands for **Wa**ter, **S**anitation, and **H**ygiene.
   - **WATER** – Refers to water in the household that is used for drinking and cooking. This is often referred to as Point of Use (POU).
   - **SANITATION** – Refers to the proper management and disposal of faeces. The management of menstrual blood also is included for purposes of the workshop.
   - **HYGIENE** – This workshop focuses on hand washing. There are many other aspects of hygiene (such as keeping the environment/home clean; personal hygiene, including bathing/teeth brushing etc.), but those will not be covered.

Trainer Steps: Introduction to the Training

A. Large Group Welcome and Introductions: (15 Minutes)

1. The group should be welcomed by an official, if possible.

2. Welcome the participants and thank them for coming. Introduce yourself (if co-facilitating, introduce yourselves).

3. Briefly introduce the main aim of the training course, which is to improve the water, sanitation, and hygiene (WASH) actions of home based care (HBC) providers, their clients, and other household members with the goal of reducing diarrhoeal disease and transmission of HIV, thereby improving the quality of life of households.

> **Trainer Note:**
>
> **The detailed training objectives are presented later in this session. This statement is a general overview.**

4. Have each participant greet the person sitting next to her/him. Be sure participants ask what name the other person likes to be called, where the person is from, and how long he/she has been working in home based care. Go around the group and ask each person to introduce the person s/he has just met.

B. Introductory Exercise and Discussion (10 Minutes)

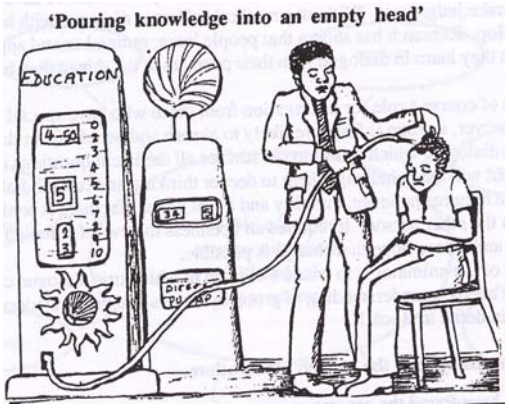
Large Group Activity

1. Ensure everyone has a copy of the Participant's Guide. Introduce the guide and explain that it will serve as a technical reference during the WASH training course and will assist HBC providers as they support clients and their household members back in the participants' communities. Ask them to quickly flip through the guide so they can see that the main body of the guide is a practical review of the technical information regarding water, sanitation, and hygiene practices. The annexes include an acronym list and glossary, five general tools, one Assessment Tool, and 23 Counselling Cards. Explain that during the training, everyone will review all of the information and learn how to use all of the tools and cards.

2. Distribute a copy of the Training Handouts to each participant and explain that they will use this document during the training. The trainers (or facilitators) will let them know when they need to look at specific pages.

3. Ask participants to open the **Training Handouts** to **page 1,** to the **Illustration on a Teaching and Learning Method,** a person being 'filled up with education and knowledge.' Explain that this is often the way training sessions are carried out,

but this approach often does not work very well. Explain that in this course, you will learn through role plays, case studies, group participation, etc., which will be guided by the facilitator. To have open discussion, it is important that everyone gets to know each other and that everyone feels comfortable giving his/her point of view on a subject.



4. Explain that just as knowledge cannot be poured into HBC providers' heads, it cannot be poured into the heads of their clients or household members either. The HBC providers will need to develop and use much skill in trying to involve the community in preventing diarrhoea and other infections.

5. Tell participants that this training course will teach providers the essential skills to improve key practices. Explain that the course also will build on what providers already know and teach practical ways to prevent diarrhoea and other diseases related to water and sanitation issues.

C. Large Group Discussion: Training Programme Overview (10 minutes)

1. Post the flipchart paper with definitions on the wall where everyone can see it. Explain that you want to make sure that everyone understands key words in the same way for the workshop. Briefly review the definitions:

   - **WASH** – This abbreviation stands for **Wa**ter, **S**anitation, and **H**ygiene.

   - **WATER** – Refers to water in the household that is used for drinking and cooking. This is often referred to as "Point of Use" (POU).

   - **SANITATION** – Refers to the proper management and disposal of faeces. The management of menstrual blood also is included for purposes of the workshop.

   - **HYGIENE** – This workshop focuses on hand washing. There are many other aspects of hygiene (such as keeping the environment/home clean; personal hygiene, including bathing/teeth brushing etc.), but those will not be covered in this workshop.

2. Ask participants to open the **Training Handouts** to page 2, **Training Objectives,** and ask a participant to read them out loud.

Trainer Note:

There is no need to go into too many details as each session will have specific learning objectives. These will be presented at the beginning of each session.

TRAINING OBJECTIVES

At the end of the training, the 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.**

3. Distribute to participants a copy of the **workshop agenda** (or post the agenda written on flipchart paper where everyone can see it). Review the agenda of the training course, point out the breaks, lunch, and ending times.

D. Large Group: Participant Expectations (10 Minutes)

Brainstorming

1. Explain that although participants do not know a lot of the course details yet, you would like them to tell you why they are taking the training and what they expect to know and do once they complete the course (do not spend more than two or three minutes on this). Write the main points on flipchart paper.

E. Norms and Ground Rules for the Training Programme (15 minutes)

1. If appropriate, ask the training participants to choose "class representatives" (or a 'Cabinet,' which may include such positions as chairperson, timekeeper, welfare organiser, energiser, chaplain, etc.).

2. Note that for any training to be a success, certain guidelines (or norms) help establish an atmosphere for learning. Ask participants what they would like to establish as norms, and record these on the flipchart.

Trainer Note:

You may need to "jump start" this exercise with a few norms of your own. Make sure participants explore some of the less obvious ones, such as active listening. Be sure they include:

- **Confidentiality of personal disclosures. Everything discussed in the training room stays in the training room.**
- **Full participation is expected of all members.**
- **All contributions are valid.**
- **Be courteous and respectful, especially if there are differences of opinions.**
- **Let each person finish talking.**
- **Be on time.**
- **Keep mobile phones on vibrate or silent. Step outside if you must take an urgent call.**
- **The facilitator reserves the right to modify, shorten, or lengthen any session or discussion, according to group needs.**
- **The group defines and agrees on penalty for breaking ground rules.**
- **Recognise the need for a "parking lot."**

3. Record and post the norms and ground rules in a visible spot in the room.

4. Ask participants for any comments, questions, and clarifications. Write down any larger questions on the "parking lot" flipchart.

Transition

Thank the attendees for their participation and mention that in the next session, they will assess their own level of knowledge in water, sanitation, and hygiene care.

Day 1
Module 1, Session 2
Water, Sanitation, and Hygiene (WASH) Assessment

Session Learning Objectives

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

1. Hand in to the trainer a completed copy of the workshop Pre/Post-Training Assessment Tool.

Time: 30 minutes

Prep Work

Before you teach:

1. Make enough photocopies of the Pre/Post-Training Assessment Tool (see Module 1, Annex 2) so each participant has one copy.
2. Number each photocopy of the self assessment in sequential order in the space labelled 'Number:___' at the top right corner. (So the first photocopy will be 'Number: 1', the second will be 'Number 2', and so forth.)

Trainer Steps: Assessment Activity

A. Assessment Instructions and Completion of the Questions (30 minutes)

1. Introduce the Assessment Tool and make clear to participants that this is not a test, but a way for them to discover where they might want to focus their skill building in the training.

> **Trainer Note:**
>
> **Make sure you emphasise the fact that this is an assessment and results will not be shared with others. The purpose is not to judge the participants, but rather to better understand what the participants know and do not know to make sure the training addresses their needs. The questions also will help assess the effectiveness of the training and improve it for future trainings.**

2. Distribute to participants a copy of the assessment. Tell the participants that they should NOT write their names on the assessment. Each assessment has a different number and the trainers do not know which number belongs to which person. Ask participants to write down their number in a place where they will not lose it or forget it. They will need the number to get their assessment back and when they complete the assessment again at the end of the training.

3. Ask each person to fill out the assessment by writing responses on his/her paper. Tell participants to leave a question unanswered if they do not know the answer. Provide detailed instructions in case some participants are unfamiliar with answering questions in this format. Give participants 30 minutes to complete the assessment on their own.

4. After 30 minutes, call the time. Collect the completed self assessments. Explain to participants that they will get their responses back after the trainers have a chance to review them. The trainers want to look at the assessments to get an understanding of strengths and gaps so they know what to emphasise during the training. When returning the forms, a trainer will place the reviewed assessments in a pile so the participants can identify their number and collect their own assessments to refer to for future reference. If possible, facilitators should review the assessments during a break.

> **Trainer Note:**
>
> **You will need to look at the assessment results early in the training course to understand the strengths and gaps indicated in the responses. This will help you know what to emphasise during the training. Module 1, Annex 2 has a copy of the answer**

key for the assessment.

Transition

Ask participants if they have any questions and respond appropriately. Link to the next session, an introduction to WASH and home based care. Thank attendees for their participation.

Annex 1

Principles of Training and Facilitation[1]

This section provides an overview of the important principles that trainers should consider when carrying out training courses for HBC providers. With increased familiarisation of the training process, many of these principles will become second nature.

1. The importance of review

- ☑ The first session for each day's training aims to review the knowledge and ideas of the participants, based on the previous day's training.
- ☑ The review process helps the participants to recall the knowledge and skills developed in this area and to continue to build on this.
- ☑ Review is a useful tool for the facilitator to gauge the effectiveness of the previous day's training and to adjust accordingly.

2. The importance of understanding the topic and activities

- ☑ Adults need to know why a topic or session is important. They will come to the training session with some knowledge of the topic; it is important to find out what they know and build on that.
- ☑ Providing too much information or providing complicated information about a topic may reduce the participant's understanding. This could lead them to convey confused or unclear messages to their communities. Keep to simple key messages and build the understanding of the participants gradually (don't expect them to become WASH experts after one training).
- ☑ Use a variety of techniques to repeatedly check the understanding of the participants (Questions and answers, quizzes, drama, and role play, etc.).

3. The importance of introducing topic activities and developing skills to teach the activity

- ☑ A key aspect of training is to train by example, teaching by demonstrating each activity, not just explaining how to do it, and involving the participants in the process. Trainers should be modelling the desired training and communication skills that they want the participants to use subsequently.
- ☑ Giving participants an opportunity to do what has just been demonstrated is critical. Carrying out an action (through practise, role plays, and by doing the practice), cements the knowledge.
- ☑ Participants' knowledge and skills could be reinforced with subsequent refresher trainings to review activities. Facilitators also should encourage participants to practise leading the activity. This will reinforce activity methods, identify areas of misunderstanding, and provide the participants with practice leading the activity.
- ☑ When conducting repeat training or refresher training, invite a participant to demonstrate the activity first. If additions or adjustments need to be made, encourage group feedback before providing advice yourself.

[1] Adapted from: Tearfund (2006) Child Health Club Trainers Guide.

4. The importance of using a variety of activities

- ☑ Everyone has a way in which they best learn. In a group, there will be a mix of people with different learning styles. By undertaking a variety of participatory methods during a teaching session, you will facilitate and stimulate learning for the whole group.
- ☑ Each activity should involve trainee participation and involvement as much as possible. Presentations that require minimal involvement from the participants should be kept short (maximum 10 minutes).

5. The importance of having fun

- ☑ Facilitating a fun training session can increase motivation of the group to learn and also share that learning.
- ☑ A lot can be learned by having fun! Fun can help with memory creation and retention of information, and laughing strengthens the immune system. People who laugh a lot tend to stay healthier and deal with stress more effectively.

6. The importance of maximising participation

- ☑ Adults learn best in an atmosphere of active involvement and participation when they can learn at their own pace. This suggests that the process of learning often matters as much (if not more) than the topic that is studied.

7. The importance of organising the teaching environment

- ☑ Face the participants while leading the session. Do not have your back to them.
- ☑ Limit the size of the groups and the number of participants or community members taking part in each activity.
- ☑ If the participants have limited literacy skills, try to avoid writing on the board or flipchart. If necessary, use pictures or symbols, although you may need to explain pictures.

8. The importance of understanding your local context

- ☑ Training participants and facilitators may be used to more traditional methods of teaching. You may need to explain why these methods are less effective and why you are using more interactive methods.
- ☑ Greater learning will be achieved if the topics can be linked with examples of the local context so the participants can apply their knowledge to their everyday experiences in the community.
- ☑ Only the most relevant aspects and topics should be taught. For example, there is no point talking about water taps if water taps are not available in the community/settlement.

9. The importance of taking action

- ☑ The participants need to be encouraged to practise their new knowledge and skills in their own homes and with their own families so they set an example to others.
- ☑ Participants will need support in conducting home visits and group meetings after the training.

10. The importance of monitoring

- ☑ Participants need to be involved in monitoring their work so they can better understand their own communities.
- ☑ Monitoring is a useful tool for participants to see the impact of their work on the health and environmental status of the community.
- ☑ Regular meetings should be held with participants so they can share this information and support each other.

11. The importance of recording and reporting

- ☑ The accurate recording and reporting of work carried out with and by the participants are necessary to facilitate monitoring and evaluation of the project.
- ☑ Some participants may not have had a formal education and may find forms (even pictorial ones) difficult to complete. They may need extra support and could be coupled with someone who has more confidence in completing the forms or who has more advanced literacy skills.

12. The importance of revisiting topics at a later date

- ☑ It is useful to revisit topics to refresh participants' memory on important topics and to help create links between the topics (e.g., hand washing is important to mention in other topics, like diarrhoea and dehydration and the safe use of latrines).

Annex 2

Pre/Post-Training Assessment Tool

Number:_____

Instructions

Please complete the following questions by marking the correct answer(s) with a tick (✓) mark. **Do not worry** if you do not know all the answers. Answer as many questions as you can. Some questions ask for one answer, others for more than one answer. Some questions involve giving a description.

Participants will complete another copy of this same assessment at the end of the training so they can see areas of improvement in their knowledge and skills involving water, sanitation, and hygiene care.

Please read all the questions carefully and answer as best as you can. You have 30 minutes to answer all the questions.	Do not write in this column
1. What water, sanitation, and hygiene (WASH) behaviours should an HBC worker target in home based care? [tick **four** boxes]	☐
☐ Hand washing	☐
☐ Hair combing	
☐ Diet	☐
☐ Drinking safe water	
☐ Proper handling and disposal of faeces	☐
☐ Car washing	
☐ Menstrual care	
2. The goal of WASH care for PLWHA is to: [tick **one** box]	☐
☐ Prevent malaria, increase bed net use, promote the eradication of mosquito breeding areas.	
☐ Prevent yellow fever.	
☐ Prevent tuberculosis.	
☐ Prevent diarrhoea for family members, improve the PLWHA's quality of life, and prevent HIV transmission (to the caregiver).	
3. What are the key steps to negotiate an improved behaviour? [tick **one** box]	☐
☐ Educate and convince	
☐ Scold the household on inadequate behaviours and lecture on proper behaviours	
☐ Tell people what to do	
☐ Assess current practices, congratulate on existing "good" practices, identify needed improvement, review safer behaviour options, and come to an agreement on an improved behaviour	

4. Select **one** phrase that encourages "open-ended questions": [tick **one** box] ☐ How many … ? ☐ What would make it easier to …? ☐ Have you ever …? ☐ You don't usually …do you?	☐
5. An HBC worker's main WASH role is: [tick **one** box] ☐ Meeting with community leaders. ☐ Discussing with neighbours. ☐ Negotiating improved WASH behaviours, providing WASH care for sick PLWHA, and teaching the caregiver how to provide WASH care to a sick PLWHA.	☐
6. You can make household water safer for drinking by: (tick **four** boxes) ☐ Having one big open container for animals, kids and the whole family. ☐ Serving your water by dipping a bowl or cup into the container water. ☐ Keeping your treated water in a narrow-neck container with a lid. ☐ Boiling water until large bubbles appear. ☐ Keeping the container of treated water on the floor so that children can serve themselves. ☐ Adding chlorine solution or tablets to your water. ☐ Transporting your water to the house in a container with a lid.	☐ ☐ ☐ ☐
7. Four critical times in which hands should be washed to prevent diarrhoea include. (tick **four** boxes) ☐ After defecating ☐ Before preparing food or cooking ☐ Before washing clothes ☐ Before eating or feeding someone ☐ After changing a child's nappie and cleaning a baby's bottom; ☐ After working in the garden	☐ ☐ ☐ ☐
8. The main job of the **soap** when washing hands with water is to: (tick **one** box) ☐ Make the water clean ☐ Loosen the germs from the hands ☐ Make the hands softer	☐

9. The main job of the **running water** when washing hands is to: (tick **one** box) ☐ Help dissolve the soap ☐ Make the soap softer ☐ Remove/wash away the germs from the hands	☐
10. If soap is not available, what can be used as an alternative cleanser when washing your hands? (tick **one** box) ☐ Nothing ☐ Hair tonic ☐ Ash ☐ Jik	☐
11. One reason that safe water, sanitation and hygiene practices are important for people who are living with HIV and/or AIDS (PLWHA) is that: (tick **one** correct box) ☐ They are more likely to become ill or even die from the complications of diarrhoea. ☐ They have a strong immune system and are at a low risk for diarrhoeal disease. ☐ They have to take medications	☐
12. The following two things can make it easier and safer for a caretaker to dispose of faeces: (tick **two** boxes) ☐ Bedside commode ☐ A soft cotton bed sheet ☐ A towel ☐ Use of plastic pants ☐ Wearing a soft cloth on hands	☐ ☐
13. In a rural area, the safest ways to dispose of cloth or sanitary pads soaked with menstrual blood are: (tick **two** boxes) ☐ Throwing them in the trash ☐ Burning them ☐ Burying them ☐ Putting them in the latrine	☐ ☐
Thank you!	

Answer Key

Pre/Post-Training Assessment Tool

Instructions

The CORRECT response(s) for each question on the Pre/Post-Training Assessment Tool are shown below.

To score, put a tick (✓) for each correct answer in the box in the far right column. For example, for a question that has four possible correct answers, there are four boxes in the column on the right (on the participant's copy of the assessment tool.) If the participant got three answers correct, put a tick in each of three boxes and leave the fourth box empty. To score the assessment, add up the number of boxes that have tick marks in the entire test. The participant's score then can be compared on the assessment he/she took before and after the workshop. Use the number in the top, right corner of the participant's copy of the assessment tool to match each individual's pre/post-training assessment.

The CORRECT ANSWERS for each question are as follows:

1. What water, sanitation, and hygiene (WASH) behaviours should an HBC worker target in home based care? [4 correct answers]

   ☑ Hand washing
   ☑ Drinking safe water
   ☑ Proper handling and disposal of faeces
   ☑ Menstrual care

2. The goal of WASH care for PLWHA is to: [one correct answer]

   ☑ Prevent diarrhoea for family members, improve the PLWHA's quality of life, and prevent HIV transmission (to the caregiver)

3. What are the key steps to negotiate an improved behaviour? [one correct answer]

   ☑ Assess current practices, congratulate on existing "good" practices, identify needed improvement, review safer behaviour options, and come to an agreement on an improved behaviour.

4. Select **one** phrase that encourages "open-ended questions": [one correct answer]

   ☑ What would make it easier to …?

5. An HBC worker's main WASH role is: [one correct answer]

   ☑ Negotiating improved WASH behaviours, providing WASH care for sick PLWHA, and teaching the caregiver how to provide WASH care for sick PLWHA

6. You can make household water safer for drinking by: [four correct answers]

   ☑ Keeping your treated water in a narrow-neck container with a lid
   ☑ Boiling water until large bubbles appear
   ☑ Adding chlorine solution or tablets to your water
   ☑ Transporting your water to the house in a container with a lid

7. Four critical times in which hands should be washed to prevent diarrhoea include: [four correct answers]

   ☑ After defecating
   ☑ Before preparing food or cooking
   ☑ Before eating or feeding someone
   ☑ After changing a child's nappie and cleaning a baby's bottom

8. The main job of the **soap** when washing hands with water is to: [one correct answer]

   ☑ Loosen the germs from the hands

9. The main job of the **running water** when washing hands is to: [one correct answer]

   ☑ Remove/wash away the germs from the hands

10. If soap is not available, what can be used as an alternative cleanser when washing your hands? [one correct answer]

    ☑ Ash

11. One reason that safe water, sanitation, and hygiene practices are important for people who are living with HIV and/or AIDS is that: [one correct answer]

    ☑ They are more likely to become ill or even die from the complications of diarrhoea.

12. The following two things can make it easier and safer for a caretaker to dispose of faeces: [two correct answers]

    ☑ Bedside commode
    ☑ Use of plastic pants

13. In a rural area, the safest ways to dispose of cloth or sanitary pads soaked with menstrual blood are: [two correct answers]
    - ☑ Burning them
    - ☑ Putting them in the latrine

SESSION PLANS

Day 1
Module 2, Session 1:
The Effect of WASH on the Health and Wellbeing of Households

Session Learning Objectives

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

1. Describe the connection between the contamination cycle, diarrhoea and poor health outcomes of clients and household members.
2. Explain the importance of hand washing with soap (or ash) and water; treating, safely transporting, storing and serving drinking water; and safe handling and disposal of faeces in breaking the cycle of contamination in the household.

Time: 60 minutes

Prep Work

Before you teach:

1. For the large group contamination cycle game, make one photocopy of the illustrations in Annex 1 (Module 2), the Contamination Cycle Game. Each drawing should be on a separate piece of paper. *Note: one set includes 10 drawings/cards of actions that can prevent diarrhoea ("positive actions"), increase the risk of getting diarrhoea ("negative actions"), and may or may not lead to diarrhoea ("uncertain actions").*
2. For the contamination cycle game, prepare signs (each with one word and drawing) that say:
   - "**DIARRHOEA**" (with a picture of a sad face);
   - "**NO DIARRHOEA**" (with a picture of a happy face);
   - "**UNCERTAIN**" (with a picture of a face with the mouth in a horizontal line).

Trainer Steps: The Effect of WASH on the Health and Wellbeing of Households

A. Introduction to the Session

State that in the previous session, participants learned a little about the training program they are about to go through and took an assessment to determine their current levels of knowledge about WASH. Let them know that in this session, they will get an overview of the water, sanitation, and hygiene (WASH) and the connection between contamination and diarrhoea, and poor health and wellbeing of households.

B. Large Group Activity: Contamination Cycle Game

Contamination Cycle: Part One

1. Put up the "DIARRHOEA", "NO DIARRHOEA", and "UNCERTAIN" signs on different walls in the room so participants can form groups below each sign. Shuffle the 10 action cards photocopied from Annex 1 (Module 2), The Contamination Cycle Game, so that the cards are in random order.

2. Explain to participants that the next activity includes a game related to contamination about "positive WASH actions" (which can protect one against diarrhoea), "negative WASH actions" (which can put one at risk of getting diarrhoea), and "uncertain WASH actions" (that do not indicate whether they lead to a risk of getting diarrhoea).

3. Show participants each of the three signs and tell them you are going to show them some drawings. Tell them that if they think the action in the drawing:

   - **WILL** make people sick and cause diarrhoea, they should stand under the sign that reads, "**DIARRHOEA**" (with a picture of a sad face).

   - **WILL NOT** cause diarrhoea and will help keep people healthy, they should stand under the sign that reads, "**NO DIARRHOEA**" (with a picture of a happy face).

   - **MAY OR MAY NOT** cause diarrhoea (participants are not sure), they should stand under the sign which reads, **"UNCERTAIN**" (with a picture of a face with the mouth in a horizontal line).

4. Display the first picture/action card (without saying whether it is positive, negative, or uncertain). Ask the participants to think about the action represented on the card and stand below the sign that indicates whether they think the action can lead to diarrhoea, cannot lead to diarrhoea or, the card that indicates they are unsure.

5. Ask for a representative from each of the three groups to explain why they stood in that place and briefly discuss the key ideas. The discussion is likely to

highlight that the participants can interpret the picture in different ways and that there is no single answer.

6. Repeat the procedure with all of the pictures of positive, negative, and uncertain actions.

Trainer Note:

Encourage discussion on the following key ideas related to each illustration:

WATER

- **Kettle boiling: Positive ("no diarrhoea") picture, because boiling water kills germs, but boiled water can be re-contaminated easily.**
- **Chlorinating water (by putting WaterGuard solution/tablet, PUR sachet or Aquasafe chlorine tablets in the water): Positive ("no diarrhoea") picture, because use of a water treatment product (which has chlorine), kills germs in the water and makes it safe to drink. Chlorine remains in the water and protects it at least 24 hours, so it is less likely to be re-contaminated.**
- **Woman scooping water out of a pot with a cup: Negative ("diarrhoea") picture, because it is very easy to contaminate water when something that may have germs (such as a hand or a bowl) is dipped in it.**
- **Woman drawing water from a borehole with a child drinking from his hands: "Uncertain" picture, because the woman may treat the water before it is consumed.**

HANDS

- **A child with dirty hands eating a banana: Negative ("diarrhoea") picture, because the child's dirty hands and the flies can contaminate the banana. By eating the banana, the child may become ill.**
- **Washing hands with water and ash: Positive ("No diarrhoea") picture, because there is evidence that washing with ash gets hands almost as clean as does washing with soap. The ash is an abrasive substance that removes particles and dirt from hands, allowing water to rinse germs away. This cuts down on contamination of the hands and reduces a person's risk of becoming ill. Washing hands with soap is always preferred, but ash is a helpful alternative when soap is not available.**
- **A client taking pills: "Uncertain" picture, because it is not known whether the client has clean hands before putting the pills in his/her mouth.**

FAECES

- **Provider cleaning faeces from a client: Positive ("no diarrhoea") picture, because faeces can contaminate no matter the age or mobility of the client, so clients should be cleansed immediately after they have become soiled.**
- **Household member cleaning up animal faeces near/in the house: Positive ("no diarrhoea") picture, because cleaning up animal faeces near or in the household reduces the spread of germs.**
- **Faeces left in a bucket (shown here as part of a bedside commode) uncovered in household for long period of time: Negative ("diarrhoea") picture, because uncovered faeces can easily attract flies which contaminate, so faeces in a bucket should be covered and disposed of immediately in a latrine or hole.**

Trainer Note:

It is important to realise that although a picture is labelled positive, negative or uncertain, there may be differences of opinion as to how to classify the picture because the viewers may have different interpretations of the "circumstances" in each scenario. One viewer sees one set of conditions that would indicate it should be classified in a certain way, and another interprets the picture differently, so that viewer might place it in a different category. For example, the illustration of the kettle boiling is categorised as a positive picture because boiling water kills germs. But it is possible that during the discussion, a participant will stand below the "uncertain" sign, explaining that "boiling water does kill germs, but it is very easy for boiled water to become contaminated again. So even though the water has been boiled, it is possible that it can become unsafe to drink because of recontamination." In this case, there is no need to try to get this participant to change positions because the argument given is valid. At the end of the discussion, it is <u>not</u> necessary for all participants to agree on the classification of each picture. What is important is that everyone understands which elements in each picture can protect a person against diarrhoea or expose him/her to it.

C. Large Group Presentation and Discussion on the Causes of Unsafe Water, Poor Sanitation, and Poor Hygiene (15 minutes)

Contamination Cycle: Part Two

1. Explain that the term, *diarrhoea*, is derived from the Greek word meaning "to flow through," and is a sign of disease in the gastrointestinal tract. It traditionally has been defined as the passage of three or more watery stools in 24 hours.

2. Ask participants to offer ideas on why it is so important to prevent diarrhoea. Spend no more than two minutes gathering responses.

Trainer Note:

Make sure participants include the following key facts about the consequences of diarrhoea on the household:

- ***Severe diarrhoea can cause lack of fluids in the body, or 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. (Annex 2 contains information from the World Health Organization (WHO) on diarrhoeal disease that can be used by the trainer to expand his/her knowledge. This information is likely to be too detailed and extensive for the workshop participants, and it is not recommended that copies of the material be shared with the participants.)**
- ***Severe diarrhoea can cause malnutrition*. Diarrhoeal illnesses impair weight and height gains, with the greatest effects seen in recurrent illnesses, which reduce the critical catch-up growth that otherwise occurs after diarrhoeal illnesses or severe malnutrition. Malnutrition itself also can lead to increased frequencies and durations of diarrhoeal illnesses.**
- ***Diarrhoea can seriously decrease a person or a household's quality of life, or* the client's ability to enjoy normal life activities.**
- ***Diarrhoea can cause a financial burden on the household*. With diarrhoea in the household, more money is spent to treat diseases and household members have less ability to work on days when they are sick.**

3. Emphasise to participants that diarrhoea continues to be a problem causing illness and death in Uganda and throughout the world. An estimated 1.6 million children under 5 years of age die each year worldwide because of diarrhoea. However, we know that improving practices such as safely transporting, storing, and serving drinking water can reduce diarrhoea episodes by as much as 39 percent. Home based water treatment and safe storage in Uganda has shown to

reduce the number of diarrhoea episodes users experienced by 25 percent, the number of days with diarrhea by 33 percent, and the frequency of visible blood or pus in stool in HIV-positive Ugandan adults[1]. The presence of soap and a latrine also are associated with fewer cases of diarrhoea. On average, improvements to household faeces handling and disposal can reduce sickness from diarrhoea by almost a third in most countries.[2]

4. In addition to diarrhoea (and its consequences), poor sanitation, unsafe water, and unhygienic practices cause many other problems, including:

   - *Other life-threatening diseases* in the entire family, especially in children. This includes cholera, trachoma, schistosomiasis, worm infestations, guinea worm disease, and other serious conditions which can be easily prevented at the household level.

   - *Slowed childhood physical development and poor school attendance and performance*. A high percentage of children suffer from intestinal infections caused by parasites as a result of poor hygiene and inadequate sanitation. Parasites consume nutrients, aggravate malnutrition, retard children's physical development and result in poor school attendance and performance. In addition, the lack of separate and decent water, sanitation, and hygiene facilities in schools discourages girls from attending school fulltime and forces 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. A compromised immune system, however, presents an "opportunity" for a germ to infect and cause unnecessary illness (e.g., poor WASH causing skin conditions, diarrhoea due to the eroded lining of the gut). Improved access to water, sanitation, and hygiene also reduces the burden on households caring for HIV-affected family members. Less time spent on fetching water allows caregivers — usually women and girls — more time and energy for coping with the disease or for working outside the home. Appropriate faeces handling and disposal practices also help to ensure that people living with HIV, many of whom experience severe bouts of diarrhoea, have access to good sanitation.

[1] Lule JR, Mermin J, Ekwaru JP, Malamba S, Downing R, Ransom R, Nakanjako D, Wafula W, Hughes P, Bunnell R, Kaharuza F, Coutinho A, Kigozi A, Quick R. Effect of home-based water chlorination and safe storage of diarrhea among persons with human immunodeficiency virus in Uganda. Am J Trop Med Hyg. 2005 Nov;73(5):926-33.
[2] http://www.unicef.org/wes/index_31600.html

Trainer Note:

WASH, HIV, and AIDS will be further discussed in the next session.

5. Explain that this course is designed to build on what HBC providers already know in water, sanitation, and hygiene by focusing on four key practices that prevent diarrhoea and transmission of HIV, 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. The course content and four chosen practices are based on evidence from the field and a formative review, and a trial of improved WASH practices (TIPS) was conducted in select urban and rural areas of Uganda. The formative review identified current gaps in water, sanitation, and hygiene (WASH) practices of Ugandan HBC providers, household members, and people living with HIV which could be strengthened and incorporated into their regular care routines to reduce the risk of diarrhoeal diseases and transmission of HIV.

Trainer Note:

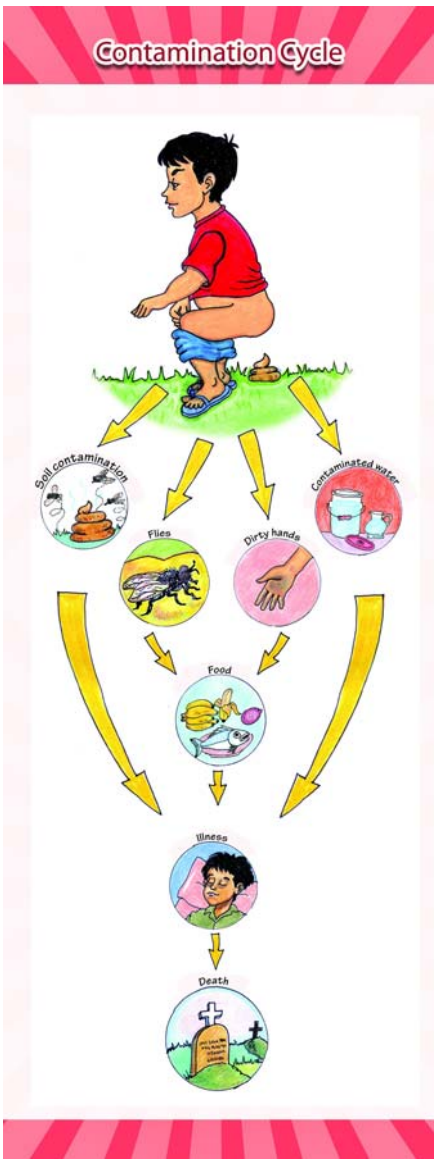
If needed, it may be helpful to acknowledge to participants that they already have learned important aspects of water, sanitation, and hygiene which are commonly presented in HBC training programs. Household hygiene in home based care includes a range of topics which break the chain of infection in the home, including: safe disposal of human and animal faeces; safe household water; food hygiene; personal hygiene (including hand washing); general cleaning (laundry, surfaces cleaning); home health care; control of wastewater and rainwater; care of domestic animals and pets; and control of insects. The range of topics is outside the scope of this course, as the formative field work focused the training need on the four key WASH practices. Although HBC providers receive training in the principles of basic WASH, little emphasis and/or detailed information has been given in *how* to overcome or change the many daily obstacles to improved WASH in the home. This training addresses this gap and is based on the principle that WASH in the household *can be improved* — that is, new practices can be adopted and current practices can be modified or changed in small ways that are feasible and acceptable to the householder, and that are feasible—and can actually be carried out by household members.

D. Show and Tell with the Contamination Cycle Diagram and Large Group Discussion (15 minutes)

Contamination Cycle: Part Three

1. Have participants open the **Participant's Guide** to **page 16** to look at the **"Contamination Cycle"** drawing (see copy in the Annex for this Module).

> **Trainer Note:**
>
> **Image is pasted below for trainer reference.**



2. Explain that this next activity will focus on a review of the main causes of diarrhoea, also known as the WASH contamination cycle. This cycle is the most

common cause of diarrhoea and also is referred to as the "faecal-oral transmission" cycle of diarrhoea.

3. Explain the key ideas illustrated in the Contamination Cycle Diagram while pointing to each step. Ensure the following elements are discussed in the session:

   - Diarrhoeal disease often is caused by eating food or drinking water that is contaminated by human and/or animal faeces.
   - This diagram shows the way that germs that cause diarrhoea make people sick is mainly when people eat them or get them in their mouths usually through the "5 F's": fingers (hand), flies (insects), fields (defecation outdoors), fluids (water supply), or food.
   - The contamination cycle starts with people (represented here by a child) and animals defecating in the open.
   - Faeces come into contact with the soil and contaminate 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 on food.
   - Faeces in the soil contaminate water sources and then people consume contaminated water.

4. Explain to participants that contamination by all of these routes occurs every day and causes diarrhoea, especially affecting children and people whose immune systems already are compromised (elderly and the ill), occasionally leading to death.

5. Explain that it is estimated that 90 percent of all cases of diarrhoea can be attributed to these three major causes:

   - Inadequate faeces disposal;
   - Poor hand washing;
   - Contaminated water.

6. Remind participants that certain hygienic practices 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 hand washing at critical times

- Safe drinking water: Including its treatment and safe transportation, storage and serving

Trainer Note:

As mentioned, there are other home hygiene methods of preventing diarrhoea. However, the scope of this training course is on the practices identified above and as prioritised in the formative review/field work in Uganda.

7. Ask if anyone has any questions and respond appropriately.

E. Review (5 minutes)

The Effect of WASH on the Health and Wellbeing of Households

Summary Points:

- Diarrhoea is the passage of three or more watery stools in 24 hours. It causes high amounts of death and illness in Uganda and throughout the world. Diarrhoea causes dehydration, malnutrition, and financial burden on the household and poor quality of life of household members.
- Poor sanitation, unsafe water and unhygienic practices cause other illnesses (besides diarrhoea) and slow childhood physical development and poor school attendance and performance, and opportunistic infections among people living with HIV and AIDS.
- The contamination or "faecal-oral transmission" cycle includes:
    - People and animals defecating in the open;
    - Faeces spread on the ground and come in contact with soil, which contaminates people and animals;
    - Faeces on the ground attract flies;
    - 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 water sources and then people consume contaminated water.

Transition

Thank the participants for their participation and mention that in the next session they will learn the importance of WASH for people living with HIV and AIDS.

Day 1
Module 2, Session 2:
The Importance of WASH and HIV

Session Learning Objectives

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

1. Identify why poor water, sanitation, and hygiene practices have a negative impact on a client's immune status, especially for people living with HIV and AIDS.
2. Describe the additional water, sanitation, and hygiene needs of people living with HIV and AIDS and their household members.
3. In the context of WASH care, identify specific ways that people living with HIV and AIDS and their households often are stigmatised.

Time: 1 hour; 40 minutes

Prep Work

Before You Teach:

1. For the pile sorting exercise in Part D, make four photocopies of Annex 3 (Module 2), WASH and HIV Myths and Misconceptions. Take the photocopies and cut along the dotted line and organise them into four sets (one set per small group) with a copy of each illustration/statement in each set. See Trainer Note in the session for variations on this exercise if four photocopies are not feasible.

Trainer Steps: The Importance of WASH and HIV

A. Introduction to the Session

Explain that this session will cover the importance of water, sanitation, and hygiene in home based care, especially for clients who are living with HIV and/or AIDS and other household members. HIV-affected households include orphans and vulnerable children (OVC) who have the added risk of being very vulnerable to diarrhoea.

B. Quick Review: What Are HIV and AIDS? (5 minutes)

1. As many of our fellow caregivers, clients, and their family members are living with HIV, it is important to quickly review what HIV and AIDS mean and the linkage between the importance of WASH care for people living with HIV and/or AIDS.

2. Acknowledge that most of us know about HIV or have been affected directly by it. Ask participants what HIV is and whether they can explain the difference between HIV and AIDS. Write their responses on the flipchart. Include correct and incorrect information.

3. Ask participants to open the **Training Handouts** to **page 3**, to the chart labelled, **"What Are HIV and AIDS?"** to review the acronyms for HIV and AIDS (see trainer notes).

Trainer Note:

What are HIV and AIDS?

H Human: 0nly 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

Trainer Note:

It may be difficult for participants to understand or explain the difference between HIV (the virus which infects people) and AIDS (which is when people are very sick and look sick). HIV is a virus that "beats up" the body's natural defences until the body can no longer fight off any illnesses, even common illnesses. Once a person's body is too weak, the person becomes ill and is considered to have AIDS.

4. Ask participants to open their **Training Handouts** to **page 4** to the section labelled, **Pictures of Joseph** (see below). Ask participants to look at two pictures of an HIV-positive client, named *Joseph*.

Picture 1

Picture 2

Explain how in Picture 1, 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. He is very sick. Explain that in Picture 2, Joseph has been taking medication (anti-retroviral medications, or ARVs) that are helping his body fight the virus, and he 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.

C. Large Group Discussion and Illustration Review: Linkages Between Germs, HIV and WASH (10 minutes)

1. As we learned with diarrhoeal disease, transmission of an infectious disease may occur through one or more pathways. Tiny microorganisms, or germs, can enter the body and cause sickness. They enter through openings in the body, like the mouth, nose or a cut. Some germs are passed through body fluids. HIV is a type of germ called a virus. It is very unique because it cannot be killed once it is in your body, just controlled with medications and by taking care of yourself and living positively. Once HIV gets in the body, it will always be there, and that person will always be HIV-positive.

2. Explain that everyone has an immune system that fights off germs. Good water, sanitation, and hygiene practices help keep the immune system healthy.

3. Ask participants to look at their **Training Handouts**, **page 5**, Picture 3: **Importance of Keeping a Strong Immune System by Practising Good WASH Practices: Progression of HIV to AIDS** (see copy below).

Image 1 Image 2 Image 3 Image 4

4. Explain each of the four images in the picture, as listed below:

   - **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.

5. Remind participants that not everyone with HIV appears sick. This is because there are stages of HIV and AIDS infection. Over time, one stage leads to the next and people who do not get good care (e.g., ARVs, treatment of opportunistic infections, good nutrition, etc.) and who do not take measures to keep themselves healthy will get sick. Good water, sanitation, and hygiene (WASH) practices are important things that people living with HIV and AIDS need in order to keep healthy to prevent opportunistic infections such as diarrhoea, mouth diseases, skin conditions, etc.

D. Small Group Activity (Two Pile Sorting) and Group Discussion: Common Myths and Misconceptions of WASH and HIV (45 minutes)

Trainer Note:

If you <u>are able to make four sets of copies</u> of the handout in Annex 3, prepare the photocopies before this session so you can easily transition into the small group work and discussion. To prepare the sets, make four photocopies of Annex 3 (Module 2), WASH and HIV Myths and Misconceptions. Then, cut the photocopied pages along the centre dotted line where it reads "cut here." Organise the pieces of paper into four separate sets, with one copy of each illustration/statement in each set for a total of 10 pieces of paper in each set. Each of the four groups will receive one of the sets of illustrations/statements.

***If you <u>are NOT able to make four sets of copies</u>,* this exercise can be modified. Instead of dividing the participants into four small groups, keep all the participants in a large group and photocopy one set of papers. Show one illustration/statements to the participants and read the statement out loud. The participants should be instructed to raise a hand if they think the statement is TRUE and to not raise their hands if they think the statement is FALSE (or the trainer can choose another signal that may be more appropriate if raising a hand is not suitable). If the participants disagree on the answer, lead a discussion until the correct answer is reached. Repeat this for each of the illustrations/statements.**

1. Explain that field research[3] and anecdotal reports have identified a number of myths and misconceptions, or wrong beliefs or mistaken ideas, about the relationship between water, sanitation, and hygiene and HIV and AIDS in Uganda. Households affected by HIV also face a lot of unnecessary stigma because they live with HIV or take special precautions to protect their immune system and stay healthy (e.g. receive water treatment or storage supplies).

2. Explain that the next learning exercise is a small group activity to clarify some of the common myths and misconceptions (or wrong beliefs or mistaken ideas) that may exist in the HBC provider's community. Explain that in this "two pile" sorting exercise, each group will be handed 10 pieces of paper which have different statements and illustrations/pictures. Each small group will discuss each illustration/picture and then determine whether the statement on the activity card is either a TRUE (fact) statement or a FALSE (fiction) statement. Each group will

[3] Xavier Nsabagasani and Brendon Barnes. 2008. Report on the Implementation of Small Doable Actions to Improve Hygiene Practices in the Care of People Living with HIV/AIDS. Hygiene Improvement Project.Plan Uganda; and, Xavier Nsabagasani and Brendon Barnes. 2008. Identifying Small Doable Actions to Improve Hygiene Practices in the Care of People Living with HIV/AIDS: Focus Group Discussions and In-Depth Interviews. Hygiene Improvement Project. Plan Uganda.

form two piles - one pile of papers for the TRUE statement and a separate pile for the FALSE statements.

3. Divide the participants into four groups. Hand each group one set of the Myths and Misconceptions Activity Papers (stack of 10 pieces of paper which include the image and statement).

4. Ask the groups to designate two separate spaces within their small groups where they can pile their pieces of paper either into a TRUE pile or into a FALSE pile.

5. Ask a volunteer from each of the small groups to read to their group the Myths and Misconceptions statement (#1) on the first activity card. Then, have a volunteer display the picture which is on the activity card. Ask the small groups to take one minute to discuss the statement and the picture. Then, ask the groups to make a decision as to whether that statement is TRUE (fact) or FALSE (fiction). If the group's members think the statement is true, they should put that activity card in their designated TRUE pile. If they feel the statement is FALSE, they should put the activity card in the designated FALSE pile.

6. Have the groups repeat the previous step for each of the papers with the statements/illustrations, allowing one or two minutes of discussion for each paper. Each small group should have two piles of papers at the end of the exercise with some in the TRUE pile and some papers in the FALSE pile. After the groups have reviewed all 10 statement/illustrations, ask the participants to remain in their small groups.

7. Ask for one person in each group to take the pile of pictures in that group's "TRUE" pile and put them in numerical order, and ask a second person in each group to take the pile of pictures in the "FALSE" pile and put them in numerical order. Put a piece of flipchart paper on the wall and draw a vertical line down the middle from top to bottom forming two columns. At the top of the left-hand column, write "#1 – TRUE" and the top of the right column, write "#2 – FALSE." Ask that the volunteers from each group holding picture #1 in his/her hand to place it (with masking tape) in the column corresponding to his/her group's decision. So, if the group thought #1 was true, the volunteer would tape it in the "TRUE" column on the left side.

   - **If all the groups were in agreement** and placed the picture in the same column, confirm whether this choice is correct. If it is NOT correct, ask whether anyone else has a different opinion. If the answer selected by everyone is wrong and no one has a different opinion, explain why it is wrong to the participants before moving on to the next statement/illustration.

   - **If there is a difference of opinion about whether the answer is true or false,** ask one person who placed their picture in the TRUE column to explain that decision and one person who placed their picture in the FALSE column to explain their answer. Discuss the answers until the correct conclusion is reached by the participants or until you have to give the participants the correct answer before moving on to the next statement/illustration.

Process all 10 myth and misconception statements/illustrations as outlined above.

Trainer Note:

<u>Answer key is for the trainer's use only</u>. While the small groups are presenting their decisions, check their responses by using the key (below).

Number	WASH & HIV "MYTHS AND MISCONCEPTIONS" STATEMENTS – ANSWER KEY	Answer Key: TRUE or FALSE
1	HIV can be spread by handling the diarrhoea and soiled bed linens of a bedridden client.	FALSE
2	A household member can get HIV by handling with their bare hands (no gloves/plastic material) a sanitary towel/napkin, cloth or banana fibre which is soaked with menstrual blood from an HIV-positive female client.	TRUE
3	A person can get HIV by sharing a toilet/latrine with someone who is HIV-positive.	FALSE
4	Soaking cloth that is saturated with HIV-infected menstrual blood for at least 20 minutes in very soapy water with a lot of bubbles, then rinsing and drying it in the sun WILL kill the HIV virus and other "germs" (like Hepatitis) and adequately clean the cloth so it can be reused.	FALSE
5	Switching between breast milk and formula or animal milk is healthy for a baby and strengthens the baby's digestive tract. This prevents HIV from passing from an HIV-positive mother to her baby.	FALSE
6	An HIV-negative person can get HIV by drinking treated water from an HIV-positive person's jerrican.	FALSE
7	Putting plastic material or gloves on your hands while handling a client's faeces will help reduce the risk of spreading germs that cause diarrhoea.	TRUE
8	Handling a client's HIV treatment medication without first washing your hands could make the client get diarrhoea or	TRUE

	other illnesses.	
9	Surfaces covered with blood or faeces can be soaked for 20 minutes with a 1 part Jik to 9 parts water solution to kill HIV and the germs that cause diarrhoea.	TRUE
10	HIV can be spread to a HBC provider if the provider bathes an HIV-positive client (assuming that: (1) the HBC provider is not using any gloves/plastic material to cover his/her hands and (2) the client and HBC provider do not have any sores or cuts on their skin).	FALSE

8. Ask participants to return to their seats for a short plenary discussion where they will have an opportunity to ask any remaining questions and review key facts that were learned in the activity.

9. Ask participants to turn to their **Training Handouts**, **page 6**, to the table: **How HIV is Spread and Not Spread** (see copy in the Annex for this Module).

Trainer Note:

See below:

Fluids that Have a High Risk of Transmission of HIV	Fluids, Solids, or Things that Have Low or No Risk of Transmission of 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 with untested blood, exchange of infected blood directly in a wound, sharing needles or other skin cutting or piercing instruments, knives, etc.)

10. Ask participants to look at Column Two: Fluids, Solids or Things that DO NOT Carry HIV. Read aloud these items which do not carry HIV. Ask participants the following question:

    "Tell me about any discussions in the true/false game we just played where your group may have struggled with the answer or questioned whether HIV could be spread through some of the fluids, solids or things which are listed in Column Two?" Give participants one or two minutes to give examples (without naming any names or identifying people who held incorrect beliefs).

Trainer Note:

If there is any confusion on how HIV is spread, refer to Column One: Fluids that Carry HIV. Emphasise the following points:

- **The HIV virus is spread during unprotected sex, sharing needles or other skin cutting/piercing instruments, or through significant and direct exposure to infected blood.**
- **There are high proportions of HIV in semen, blood, and vaginal and cervical fluids, so it is easy to transmit HIV through these fluids. Breast milk has a smaller proportion of HIV.**

11. Explain to participants the following important facts:

- Typically, HIV can only live/survive outside the human body for a few seconds, so it is very difficult to spread HIV outside of the body (low risk of environmental transmission).
- The length of time HIV can survive outside the body depends on the quantity or amount of HIV present in the body fluid and the conditions (hot, cold, humidity, etc.) to which the fluid is subjected.
- The details on how long and how well HIV can survive outside the body are still under scientific debate, therefore, it is critical that HBC providers and household members treat all blood or any body fluid carefully, as if it could potentially transmit the HIV virus.

Trainer Note:

It is important not to spend too much time in the training discussing the survivability of HIV, given different household situations. Scientific evidence is not conclusive on exactly how long HIV survives outside the body. There is potential risk of acquiring HIV when handling an infected person's body fluids. Therefore, it is clear that universal precautions must be adhered to in all settings (see more details in Module 6). It is known that HIV is a very fragile germ, and many common substances, including hot water, soap, bleach, and alcohol, will kill it[4]. One study[5] showed that HIV-infected blood introduced into untreated tap water had no detectable HIV virions after five minutes. Other scientists have placed concentrated HIV virus in faeces, wastewater and bio-solids to study its survival. Those studies have determined that urine and faeces inactivate the virus within an hour and in wastewater the viral infectivity was gone within 48 hours[6] even at the high concentrations, that far exceeds what would normally be found in waste water.

12. Explain that chances of becoming infected with HIV by handling a body fluid are extremely small because that fluid will rarely have access to a person's bloodstream. However, emphasise that all HBC providers, clients and household members must take special precautions when handling ANY blood, body fluids, or body solids of ANY client to ensure they are protected from any disease transmission. These special precautions, often called *universal precautions* (or also standard precautions), will be discussed in detail in a later session.

13. Congratulate the participants for successfully completing the HIV Myths and Misconceptions Activity.

E. Case Study 1: Identifying the Linkages Between WASH and HIV (40 minutes)

1. Explain that as someone lives with a chronic illness such as HIV, their needs for improved water, sanitation, and hygiene care increase.

2. Ask participants to turn to **Case Study 1: Identifying the Linkages Between WASH and HIV** in the **Training Handouts** on **page 7.** (see below). Explain that you are going to work in pairs on this case study to learn more about WASH and HIV. State the overall purpose of the Case Study is for participants to identify (1) the increased WASH needs of people living with HIV; and (2) ways that stigma can be a barrier to providing quality WASH care.

3. Encourage participants to listen carefully to the case study to be read aloud by a volunteer. Ask participants to take mental or written notes when they hear the case study say anything about either (1) WASH needs or (2) examples of stigma.

4. Ask for a volunteer to read the case study out loud.

Trainer Note:

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

5. 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.

6. After 5 minutes, ask participants to share their answers and record them on the flipchart.

Trainer Note:

Case Study Illustrative Answer Key: Be sure some of the following points are raised during the discussion:

Case Study Question 1:

- **Access to a safe water supply**
- **Access to a latrine**
- **Supplies to treat water so it is safe to drink**
- **Access/supplies to clean the jerrican so it is safe to store water**
- **Access/supplies for hand washing and a hand washing station**
- **Devices to assist Robert to get to the community latrine rather than defecating in the yard**
- **Household cleanliness**
- **Diarrhoea affecting Robert's health and condition**

Case Study Question 2:

- **Neighbours gossiping and whispering behind Anne's and Robert's back, making them feel guilty and ashamed;**
- **Stigma against sharing water with people living with HIV;**
- **Stigma against HIV status by presence of the basic care safe water system jerrican in the home;**
- **Stigma against HIV status by visits from a HBC provider;**
- **Stigma against people living with HIV and AIDS who are not given the opportunity to work in the household or contribute to the household hygiene for several stigmatizing reasons, including:**

- **Household members may choose to decide for the person living with HIV/AIDS (PLWHA) whether they feel well enough to work rather than encouraging the PLWHA to decide for themselves whether they want to work or not; and**
- **Household members may not want PLWHA to participate in household work because they may falsely believe that interaction or contact with someone living with HIV (and their water, faeces, etc) puts their own health or their family's health at risk, then it is likely they will stigmatise against that person and not allow them to assist with the hygiene of the household or participate in other household activities.**

7. Explain that experience and evidence have shown that the WASH needs of people living with HIV and their families are significantly greater than for those people who are not living with HIV in their households. A few examples include:

   - Poor WASH practices can make it easier to get opportunistic infections among people living with HIV and AIDS. A compromised immune system provides an opportunity for germs to infect those living with HIV and cause unnecessary illness. Poor water, sanitation, and hygiene can easily increase such opportunity, and problems like skin conditions, diarrhoea, etc. can commonly occur.

   - Improved access to water, sanitation, and hygiene reduces the burden on households caring for HIV-affected family members. Less time spent on fetching water allows caregivers – usually women and girls – more time and energy for coping with the disease or for earning income for the home.

   - Appropriate faeces handling and disposal practices also help to ensure that people living with HIV, many of whom experience severe bouts of diarrhoea, have access to good sanitation.

8. Remind participants that households affected by HIV face a lot of unnecessary stigma because they take special precautions to protect their immune system to stay healthy (e.g., use water treatment or storage supplies).

9. Explain to participants that one of the most important ways they can reduce stigma and discrimination in their community is to be a role model by respecting and caring for people living with HIV and to correct any misunderstandings about how HIV can be spread. Ask participants the following question:

F. Review Summary Points (5 minutes)

The Importance of WASH and HIV

- People living with HIV have a compromised immune system which presents an "opportunity" for a germ to infect and cause unnecessary illness. HIV progresses to AIDS and people die of opportunistic infections, not from the HIV virus itself.

- The HIV virus is transmitted during unprotected sex, sharing needles or other skin cutting/ piercing instruments (such as knives) or through significant and direct exposure to infected blood.
- HIV can only live/survive for a few seconds outside the human body. Therefore, it is very difficult to spread HIV outside of the body. However, all HBC providers must take special precautions when handling ANY blood, body fluids, or body solids of ANY client to ensure HIV is not spread.
- Stigma and discrimination can keep people living with HIV from doing what they need to do to stay healthy, especially the way in which people living with HIV and AIDS wash their hands; treat, transport, store and serve their drinking water; and handle and dispose of faeces and menstrual blood. HBC providers must be a role model by respecting and caring for people living with HIV and to correct any misunderstandings about how HIV can be spread.

Transition

Thank the participants for their participation and tell them that in the next module, they will learn more about their role in improving water, sanitation, and hygiene behaviours as an HBC provider.

Day 1
Module 2, Session 3:
The Role of Home Based Care Providers in Water, Sanitation, and Hygiene Care

Session Learning Objectives

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

1. Describe their role in water, sanitation, and hygiene care as an HBC provider.
2. Identify how HBC providers can help clients, their household members and other community members improve their practices in water, sanitation, and/or hygiene.

Time: 30 minutes

Prep Work

Before You Teach:

No prep work is necessary for this session.

Trainer Steps: The Role of HBC Providers in Water, Sanitation, and Hygiene Care

A. Introduction (5 minutes)

Ask participants to take 2 minutes to share what they think their role is for improved water, sanitation, and hygiene practices in the household. Record participant responses on a flipchart.

B. Large Group Work: Reading and Discussion (15 minutes)

1. Ask participants to open their **Training Handouts** to the **Definition of Home Based Care** on **page 9** (see below). Ask for a volunteer(s) to read aloud the definition of home based care. This includes:

Trainer Note:

Home based care (HBC) is the total care of clients (including children, adolescents and adults) and their household 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 their household's physical, psychological, spiritual, and social support needs.

2. Ask for a volunteer to read aloud the description of **The Role of the Trained HBC Provider in Providing Water, Sanitation, and Hygiene Care** as it is found in the **Training Handouts** on **page 10**.

Trainer Note:

The description includes the following:

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

- **HBC providers 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.**
- **HBC providers will be responsible for conducting a wide variety of WASH activities in their communities 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.**
- **HBC providers 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.**
- **HBC providers should be fluent in local languages of the communities in which they work, as well as demonstrate excellent interpersonal communication skills and sensitivity to local practices and traditions.**

- **HBC providers will monitor the WASH activities in the households they serve and keep records in accordance with their organisations' requirements. They will use their records to help track progress of the households as they improve their WASH practices.**
- **HBC providers will work inside the program framework of their organisation and will help the organisation adapt and use the messages and tools from this WASH training to their local context.**

3. Explain to participants that as HBC providers, they have a responsibility to help their clients and their families improve 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. HBC providers need to be able to recognise protective ("good") and higher risk ("bad") behaviours and help their clients and their families improve their behaviours from less protective to more protective behaviours. This will be discussed further in later parts of the training.

4. Ask the large group to share what questions they have about their WASH roles as HBC providers. Record these on flipchart. Explain that you will come back to these questions at the very end of the WASH training course, and that by that time, many will have been answered. Post the questions prominently so they are visible during the course. These questions might be posted next to the conclusions participants drew about local WASH conditions in the areas where they will be working.

5. Close the session by saying that now they have a general idea of what they are expected to do, they will be spending the next couple of days getting ready. Say that they will have time together to learn technical information about WASH and will explore the Participant's Guide that will help them in the field. Invite them to refer back to their self-assessments to make sure they are getting what they need to be fully ready, if appropriate.

C. Review Summary Points

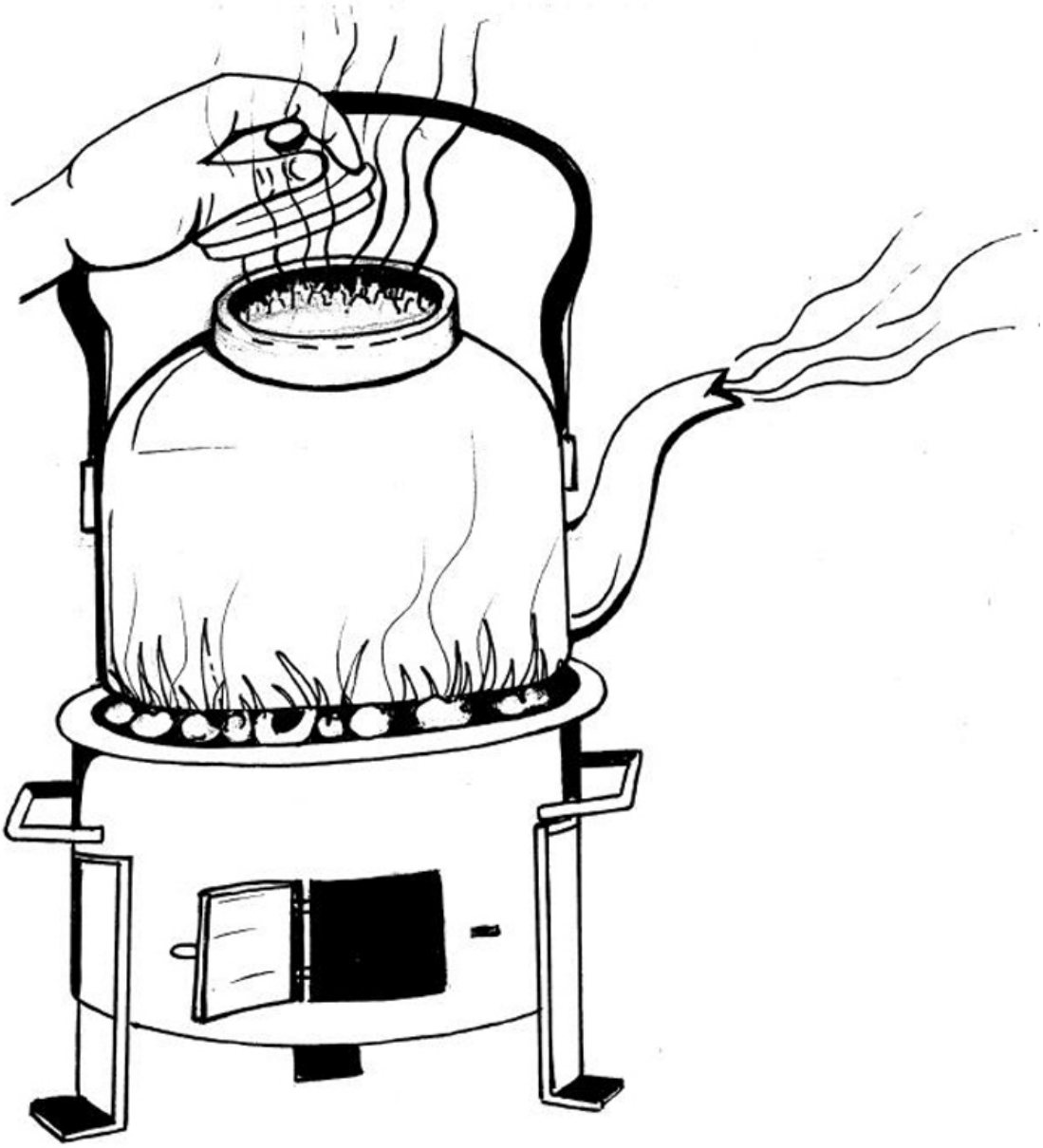
The Role of HBC Providers in Water, Sanitation, and Hygiene Care

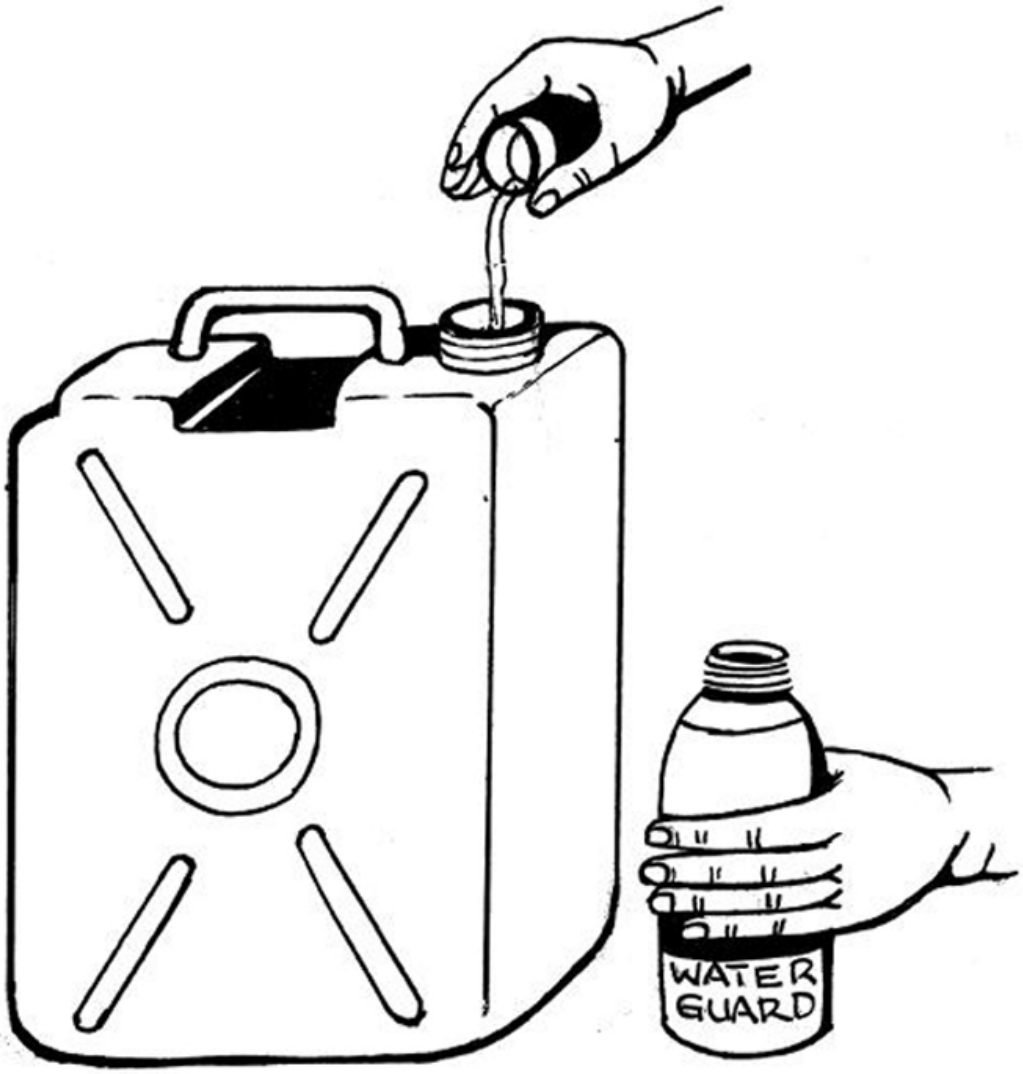
- HBC providers are the bridge between the formal health, water, and sanitation systems in Uganda and the community.
- HBC providers have a critical role and responsibility in helping their clients and the clients' households to improve their practices in water, sanitation, and hygiene, especially to safely treat, transport, store and serve drinking water; safely handle and dispose of faeces; safely handle and dispose of menstrual blood; and wash their hands.

Transition

Thank the participants for their participation and tell them that in the next session, they will learn about important communication, values-clarification, and skills and steps to help improve WASH behaviours of their clients and the clients' household members.

Annex 1

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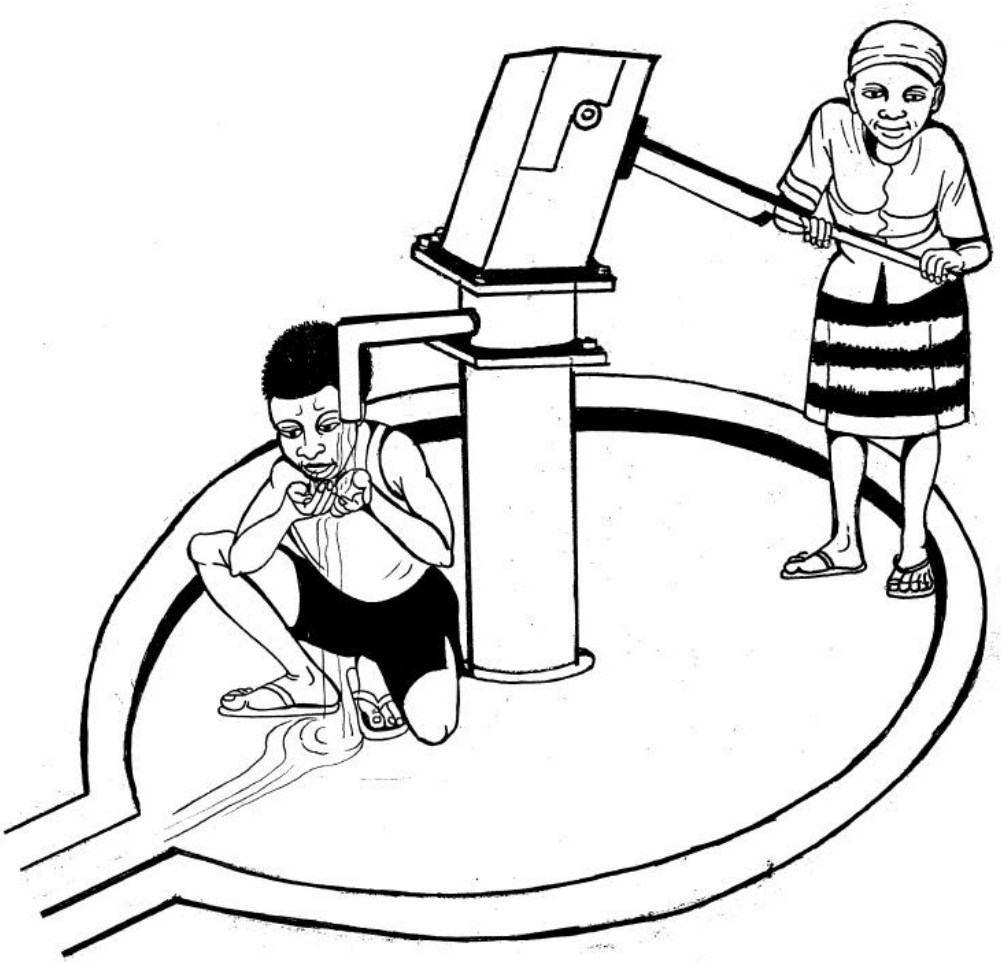

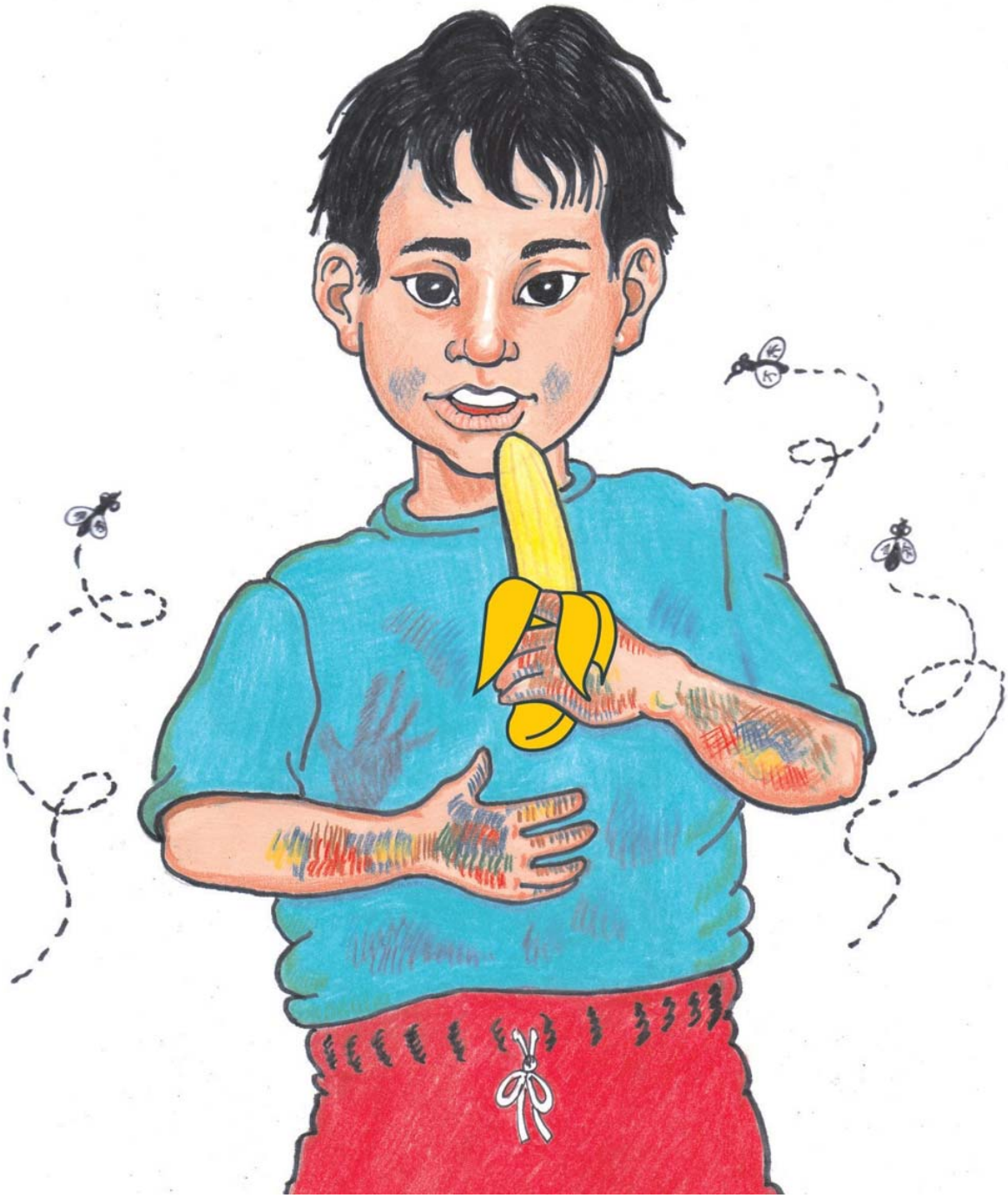

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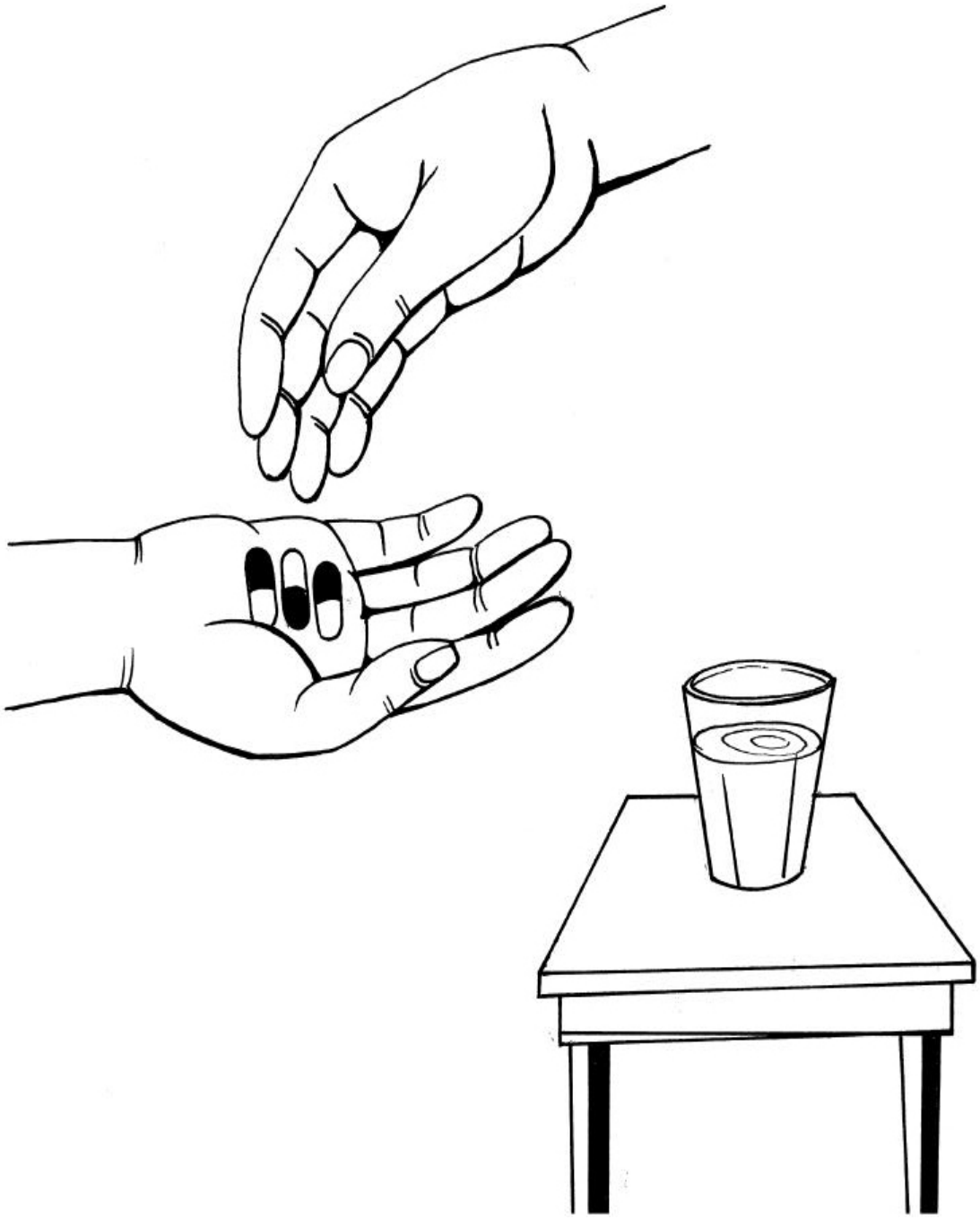

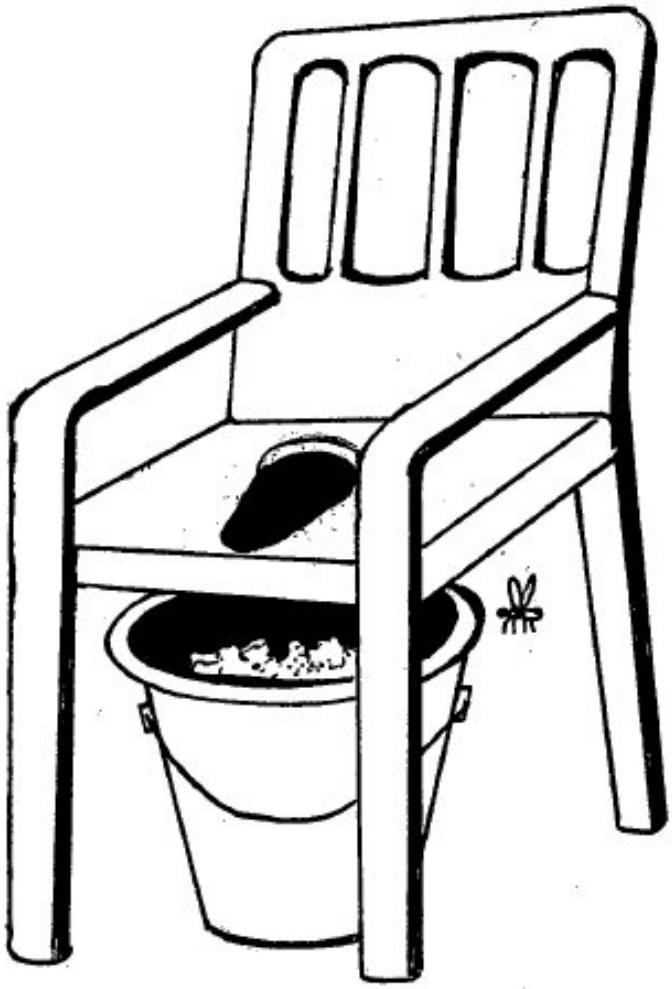

Annex 2

Background Information on Diarrhoeal Disease for the Trainers

(This information is likely to be more information and text than is necessary for the workshop participants and it is recommended that they are NOT given copies of the material.)

World Health Organization

Fact sheet N°330
August 2009

Diarrhoeal disease

Key facts

- Diarrhoeal disease is the second leading cause of death in children under 5 years old. It is both preventable and treatable.
- Diarrhoeal disease kills 1.5 million children every year.
- Globally, there are about two billion cases of diarrhoeal disease every year.
- Diarrhoeal disease mainly affects children under two years old.
- Diarrhoea is a leading cause of malnutrition in children under five years old.

Diarrhoeal disease is the second leading cause of death in children under five years old, and is responsible for killing 1.5 million children every year. Diarrhoea can last several days, and can leave the body without the water and salts that are necessary for survival. Most people who die from diarrhoea actually die from severe dehydration and fluid loss. Children who are malnourished or have impaired immunity are most at risk of life-threatening diarrhoea.

Diarrhoea is defined as the passage of three or more loose or liquid stools per day (or more frequent passage than is normal for the individual). Frequent passing of formed stools is not diarrhoea, nor is the passing of loose, "pasty" stools by breastfed babies. Diarrhoea is usually a symptom of an infection in the intestinal tract, which can be caused by a variety of bacterial, viral and parasitic organisms. Infection is spread through contaminated food or drinking-water, or from person-to-person as a result of poor hygiene. Diarrhoeal disease is treatable with a solution of clean water, sugar and salt, and with zinc tablets.

There are three clinical types of diarrhoea:

- acute watery diarrhoea – lasts several hours or days, and includes cholera;
- acute bloody diarrhoea – also called dysentery; and
- persistent diarrhoea – lasts 14 days or longer.

Scope of diarrhoeal disease

Every year there are about two billion cases of diarrhoeal disease worldwide.

Diarrhoeal disease is a leading cause of child mortality and morbidity in the world, and mostly results from contaminated food and water sources. Worldwide, around 1 billion people lack

access to improved water and 2.5 billion have no access to basic sanitation. Diarrhoea due to infection is widespread throughout developing countries.

In 2004, diarrhoeal disease was the third leading cause of death in low-income countries, causing 6.9 percent of deaths overall. In children under five years old, diarrhoeal disease is the second leading cause of death – second only to pneumonia. Out of the 1.5 million children killed by diarrhoeal disease in 2004, 80 percent were younger than 2 years old.

In developing countries, children younger than 3 years old experience on average three episodes of diarrhoea every year. Each episode deprives the child of the nutrition necessary for growth. As a result, diarrhoea is a major cause of malnutrition, and malnourished children are more likely to fall ill from diarrhoea.

Dehydration

The most severe threat posed by diarrhoea is dehydration. During a diarrhoeal episode, water and electrolytes (sodium, chloride, potassium and bicarbonate) are lost through liquid stools, vomit, sweat, urine and breathing. Dehydration occurs when these losses are not replaced.

The degree of dehydration is rated on a scale of three.

1. Early dehydration – no signs or symptoms.
2. Moderate dehydration:
    - thirst
    - restless or irritable behaviour
    - decreased skin elasticity
    - sunken eyes
3. Severe dehydration:
    - symptoms become more severe
    - shock, with diminished consciousness, lack of urine output, cool, moist extremities, a rapid and feeble pulse, low or undetectable blood pressure, and pale skin.

Death can follow severe dehydration if body fluids and electrolytes are not replenished, either through the use of oral rehydration salts (ORS) solution, or through an intravenous drip.

Causes

Infection: Diarrhoea is a symptom of infections caused by a host of bacterial, viral and parasitic organisms, most of which are spread by faeces-contaminated water. Infection is more common when there is a shortage of clean water for drinking, cooking and cleaning. Rotavirus and Escherichia coli are the two most common causes of diarrhoea in developing countries.

Malnutrition: Children who die from diarrhoea often suffer from underlying malnutrition, which makes them more vulnerable to diarrhoea. Each diarrhoeal episode, in turn, makes their malnutrition even worse. Diarrhoea is a leading cause of malnutrition in children younger than 5 years old.

Source: Water contaminated with human faeces, for example, from sewage, septic tanks, and latrines, is of particular concern. Animal faeces also contain microorganisms that can cause diarrhoea.

Other causes: Diarrhoeal disease can also spread from person-to-person, aggravated by poor personal hygiene. Food is another major cause of diarrhoea when it is prepared or stored in unhygienic conditions. Water can contaminate food during irrigation. Fish and seafood from polluted water may also contribute to the disease.

Prevention and treatment

Key measures to prevent diarrhoea include:

- Access to safe drinking-water;
- Improved sanitation ;
- Good personal and food hygiene;
- Health education about how infections spread;
- Rotavirus vaccination.

Key measures to treat diarrhoea include the following.

- **Rehydration:** with intravenous fluids in case of severe dehydration or shock and/or oral rehydration salts (ORS) solution for moderate or no dehydration. ORS is a mixture of clean water, salt and sugar, which can be prepared safely at home. It costs a few cents per treatment. ORS is absorbed in the small intestine and replaces the water and electrolytes lost in the faeces.
- **Zinc supplements:** zinc supplements reduce the duration of a diarrhoea episode by 25 percent and are associated with a 30 percent reduction in stool volume.
- **Nutrient-rich foods:** the vicious circle of malnutrition and diarrhoea can be broken by continuing to give nutrient-rich foods – including breast milk – during an episode, and by giving a nutritious diet – including exclusive breastfeeding for the first six months of life – to children when they are well.
- Consulting a health worker if there are signs of dehydration.

WHO response

WHO works with Member States and other partners to:

- Promote current policies for the management of diarrhoea in developing countries;
- Conduct research to develop and test new health delivery strategies in this area;
- Develop new health interventions, such as the rotavirus immunization;
- Help to train health workers, especially at community level.

For more information contact:

WHO Media centre
Telephone: +41 22 791 2222
E-mail: mediainquiries@who.int

Annex 3

WASH & HIV Myths and Misconceptions

Small Group Pile Sorting Activity: True or False?

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TRUE

----------cut here----------

FALSE

----------cut here----------

Statement #1:

HIV can be spread by handling the diarrhoea and soiled bed linens of a bedridden client.

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Statement #2:

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

Statement #3:

You can get HIV by sharing a toilet/latrine with someone who is HIV-positive.

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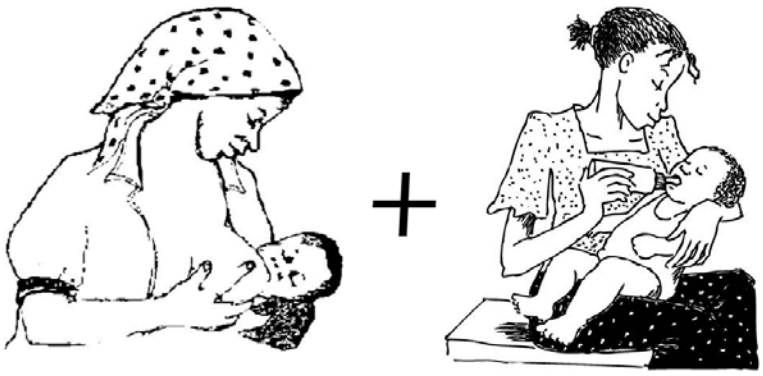
Statement #4:

Soaking cloth that is saturated with HIV-infected menstrual blood for at least 20 minutes in very soapy water with a lot of bubbles and then rinsing and drying it in the sun WILL kill the HIV virus and other "germs" (like Hepatitis) and adequately clean the cloth so it can be reused.

Statement #5:

Switching between breast milk and formula or animal milk is healthy for a baby and strengthens the baby's digestive track. This prevents HIV from passing from an HIV-positive mother to her baby.



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Statement #6:

An HIV-negative person can get HIV by drinking treated water from an HIV-positive person's jerrican.

Statement #7:

Putting plastic material or gloves on your hands while handling your client's faeces will help reduce the risk of spreading germs that cause diarrhoea.

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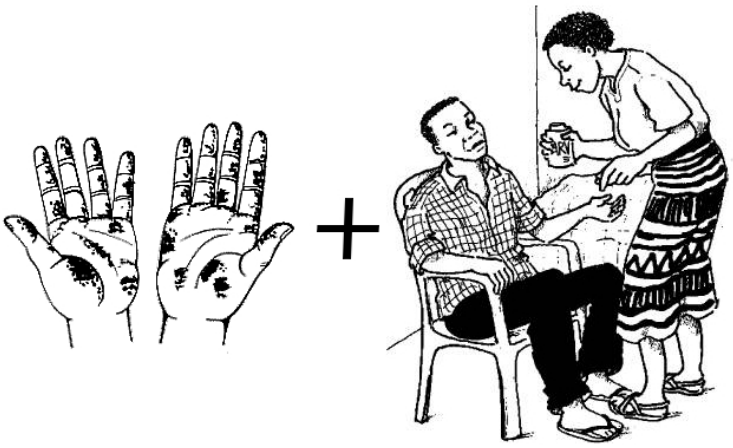
STATEMENT #8:

Handling your client's HIV treatment medication without first washing your hands could make the client sick with illnesses such as diarrhoea.



Statement #9:

Surfaces covered with blood or faeces can be soaked for 20 minutes with a 1 part Jik and 9 parts water mixture to kill HIV and the germs that cause diarrhoea.

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Statement #10:

HIV can be spread to an HBC provider if they bathe an HIV-positive client (assuming that: (1) the HBC provider is not using any gloves/plastic material to cover his/her hands and (2) the client and HBC provider do not have any sores or cuts on their skin).

SESSION PLANS

Day 1
Module 3, Session 1:
Introduction to WASH Behaviour Change

Session Learning Objectives

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

1. Describe factors that facilitate maintenance of old behaviours (for individuals and in groups);
2. Describe factors that support behaviour change (for individuals and in groups);
3. Describe key factors that will influence the adoption of improved practices in hygiene at the household level;
4. Describe the qualities of a good communicator and know how to establish rapport with clients;
5. Use essential communication skills — active listening, acknowledging feelings, asking questions, and summarising;
6. Describe the small steps ("small doable actions") that lead to ideal practices.

Time: 55 minutes

Prep Work

Before you teach:

There are no materials to prepare.

Trainer Steps: Introduction to WASH Behaviour Change

A. Introduction

Explain to participants that the entire module will focus on skills and steps HBC providers need to come to agreement on improved water, sanitation, and hygiene practices (or behaviours). These practices include the ways in which people customarily wash their hands; treat, transport, store, and serve drinking water; and handle and dispose of faeces and menstrual blood.

You will focus on understanding what is meant by behaviour change or improving a client's or caregiver's practices in the context of water, sanitation, and hygiene care.

B. Climate Setter/Large Group Discussion: What Influences You to Change Practices/Behaviours? (10 minutes)

1. Ask participants to brainstorm on factors that maintain people's practices, that is, why people continue to do the same practices even if they have gained new knowledge or learned new ways of doing something.

Trainer Note:

Ensure the following factors are included in the final list if they were not mentioned by the participants:

Household Level

- **Habit – "We've always done it this way" (e.g., disposing of waste in the river);**
- **Not ready to change – new practice is perceived as too difficult, too different, requiring too much work for the household member (e.g., need to clean latrine regularly);**
- **Beliefs/attitudes are not changed with new information (e.g., not convinced of arguments and evidence for improved hygiene);**
- **No perceived benefit for the household member or his/her family (e.g., placement of latrine/hand-washing station too far from the house;**
- **Head of household disapproves or does not perceive the benefit of the new practice;**
- **Lack of equipment/material resources to do the new practice;**
- **New practices are not seen as a priority in the household;**
- **New practices are seen as costly compared to old practices.**

Community Level

- **Community leader/s not supportive of new practice;**
- **Lack of community consensus on how to implement the new practice (e.g., site of new latrine, responsibility for maintaining new latrine);**
- **Insufficient resources even when community agrees to pool resources (e.g., buying supplies needed to build latrines);**
- **Local traditional beliefs are contrary to the practice (e.g., belief that children's faeces does not contaminate the environment and is not dangerous to anyone's health);**
- **Gender roles outweigh benefit of the new practice (e.g., even if a latrine is made available, women will only use it at night because they do not want to be seen going into a latrine).**

2. Ask the group to brainstorm on factors that support behaviour change (i.e. changing to new, healthier practices).

Trainer Note:

Ensure that the following are discussed and included in the list:

Household Level

- **Household member, particularly mother/ caregiver, recognises the importance of the need for the new practice;**
- **Head of household is supportive of the new practice;**
- **Access exists to resources/materials/equipment to implement the new practice;**
- **Household member has been introduced to/has had a discussion of the new practice previously – that is, the information/ideas are not new, so the household member has had time to think over the information/practices;**
- **Household member's beliefs and/or values are consistent with the new practice;**
- **Household member has had direct experience of the benefits of the new practice – is motivated to change;**
- **Household member perceives a direct benefit to the household (e.g., children will not get sick, caring for a sick person will be easier), and is**

motivated to change;

- **Household member has the support of family members/friends in implementing the new practice.**

Community Level

- **Community leader is supportive of the new practice;**
- **Strong community cohesiveness – communities make decisions for the benefit of the whole community (e.g., equal division of labour is involved in building and maintaining cleanliness of latrines, all community members demand consistent availability of supplies for water treatment, etc.);**
- **Community beliefs and values are consistent with the new practice (e.g., the community believes that open defecation should be eliminated);**
- **Access to resources exists – and is likely to continue to exist (e.g., chlorine solution is available without an interruption of supply);**
- **Support for sustainability exists (e.g., community leaders support community-wide activities to improve access to safe water and sanitation services.**

C. Large Group Discussion: Qualities and Skills of a Good Communicator – Part 1 (15 minutes)

1. Explain that communicating well and establishing a good relationship with a household member in a context where providers are trying to support behaviour change/improvement is a crucial part of the work of HBC providers.

2. If communication between the HBC provider and the household member is effective, it can significantly affect how households accept new and improved behaviours and thereby increase the likelihood that the household will try to adopt the new/improved behaviour and enjoy the positive outcomes (improvement in the quality of life of PLWHA and family).

3. Explain that the group will review the qualities of a good communicator, then brainstorm on a few critical communications skills required to be a good communicator.

4. Ask: What are the qualities of a good communicator?

Trainer Note:

Ensure that the following critical points have been mentioned.

A good communicator is someone who is:

- **Able to keep confidentiality;**
- **Sensitive about when to speak and when to listen;**
- **Friendly and kind;**
- **Understanding and supportive;**
- **Always available;**
- **A good listener and easy to talk to;**
- **Honest, responsible, and trustworthy;**
- **Patient;**
- **Helpful with problem-solving;**
- **Respectful of the client, family, and home;**
- **Empathetic — understands the client's point of view and has the client's interests at heart;**
- **Sensitive to customs and culture, gender relations, age, and body language;**
- **Not judgemental;**
- **Perceived as wise/knowledgeable (e.g., knows local knowledge, customs, has life experience, perceived to make good decisions in own life, respected in the community);**
- **Knowledgeable of different subjects in health and hygiene, and his/her knowledge can be trusted;**
- **Knowledgeable of his/her limitations.**

5. Explain that, in addition to these essential qualities that make effective communicators, one also needs to understand key **characteristics about him/herself** that can have an effect on how one communicates, what is communicated, and how the client perceives the communication.

6. Just as beliefs, values, and attitudes affect people's commitment to taking on new behaviours, so do the HBC provider's **own beliefs, values and attitudes** affect his/her ability to empathise with the household member's situations, be non-judgemental about the household's current behaviours, work with the client for behaviour change, and support sustained improved behaviour change. For example, if the HBC provider believes the household member's current hygiene

behaviours reflect laziness, or that the lack of hygiene is the household's fault, those beliefs may be reflected in the HBC provider's attitude and will affect the communication with the household member.

7. Sensitivity to the **household member's culture, religion and traditions** is essential. In developing new/improved hygiene behaviours, the HBC provider is more likely to help household members adopt new/improved behaviours if the household traditional belief or religious belief can be incorporated into the new practice, or if the new practice is seen as important as the traditional belief.

8. Remind the participants that HBC providers help clients to think about their behaviours and decide **to improve/change them on their own**. Many individuals and communities have effectively modified or abandoned harmful hygiene practices once they understood the benefits to themselves and their families, not because they were confronted or instructed.

D. Large Group Discussion: Basic Communication Skills When Talking to Clients (20 minutes)

1. Explain that good communication involves (1) listening skills, (2) body language skills, and (3) question-asking skills.

Listening Skills

2. Ask participants to tell what it means to be a good listener. After one minute of brainstorming, ensure that at least the following have been mentioned:

   - Listening means to pay close attention to someone; to hear with intention. Good listening involves listening ACTIVELY.
   - A good listener does not interrupt, allows silences, and does not speak until he/she has listened.
   - A good listener lets the other person see she/he is listening by nodding, maintaining eye contact (if culturally appropriate), and asking questions at appropriate intervals.

   Ask participants to turn to the **Participant's Guide, page 143,** to the chart labelled, **Signs That You Are or Are Not Listening Actively to Your Client.** Ask for a volunteer to read the chart out loud.

Trainer Note:

Signs of active/not active listening:

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 she/he 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

Body Language Skills

3. Ask participants to give examples of what it means to have good body language that demonstrates the HBC provider is actively listening and communicating with the client. Spend two or three minutes brainstorming. Ask participants to open the **Participant's Guide** to **page 147** to the section labelled, **Good Body Language.**

Point out any examples that were not already brought up during the brainstorming.

Trainer Note:

Possible responses might include:

- **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.**

4. Ask participants what they think about these ideas, and encourage them to offer other skills for listening. Then discuss ways to solve problems for using body language. Ask participants:

   - What would you do if there was only one chair in the house you were visiting? *(Answer - Sit on the floor or get something like a box to sit on.)*
   - What would you do if the person were visiting was in bed? *(Answer – Ask permission to sit on the bed, or sit on a box or stool so you would be eye level with the client.)*
   - What would you do if the client was lying on the floor on a mat? *(Answer – Sit on the floor.)*

5. Ask for brief examples of what is appropriate when entering and communicating in someone's home in Uganda. For example:

- Do you ask permission to sit down first, or do you sit as soon as possible without asking permission?
- Do you introduce yourself first, or do you wait until the household member has welcomed you before you start to talk?

Skills for Asking Questions

6. Explain that in addition to good listening and body language skills, mastering how to ask questions is extremely important in establishing good communication to help the PLWHA and family improve WASH behaviours. Different types of questions are used to find out different things. Using questions skilfully helps to develop better communication with the family members whose WASH hygiene behaviours need improvement.

7. Tell the group that you will suggest several types of questions and want the participants' ideas on when and why an HBC provider might use that type of question. Tell participants to turn to the **Participant's Guide, page 144,** to the section labelled, **Types of Questions and When to Use Them.**

8. **Review the following:**

   Open-ended Questions

   Ask, "What is an open-ended question?" Write the participants' answers on the flipchart. Build on the participants' answers and summarise by stating the following:

   An open-ended question is a question that gives a person an opportunity to volunteer information, share experience, tell his/her story. Explain that open-ended questions encourage discussion and should be used as much as possible.

   Ask participants to give examples of open-ended questions (that are different from the ones listed in the Participant's Guide).

   Examples of open-ended questions:
   - How do you store water?
   - When do you make up the baby food?
   - Why do you wash the bed linens?

   Then ask participants: When or why might you use open-ended questions?

   Open-ended questions should be used when you 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 his/her personal situation;
   - Help a shy person to talk.

Closed Questions

Ask participants, "What is a closed question?" Write the participants' answers on a flipchart.

Build on the participants' answers and summarise by stating the following: A closed question is a question that either leads to single word answers, or "Yes" or "No" answers.

Explain that closed questions do not open up the conversation, and require the HBC provider to then have to ask another question. This type of question is very useful in gathering specific information, however, or for when you need a brief answer (e.g., when you need to keep someone who talks a lot on track).

Say to the participants: "Please give me an example of a closed question (that is different from those listed in the Participant's Guide)."

Examples of closed questions:

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

Checking Questions

Ask participants, **"**What is a checking question?" Write the participants' answers on a flipchart.

Build on the group's answers and say: "A checking question can help you find out how much the person has understood or if you have understood, and help you decide whether you need to give further information or a better explanation."

Ask participants to give examples of checking questions (different from those listed in the Participant's Guide).

Examples:

- What changes have we agreed to make 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

Ask participants, **"**What is a leading question?" Write the participants' answers on a flipchart.

Build on the participants' answers and state: "A leading question (either intentionally or subconsciously) leads the person to a particular answer."

Explain that leading questions are based on the questioner's assumption/s. This type of question does not help the person being questioned to be open about his/her true feelings or actions.

Say: It is easy to fall into the trap of using leading questions. Health workers and home based care workers use them a lot because they (usually subconsciously) want to hear specific information and feel too busy to get into a "big discussion". However, the "big discussion" is, in reality, the health worker's job in communicating and is exactly what HBC providers should try to achieve. One of the reasons most health workers or HBC providers fall into this trap is because they do not feel confident enough to communicate well, or do not feel confident that they have answers to difficult questions. Asking leading questions helps the health worker or HBC provider to stay in control of the conversation, even if they don't realise that is what they are doing.

Ask participants to give examples of leading questions (different from those listed in the Participant's Guide).

Examples

- 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 to store your water in an open container, right?

'Why' Questions

Ask participants: "What is a 'why' question?" Write the participants' answers on a flipchart. Build on participants' answers and state: "Why' questions ask the reason something is being done, or why something has happened."

Explain that this type of question can sometimes be useful, but should be used carefully, with a gentle tone and some qualification (words that soften the effect of the question). Otherwise, this type of question can sound accusing and can seem threatening and judgemental. Often it is better to turn this question into a statement that allows the person to explain a behaviour without feeling threatened or judged.

Ask participants to give an example of 'why' questions (different from those listed in the Participant's Guide).

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 would like to understand why you feel women should not use the latrine in the daytime.
- Can you tell me more about why your family cannot wash their hands with soap and water every time they use the latrine?

Asking Two Questions at Once

Emphasise the following points:

There is a common trap that can catch HBC providers if they do not carefully watch and plan what they are asking, that is, asking two questions together. People often ask two questions together in ordinary conversation. Ask participants if they can add to these examples:

- 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 this common way of asking questions, the first question is open while the second is a closed, or leading question. This helps the person asking the question to limit the response. The person asking the question probably isn't even aware that he/she is doing that since people do this often in daily life. But the HBC provider needs to be very careful NOT to ask two questions together because it will not help to get the answers the provider really needs. It also will not allow the client to say what he/she really thinks.

E. Large Group Discussion – Small Doable Actions (10 minutes)

1. Explain to the group that you will reflect on how people learn a new behaviour.

Ask people who do not know how to cook matooke to raise their hands and ask for one person to explain how he/she would like to be taught about making and serving matooke. Have the volunteer explain what steps they would like to go through to learn this skill and write down the answers on a flipchart.

Ask the other participants to either add on or provide corrections/suggestions. Read the participants' answers and underline the keywords such as those underlined in the statements below:

- Make the list of and gather the ingredients needed for the matooke;
- Then show (demonstrate) how to use the ingredients to cook the matooke;
- Then show (demonstrate) how to serve the matooke;
- Practise the cooking and the serving and get feedback.

Conclude by emphasising that to be able to learn a new behaviour, the new behaviour has to be broken down into simple steps or components, which can be implemented gradually until the new or ideal behaviour is properly mastered. These steps or components are referred to as small doable actions.

2. Explain that the HBC provider will apply the same principle of breaking any WASH behaviour into small doable actions when assisting a client and their caregivers in the household in an effort to improve WASH behaviours/practices. Breaking any WASH behaviour into small doable actions makes it feasible for clients and their caregivers because it helps them improve their behaviour gradually, doing what is possible given their resources and context.

3. Ask the participants to open the **Training Handouts** to **page 11** and ask a volunteer to read the definition of small doable actions.

Trainer Note:

The definition of small doable actions should include that:

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 behaviour').

Small doable action are considered feasible (possible, realistic) by the household, from THEIR point of view, considering their current practise, 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.

4. Explain the following points:

   - The behaviour **is feasible** because people FEEL they can adopt it immediately, given existing context and resources in the house.
   - It **is effective** because it makes a difference to the household and the community.
   - It **is a building block** or a stepping stone to the IDEAL practice.

5. Solicit questions from participants and provide answers. Explain that during the rest of this training, the group will discuss and seek consensus on how to identify small doable actions and help someone move from their current behaviour to an ideal behaviour.

6. Ask participants if they have any questions.

F. Review the Main Points of the Session (5 minutes)

Introduction to WASH Behaviour Change

Summary Points:

- There are many factors that influence why a person keeps doing something, and there are many factors that help support adoption of a new, improved practice. It is important to understand these factors to successfully help a client improve his/her practices.
- Part of being a good communicator includes understanding one's own values/beliefs (and how they influence communication with the client). To be a successful communicator, the HBC provider needs to use good listening skills, appropriate body language, and good questioning skills.
- To teach a new behaviour, the HBC provider needs to break it down into the small components that make up that behaviour. The provider also needs to help clients figure out what small doable steps they realistically can implement toward the ideal behaviour (if they are not able to immediately achieve the ideal behaviour).

Transition

Transition to the next session on hand washing.

SESSION PLANS

Day 1
Module 4, Session 1:
Washing Hands with Soap (or Ash) and Water

Session Learning Objectives

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

1. Describe critical times for hand washing.
2. Demonstrate correct hand washing practice using soap (or ash) and water.

Time: 60 minutes

Prep Work

Before you teach:

1. Assemble all the supplies needed for the hand washing demonstrations:

- 1 small bar of soap
- 2 bowls or basins (katasa large enough for hand washing)
- 1 jerrican (or container) full of water—it is not necessary for the water to be treated
- 1 basin or bowl of mud (soil mixed with some water to form a thick mud), large enough to be able to dip your hands in it
- 1 small bowl of ash (the fine powder remaining after wood or coal is burned)
- 1 clean towel

2. Write the following on a piece of flipchart paper:

<u>Daily Evaluation:</u>

a. What did you find very useful in today's session?

b. Is there anything you found to be unclear or difficult to understand?

c. Any comments/suggestions?

3. For each participant, have one of each of the following three counselling cards: **Critical Times to Wash Hands, How to Wash Your Hands,** and **Where to Put a Hand Washing Station**.

Trainer Steps: Hand Washing with Soap (or Ash)

A. Introduction to the Session

Say that during this session, the participants will learn when it is most important to wash their hands, how to properly wash their hands with soap, and what to use if soap is not available.

B. Climate Setter: Passing Germs onto Our Hands

1. Invite a volunteer to the front of the room without explaining what you are going to do. Stand next to the volunteer so that everyone can see you and the volunteer face-to-face. Simulate or pretend that you have a violent coughing fit, covering your mouth with your hand. Immediately after you stop coughing, apologise to the volunteer, and

2. Shake his/her hand (with the same hand you used to cover your mouth).

Trainer Note:

If the trainer has a real cough or is sick, she/he should not participate in this demonstration. Instead, get a second volunteer to stand in for the trainer and tell her/him to do the fake coughing/sneezing and handshaking. The trainer should ensure that someone who is ill does not participate in this activity. The point behind the activity is that germs are not visible to the eye.

3. Immediately after releasing the volunteer's hand, ask the volunteer:

   - How do your hands look?
   - Do your hands look any cleaner or dirtier than when you walked up here?

Trainer Note:

In reality their hands are much dirtier.

4. Ask the other participants:

- What did you just see?
- What happened when I shook (*insert name of the volunteer*)'s hand?
- What does this volunteer have on his/her hands now?

Trainer Note:

Listen carefully to the answers. If participants don't respond, explain that what they saw could put the volunteer's health at risk because of the transfer of germs from the cough (air) to the hand and then to the volunteer's hand.

5. Wash your hands and have the participant wash his/her hands. Set the water/katasa aside to measure the water later.

6. Lead a short discussion with the large group about how our hands are always dirty with germs even if we can't see or smell the germs. Explain that we transmit germs from one person to another with our hands. Hands come in contact with many germs throughout the day, including when cleansing ourselves after we defecate. No matter what material is used to clean after defecating, hands still get dirty from the faeces, even if the dirt (germs) cannot be seen or smelled. For this reason, both hands should always be washed using water and soap or ash after defecation or after going to a latrine (critical times for hand washing will be discussed in detail in the next section).

7. Explain that one very common way infections are transmitted is by hand. Studies conclude that hand washing at critical moments could reduce the risk of diarrhoeal disease by as much as 45 percent[1] and also suggest that unclean hands contribute to the spread of respiratory infections.

Trainer Note:

Ensure responses include the following concepts:

- **Contact spreads contamination. When our hands touch ANY contaminated item, surface, or object (including human skin) those hands will be contaminated with germs (bacteria and viruses) from that source.**
- **Germs can be transferred directly from hand to mouth.**
- **Germs clinging to unwashed hands can easily transfer to food and from food to mouths. Germs also can transfer easily from unwashed hands to other people and surfaces.**

[1] 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.

- **The number of germs on hands soars after defecating.**
- **Unclean hands can easily spread the germs that cause diarrhoea, especially through clients who have a weakened immune system and can more easily get an infection.**

9. Re-emphasise that the most dangerous germs that enter the body are from hands that have not been cleaned after using the latrine. Then, transition to the discussion session on when we wash our hands.

C. Large Group Discussion: Critical Times to Wash Our Hands (15 minutes)

1. Tell participants that "hand washing experts," usually list four times as "critical times" for washing hands. These times include:

"Critical" Times for Hand Washing (for anyone)	
Before preparing food/cooking	After defecation
Before eating or feeding someone	After changing a nappie/diaper and cleaning a baby's bottom

a. Say that these critical times were chosen because they focus on our mouths (putting food in our mouths, putting food in someone else's mouth, getting food that will be put in our mouths ready) and handling faeces/cleaning our "private parts" (the rectal area and genital area of the perineum). The main reason that the critical times focus on our mouths and handling faeces/cleaning of the "private parts" is because getting the "germs" that are in faeces into our mouths (through our hands, food, water, etc.) is what can cause many illnesses, including diarrhoea. By washing our hands at these critical times, we can prevent getting germs.

b. Say there are additional times that are "critical" for HBC providers and caregivers to wash their hands because of the special things they do in taking care of a client. For instance, care providers/givers need to wash their hands after cleaning the sick person's faeces/"private part" area (to get the germs from the faeces off their hands so they do not spread them). Care providers/givers frequently handle medications and need to wash their hands before they touch them (so that they do not get germs onto the medications). Care providers/givers often also clean and dress wounds and need to wash their hands before and after because the pus in wounds can have many germs (such as viruses, including HIV) that can spread illness.

c. Ask participants to open their **Participant's Guide to page 24,** item **7. When You Wash Your Hands,** and have a participant read the "Before" and "After" list out loud.

Trainer Note:

Chart indicates the following critical times.

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

d. **Distribute the Counselling Card** labelled **Critical Times to Wash Hands**, which is printed on **GREEN PAPER** (see copy in Module 4 Annex 1) and point out to participants that a copy of this card can be found on **page 25** of the **Participant's Guide**. Tell participants that the images on this Counselling Card were chosen especially for HBC providers and caregivers in the home since they include situations that are specific to taking care of someone who is ill. The situations on the Counselling Card were selected because research in Uganda[2] showed that these were important times when care providers and caregivers often are not washing their hands. Point out that most of the images deal with the issue of getting germs into our mouths (through food, when eating/feeding someone/when taking or giving someone medication) and around handling faeces/urine/menstrual blood (after defecating, after a caregiver cleans a client's "private parts," after a client cleans his/her own "private parts," after cleaning a baby's bottom). Two of the images deal with handling blood or other body fluids and cleaning wounds (which could spread germs, including HIV).

[2] Xavier Nsabagasani and Brendon Barnes. 2008. Report on the Implementation of Small Doable Actions to Improve Hygiene Practices in the Care of People Living with HIV/AIDS. Hygiene Improvement Project.Plan Uganda; and, Xavier Nsabagasani and Brendon Barnes. 2008. Identifying Small Doable Actions to Improve Hygiene Practices in the Care of People Living with HIV/AIDS: Focus Group Discussions and In-Depth Interviews. Hygiene Improvement Project. Plan Uganda.

e. Say, "There are many other important times to wash your hands, but we are not going to review them now since we are focusing on the critical times for hand washing for HBC providers in Uganda."

f. Ask participants, "What do you think most influences people on whether or not to wash their hands at the critical times?"

Trainer Note:

Spend one or two minutes getting responses, including barriers to hands washing.

g. Remind participants that hand washing should be made as easy as possible by keeping hand washing water and the cleansing agent beside the latrine, in the kitchen or food eating area, and in the area near a bedbound client. Acknowledge that lack of hand washing supplies (water and soap) is a common reason why people do not wash their hands. Now we will review the best technique for washing your hands with soap.

Trainer Note:

Ensure the bowl of mud, towel, hand washing supplies, etc. are ready before starting the next activity.

D. Large Group Activity: Demonstration and Discussion on How to Wash Your Hands with Soap or Ash (20 minutes)

Correct Hand Washing Technique

1. Invite one volunteer to participate in a demonstration (without saying in advance what is going to happen) and have he /she stand at the front so that the entire group can see him/her.
2. Have the volunteer stand next to the basin (bowl) of mud. Be sure that the volunteer is standing so that all attendees can observe his/her actions.
3. Ask the volunteer to:
   - Dip his/her hands in the mud
   - Look at his/her hands
4. Ask him/her to describe the feeling of having dirty hands.

5. Put two basins (large bowls) of water, a jug of water, and a clean towel near the volunteer. Make sure that the volunteer is standing so that everyone can observe his/her actions.

6. Tell the participants to observe closely the volunteer's actions because when he/she is finished, you are going to ask some questions about what he/she did.

7. Invite the volunteer to:

   - Wash his/her hands
   - Look at his/her hands

Trainer Note:

Do not volunteer to pour water/assist the volunteer unless the volunteer asks you. Given what you place on the demonstration table, it is possible that the volunteer will re-dip his/her muddy hands back in the water bowl to rinse his/her hands rather than ask someone to help him/her by pouring water with a jug to rinse with running water. It also is likely that the volunteer will reach for the towel to dry his/her hands rather than air-dry them. This observation exercise can be a good teaching opportunity if it is well planned and facilitated.

8. Ask the volunteer to describe the feeling of having his/her hands clean.

9. Ask the participants:

   - Which steps did he/she follow to wash his/her hands?
   - Which steps would they do differently?
   - Which steps were missing?

10. Ask the participants to open the **Participant's Guide** to **page 22, item 5, How to Wash Your Hands with Soap (or Ash).** Ask a participant to read the text out loud.

Trainer Note:

The five outlined steps in the Participant's Guide include the following:

- **Step One: <u>Wet both of your hands with water</u>. 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.**
- **Step Two: <u>Lather with soap.</u> (Note: if no soap is available, it can be replaced with ash, another cleansing agent).**
- **Step Three: <u>Rub your hands together thoroughly.</u> It is the soap (or**

ash) combined with the scrubbing action that helps loosen and remove germs. Be sure to clean under your nails.

- **Step Four: <u>Rinse your hands with running water.</u> Rinse with water poured from a water container such as a jerrican, jug, cup, or tap to sweep away the loosened germs.**
- **Step Five: <u>Shake the excess water off your hands and allow them to air-dry</u>.**

11. Distribute the **Counselling Card, labelled, How to Wash Your Hands,** (see copy in Module 4, Annex 1) to participants and give them a chance to look over the card. Explain that they can use this card with their clients and caregivers in the home when they are talking with them about proper hand washing. Compare how the volunteer demonstrated hand washing and discuss any steps that the volunteer did differently from the instructions on the Counselling Card. Also be sure to praise the volunteer on the things he/she performed correctly while washing his/her hands. Ask participants if they have any questions about the correct technique.

12. Discuss the following questions:

- What is the function ("job") of the soap and rubbing?

Trainer Note:

The soap and rubbing loosen the dirt and germs (bacteria and viruses) that are stuck to the skin.

- What is the difference between rinsing your hands by dipping them in the bowl versus pouring water over your hands?

Trainer Note:

Pouring water is the preferred method because the dirt and germs that have been loosened from the skin by the soap and rubbing are "swept off" the hands by the action of the water flowing over them. You should *not* rinse your hands by dipping them into a bowl of water since the dirt and germs don't get "swept off."

- Should you dry your hands on a towel or air-dry them?

Trainer Note:

Shaking the hands and air-drying them is the preferred method. The cloth/towel/clothing that are used to dry hands are almost never truly clean (unless they have just been

laundered) and by drying on a dirty cloth you can recontaminate your hands. You should *not* dry your hands on your clothes (for example, rubbing them across your thighs or bottom) because you can recontaminate your hands.

13. Explain that allowing your hands to air-dry after they are washed is an important step to hand washing. Bacteria and viruses (like any germ) grow much more rapidly in a wet or damp material (like a damp towel).

14. Ask the groups what essential elements are needed for hand washing (where soap and water are available).

Trainer Note:

Should include soap (or ash), a water container (e.g., jerrican, jug, cup) or tap to wet and rinse hands, a basin/bowl/sink for the dirty water to fall into, and water (note: the water does not need to be treated water).

15. Explain to participants that there is no need to use treated (chlorinated or boiled) water for hand washing. Explain that room temperature, untreated water can be effectively used to wash hands as long as there is friction (rubbing) with a cleaning agent (such as soap or ash) and the germs are rinsed from the hands under a stream of water. However, tell participants that in urban areas (such as Kampala) where there are many people living in crowded conditions, it is better if people DO NOT wash their hands with surface water, such as water collected from puddles, ponds, sewer water, etc. This water is considered to have so many germs that it is not best for hand washing.

Trainer Note:

In urban settlements with very high population densities and no improved sanitation or drainage infrastructure, surface water (e.g., rivulets, puddles, ponds, gutters, ditches, rivers) should be considered to be grossly contaminated. Any human contact with these waters should be avoided. This includes the use of these waters for hand washing with soap. In these environs, water from shallow wells that access unprotected aquifers should also be considered contaminated, unless proven otherwise by water quality analysis. Water from improved sources such as well-maintained rainwater catchment systems, community tap-stands, or tanker trucks is generally suitable for hand washing.

Discussion on Using Ash as an Alternative to Soap

16. Ask participants what Ugandans would use to wash their hands if soap is not available. Write down items on flipchart.

> **Trainer Note:**
>
> **This could include ash, pawpaw leaves, sand, instant hand sanitiser liquids/gels, or other products. This training is particularly focused on ash as an alternative to soap because the formative review/field work found that ash is a cost-effective abrasive (rough) substance that is widely available in Uganda and already used by some Ugandans,[3] and ash has been demonstrated to be an effective cleansing agent.**

17. Tell participants that although it is best to use soap when washing hands, sometimes they may need to use alternatives to soap when soap is not available.

18. Explain that ash is a cleansing agent and a good substitute for soap. Although it does not clean your hands as well as soap or smell as nice as soap, it does a very good job loosening the germs from the skin. It is a substitute that is widely available in almost every household, and it does not cost anything. Ask participants to open the **Participant's Guide to page 24, item 6, What You Need to Wash Your Hands,** and inform them that this section of the guide includes the information that was just covered on what you need to wash your hands.

> **Trainer Note:**
>
> **The components of ash are very coarse (or abrasive). A coarse, abrasive substance such as ash is a material that can wear down, polish, or rub away something once it is combined with friction or rubbing. Using ash has been shown to remove dirt and germs from hands and cut down on contamination of the hands. Ash is found after a fire (e.g., wood or coal) has burnt out. The best ash to use for hand washing is like a fine powder and does not have large chunks of wood or coal debris remaining in the substance.**

[3] Xavier Nsabagasani and Brendon Barnes. 2008. Testing Small Doable Actions to Improve Hygiene Practices in the Care of People Living With HIV/AIDS. Hygiene Improvement Project. Plan Uganda; and, Xavier Nsabagasani and Brendon Barnes. 2008. Identifying Small Doable Actions to Improve Hygiene Practices In the Care of People Living With HIV/AIDS: Focus Group Discussions and In-Depth Interviews. Hygiene Improvement Project. Plan Uganda.

E. Correct Hand Washing Technique Using Ash

Small Group Practice

1. Ensure that the following supplies are on the table at the front of the room: a bowl of ash, a water container (e.g., jerrican, jug, cup) or water tap to wet and rinse hands, and a bowl large enough to catch the water.

2. Ask for one volunteer to come to the front of the room to practise washing his/her hands with ash. Tell him/her that the exercise involves washing his/her hands as discussed in this session but he/she will replace the soap with ash. The individuals that are observing the hand washing should critique/review the technique according to the steps on their Counselling Card.

> **Trainer Note:**
>
> **The participant should wash his/her hands just as he/she does with soap, but replacing the soap with ash. He/she should have enough ash on his/her hands to coat them/clean them, just as with soap.**

3. Ask the volunteer:

   - What did it feel like to wash your hands with ash?
   - Do your hands feel cleaner, dirtier, or the same?
   - How do your hands feel?

4. Invite the remaining participants to try washing their hands with ash during one of the tea breaks and leave the supplies out on a table where they can easily use them.

5. Ask if there are any questions about using ash to wash your hands and respond accordingly.

Transition to the next session when participants will discuss hand washing stations.

F. Where to Keep Hand Washing Supplies

Large Group Activity

1. Explain that a hand washing station is a place that has all the supplies for hand washing in ONE place, including water, soap (or ash), a container (or water tap) that allows you to pour water over your hands when rinsing, and (if necessary) a container to catch dirty water. Tell participants that 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.

2. Facilitate a BRIEF discussion with participants about hand washing stations. Suggested questions include:

   - "Where do you and/or your clients usually keep the water, soap (or ash), and container(s) for hand washing in the household?" "And why did you place it in that location?"

> **Trainer Note:**
>
> **Hand washing stations are best placed near where the "critical times" for hand washing should occur, such as near the latrine, next to the bed if the client is bedbound, or outside the kitchen or food eating area. The lack of a convenient hand washing facility, water, and soap are common reasons why people do not wash their hands.**

   - "Where would you place a hand washing station for a bedbound client who needed to wash his/her hands?"

> **Trainer Note:**
>
> **Participant response should include placing a hand washing station within reaching distance of the bedbound client.**

   - "What would you include in a hand washing station for a bedbound client?"

> **Trainer Note:**
>
> **Participant response should include placing a container of water that is easy to pour for a bedbound client, a bar of soap or bowl of ash, and a basin to catch the water.**

3. Ask participants to open the **Participant's Guide** to **page 26, item 9, Hand Washing Station,** and inform them that this part of the guide includes the information on what items a hand washing station should have and where it should be located. Distribute the **Counselling Card** labelled, **Where to Put a Hand Washing Station,** (see copy in Module 4, Annex 1) and ask a participant to read the card. Tell the participants that they should use this card with their clients/caregivers in the home when discussing hand washing stations.

G. Review the Main Points of the Session

Washing Hands with Soap (or Ash) and Water

Review Summary Points

- Sometimes hands don't appear dirty but can still spread germs. Our hands are always dirty, so we want to keep them as clean as possible.
- There are many times when we should wash our hands. However, as providers of care, we must ensure that we are always washing our hands during the following critical times:

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 used when cleaning wounds or handling any blood or body fluids

- Rubbing hands with soap and water loosens the germs from the skin.
- While using soap is a preferred method of washing hands, rubbing hands with ash (and water) also loosens germs from the skin.
- Rinsing the hands then removes the germs from the hands.
- How hands are dried is very important. Air drying is best as towels or clothing can easily recontaminate hands.
- The steps in correct hand washing technique are (1) wet your hands with water, (2) lather with soap (or ash), (3) rub your hands together thoroughly, cleaning under your nails, (4) rinse your hands with running water, and (5) shake the excess water off your hands and allow them to air dry.

H. Daily Evaluation

Hang the piece of flipchart paper with the daily evaluation questions where all the participants can see it. Ask the participants to write the answers to the questions on a sheet of paper (without their names). After the participants complete and turn in their

daily evaluations, thank them for their participation and remind them what time Day 2 will begin.

Trainer Note:

The questions for the daily evaluation should be:

1. **What did you find very useful in today's sessions?**
2. **Is there anything you found to be unclear or difficult (to understand)?**
3. **Any comment/suggestion?**

Day 2
Module 4, Session 2: Minimising Amount of Water Used for Hand Washing

Session Learning Objectives

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

1. Describe the content and importance of hand washing stations.
2. Demonstrate how to make a tippy tap (hand washing device).
3. Describe how a tippy tap conserves water in situations where not much water is available.

Time: 1 hour, 25 minutes

Prep Work

Before You Teach:

1. Assemble all the supplies needed for the tippy tap exercises:
    - 5 nails of about 6 inches length (one for demonstrating building tippy tap, four for participants to use in small groups when building the tippy tap)
    - 5 pieces of cloth (one for demonstrating building tippy tap, four for participants to use in small groups when building the tippy tap)
    - 5 candles or lighters (1 for demonstrating building tippy tap, 4 for participants to use in small groups when building the tippy tap)
    - 5 pieces of rope 0.5 metres long and five pieces 1 metre long (1 for demonstrating building tippy tap, 4 for participants to use in small groups when building the tippy tap)
    - 5 three- or five-litre jerrican containers (one for demonstrating building tippy tap, four for participants to use in small groups when building the tippy tap)
    - 5 pieces of soap (one for demonstrating building tippy tap, four for participants to use in small groups when building the tippy tap)
    - 5 sticks or pieces of wood the same length as the piece of soap
    - 5 screwdrivers, knives, pieces of wood, or other tool that can make a hole through the soap

- 5 matchbooks (for lighting candles)
- 5 sticks about 1 metre long for foot pedal (1 for demonstrating, 4 for participants to use in small groups when building tippy taps)
- 1 stick about 1 metre long for tippy tap handle (on tippy tap that is being built during demonstration)
- 1 already-completed tippy tap
- 1 water container (e.g. jerrican, jug) filled with water
- 2 buckets/bowls large enough to catch or hold several litres of water
- 1 Tumpeco cup
- 1 marker (to mark hole for tippy tap)

2. Prepare a heading on a piece of flipchart paper that says "tippy tap." List the following statements under this heading:

   - Allows a family to do hand washing with less water
   - Reduces contamination because it only requires user to touch the soap (or ash container) during hand washing
   - Is low-cost and easy to build out of locally available materials
   - Provides a place to store the soap (or ash) so it is easily available during hand washing

3. Copy the "Water Calculation Table" (see item "C 3" below) on flipchart paper writing largely enough so that everyone will be able to see it.

4. For each participant, have one of each of the following two Counselling Cards: **How to Build a Tippy Tap for Hand Washing** and **Different Kinds of Tippy Taps**.

Trainer Steps: Minimising Amount of Water Used for Hand Washing

A. Introduction to the Session

Explain that in this next session participants will learn more about overcoming barriers to frequent hand washing. Hand washing should be made as easy as possible by keeping hand washing water and the cleansing agent beside the latrine, outside the kitchen or food eating area, and next to a bedbound client's bed. The lack of water and soap are common reasons why people do not wash their hands, and having a hand washing station can address that issue. Another reason why people do not wash their hands is that it can use up a fair amount of water and this can be difficult for households that have limited access to water or have to pay for water. Let's start by talking about how much water is needed to wash your hands.

B. Climate Setter

1. Ask the participants to guess how much water it takes to effectively wash hands that:

   - Are really dirty from working in the fields
   - Look clean but just changed the baby's dirty diaper

2. Record participant answers on the flipchart.

C. Amount of Water Used in Hand Washing

Large Group Demonstration

Trainer Note:

Have hand washing supplies ready on a table for the demonstration and measurement: bar of soap, a water container (e.g. jerrican, jug) filled with water, and a bucket/bowl large enough to catch several litres of water. Also have available a Tumpeco cup, which holds ½ litre or 500 ml, with which to measure the wastewater.

1. Ask for one volunteer to come in front of the training room to demonstrate correct hand washing for all the participants. Ensure someone assists him/her so he/she has flowing water to rinse his/her hands. Ask the observers **to pull out the Counselling Card on How to Wash Your Hands,** and have them coach the hand washing volunteer on correct technique as described in the Counselling Card. Ensure that all the wastewater is caught in the bucket/bowl.

Trainer Note:

Encourage the group to focus on correct technique, not on the amount of water. You do not want to try to save water in this demonstration. Pour water over the volunteer's hands, and use as much as reasonably possible. This contrasts later with the savings using the tippy tap in the next exercise.

2. Take the wastewater from the bucket and pour it from the bucket into the empty Tumpeco cup. Measure/estimate how much water was used. State, "We just used 'X' amount of water for ONE correct hand washing" (replace the 'X' with the amount that was measured). Write this amount on flipchart paper with the heading "WATER ESTIMATE" and post it on the wall. Explain that you are going to use this measurement in the next exercise.

Trainer Note:

Place the flipchart with the measured amount in a location where it can be easily seen by all participants. Toward the end of this module, you will write next to this amount the amount of water used by washing hands with a tippy tap.

3. Next, ask participants to open the **Training Handouts** to **page 12**, **HAND WASHING: Module 4, Session 2: Household Water Calculation Table.** Post the flipchart paper with the "Water Calculation Table" (that you prepared before the training) on the wall where everyone can see it. Explain that you will look at how many times a day a family needs to wash their hands and how much water that household would need. Say, "Let's think about a family of six, and let's figure roughly how many times a day this means they will wash their hands. Let's assume that this family of six has an infant, one toddler less than 2 years of age, two older children, one man who takes medication three times per day and is so ill he is bedbound, and one woman who currently has her menstrual period."

Trainer Note:

See completed table below.

Water Calculation Table

Example for family of six s
(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 "private parts" 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**

Trainer Note:

Upon completion of this exercise, most groups estimate a range of 40-80 washes are needed per day in the household. The example is just to make a point, so do not be concerned with the precise number.

4. Explain that now you have an estimate that this family of six needs to be washing their hands 'X' many times per day (replace the 'X' with the number estimated with the participants).

Trainer Note:

In the example table above, this would mean the family needs to wash their hands 55 times per day.

5. Tell participants that you will now multiply this number of washes a family must do per day (e.g., 55 hand washings per day in the example above) by the amount of water it takes to wash your hands. The amount of water it takes to wash your hands was measured at the beginning of this exercise in the Tumpeco cup. Locate this number again and multiply it by the number of hand washings per day.

Trainer Note:

For example, 55 hand washings are needed in the household per day x 1 litre needed per complete hand washing = 55 litres of water needed for the household to wash their hands each day.

6. Acknowledge to participants that it takes a lot of water for a family of six to wash their hands! Ask participants, "How many 20 litre jerricans does about 'X' litres of water represent?"

Trainer Note:

Again, as you are teaching, replace the 'X' with the number estimated with the participants. Get ideas from participants on how many jerricans of water this would translate to. For example, 55 litres of water would fill almost *THREE,* 20-litre jerricans full of water to meet the hand washing needs of our example household of six.

7. Ask participants to think about the average water storage containers in Uganda and to think about how many extra trips to the water source (e.g., well, tap, bore hole, etc.) would be required each day to follow the ideal recommendation of hand washing at the eight critical times for caregivers in the home. Ask, "If a child

is carrying the water in the jerrican to the household each day, how many more trips would he/she need to make to accommodate this extra water that was needed?" "What does this mean for this child's life?" (For instance, could it keep a young girl from going to school?)

Trainer Note:

A child typically can carry only one or two jerricans at a time so this added water requirement may add two or three more trips for the child to the water source each day.

8. Explain that in the next session, you are going to look at a way to use less water for hand washing by building and using a device that helps conserve water, called a tippy tap. A tippy tap is one way that families can wash their hands well without using a lot of water.

D. The Importance of Hand Washing Stations and How to Build a Tippy Tap Device with Local Materials (15 minutes)

Large Group Discussion and Demonstration

1. Explain that as demonstrated in the previous exercise, washing hands requires water, and water is often not widely available in Ugandan households. The National Hand Washing Campaign of Uganda recommends the tippy tap as a water-saving technology for hand washing.

   - "What have been some of your experiences or your client's experiences with a tippy tap?"

2. Explain to participants you will now demonstrate how to use a tippy tap to wash your hands. Ask for two volunteers to help you hold the tippy tap, one to hold the bowl/bucket to catch the wastewater, and one to wash his/her hands using the tippy tap.

3. Ask the volunteer participants to come up in front of the room. Have two volunteers hold each side of the tippy tap. Have another volunteer hold the bowl/bucket to catch the waste water.

4. Explain to the fourth volunteer how to use the tippy tap (if he/she has never used one before) and ask him/her to demonstrate how to use the tippy tap to wash his/her hands. Ensure that all the wastewater is caught in the bucket.

5. Ask the volunteer holding the bowl/bucket to pour the wastewater from the bowl/bucket into the Tumpeco cups (1/2 litre each).

6. Estimate how much water was used during the hand washing with the tippy tap by looking at how much water was collected in each Tumpeco cup (which holds ½ litre or 500ml). Write this amount on the "WATER ESTIMATE" flipchart paper

(where you earlier recorded the amount that was measured in this session when a volunteer washed his/her hands without using a tippy tap).

7. Ask participants to look at the different amounts of water used and to take two minutes to discuss how many jerricans of water would be needed by the family of six from our earlier example if they were using a tippy tap to wash their hands. Ask participants to share what they learned from the exercise.

Trainer Note:

It should be clear that the tippy tap conserves more water when hand washing.

8. Ask participants, "How can the amount of water used in the household affect whether someone will or will not wash their hands at these eight critical times?" Spend two minutes gathering responses.
9. Spend another two minutes and facilitate discussion with the participants about some of the messages they might deliver to a family when the family says they don't have enough water to wash hands. Record the key messages on the flipchart. Make sure you get their ideas in their own words.
10. Review key points from this activity, including the importance of finding a way to use less water for hand washing, especially in places where there is not water nearby or available during those critical times.
11. Post the piece of prewritten flipchart paper on the wall that reads "tippy tap" with the four sub-bullets (see Prep Work at the beginning of the session). Read these four key points and tell participants they will have an opportunity to build a tippy tap and practise using a tippy tap in today's session.

Trainer Note:

The flipchart paper should include the following points:

A tippy tap:

- **Allows a family to do hand washing with less water;**
- **Reduces contamination as they only require one to touch the soap (or ash container) during hand washing;**
- **Is low-cost and easy to build out of locally available materials;**
- **Provides a place to store the soap (or ash) so it is readily available during hand washing.**

E. How to Build a Tippy Tap (10 minutes)

Large Group Activity

1. Explain that the tippy tap that will be demonstrated is like the one being promoted by Uganda's national hand washing campaign.

2. Ask participants to gather around where the demonstration is going to take place.

3. Ask participants to open the **Participant's Guide to page 28,** item **10, Tippy Taps for Hand Washing,** and point out to participants that everything we are about to cover is included in this section of their guide. Distribute the **How to Build a Tippy Tap for Hand Washing Counselling Card** (see copy in Module 4 Annex 1) and instruct the participants to follow along as you build the tippy tap.

Trainer Note:

Steps from the Participant's Guide are listed below:

- **Step One: 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, about 12 cm below the cap. If using a 3-litre jerrican, make the mark below the container's handle.**

- **Step Two: 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 Three: Making the holes. With the hot nail, make the hole in the container, and a second hole in the cap.**

- **Step Four: 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 Five: 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 Six: 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 Eleven.

- **Step Seven: Making the hole through the soap. Using a tool (e.g., screwdriver, think stick), make a hole through the soap by slowly**

rotating and pushing the tool through the soap.

- **Step Eight: 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 Nine: Filling the container. Fill the container with water, up to the level of the hole.**
- **Step Ten: Putting the poles in the ground. Decide the best place to put you're 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 Eleven: Hanging the jerrican, the foot pedal stick, and the soap rope**
  - **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.**
  - **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.)**
  - **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.**

4. Ask participants to look at Step 12 on the tippy tap Counselling Card to see the illustration with a soak pit. This keeps the tippy tap from becoming a mud hole and a mosquito breeding place.

5. Emphasise to participants that for placement, the tippy tap can be hung between two poles or placed on a shelf or on poles/sticks in the ground (put the stick through the handle of the container and put the stick between the poles/sticks). The soap can then be added by tying the rope with the soap to the stick or pole.

6. Remind participants that tippy taps are most appropriately used by clients or household members who are mobile and who can easily operate the tippy tap. However, hand washing stations can be placed near the bedside of bedbound clients who need to wash their hands. Read through the instructions as the participants follow along with the pictures.

   - Ask participants to look at their tippy tap Counselling Card again to review instructions on "How to Wash Your Hands with a Tippy Tap."
   - Ask participants if they have any questions or clarifications on the demonstration. Respond appropriately.

Trainer Note:

Instructions on How to Wash Your Hands with a Tippy Tap

- **Step One: Put your foot on the pedal/lever to start the flow of water.**
- **Step Two: Release the pedal to stop the flow of water. Wet your hands with water.**
- **Step Three: Lather with soap (or ash).**
- **Step Four: Rub your hands together.**
- **Step Five: Scrub the back and front of your hands up to your wrists.**
- **Step Six: When you are ready to rinse, step on the pedal/lever again to rinse your hands well with running water.**
- **Step Seven: Shake your hands and allow them to air-dry.**

- Ask participants to look at their **How to Build a Tippy Tap for Hand Washing Counselling Card** again to review instructions on "How to Maintain a Tippy Tap."
- Ask participants if they have any questions and respond appropriately.

Trainer Note:

Instructions on how to maintain a tippy tap:

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

F. Building and Using a Tippy Tap (30 minutes)

Small Group Practice

1. Break the participants up into four groups for a small group practice, building one tippy tap per group. Each group will need the following:

   - A stick of 1 metre length.
   - A nail of 6 inches (8 to 11 cm) in length
   - A piece of cloth or pair of pliers

- A lighter or matches
- Two pieces of rope (0.5 metre and 1 metre)
- A 3- or 5-litre jerrican container
- A piece of soap
- A stick or piece of wood the same length as the piece of soap
- A screwdriver, knife, or other tool that can make a hole through the soap

Small Group Practice on How to Build a Tippy Tap

2. Tell the participants they have 25 minutes to build a tippy tap. Walk from table to table to make sure they are doing the tippy tap correctly. Ensure that each participant is given a task in building the tippy tap (e.g., have one participant make the hole in the jerrican while another is preparing the ropes). A group member should be looking at and reading the steps and illustrations listed in their counselling card to make sure it is being done correctly.

3. Make sure to ask the participants if they understand the directions and explain any part they do not understand.

4. Once they have completed their tippy taps, have them return to their seats.

5. Tell participants that although we demonstrated one tippy tap model with a jerrican, they can also build other types of tippy taps by using materials available in the community. Distribute to participants the **Counselling Card** labelled**, Different Kinds of Tippy Taps** (see copy in Module 4 Annex 1; point out that there is a copy of this card in the **Participant's Guide, page 33**), which shows a collection of pictures on types of tippy taps using alternate materials or tippy taps without pedals/sticks. Review the Counselling Card with the participants and tell the participants that this gives them various types of tippy taps that they can propose to their clients if they cannot make one with a jerrican

6. Inform participants that it is up to the HBC provider to work with the client and household members to figure out where is the best place to put the household's tippy tap(s). Tell the participants that to prevent having the tippy tap stolen, some solutions may include keeping the tippy tap inside (near the door) or taking the tippy tap inside at night.

7. Ask participants for any questions they may have and respond accordingly. Invite participants to share ideas and suggestions from their personal experience or from their experience with clients about how clients and family members might be encouraged to build tippy taps in their own households.

G. Review the Main Points of the Session (5 minutes)

Hand Washing with Limited Water Resources

Review Summary Points

- Point out to the participants that all the Counselling Cards about hand washing are printed on green paper.

- Hand washing should be made as easy as possible by keeping hand washing water and the cleansing agent beside the locations where "the critical times" for hand washing most likely occur (e.g., outside the latrine, kitchen or food eating areas).
- HBC providers can help bedbound clients wash their hands by helping them place/maintain a hand washing station within reach of the client at the bedside.
- Tippy tap devices save water. It takes less water for families to wash their hands at critical times.
- Tippy taps are low-cost and easy to build out of locally available materials.
- A tippy tap also provides a place to put soap (or ash) so it is accessible during hand washing.

Transition

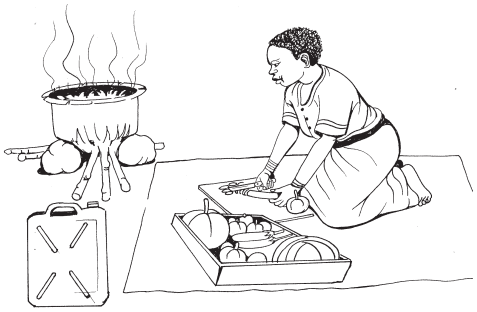
Transition to the next session on how to treat your drinking water.

Annex 1

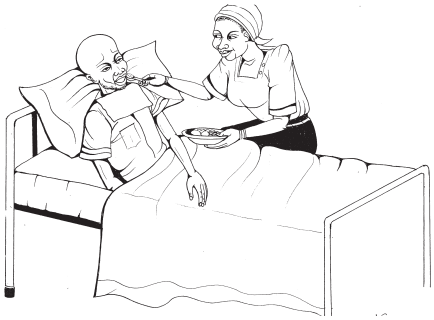
CRITICAL TIMES TO WASH HANDS

Counselling Card

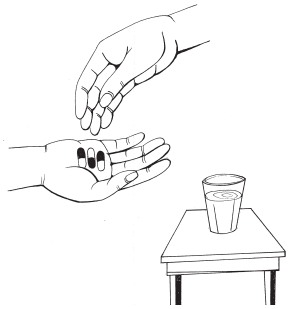
Wash hands with soap (ash)…



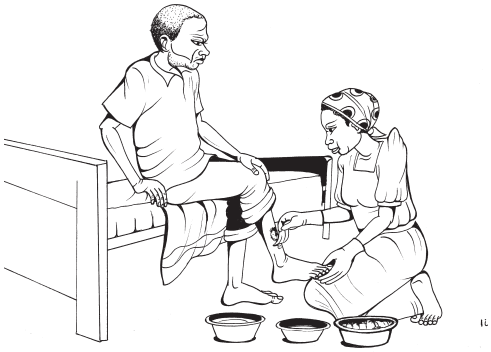
Before cooking



Before eating, feeding patient, or breastfeeding

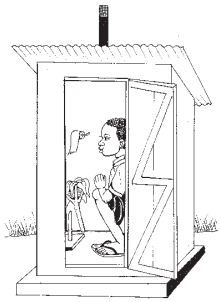


Before giving/taking medicine



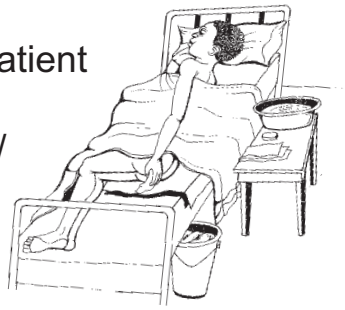
Before touching body fluids

After defecating



After cleaning patient

After patient cleans himself/ herself



After cleaning baby

After touching body fluids

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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.

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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

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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.

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.

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.

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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.

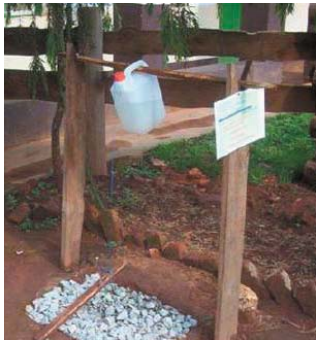
9 **Fill container.** Fill container with water, up to level of hole.

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

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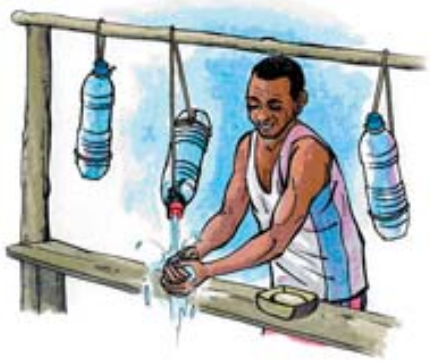
Hole in Cap

- Make hole in container cap
- Hang container so can tips 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

SESSION PLANS

Day 2
Module 5, Session 1:
How to Treat Your Drinking Water

Session Learning Objectives

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

1. Explain that although water is clear and seems clean, it may have germs that can make a person ill.
2. Get the "dirt" (turbidity) out of their water before treating it.
3. Treat their water by boiling.
4. Treat their water by using a locally available chlorine product.

Time: 1 hour, 40 minutes

Prep Work

Before You Teach:

1. Assemble the following supplies:

- 2 half-litre plastic bottles of clean water
- Salt
- A piece of thread or a long blade of grass
- Animal or human faeces
- 1 bar of soap (or ash)
- 1 bowl/basin/katasa
- 1 jug/container of water for rinsing hands
- 1 bottle of WaterGuard chlorine solution
- 1 sachet of PUR chlorine product
- 1 WaterGuard tab (in its blister pack)
- 1 Aquasafe chlorine tablet (in its blister pack)

- 1 long-handled spoon or stirring sticks
- 2 pieces of tightly woven cloth (with no holes) to use as a filter over the container
- 1 clear bucket/container that holds 10 litres (for the PUR demonstration)
- 1 10-litre jerrican filled with water (for the PUR demonstration)
- 1 20-litre jerrican container (empty, if possible with a tap [like from PSI or Afford], container will receive the filtered water for the WaterGuard Liquid demonstration)
- 3 20-litre jerrican container one filled with water (for the Waterguard Liquid solution, WaterGuard Tab, and Aquasafe demonstrations).
- 30-plus disposable cups (for the salty/not salty water exercise and for each participant to taste the treated water)

2. Put enough salt in one of the half-litre bottles of water to make it very salty, and then shake the bottle to dissolve all of the salt. Put a tiny dot on the lid of the bottle so you know it is the one with salt.

3. For each participant, have one of each of the following five Counselling Cards: **How to Boil and Store Water, PUR Instructions, WaterGuard Liquid Instructions, WaterGuard Tab Instructions, Aquasafe Instructions**.

Trainer Steps, Part 1: How to Treat Your Drinking Water

A. Introduction

There are four important safe water practices and one of them is making water safe to drink, which is also called treating your water. The other three are transporting, storing, and serving (or retrieving) water, which will be covered in a later session. During this session the participants will learn how to treat their water with locally available commercial chlorine products and by boiling their water.

B. Climate Setter

Large Group Discussion

Part One: Salty – Not Salty Water Exercise

- Show the participants two ½ litre bottles of water (one bottle with water WITH SALT and the other bottle with water WITHOUT SALT) and ask them to look at them closely. Ask them if they see any difference in the water in the two bottles.
  - Hold up one of the bottles and ask those who think that the water in that bottle is safe to drink to raise their hands.

  - Hold up the other bottle and ask those who think that the water in that bottle is safe to drink to raise their hands.
- Ask two volunteers to taste the sample of water WITHOUT salt. They should both drink the water at the same time and be standing so that the other participants can see their faces when they taste the water. Repeat this process with the same volunteers using the water WITH salt.
- Give the volunteers the opportunity to explain the difference between the two bottles of water.
- Ask the observers what they learned from the volunteers' experience drinking the water. Reinforce the idea that although water appears clear and clean, it may have germs that can make a person ill.
- Find out if anyone has any questions about this exercise and respond appropriately.

Part Two: Thread and Faeces Exercise

- Have a long piece of thread or a blade of grass ready. Put the sample of faeces, which you collected before the meeting, where everyone can see it. Hold one end of the thread/strand of grass in each hand and run the thread/grass through the faeces. Submerge the grass/thread with faeces on it in a glass of water and then remove the grass/thread.
- Ask for a volunteer to drink the water from the glass (only to see the participant's reactions). No one should consume this water.
- Lead a discussion about the group's reaction and be sure to stress the idea that the community's water has faeces just like the glass of water used in the activity.
- Explain that now they are going to learn how to treat their water so that it is safe to drink.

Part Three: Present Need to Treat Water

- Tell participants that we have just seen that it is possible for water to look perfectly clear and good to drink when it can actually have something in it that is very bad for you. It is therefore important to know what to do to "kill the germs" in water so that it is safe to drink, which is called "treating" your water. In Uganda, there are two choices for water treatment: adding chemicals to it (chlorinating it) or boiling it. But, as we know, many households in Uganda have water that is not clear, particularly during the rainy season. Instead, their water can be very muddy or dirty looking, which is sometimes called "turbid" water. So before treating the dirty looking water, most people want to get the mud out first. We will now learn how to get the dirt out of your water before you treat it.

C. Getting the 'Dirt' Out of Your Water Before You Treat It

Large Group Discussion

1. Explain to participants that if their water looks dirty (muddy, cloudy, or not clear), then most people prefer to get as much of the "dirt" out of the water before treating it with chlorine products or by boiling it. Getting the dirt out of the water improves the way the treated water tastes and looks.

2. Ask the participants to open the **Participant's Guide** to **page 36,** item **13, Getting the 'Dirt' out of your Water Before You Treat It.** Ask a participant to read the text for "filtering" and ask a second participant to read the text for "settling and decanting." Instruct everyone to look at the pictures in their Participant's Guide.

Trainer Note:

The two methods to review with participants include:

- **Check for "Dirt" and Remove the "Dirt": Fill a container with the untreated water. Determine if the water is clear or if it looks dirty (muddy, cloudy). If your water looks dirty (muddy, cloudy), then you need to remove the dirt.**
- **Remove the dirt by either of the following two methods:**

Remove the 'Dirt' with a Cloth (Filtering): 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 that 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.

OR

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 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.

3. Explain to participants that any tightly woven cloth can be used for this pretreatment step as long as it is clean, without holes, and big enough to cover the opening of the container into which the water is being poured. A simple test to determine whether the cloth is adequate is to use it to filter the water. If the dirt does not pass through the cloth, then it is working correctly. You should not be able to see through the cloth. On the other hand, the cloth should not be so thick that it takes a very long time to filter the water. Wash the cloth with soap between uses. Filtering alone will not make water from a contaminated source safe to drink. Filtering is just the first step before treating water.

4. Ask participants if they have any questions and respond accordingly.

D. How to Treat Your Drinking Water by Boiling (15 minutes)

Large Group Discussion

1. Tell participants that if your water is very dirty (cloudy/muddy), then the first step is to get some of the dirt out as we just saw. The next step is to treat the water (or kill the germs in the water) by either boiling it or by adding some chemicals. Tell them we will now review how to boil water and ask participants to spend one to two minutes sharing some of their experiences with boiling water to make it safe for drinking. Suggested follow-up questions for further probing include:

   - "How long do you boil it?"
   - "What type of fuel do you use to boil your water?"
   - "What type of container do you use to boil your water?"

Trainer Note:

The purpose of this discussion is to get the participants thinking about how they boil their water. Do not prolong the discussion.

2. Ask the participants to open their **Participant's Guide** to page 48, item "**16. How to Treat Your Water by Boiling**," and distribute the **Counselling Card, labelled, How to Boil and Store Water**. Point out to the participants that the first line of this card shows the steps for how to get the dirt out of the water. Ask a volunteer to read each step aloud and ask the other participants to follow along. See copy in Module 5 Annex 1.

3. Remind participants that they do not have to keep boiling the water after large bubbles appear. (It is <u>not</u> necessary to keep the water boiling for many minutes.)

4. Mention briefly how important it is to let the water cool and then be placed in a secure storage container. The best container in which to keep your boiled water is the container in which the water was boiled (because you can be sure that the container is clean). However, if it is not possible to keep the water in the boiling container, then it should be put in a container with a tight fitting lid and, preferably, a tap (spigot.) Say that they will look at storage and serving later in more detail.

5. Ask participants to name one or two advantages and disadvantages of boiling water. Take one to two minutes for this activity. Suggested follow-up questions for further probing include:

   - "What are some of the advantages of boiling water?"
   - "What are some of the barriers to boiling water?"
   - "What are some reasons that people might not want to boil their water?"

Trainer Note:

Boiling water is a water treatment method that is known to be more widely available than chlorination. However, fuel may not be cheaply available, as it can have a substantial cost associated with it. It is important for participants, their clients, and their household members to choose the appropriate method of water treatment according to their household situation. However, there are particular advantages of chlorination that should be presented, as mentioned below.

6. **Review the main points of the session on boiling (5 minutes).**

   - Boiling is a way to make water safe for drinking.
   - Boiling is a method that can be used on clear and very turbid (muddy, cloudy) water. Most people prefer to remove the dirt before boiling to make the water look and taste better in the end.
   - Water needs to be heated until LARGE BUBBLES appear, not just the small bubbles on the side of the container.
   - Care must be taken not to recontaminate the water once it has been boiled. The boiled water must be placed in a secure storage container, preferably with a lid and spigot to avoid recontamination. If the water is stored and served properly, it is safe to drink for **24 hours** after it is treated. After 24 hours, the water is likely to be recontaminated and needs to be replaced with newly boiled water.
   - Do not add "new" boiled water to "old" boiled water, meaning that you should completely empty your storage container of "old" boiled water before adding a batch of "new" boiled water. The "old" boiled water can be used for household work like washing clothes and dishes or for watering the plants.

Transition: Transition to the next part of the lesson on how to treat your drinking water by using a chlorine product (chemicals).

E. Demonstration of Common Chlorination Methods in Uganda (1 hour, 10 minutes)

Large Group Activity

Trainer Note:

During the three parts of this large group activity, volunteers will chlorinate water using PUR, WaterGuard Liquid, WaterGuard tabs, and Aquasafe. Save the treated water for the participants to taste and smell after the treated water sits for the required amount of time.

Part One of Four: How to Use PUR

1. Distribute to the participants the **Counselling Card, PUR Instructions** (see copy in the Annex) and ask them to open the **Participant's Guide** to **page 46,** item **15C, Using a PUR Sachet to Treat Your Drinking Water.** Explain to them that everything that you are about to cover is included in the text in the Participant's Guide and summarised on the counselling card. Ask them to follow along on the counselling card while some volunteers demonstrate the PUR chlorination technique

2. Ask for three volunteers. The first volunteer will read out loud the information on how to use PUR in the Participant's Guide. The other two volunteers will come to the front of the room where everyone can see them and carry out the steps (demonstrate) how to use PUR sachets to treat water following the steps that are being read out loud by the first volunteer.

Trainer Note:

The steps for using PUR are:

- **Step One – Add Chlorine: Fill a 10-litre container with untreated water that needs to be chlorinated. Open the PUR sachet and pour the powder into the water.**
- **Step Two – Stir: Stir the water vigorously for five minutes. Stop stirring and let the water sit still for five minutes. At the end of the five 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" suspended in the water to clump together and then sink.**
- **Step Three – Remove the 'Dirt' with a Cloth (Filtering): Remove the**

dirt that has settled on the bottom by filtering the water through a tightly woven 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. After filtering your water, put the "dirt" that collected on the cloth during the filtering step 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.

- **Step Four – Wait and Drink: 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.**

Trainer Note:

As part of the PUR demonstration a participant has to stir the water for five minutes and then let it stand for 10 minutes. During this time, have a second group of participants conduct the demonstration for how to use WaterGuard Liquid solution.

Part Two of Four: How to Use <u>WaterGuard Liquid Chlorine Solution</u>

1. Distribute to the participants the **counselling card, "WaterGuard Liquid Instructions"** (see copy in Module 5 Annex 1) and ask them to open their **Participant's Guide** to **page 39,** item **15A, Using WaterGuard Solution to Treat Your Drinking Water.** Explain to them that everything that you are about to cover is included in the text in the Participant's Guide and summarised on the counselling card. Ask them to follow along on the counselling card while some volunteers demonstrate the WaterGuard solution chlorination technique.

2. Ask for three volunteers. The first volunteer will read out loud the information on how to use WaterGuard Liquid in the Participant's Guide. The other two volunteers will come to the front of the room where everyone can see them and carry out the steps (demonstrate) how to use PUR sachets to treat water following the steps that are being read out loud by the first volunteer.

Trainer Note:

The steps for using WaterGuard Liquid solution are:

- **Step One – Filter Water through Cloth: Fill a 20-litre container with untreated water that is filtered through a clean cloth.**
- **Step Two – Add Chlorine Solution: Remove the cap from the WaterGuard bottle.**

- **If your water was "DIRTY" before you filtered it through a cloth (in Step 1), then pour <u>TWO CAPFULS</u> of WaterGuard Liquid into the 20-litre jerrican full of untreated water.**
- **If your water was CLEAR before you filtered it through a cloth (in Step 1), then pour <u>ONE CAPFUL</u> of WaterGuard Liquid into a 20-litre jerrican full of untreated water.**

- **Step Three – Shake: Cover the jerrican and shake thoroughly until the WaterGuard is completely mixed with the water in the jerrican.**
- **Step Four – Wait and Drink: Let the water sit for 30 minutes. The water is now safe to drink.**

***Remember*: After a week, be sure to discard any unused water treated with WaterGuard Liquid solution and use it for other household activities like washing dishes and clothes. Empty the container before you treat another batch! Treated water <u>lasts only up to a week</u> if stored in a clean narrow necked container with a lid (and tap/spigot, preferably).**

3. Tell the participants that the **bottle of WaterGuard Liquid solution is good for 30 days (one month) after it has been opened**. After 30 days, an opened bottle of WaterGuard Liquid solution should be discarded. It is also very important to check the expiration date on the bottle and not use the product after that date. Also, tell the participants that they should always filter the water through a cloth first, whether the water looks clear or dirty, before adding the WaterGuard Liquid.

Part Three of Four: How to Use <u>WaterGuard Tab Chlorine Tablets</u>

1. Distribute to the participants the **Counselling Card, WaterGuard Tab Instructions** (see copy in the Annex) and ask them to open their **Participant's Guide** to **page 41,** item, **15B[1], Using WaterGuard Tab to Treat Your Drinking Water.** Explain to them that everything that you are about to cover is included in the text in the Participant's Guide and summarised on the Counselling Card. Ask them to follow along on the counselling card while some volunteers demonstrate the WaterGuard Tab chlorination technique.

2. Ask for three volunteers. The first volunteer will read out loud the information on how to use WaterGuard Tabs in the Participant's Guide. The other two volunteers will come to the front of the room where everyone can see them and carry out the steps (demonstrate) how to use WaterGuard Tabs to treat water following the steps that are being read out loud by the first volunteer.

Trainer Note:

The steps for using WaterGuard Tabs are:

- **Step One – Filter Water through Cloth: Fill a 20-litre container with untreated water that is filtered through a clean cloth.**

- **Step Two – Add Chlorine Tablet(s):**
  - **If your water was "DIRTY" before you filtered it through a cloth (in Step 1), then open the WaterGuard Tablet package and put <u>TWO chlorine tablets</u> into the untreated water. Cover the container. There is no need to stir or shake the water.**

    OR
  - **If your water was CLEAR before you filtered it through a cloth (in Step 1), then open the WaterGuard Tablet package and put <u>ONE chlorine tablet</u> into the untreated water. Cover the container. There is no need to stir or shake the water.**
- **Step Three – Wait and Drink: Let the water sit for 30 minutes. The water is now safe to drink.**

***Remember*: <u>After a week, be sure to discard any unused water treated</u> with WaterGuard Tablets and use it for other household activities like washing dishes and clothes. Empty the container before you treat another batch! Treated water lasts only up to a week if stored in a clean narrow necked container with a lid (and tap/spigot, preferably).**

3. Tell participants that they should always filter the water through a cloth first, whether the water looks clear or dirty, before adding the WaterGuard Tabs.

Part Four of Four: How to Use <u>Aquasafe Chlorine Tablets</u>

1. Distribute to the participants the **Counselling Card, Aquasafe Instructions** (see copy in the Annex) and ask them to open their **Participant's Guide** to **page 43,** item **15B[2], Using Aquasafe to Treat Your Drinking Water.** Explain to them that everything that you are about to cover is included in the text in the Participant's Guide and summarised on the counselling card. Ask them to follow along on the counselling card while some volunteers demonstrate the Aquasafe chlorination technique.

2. Ask for three volunteers. The first volunteer will read out loud the information on how to use Aquasafe in the Participant's Guide. The other two volunteers will come to the front of the room where everyone can see them and carry out the steps (demonstrate) how to use Aquasafe to treat water following the steps that are being read out loud by the first volunteer.

Trainer Note:

The steps for using Aquasafe are:

- **Step One – Check for "Dirt" and Remove the "Dirt": Fill a 20-litre container with 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," then go to Step 2 to filter the "dirt" from the water.**

- **Step Two – Remove the "Dirt": To remove the "dirt," follow the steps presented in section "C. Getting the "Dirt" Out of Your Water Before You Treat It", above.**
- **Step Three – Add Chlorine Tablet(s):**
  - **Add Two Tablets for River, Well, Dam or Dirty Water: If your water was collected from a river, well, dam, or from any source and it was "DIRTY" (and you had to get the "dirt" out first by filtering or settling and decanting), then open the Aquasafe blister package and put <u>TWO</u> chlorine tablets into the water. Cover the container. There is no need to stir or shake the water.**

OR

  - **Add One Tablet for Tap Water: If your water was collected from a tap and was CLEAR (so you did not need to get the "dirt" out first), then open the Aquasafe blister package and put <u>ONE</u> chlorine tablet into the water. Cover the container. There is no need to stir or shake the water.**
- **Step Four – Wait and Drink: Let the water sit for 30 minutes. The water is now safe to drink.**

***Remember*: <u>After a week, be sure to discard any water treated with Aquasafe</u> (use it for other household activities like washing dishes and clothes) before you treat another batch! 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.**

3. Explain to participants that there are a few important water treatment facts that should not be overlooked. These include:

   - All water that has been treated by chlorination must be used or dumped from the container before a new batch of water is chlorinated and stored.
   - Care must be taken not to recontaminate the water once the product has been added. Treated water must be placed in a secure storage container, preferably with a lid and spigot to avoid recontamination. If the water treated with chlorine is stored and served properly, **it is safe to drink for up to a week** after it is treated.
   - It is very important to check the expiration date on the package and to NOT use the product after it has expired.
   - The bottle WaterGuard Liquid solution is good for 30 days (one month) after it has been opened. After 30 days, an opened bottle of WaterGuard Liquid solution should be discarded.
   - Water treated with chlorine can be kept and drunk for up to one week when it is stored in a narrow neck container with a tight fitting lid. If it is stored in a wide mouth container or without a lid, it can only be drunk for up to 24 hours.

- Explain that they will look at storage and serving in more detail in a later session.
- 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.
- Because of quality control concerns and the wide range of concentrations, common household chemicals such as laundry bleach (or Jik) should NOT be used to treat water.

4. Facilitate two to three minutes of discussion and record the participant's responses on the flipchart and post on the wall. Save these for the last session in the module on water so the participants can recall the advantages and disadvantage when reviewing each of the treatment alternatives. Suggested questions to open up the discussion include:

   - "Name one or two advantages and disadvantages of the chlorination method."
   - "What are some of the barriers to using the product? What are some reasons that people might not want to chlorinate?"

Trainer Note:

Chemical disinfection of water with chlorine products has several advantages and disadvantages. Advantages include: the products are easy and safe to use and there is a residual effect of chlorine, which gives some protection against recontamination after treatment. (This will be further explained to participants at the end of the session after water boiling is discussed.) Disadvantages include: the products must be brought from outside of the household and may not be widely available or affordable, especially for replenishment. Also, water should be filtered prior to use of some chlorine products in order to ensure that the germs are killed and all risks are eliminated.

5. **Review the key points on treating your water with chlorine (5 minutes).**

   - Chlorination products in Uganda that are locally available include WaterGuard Liquid, WaterGuard Tabs, PUR sachets, and Aquasafe tablets.
   - Water treated with chlorine can be kept and drunk for up to one week when it is stored in a narrow neck container with a tight fitting lid. If it is stored in a wide mouth container or without a lid, it can only be drunk for up to 24 hours.
   - All water that has been treated must be used or dumped from the container before a new batch of water is treated.
   - Care must be taken not to recontaminate the water once the product has been added. Treated water must be placed in a secure storage container, preferably with a lid and spigot to avoid recontamination.
   - Always check the expiry dates of the chlorine products before using them and only keep opened bottles of WaterGuard Liquid solution for one month.

6. Direct participants to their earlier responses on the advantages and disadvantages of chlorination, which were recorded on the flipchart. Explain that both boiling and chlorination treat water really well. Explain that it is important for participants, their clients, and their household members to choose the appropriate method of water treatment according to their individual household situations.

7. Explain to participants that despite the choices available, it is important to understand an advantage of chlorination over boiling. When chlorine is used to treat water, chlorine remains in the water and helps protect the water from becoming recontaminated easily, in contrast the boiling method does not have any elements that remain in the water and protect it from contamination. Therefore, the chlorination method is considered to have an advantage (as residual chlorine protects the water). While boiling treats water just as well as chlorine, nothing remains in the water to protect it from recontamination.

Transition

Transition to the next part of this module, which is on transporting, storing, and serving treated water.

Day 2
Module 5, Session 2:
How to Safely Transport, Store, and Serve Drinking Water for Consumption

Session Learning Objectives

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

1. Safely transport water.
2. Safely store treated drinking water.
3. Safely serve treated drinking water.
4. Demonstrate how to clean their water storage containers.

Time: 30 minutes

Prep Work

Before You Teach:

1. Assemble the following supplies:
    - 1 jerrican with a lid (container with a lid that seals tightly)
    - 1 container that has a tightly fitting cover with a spigot.
    - 1 wide mouth container (like a clay pot or bucket)
    - 1 water jug
    - 1 long-handled dipper
    - 1 bottle of bleach (Jik)
2. For each participant, have a copy of the **How to Take Care of Cooking and Drinking Water Counselling Card.**

Trainer Steps: How to Safely Transport, Store, and Serve Drinking Water; Who Should Drink Treated Water

A. Introduction

Say that during the previous sessions they have learned about how to treat water. During this session they will learn about ways to safely carry (transport), store, and serve (retrieve) water, which are important to reduce the risk of contamination or recontamination.

B. Climate Setter (5 minutes)

In the large group, ask two participants how water gets to their houses, two different participants how they store water in their homes, and two different participants how they serve their drinking and cooking water. If someone gives the same example as another person, then ask them to tell you a different example from another family in the community (so that all the examples are different). Draw or record these on the flipchart and post on the wall.

Trainer Note:

If you feel that the participants are reluctant to talk about themselves, ask them about "other" families in their communities or in the communities where they are going to work. Do not belabour this activity. The idea is to get the participants thinking about the four essential practices.

C. Review of Counselling Card, "How to Take Care of Cooking and Drinking Water" (10 minutes)

Large Group Activity

1. Distribute to the participants the **How to Take Care of Drinking and Cooking Water Counselling Card** and ask them to open their **Participant's Guide** to **page 51,** item **17, How to Safely Transport, Handle and Store Drinking Water** and explain that all the information that we are about to cover is in the Participant's Guide.

2. Explain to participants that there are three situations we must consider when taking care of our water:

   - How we transport or carry water
   - How we store treated water
   - How we serve water

3. Direct participants to the top row of the **Counselling Card, How to Take Care of Drinking and Cooking Water**. Explain that this illustration shows how to transport water in a container with a tight fitting lid (shown on the left side) that does not allow water to spill out while it is transported.

   Do not transport the water in an open container because it can get contaminated.

> **Trainer Note:**
>
> **If you were able to arrange the sample supplies, pause after each illustration is explained to show participants examples of the containers and dipping devices. At this point you can show participants the jerrican with a cap or container with the tight fitting lid and pass it around.**

4. Direct participants to the second row of the counselling card—water serving illustrations. Say that in this illustration, we see that with serving water, using the tap (or spigot, spout, or other control device) from a container with a lid is ideal (as shown on the left side). If you are using a container without a tap, if possible, serve it by pouring the water from the container, such as with a jerrican or jug. 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.

   Never dip a bowl, cup, or your hands into the container with your treated water because you can recontaminate it.

> **Trainer Note:**
>
> **At this point you can show participants the jug and a wide mouth container and long-handled dipper.**

5. Direct participants to the water storage illustration on the bottom row of the counselling card. Say that in this illustration, we see that with storing water, using a covered, narrow-neck container with a lid and, preferably, a spigot (or tap, spout) is best (as shown on the left side.) It is important to have a lid that seals tightly on the container in which treated water is stored. Water should never be stored in an open container or a container with a loosely fitting cover (as shown on the right side) because it can easily be contaminated.

> **Trainer Note:**
>
> **At this point you can show participants the container that has a tightly fitting cover with a spigot, if available.**

6. Facilitate discussion on these three issues (transporting water in a covered, well-sealed container; serving water using the spout on a container with a lid; and storing treated water in a container with a lid). Suggested questions for the participants include:

   - "What do you see your families doing when you visit their homes?"
   - "What is the real situation occurring in your houses?"
   - "What are ways your families could do better or improve on how they transport, serve, and store treated water?"

   Record responses on the flipchart paper and post. Relate what they've just reviewed to actual conditions in the community. Talk about ways that water is stored, for example, that are less than "ideal" (e.g., in uncovered clay pots, in clay pots with a piece of woven cloth covering the opening, etc.).

D. Review of How to Clean Containers that Have Stored Treated Drinking Water (10 minutes)

Large Group Discussion

1. Explain to the participants that 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. Ask participants, "Why do you think it is important to clean the dirt from a container that will be used for storing treated water?"

   Gather responses and record on a flipchart.

2. Explain that storing your water in a dirty container or using dirty utensils can easily cause new germs to go into your treated water, which can make you sick with illnesses such as diarrhoea.
3. Ask participants to turn in their **Participant's Guide to page 53,** item **18, Cleaning Drinking Water Storage Containers** to review the steps for cleaning their water containers.

Trainer Note:

Steps include:

- **Step One: Wash outside of container with soap and water – Clean the outside of the container with soap and water to remove visible dirt.**
- **Step Two: Rinse out visible dirt inside – 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.**
- **Step Three: Use bleach (Jik) or soap –**

  [Preferred method:] If Jik is available, pour one spoonful 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.

  [Less preferred method:] If NO Jik is available, dissolve a 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 <u>wipe</u> the inside of a container with a clean cloth <u>before</u> 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)! This makes the inside of your container rough, which makes it easier for germs to grow in your container. It is important NOT to wipe the inside of the container after it has sat with Jik or soap in it.

E. Review the Main Points of the Session (5 minutes)

How to Safely Transport, Store, Serve, and Drink Treated Water

Review Summary Points:

- Point out to the participants that all the Counselling Cards about water are printed on blue paper.
- Transporting water is done in a container with a tightly sealed lid. Water should never be transported in a container without a lid.
- It is important to have a lid that seals tightly on the container in which treated water is stored.
- Water should never be served by dipping a bowl or cup into the water because it can easily be contaminated if the cup or bowl is dirty.
- Serving water, using the spout, from a container with a lid is ideal. If there is no container with a spout and a lid available, the best alternative is to serve water by pouring it with a jug or to serve it with a clean, long-handled dipper and well-washed hands.
- Containers that store treated water must be cleaned regularly. If storing chlorine-treated water, make sure to clean the outside of the container. If storing boiled water, make sure to clean the entire container with one part Jik solution to nine parts water (preferred) or soap and water.

Transition

Transition to the next part of the training on safe handling and disposal of faeces.

Annex 1

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

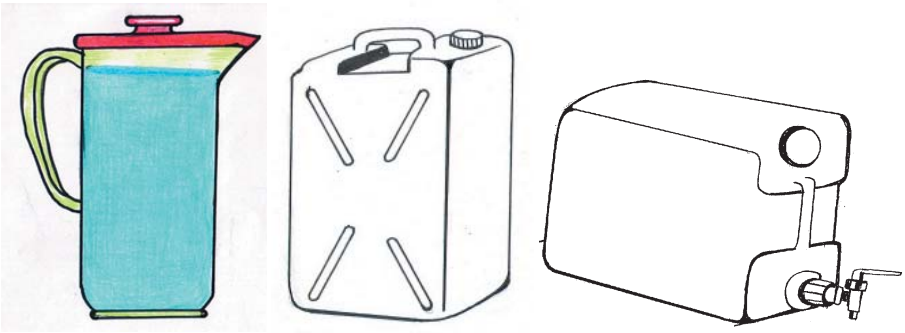
Filter it through a cloth.

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.

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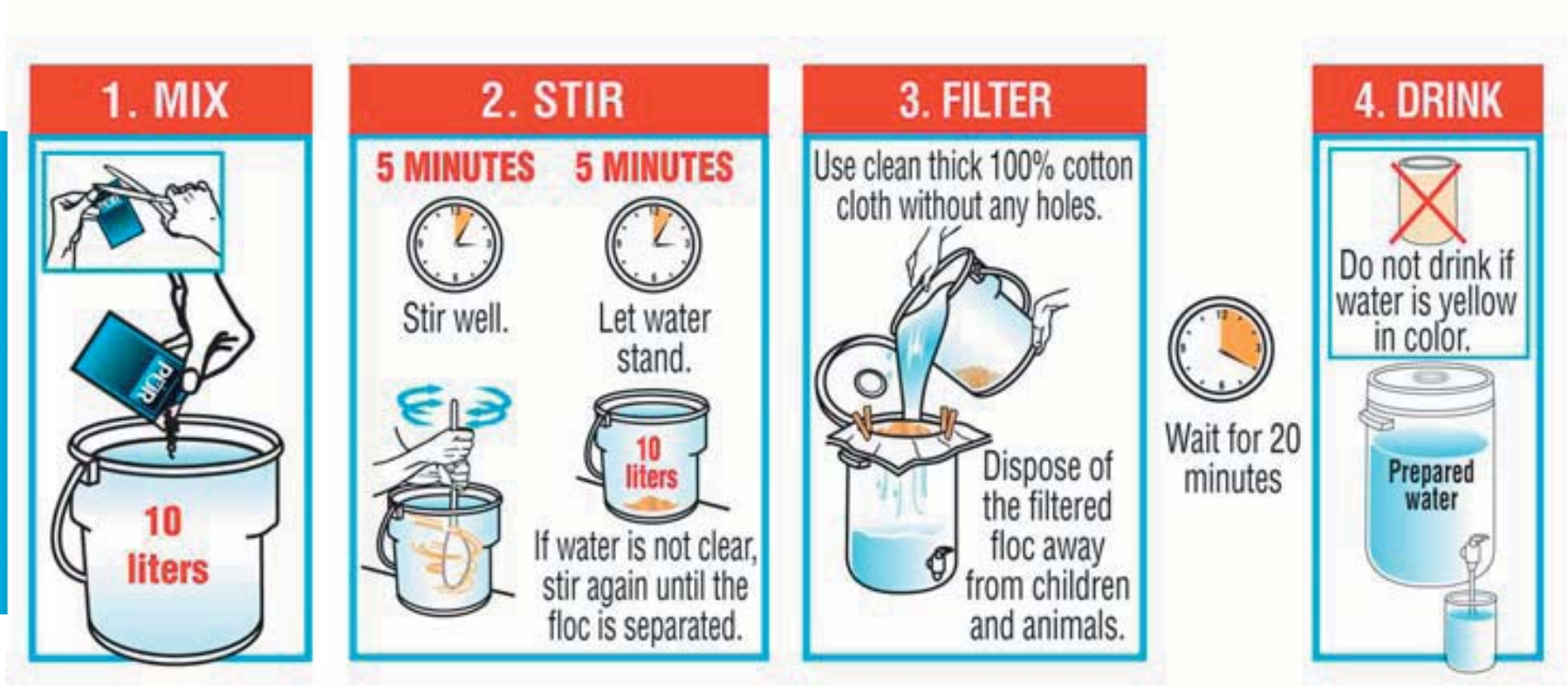
PUR™ INSTRUCTIONS

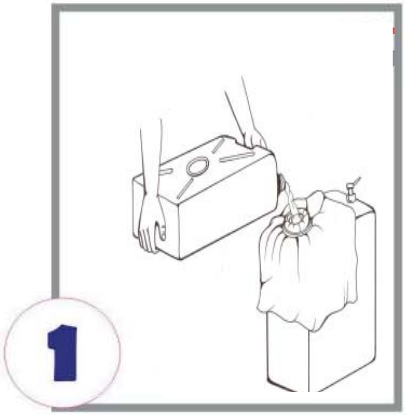
Counselling Card



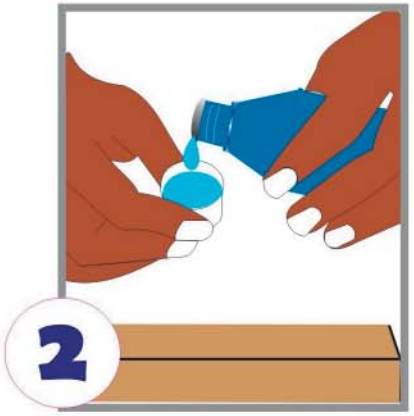
Remember: Water treated with PUR that is stored in a narrow neck container with a tight fitting lid can be drunk for up to seven days. Treated water in a wide mouth container or without a tight fitting lid can be drunk for only 24 hours.

WaterGuard™ LIQUID INSTRUCTIONS

Counselling Card

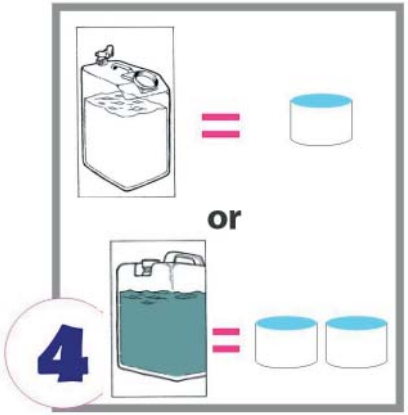


Fill a clean 20 litre jerri can with water filtered through a clean cloth.



Fill the bottle cap with WaterGuard.

Pour the capful into the 20 litres of water.



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

Close the jerri can and shake.

Wait 30 minutes before using.

The water is now ready to drink.

Store it away from children and sunlight.

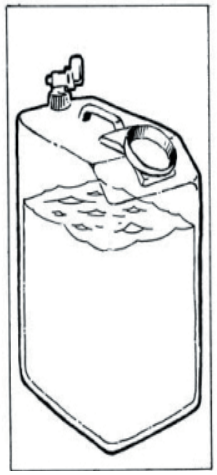
Remember: Do not swallow tablets and store them away from children and sunlight. Water treated with WaterGuard that is stored in a narrow neck container with a tight fitting lid can be drunk for up to seven days. Treated water in a wide mouth container or without a tight fitting lid can be drunk for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

PSI GUINEE

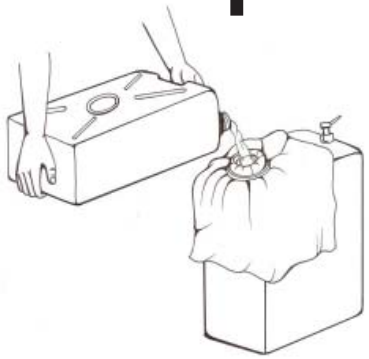
WaterGuard™ Tab INSTRUCTIONS

Counselling Card

Does your water look clear?

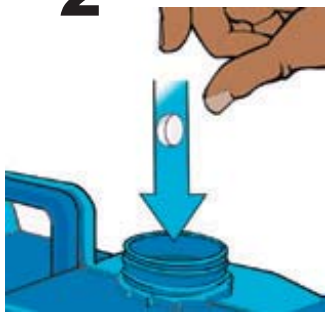


1



Filter the water through a clean cotton cloth.

2



Add 1 tablet to 20 litres of filtered water.

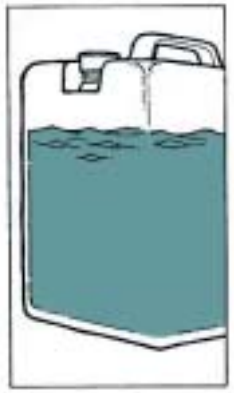
3

Wait 30 minutes.

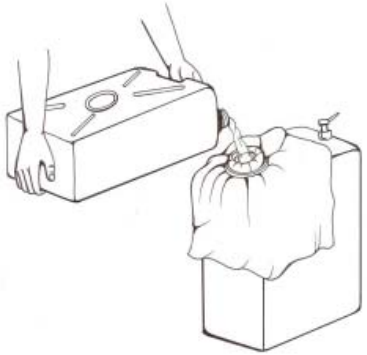
4

Water is now ready to drink.

Does your water look dirty?

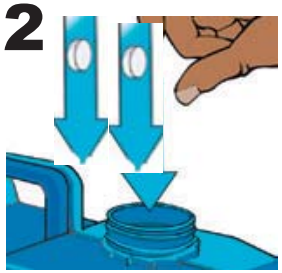


1



Filter the water through a clean cotton cloth.

2



Add 2 tablets to 20 litres of filtered water.

3

Wait 30 minutes.

4

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.

Adapted from WaterGuard Tab and Aquatabs instructions originally compiled with thanks to PSI (Population Services International), CDC (Centers for Disease Control and Prevention), and Medentech Ltd., Co. Wexford, Ireland.

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.

HOW TO TAKE CARE OF DRINKING AND COOKING WATER

Counselling Card

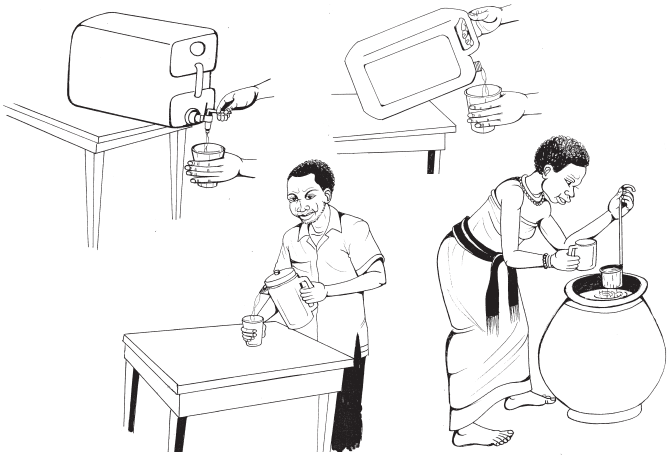
TRANSPORT

Carry your water home in a container with a lid

Do NOT transport it in a container without a lid

SERVING

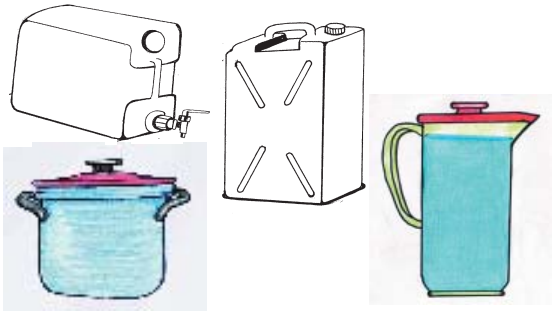
Serve the water without letting anything dirty (such as your hands or a cup) touch it



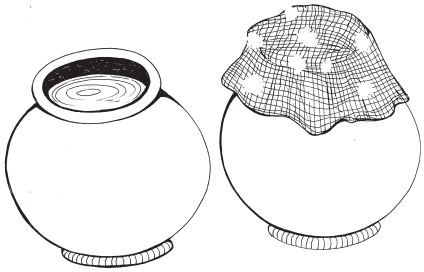
Do NOT scoop the water out with a cup or a bowl

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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SESSION PLANS

Day 2
Module 6, Session 1: Safe Handling of Faeces, Blood, and Other Body Fluids

Session Learning Objectives

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

1. Describe when it is necessary to cover hands with plastic material or gloves while caring for clients.
2. Describe how to safely handle faeces, blood, and other body fluids in the context of the bedbound/immobile client, the client who is able to get up in a chair, and the client who needs assistance to get to the latrine.
3. Identify when it is necessary to take precautions to safely disinfect materials or surfaces.
4. Identify how to take precautions to safely disinfect materials or surfaces soiled with faeces, blood, and other body fluids.

Time: 3 hours, 45 minutes

Prep Work

Before You Teach

1. Assemble all the supplies needed for the sessions, including:
   - 1 pair of heavy duty ("kitchen"/rubber) gloves
   - 5 pair of medical gloves
   - 2 piece of 20x20 inch (50x50 cm) plastic material like that used for deliveries (for demonstration on how to put plastic material on hands as a substitute for gloves)
   - 2 rubber bands or lengths of string that are long enough to tie around your wrist
   - 1 bottle of Jik (1/2 litre, 500 ml or larger)
   - 1 bucket
   - 1 Tumpeco cup (500 ml or ½ litre)

- At least 5 litres of water (in a jerrican or some other container)
- 1 piece of cloth stained/soiled with dirt (or something brown)
- 2 bed sheets (one to cover the "mattress" and the other to cover the client
- 2 pieces of plastic material (Macintosh) like that used for deliveries (both used in linen changing demonstration and one re-used to cover table when using Jik to protect the table if there is a spill)
- 2 pieces of cotton cloth to cover the Mackintosh
- 1 plastic pant
- 1 piece of cotton cloth cut to same size as plastic pant
- 1 bedpan or katasa/bowl
- 1 bedside commode (prefer to demonstrate locally made with a bucket, or if bedside commode is not available, cut circle out of paper to put on chair to pretend it is a hole for a commode)

2. For each participant, have one of each of the following nine Counselling Cards: **Faeces Disposal, How to Stop Spreading Germs, Turning Bed-Bound Client/Changing Bed Linens, Cleaning Female Client, Cleaning Male Client, Plastic Pants, How to Use a Bedpan, Making a Commode (Potty Chair), and Faeces Management.**

3. Write the following on a piece of flipchart paper:

   Daily Evaluation:

   a. What did you find very useful in today's sessions?

   b. Is there anything you found to be unclear or difficult to understand?

   c. Any comment/suggestion?

Trainer Steps: Safe Handling of Faeces, Blood, and Other Body Fluids

A. Introduction to the Session

Explain to participants that this session will focus on the safe handling of faeces, blood, and other body fluids. Emphasis will be placed on faeces in this module and menstrual blood will be addressed in detail in Module 7.

B. Climate Setter: Introduction to Faeces Care

Ask participants about any challenges they or the caregivers in their households have faced while handling or managing a client's faeces, including diarrhoea.

Trainer Note:

Possible responses include:

1. **Lack of privacy – there is no latrine, no privacy around the latrine, or no privacy to use bucket, or bedside commode.**
2. **Assisting a frail person from the bed to the latrine so they can urinate or defecate.**
3. **Helping a bedbound person (who is too weak to get up) to sit on a container in the bed to defecate and/or urinate while in the bed.**
4. **Changing and cleaning bed linens (soiled with faeces) from a bed that is occupied by someone who is bedbound.**
5. **Lack of bucket, basin, or bedside commode for clients who are too weak to go to the latrine.**
6. **No place to dispose of faeces (e.g., in settings where there is no latrine).**
7. **No one is available to empty the bedside commode and/or latrine which become full so people don't want to use.**
8. **Latrine is smelly and household members do not want to use it.**
9. **Lack of soap and water to clean a person who has had an episode of diarrhoea (in bed or not).**
10. **Lack of clean or alternate linens and bedding.**
11. **Lack of household knowledge and skill to prevent bedding from getting soiled or to clean and change bedding that is soiled.**
12. **Assisting clients who are unconscious, unable to talk, or otherwise cannot help themselves.**
13. **Assisting bedbound clients who have frequent diarrhoea and may be left to sit in their own faeces because household members are**

unable to manage frequent episodes of diarrhoea.

C. Large Group Discussion: The Linkage Between Faeces Management and Illness

1. Remind participants that sanitation is far more than building latrines. It is about keeping people and the environment clean. One very important element of sanitation is the safe collection, storage, handling, and disposal of human faeces.

2. Explain that many common diseases associated with diarrhoea can spread from one person to another when people defecate in the open air. Safe handling and disposal of faeces, keeping flies and other insects away from faeces, and preventing faeces contamination of water can greatly reduce the spread of diseases.

3. Ask participants, "What have you heard about the faeces of children or faeces of the frail/elderly? Are faeces dangerous? Can faeces spread diseases?" "When a bedbound patient has a bowel movement in a bedpan, commode, or directly on the linens, is that considered "defecating in the open air?" Spend one or two minutes gathering responses.

4. Explain that open defecation is linked to diarrhoeal disease. Formative research in Uganda[1] revealed that some Ugandans believe that faeces of children and the frail/elderly are harmless and do not cause disease. This belief varies in different parts of Uganda. However, the belief that the faeces of children and the frail/elderly are not harmful is NOT true. If participants believe this is true, it is very important to discuss how faeces of infants, children, and the frail/elderly contain as many germs as adult faeces contains. Explain that faeces of infants and children often have more germs than that of adults. It is very important to collect and dispose of ALL faeces quickly and safely. Defecating anywhere other than in a diaper, toilet, latrine, or hole that is immediately covered, is considered defecating in the open air.

5. Ask participants to turn in **the Participant's Guide, page 16,** to look at the **Contamination Cycle Diagram**. Note how this diagram shows that the germs that cause diarrhoea mainly reach people including through fingers, flies (insects), fields (defecation outdoors), and fluids or food. When people defecate in the open, there are many ways that germs can spread.

6. Distribute the **Counselling Card on Faeces Disposal** and give the participants a moment to look at this card; inform them that they can find a copy of this card on

[1] Xavier Nsabagasani and Brendon Barnes (2008). Report on the Implementation of Small Doable Actions to Improve Hygiene Practices In the Care of People Living With HIV/AIDS. Hygiene Improvement Project. Plan Uganda; and Xavier Nsabagasani and Brendon Barnes (2008). Identifying Small Doable Actions to Improve Hygiene Practices In the Care of People Living With HIV/AIDS: Focus Group Discussions and In-Depth Interviews. Hygiene Improvement Project. Plan Uganda.

page 73 of the **Participant's Guide**. Ask them how they can use this card when speaking with their clients/caregivers in the home to educate them about what to do with faeces. Take one minute to gather responses. Explain that when a client is sick, the illness affects the amount of faeces and its consistency. These factors affect a person's ability to control how they pass their faeces. A healthy body that is free of illness produces soft, formed stool, which is delivered to the rectum usually once or twice a day. A healthy nervous system and rectum allow the body to recognise whether the rectum is full of stool and allow you to control the sphincter muscles to hold the stool until you get to a latrine. When someone is very sick or frail, they are unable to control the passing of liquid and/or faeces. Sometimes it is loss of an entire movement/motion or at times it may be the loss of a small amount of liquid waste.

7. Transition now to the next session on safe handling and disposal of gloves, other protective materials, and blood and other body fluids.

D. Safe Handling and Disposal of Gloves and Other Protective Materials

Part 1 of 7: 'To Use or Not to Use Gloves' Game and Discussion

1. Begin this session by asking the participants an open-ended question, such as: "What do you do to protect yourself and your clients when you handle faeces (including diarrhoea) in the home?" Take one or two minutes to gather responses.

2. Say, "As HBC providers, you have learned that it is possible to get sick from an illness your client has. You also can get your client sick with an illness that you may have. When you handle faeces, blood, or other body fluids, you can spread harmful germs. One way to protect yourself from your client's germs (and to protect your client from any germs you may have from cuts on your hands) is to wear gloves, plastic sheeting, or other plastic material to protect your hands when you handle any blood or body fluid." Covering your hands with gloves to prevent contamination has been proven to be the best way of protecting your hands in many studies.[2]

3. Explain to the participants they will participate in a group activity to learn more about when they do and do not need to put on gloves when caring for a client. Give each participant a glove or a piece of plastic material, depending on what is available.

4. Explain that if gloves are not available in the household, other plastic material (like pieces of the plastic material that is used to protect the mattress during delivery) can be used to protect their hands. Because some plastic materials are

[2] Centers for Disease Control and Prevention. Guideline for Hand Hygiene in Health-Care Settings: Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force. MMWR 2002;51(No. RR- 16):pgs. 1-34.

strong and some are thin and weak, it is important that HBC providers use strong plastic material (with no holes) so it does not break easily. The material can be tied at the wrist.

5. Ask participants to raise their hand when they agree that their hands should be protected in a particular situation that you will read aloud.

6. Read the scenarios below without giving the answer (answers are marked with an X in the columns). As you read the statements and participants raise their hands, ask one or two participants (per statement) to explain why they think gloves/plastic material are needed. Do the same for one or two who did not raise his/her hand. Before moving on to the next statement, correct any misinformation about appropriate use or misuse of gloves or plastic material.

Statement	**Gloves Needed** (*DO NOT READ THIS OUT LOUD*)	**Gloves NOT Needed** (*DO NOT READ THIS OUT LOUD*)
Washing the face of a client		X
Taking care of a client's nosebleed	X	
Cleaning and treating bedsores	X	
Changing a dry sheet of a client		X
Doing laundry with wet, blood-stained sheets	X	
Sitting next to a person and giving them a hug		X
Anytime the HBC provider has sores or cuts on his/her hands	X	
Disposing of faeces	X	
Giving a client medication		X
Feeding a client		X
Disposing of cloth, sanitary towels, or banana fibre used by the client during her menstruation	X	

7. Transition into a discussion on the safe use and disposal of gloves and plastic material.

Part 2 of 7: Why Should I Protect My Hands with a Liquid-Resistant Material Like a Glove?

8. Ask participants, "*Why is it important to protect your hands when caring for your clients*?" Spend one or two minutes discussing this question.

Trainer Note:

Hands should be protected to: (ensure responses include the following points):

- **Reduce the risk of getting an infection from a client;**
- **Prevent giving an infection to the client;**
- **Reduce cross- contamination by passing germs from one client to another client.**

Part 3 of 7: What Is the Best Type of Gloves or the Best Substitute for Gloves?

9. Ask participants to turn to the **Participant's Guide, page 65, item 22, What is the Best Type of Material for Gloves or as Substitute for Gloves?** Spend one or two minutes discussing/reviewing the following:

   - Show thin "medical" gloves made of natural rubber latex and synthetic non-latex materials (e.g., vinyl, nitrile, and neoprene). Note that they are comfortable to wear, allowing good movement of fingers and hands. These thinner gloves ideally should be used one pair at a time for one task and then thrown away.

   - Show thicker, household rubber gloves. Note how they 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.

   - Demonstrate how plastic sheet material (like that used for deliveries) can be cut and put over hands and tied at the wrist. Show how to use a rubber band or piece of string at the wrist to hold the plastic in place on the hands. If the plastic material is thin, putting one piece on top of another (two pieces per hand) can provide more protection.

   - Review that you should not use paper or cloth if anything moist is to be touched because the plastic/cloth will get soaked and contaminated. The gloves or material should be liquid and tear resistant to protect against fluids.

   - Review that it is important to always wash your hands after using gloves to prevent irritation on your hands and remove any germs that got on your hands.

Part 4 of 7: What Are Some Participant Experiences While Using Gloves and Other Plastic Materials? And How Can You Keep Them Waterproof?

10. Ask participants the following questions (spend one or two minutes gathering responses to each question.)

    - "What are some of the advantages and disadvantages of using gloves? Of using plastic material?"

- "What should you do to make sure your gloves/plastic material remain water-proof?"

Trainer Note:

Ensure responses include the following points:

- **Gloves/material should not be peeling, cracked, or have holes.**
- **Sharp objects can puncture medical gloves or other plastic material.**
- **Do not wear artificial fingernails and keep natural fingernails short (nail tips less than 1/4-inch long) to help keep gloves/plastic material from tearing.**
- **The thicker the glove or plastic material, the more protection provided and resistance to punctures and tears. However, thicker gloves/plastic material also may be stiffer and reduce manual dexterity and grasping ability.**
- **Always change gloves or plastic material if they rip or tear.**

Part 5 of 7: How Do I Talk About Using Gloves/Plastic Material Without Offending Household Members?

11. Ask participants the following questions (spend one or two minutes gathering responses to each question.)

    - "What should you say to your client or household members about using gloves or plastic material to protect themselves or others in their household? How would you introduce the subject?"
    - "What can you say to help the caregiver(s) and client realise that glove/plastic material use does not imply that you are stigmatising the client (by making the client feel that the caregiver does not want to touch him/her with bare hands), but it is about helping to keep everyone in the household healthier?"

Trainer Note:

It is important that gloves/plastic material be used for ALL handling of blood, body fluids, and contaminated medical equipment or materials, regardless whether the client is HIV-positive. If a participant mentions wearing gloves with only someone living with HIV, remind the participants that germs (viruses, bacteria, etc.) can be "caught" from any client (or "given" to any client), no matter what their illness. Reinforce that providers can easily stigmatise clients when they wear gloves, plastic material, or other plastic material on their hands during caregiving activities for someone living with HIV where there is NO chance of faeces, blood, or fluid contact.

Part 6 of 7: Putting on Gloves or Plastic Material: Large Group Activity

Putting on Gloves

12. Ask for a volunteer to come to the front of the room to help you demonstrate how to put on gloves. Tell the volunteer that you are a "blind" person who has never put on gloves and that you want them to describe for you how to put on gloves as you (the blind person) try them on for the first time. Hand a pair of thick plastic (household use) gloves that have a right and left hand to the volunteer and stand facing the audience so that everyone can see you. Close your eyes and ask the volunteer to "talk you through the process." While you are trying on the gloves, pretend you have never done it before, so you do not know there is a left or right glove. The volunteer has to help you figure that out. Likewise, manage to get several of your fingers in one of the glove's fingers so the volunteer has to talk you through how to get your fingers in the correct holes. Do not pull the glove on all the way unless the volunteer instructs you to do so. Thank the volunteer when you are done.

13. Once the demonstration is over, ask the participants to turn to **page 66** in the **Participant's Guide, item 23A, How to Put on Gloves, Plastic Sheeting or Other Plastic Material,** and ask a volunteer to read out loud the steps for putting on gloves. Ask the participants to identify what, if anything, you did or did not do correctly during the glove demonstration.

Trainer Note:

Suggested steps for putting on gloves include:

- **Step One: Wash your hands before touching the gloves. Check for any holes or tears before putting the gloves on your hands.**
- **Step Two: Determine which direction the gloves go on and which is left and right. Hold them up and look at which way the thumbs go.**
- **Step Three: Insert your hand into the hole at the end of the glove, the one found farthest away from the glove's fingers.**
- **Step Four: Slide your fingers into the finger openings that are meant for each finger.**
- **Step Five: Pull the glove as far up over your wrist and forearm as possible so that the tips of your fingers are touching the inside tip of the glove's fingers.**

You should NOT use two latex medical gloves on one hand (one glove on top of the other), because it may cause the gloves to tear.

14. Say, "Clearly, as HBC providers, you already know how to put on gloves. However, it is possible that your clients or the caregivers in the home do not know how to put on gloves or how to put on thin medical gloves without tearing

them. It is your job to help them learn how to do it, just like [insert the name of the volunteer] just helped me."

Putting on Plastic Material

15. Ask the participants to turn to the **Participant's Guide, top of page 67, Suggested Steps for Putting on Plastic Sheeting or Other Plastic Material.** Ask for a different volunteer to read out loud the instructions for putting plastic material on your hands.

Trainer Note:

Suggested steps for putting on plastic material include:

- **Step One: Wash your hands before touching the plastic material. Check for any holes or tears.**
- **Step Two: If starting with a large plastic sheet, cut a square approximately 20x20 inches (50x50 cm), or large enough to cover your hands and wrist.**
- **Step Three: Place the tip of your fingers in the middle of the square and, with your other hand (or with someone else helping you), gather the rest of the plastic so it covers your hand. Then gather it around your wrist.**
- **Step Four: Secure the plastic around your wrist by tying with string or a rubber band.**

16. Explain that if the plastic material is very thin and might break easily, then you should use two layers (one over the other) on each hand. This also allows for removal and replacement of the outer plastic material if it gets contaminated, while still keeping the skin protected with the plastic that is inside and closest to the skin.

Part 7 of 7: Preventing Cross-Contamination by the Removal and Disposal of Gloves or Plastic Material

17. Ask participants, "Is it necessary to wash your hands before or after putting on gloves or plastic material? Why or Why not?" Spend one or two minutes to discuss.

Trainer Note:

Ensure responses include the following points:

- **Using gloves or plastic material is not <u>a replacement for hand washing.</u>**
- **Even while using protective material, <u>your hands can be contaminated</u> as a result of <u>rips</u> or <u>small, undetected holes</u> in the**

gloves or plastic material.

- **Unwashed hands can easily contaminate the surface of gloves or plastic material which touch and potentially contaminate the client.**
- **Hands often become contaminated during removal of the gloves or plastic material. See the directions below for how to properly remove gloves.**

18. Ask participants, "How often should you change your gloves/plastic material?" Spend one or two minutes discussing this question.

Trainer Note:

Ensure answers include the following responses:

- **When gloves/plastic material get holes or tears, immediately change to a new, fresh set.**
- **When they get soiled on the outside, when you are cleaning from a contaminated body part to a clean body part.**
- **If you need to temporarily stop work (e.g., to tend to a child who may need your immediate help or to answer a phone), remove and discard the gloves (if they are thin, medical gloves) or plastic material you are wearing. Heavy-duty re-usable gloves should be soaked in a Jik solution for 20 minutes (see directions below for re-using gloves). When you restart your work, use a new pair of thin, medical gloves or plastic bags — or, use a disinfected pair of heavy-duty reusable gloves.**

19. Explain to the participants it is important to always remove gloves or plastic material immediately after caring for a client. Failure to remove them after caring for a client may spread germs from one client to another. Explain the following:

    - It is best if thin gloves are thrown away after one use since they tear easily.
    - A fresh pair of gloves or plastic material should be worn for each new client or when they become soiled. Remove them after caring for the client and do not re-use them for a different client. Failure to remove them after caring for a client may lead to transmission of germs from one client to another, which is why it is important to either dispose of the gloves or plastic material properly after use, or disinfect before re-using gloves.

Removing Disposable (Thin Medical) Gloves and Plastic Material

20. Ask the participants to turn to the **Participant's Guide, page 67, item 23B, How to Safely Remove Gloves, Plastic Sheeting or Other Plastic Material.** Ask for a different volunteer to read out loud the instructions for removing disposable (thin medical) gloves and for a second volunteer to demonstrate how to remove a glove as the first volunteer reads the steps.

Trainer Note:

Trainer note: Suggested steps for taking off (thin medical) gloves include:

- **Step One: Hold the glove by the opening at the wrist**
- **Step Two: Peel them down over your hand, which turns them inside out. This will keep the wet side on the inside, away from your skin and other people.**
- **Step Three: Throw them away**
- **Step Four: Wash your hands with soap (or ash) and water.**

21. Ask another volunteer to read the instructions on how to safely take off plastic sheeting or plastic material (on **page 68** of **the Participant's Guide,** item **23, How to Safely Remove Gloves, Plastic Sheeting or Other Plastic Material**.) Ask a second volunteer to demonstrate how to remove the plastic sheeting/material as the first volunteer reads the steps.

Trainer Note:

Suggested steps for taking off plastic material include:

- **Step One: 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 Two: 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 Three: Gently clasp the fingers of your bare hand around the wrist of your hand holding the folded plastic material and draw your fingers (still encircling your wrists) up toward the cloth, so you can scoop the cloth up, touching only the clean surface that was originally against your skin.**
- **Step Four: Wash your hands with soap (or ash) and water.**

22. Ask the participants to turn to the **Participant's Guide, page 68,** section **24, Can I Re-use Gloves, Plastic Sheeting or Other Plastic Material?** Ask for a different volunteer to read out loud the instructions for removing re-usable thick

household gloves while a second volunteer demonstrates the actions that the first volunteer is reading.

Removing Re-Usable Thick Household Gloves

Trainer Note:

[Note: explain to participants that the trainers will review later how to make the Jik and water solution mentioned in Steps Three and Four, below.]

Suggested steps for taking off thick household gloves for re-use include:

- **Step One: Inspect for any holes or tears. If they are damaged, dispose of gloves and do not re-use them.**
- **Step Two: Pull the first glove off by grabbing the fingertips and gently pulling it off the hand, keeping the wet side on the outside, away from your skin and away from other people.**
- **Step Three: Hang the gloves immediately in a bucket of 1 part Jik to 9 parts water solution. The gloves should have the soiled area immersed in the solution and 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.**
- **Step Four: 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. Hang the glove immediately in the bucket of 1 part Jik to 9 parts water solution.**
- **Step Five: Cover the bucket, throw away the banana leaves (or disinfect the cloth), and wash your hands with soap (or ash) and water right away.**
- **Step Six: Soak them in the 1 part Jik to 9 parts water solution for at least 20 minutes.**

23. Ask participants to turn to the **Participant's Guide, page 70**, item **25, Where Do I Throw Away (Dispose of) Gloves, Plastic Sheeting or Other Plastic Material After They Are Used?** Ask the participants, "How should you dispose of gloves?" Spend one or two minutes discussing this question. Explain that answers should include:

    If disposing of gloves, plastic sheeting, and/or other plastic material in an URBAN setting:

    - **Option One:** Burn the soiled material (preferred method).

- **Option Two: '**Double bag' it by putting the soiled material in a bag and tying the top. Then put it inside another bag, tie the top, and throw away the sealed bag in the garbage.

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

- **Option One:** Drop the material into the latrine hole (preferred method).
- **Option Two:** Burn the soiled material in a safe area.
- **Option Three: '**Double Bag' it by putting the soiled material in a bag and tying the top. Then put it inside another bag, tie the top, and throw away the sealed bag in the garbage.

24. Ask participants to turn to the **Participant's Guide, page 71,** item **26, Skin Care While Using Gloves, Plastic Sheeting or Other Plastic Material on Your Hands**. Ask a volunteer to read the text and afterward, ask if there are any questions.

25. Remind participants that as discussed in Module 2, one of the HBC provider's roles is to help fight stigma and make people living with HIV feel more accepted. Therefore, gloves should only be worn when the HBC provider is handling any type of body fluid or waste (e.g., blood, pus, fluid, faeces, vomit, sputum, urine, and waste from childbirth) or when the HBC provider or client has open sores or cuts that will come in direct physical contact with the other person.

Trainer Note:

Place the Universal Precautions flipchart paper with this statement on the wall to reinforce this point. Transition from this topic into explaining universal precautions.

E. Introduction to Universal Precautions (30 minutes)

Trainer Note:

It is important for trainers to understand that the terms, 'universal precautions' and 'standard precautions' often are used interchangeably. Both refer to a set of infection control guidelines to prevent transmission of organisms, as defined by the U.S. Centers for Disease Control. However, CDC expanded 'universal precautions' to include other aspects of infection control, which are important in facility-based, hospital settings and re-named the expanded guidelines for hospital settings, 'standard precautions' (CDC)[3],[4]. The terminology and principles of 'universal precautions' are most appropriate for the household setting and will be utilised for the purposes of this training. It is not necessary to explain this to the participants. But if one of the participants brings up 'standard' precautions, it is then appropriate to explain the difference.

1. Explain to participants that:

   - Universal precautions are simple infection control procedures that reduce the risk of transmitting infectious germs through the exposure to blood, body fluids, sores, contaminated medical, or other types of equipment and materials.
   - Universal precautions are meant not only to protect HBC providers and family members, but also to protect clients from unnecessary infection.
   - HBC providers should use universal precautions with ALL of their clients, whether they know if a client is HIV-positive or not.

2. Explain to participants that there is an extremely low risk of getting HIV through caregiving activities if universal precautions are taken.

Trainer Note:

Refer to Module 2 if participants have any additional concerns about the risk of getting HIV through caregiving activities.

[3] CDC (downloaded February 15, 2009) http://www.cdc.gov/ncidod/dhqp/bp_universal_precautions.html

[4] CDC (downloaded February 15, 2009) http://www.cdc.gov/ncidod/dhqp/gl_isolation_standard.html

3. Acknowledge that participants already have learned an important universal precaution, which is using gloves or plastic material to cover their hands.

4. Take one or two minutes for participants to share other important universal precautions that reduce the risk of exposure to blood, body fluids, and contaminated medical or other types of equipment and materials. The trainer should write the suggested actions on a piece of flipchart paper.

5. Ask participants to turn in the **Participant's Guide, page 54, item 19, Universal Precautions (Blood and Body Fluid Contact)** and distribute the **How to Stop Spreading Germs** Counselling Card to the participants. Compare the list of universal precautions generated by the participants with the list of universal precautions in the Participant's Guide. Note that the actions listed in the Participant's Guide are "key" universal precautions, but that there are other actions that can also reduce the risk of exposure to blood, body fluids, and contaminated medical or other types of equipment and materials. Discuss the actions on the participants' list on the flipchart paper that are not included in the Participant's Guide list to ensure that all would actually reduce the risk of germ transmission.

Trainer Note:

Ensure the following actions, which also are listed in the Participant's Guide, are included in the list of "key" universal precautions:

Universal Precautions

Universal precautions are simple, infection-control principles when any household members or HBC providers handle body fluids (such as blood, pus, fluid, faeces, vomit, sputum, urine, and waste from childbirth), or if the client or provider has open sores or cuts that will come in direct contact with the other person.

- **Wash your hands with water and soap (or ash) at critical times, especially after any contact with blood or other body fluids. Remind participants of the eight critical times which were covered in Module 4.**

- **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 material, or other plastic material are not available, you can use big, thick (liquid resistant) leaves (like banana leaves), a spring clothes pin or some other utensil to pick up soiled items. Clean up spills of blood, faeces, or other body fluids with household 1 part Jik to 9 parts water solution while wearing gloves, plastic material, or other plastic material to protect your hands.**

- **Cover your hands with gloves 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, 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 spills of blood, faeces, or other body fluids with a mixture of 1 part household Jik to 9 parts water solution (see the next section for instructions on how to prepare the Jik solution). While cleaning, wear gloves, plastic material, or other plastic material to protect your hands. Protect your feet when cleaning body fluids spilled on floors.**
- **Clean items 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.**
- **Keep clothing and sheets that are stained with blood, faeces or other body fluids separate from other household laundry before they are washed.**
- **In urban areas, dispose of items used for cleaning up blood/body fluids by either burning the bloody material (preferred method); or "double bagging" it (putting the soiled material in a plastic bag, tying the top, then putting it inside another plastic bag and tying the top) and putting the sealed bag in the garbage.**
- **In rural areas, dispose of items used for cleaning up blood/body fluids by either (1) dropping the material into the latrine hole (preferred method, use in rural areas only); or (2) burning the blood-soiled material (preferred method, urban areas); or (3) "double bagging" it (putting the soiled material in a plastic bag and tying the top, then putting it inside another plastic bag and tying the top) and disposing of the sealed bag in the garbage.**
- **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.**

6. Explain that it is important to educate households that following the precautions are a routine standard of care for all HBC clients, not just those who may be living with an infectious disease, such as HIV. HBC providers could state the following to their clients and their families:

   "There are some things in your blood, pus, faeces, urine, sputum or vomit that could make me sick. More importantly, I sometimes might have a cut or sore on my hands which could pass something to you that will make you sick. Because of

this, I will wear gloves, plastic material, or plastic/polyurethane bags on my hands any time I clean up body fluids. I do this for ALL clients, both to protect you and to protect me. It is important that everyone in your family also follows these precautions to prevent illness."

F. Large Group Activity: Disinfecting Surfaces and Materials Demonstration (20 minutes)

Part 1 of 4: Making Jik Solution (1 Part Jik to 9 Parts Water)

1. Explain to participants that any materials (clothing, bedding, towels, and cloth used for bandages) which have come into contact with blood or body fluids (blood, pus, faeces, vomit, sputum, urine, and waste from childbirth) that caregivers or clients want to keep and re-use should be disinfected (to kill bacteria) and cleaned (to remove the blood or body fluids). Items soiled with bodily fluids have many germs (viruses and bacteria) that need to be killed to make them safe to touch again. One of the best things for killing germs is Jik bleach.

2. Ask participants to turn to the **Participant's Guide, page 61, item 20, Mixing and Using Jik (Household Bleach) Solution to Kill Germs,** under the subheading, **How Do I Mix a "1 Part Jik to 9 Parts Water Solution?"**

3. Ask a volunteer to read the directions out loud in the Participant's Guide while a second volunteer comes to the front of the room to demonstrate how to make a Jik solution. Provide the volunteer all the supplies needed (water, container/bucket for solution, measuring cup/spoon, and Jik). When the demonstration is completed, thank the volunteer.

Trainer Note:

If possible, cover the table or surface used for demonstration with a plastic sheet so that if any of the Jik or Jik and water solution gets spilled, it will not discolour the table/surface.

The steps for making a 1 part Jik to 9 parts water solution include:

- **Step One: Get 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 Two: Using the same cup (or whatever container you used to measure the Jik), fill 9 times with water, pouring 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 1 part Jik to 9 parts water solution.**

- **Step Three: To dispose of Jik solution, dig a hole and pour the leftover 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 places where children play.**

NOTE: The amount of Jik to water in this solution is appropriate for household use and not hospital/clinical settings.

4. Explain that you can easily make any quantity of 1 part water to 9 parts Jik solution by using different size measuring instruments. For instance, if you only need a small amount, you can use a spoon to measure your Jik and water (1 spoonful of Jik to 9 spoons of water), if you need a larger amount, you can use a cup or Tumpeco/Nice cup or any measuring implement. The important thing is to be sure that for every time you fill your measuring implement with Jik, you fill it nine times with water.

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

6. Say, "Household members and HBC providers may be tempted to re-use the solution rather than dumping the solution from the container before a new batch of disinfectant solution is mixed. Jik solution should NOT be re-used because too many germs added will make the Jik solution ineffective."

7. Explain to participants that it is important they look at the disinfection needs of the household and help the household set up a system that works best for their situation. For example, if the client has frequent episodes of diarrhoea and is soiling pieces of cloth throughout the day, the household could place a covered bucket of 1 part Jik to 9 parts water solution in the household for use throughout the day. Whenever something is soiled, it can be placed in the bucket that is disinfected and changed by the household at the end of each day.

8. Say, "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."

Part 2 of 4: Disinfecting of a Cloth/Rag/Bandage Soiled with Blood, Menstrual Blood, or Body Fluids, Including Faeces

Disinfecting Cloth/Rags/Bandages

9. Ask participants to turn to the **Participant's Guide, page 62, item 20A, How to Disinfect a <u>Cloth/Rag/Bandage</u> Soiled with Blood or Body Fluids, Including Faeces.** Explain and demonstrate Step 1 to participants and simply describe (but do not demonstrate the remaining steps) on how to disinfect a soiled cloth, rag, or bandage (of any size) with a solution of 1 part Jik to 9 parts water. Explain that the demonstration will include a sample piece of cloth that is stained/soiled with dirt.

10. Remind participants that if a cloth/rag has any body fluids (blood, pus, fluid, faeces, vomit, sputum, and waste from childbirth) follow the next set of directions, where you use the Jik solution.

Trainer Note:

The steps for disinfecting a cloth/rag/bandage with one part Jik to nine parts water solution include:

- **Step One: [Demonstrate this step only.] Cover your hands with gloves, or plastic material. Pick up the soiled cloth (soiled for the training with dirt but would be soiled with blood or other body fluid in normal circumstances) and put it in a bucket, large bowl, or container that has with the Jik solution in it [prepared in the previous demonstration]. Allow it to soak for at least 20 minutes. You may want to set a timer to remind you when the time is up.**
- **Step Two: [Describe, but do not demonstrate this step.] Wash the cloth as you normally would wash, with water and lots of soap/detergent so there are lots bubbles when you scrub the cloths/rags together well. Then rinse well.**
- **Step Three: [Describe, but do not demonstrate this step.] Allow materials to dry in the sun.**
- **Step Four: [Describe, but do not demonstrate this step.] Dispose of solution as instructed (under the instructions for making the Jik solution). Soak the bucket, bowl, or 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.**

Part 3 of 4: Disinfecting Hard Surfaces and Floors (e.g., concrete floor, table, etc.) Contaminated With Spilled Blood and Body Fluids

11. Ask participants to turn to the **Participant's Guide, page 63, item 20B, How to Disinfect <u>Hard Surfaces and Floors</u> Soiled With Blood or Body Fluids.** Ask a volunteer to read the text and then discuss it, making sure that all the participants' questions are addressed.

Trainer Note:

The steps for disinfecting a hard surface or floor with 1 part Jik to 9 parts water solution include:

- **Step One: Make a 1 part Jik to 9 parts water solution (see steps previously listed for instructions).**

- **Step Two: Pour the Jik solution on the spilled fluid and leave it for 20 minutes.**
- **Step Three: Cover your hands with gloves, plastic sheeting, or other plastic material. 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 Four: Either disinfect the cloth/rag as outlined in Part 2 of 3, or dispose of it. Remove your gloves, plastic sheeting, or other plastic material and wash your hands.**

Part 4 of 4: Disinfecting Soft Surfaces (e.g., Dirt or Sand Floors) with Spilled Blood and Body Fluids

12. Explain to participants that soft surfaces (e.g., dirt or sand floors) soiled with blood or body fluids must be cleaned carefully using Jik solution. Ask participants to turn to the **Participant's Guide, page 64, item 20C, How to Clean Soft Surfaces (e.g., Dirt or Sand Floors) Soiled with Blood or Body Fluids.** Ask a volunteer to read the text and then discuss it, making sure that all the participants' questions are addressed.

Trainer Note:

The steps for cleaning a soft surface:

- **Step One: Cover your hands with gloves, plastic sheeting or other plastic material.**
- **Step Two: 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.**
- **Step Three: Replace the area you dug up with fresh mud and waddle. Remove your gloves, plastic sheeting or other plastic material, and wash your hands.**

G. Large Group Activity: Ways to Assist Bedbound Clients (Conscious and Non-Conscious) with Their Defecation and Urination Needs (2 hours)

(This includes turning a client, placing a Mackintosh/rubber sheet, "private parts" (perineal) care, use of plastic pants/care for baby faeces, use of a bedpan and commode, and case studies.)

1. Explain that in this next section, you will look at the assistance with urination and defecation (or "elimination needs") that may be needed by clients who are bedbound and weak with different levels of ability to move themselves.

2. Ask participants, "When you think about the urination and defection (or elimination) needs of your clients and their family members, what questions should you ask yourself that would help you know how you, as a HBC provider, can best help that client or their family?" Gather responses from participants.

> **Trainer Note:**
>
> **If you need to probe further, ask participants, "Would you want to see if the client could get up from the bed easily? Can the client walk to a latrine easily? Is your client strong enough to clean his/her buttocks after defecating?"**

3. Explain that the amount of assistance needed by the client to urinate or defecate largely depends on how conscious (alert), weak (or strong) the client may be and how mobile (or immobile) the client is. Explain that later in this session, participants are going to learn about various urine and faeces handling and disposal steps, which are based on the client's functional abilities.

4. Tell participants that when a client is bedbound and unconscious, there are many faeces care needs. For clients who are unconscious and bedridden, participants will learn how to:

   - Turn a client with only one caregiver to perform many faeces care tasks;
   - Use a Mackintosh, plastic sheet, or banana leaves to protect bed linens;
   - Make and use plastic pants;
   - Clean the "private parts" (genital and rectal area of clients, also called "perineal care").

5. Ask, "What can an HBC provider and household member do in the situation when a client must defecate but he/she is unconscious (not alert) and is completely bedbound, weak and unable to follow commands, unable to get up into a chair or commode, etc.?"

   Brainstorm for one minute and note the responses on the flipchart.

6. Explain to participants that since this client is unable to follow commands and is too weak to move or get out of bed, it makes sense to first learn how to shift the client so that you can clean them and change the linens when they get soiled. It is important to learn how to shift the client in a way that does not hurt the client or the caregiver/provider.

Part 1 of 5: Turning a Client with One Caregiver – Steps and a Demonstration

7. Explain that assisting a client to turn on the side while still lying in bed is important so that:

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

8. Explain that the first thing you should do before turning a client is wash your hands (as taught in Module 4) and come to the side of the client (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. Then ask participants to turn to the **Participant's Guide, page 75**, **item 30A, How to Turn a Client with <u>One Caregiver</u>**, and ask a volunteer to read steps 1-6.

Trainer Note:

The steps to turn a client with one caregiver are as follows:

- **Step One: Wash your hands, as instructed on page 22 of the Participant's Guide, and if the linens are soiled, cover your hands with gloves/plastic sheet material. 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 Two: 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 Three: Cross the client's leg that is closest to you by placing it over the client's other leg.**
- **Step Four: 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 he/she is close to the side of the mattress that is farthest from you. The client is now on his/her side.**
- **Step Five: To turn the client back to the original position, place one of your hands on the client's shoulder and your other hand on the client's hip. Gently roll the client toward you on his/her side so that they come back toward your side.**

Trainer Note:

When turning a client in a bed, the provider should spread his or her own feet and bend the knees to roll the client. This is the best method for reducing back strain for the HBC provider. However, clients who are 'bedbound' in Uganda often are lying on the floor rather than in an actual bed.

9. Ask for two volunteers to come up front to demonstrate how to turn an unconscious client, using the steps listed above. One volunteer will play the unconscious client and will get into position by lying on a table (which will serve as the bed). The other will be the HBC provider who will take a position next to the client volunteer. Have the rest of the participants provide guidance based on the written instructions.

Part 2 of 5: Changing the Linens, Mackintosh, or Plastic Sheet in the Bed for the Incontinent, Bedbound Client

10. Distribute the **Counselling Card** labelled, **Turning Bedbound Client in Bed, Changing Bed Linens** (see copy in the Module 6, Annex 1). Point out that the steps for rolling a client (just reviewed) are Steps 1 and 2 on this card. Ask the participants to turn to the **Participant's Guide, page 78,** item **31A, How to Use a Mackintosh, Plastic Sheet, or Banana Leave(s) and Changing Soiled Bed Linens (Making an Occupied Bed).**

11. Explain to participants that clients who are NOT conscious or who are conscious but unable to control when they urinate and defecate, will need to use some protection on their bed linens to keep them clean and need to have their linens changed when they do get soiled. For this, HBC providers will learn how to use a Mackintosh plastic sheet and how to change the bed linens while someone is lying in the bed. As one volunteer reads out loud from the Participant's Guide, demonstrate the processes with one trainer playing the role of the provider and one trainer playing the role of the unconscious patient (who is lying on soiled linens--sheet, Mackintosh, cotton cloth covering the Mackintosh).

Trainer Note:

The steps for placing a plastic sheet under a client and changing the bed linens are as follows:

- **Step One: Prepare**
  - **Wash your hands, as taught in Module 4 (refer to Module 4 for questions).**
  - **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., Mackintosh, two clean sheets, container to put soiled linens, gloves/plastic material to**

cover hands).

- **Cover your hands with gloves or plastic material.**

- **Step Two**
  - **Loosen the top linen at the foot of the bed.**
  - **Remove any blankets.**
  - **If the linens or blankets are dirty, remove by rolling or folding them away from you, with the side that touched the client inside the roll. Place in a container for dirty linens/clothes. If the linen is not soiled and will be re-used, 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 the client covered throughout the linen-changing procedure.**
- **Step Three**
  - **Assist the client to turn to the far side of the bed, as previously instructed.**
  - **On the side nearest you, loosen the bottom sheet, plastic sheet (or Mackintosh), and/or cotton cloth that may be covering the mattress. (Note: the volunteers demonstrating this step will have to pretend to loosen the linens since they will not actually be tucked in when demonstrating on a table.)**
  - **Fanfold the bottom linens one at a time toward the person: cotton cloth, plastic sheet, bottom sheet.**
- **Step Four**
  - **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 toward the person.**
  - **If a plastic/rubber sheet or Mackintosh or banana leaves are used, repeat the previous two steps with a plastic sheet, placing it where the person's hips and thighs will lay. A plastic/rubber sheet or Mackintosh or banana leaf 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 Five**
  - **Go to the other side of the bed and turn the client so the client is on the side of the bed away from you (now rolled onto the clean linens).**
  - **On the side closest to you, loosen the soiled linens, and remove them one piece at a time by rolling or folding them away from you, with the side that touched the client inside the roll.**
  - **If a person is dirty, clean him/her (this will be instructed later in the session).**
- **Step Six**
  - **Unfold the clean bottom sheet, plastic sheet, and cotton cloth toward you, and tuck them in under the mattress.**
  - **Assist client to a comfortable position in the middle of the bed.**
  - **Replace the pillows (after changing pillow case/s where necessary) and adjust place the pillows to a comfortable position for the client.**
- **Step Seven: Safe Transport, Disposal, and Disinfection**
  - **Remove the soiled bed linens carefully so as 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 that may be soiled with menstrual blood, follow the disposal instructions outlined in Unit 6, Section 40 (Participant's Guide, page 116).**
  - **For any soiled cloth, follow the instructions under Disinfecting and Disposing of a Cloth/Rag/Bandage Soiled with Blood or Body Fluids, Including Faeces in Unit 6, Section 41 (Participant's Guide, page 118).**
  - **For any spilled blood or body fluids on hard or soft surfaces, follow the Steps to Disinfect Hard and Soft Surfaces, in Unit 4, Section 20B, (Participant's Guide, page 63).**
- **Step Eight: Hand Washing**
  - **Remove the plastic material, gloves or polyurethane bags/plastic from your hands by following the instructions under Preventing Cross-Contamination by Removing and Disposing of Gloves, Plastic Material, or Other Material, in Section D above.**
  - **Wash your hands, as taught (refer to Module 4 for instructions and questions).**
  - **If the client cleaned him/herself, or if the client's hands came in**

contact with faeces, blood, urine, or other body fluids, ensure that the client washes his/her hands.

- **If the client doesn't have hand-washing materials within reach, place water, soap (ash), and a basin/bowl so he/she can reach it.**
- **Ask the client to wash hands with soap (or ash), using a rubbing motion. Offer to rinse the client's hands with running water to wash the germs from the client's hands.**
- **Encourage client to allow the hands to air dry.**

12. Ask for three volunteers to come up front to demonstrate how to place a plastic sheet under an unconscious client and how to change the bed linens with someone lying in the bed. The volunteers will follow the steps listed on the **Counselling Card, Turning Bedbound Client, Changing Bed Linens.** One volunteer will play the unconscious client and will get into position by lying on a table (which will serve as the bed) that already has been covered by all the necessary linens. The second volunteer will be the HBC provider who is placing the plastic sheet, and the third volunteer will read the instructions for how to place the plastic sheet under the client so that the HBC provider can do it. All the participants who are observing should follow along using their Counselling Card and by correcting or guiding the HBC provider if he/she is having trouble.

Part 3 of 5: Cleaning a Client's "Private Parts" (the Genital and Rectal Area, or "Perineal Care")

13. Explain to participants that when a client is bedbound and especially when he/she is not conscious, careful cleaning of the "private parts" is very important to keep the body clean. Cleaning the "private parts" means washing of the genital and rectal areas of the body (also called the perineal area). It should be done at least once a day. It is done more often when a client is incontinent (unable to control the passing of faeces or urine) or 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" area is very important for the health and wellbeing of clients. It also is an important part of preventing infection, odours, irritation, and breakdown of the skin.

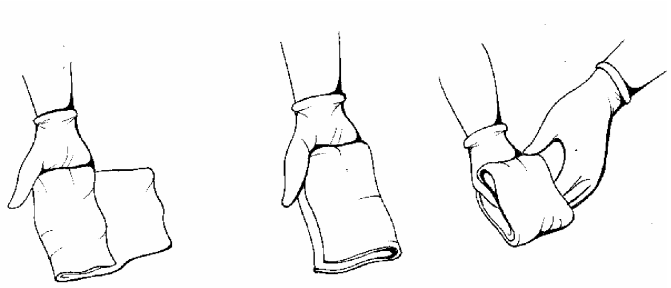
14. Say to participants: "'Private parts' care is a sensitive issue and should be kept as simple as possible, doing only what is necessary for the client and allowing the client to do as much as he or she can do independently (to build and maintain their dignity and self-respect.) Bedbound clients are likely to need more help in keeping their 'private parts' area clean. At a minimum, it is important for a client to have soap, water, clean rags, and a plastic container within reach so the client can wash independently each day. In addition, if an adolescent girl or woman is menstruating, it is important to make clean cloths or sanitary napkins available for soaking up menstrual blood and for changing when necessary. If a client is unable to thoroughly clean his or her 'private parts' — especially after defecating and urinating — the caregiver needs to help the client. Following is information on how to properly clean the 'private parts' of a woman and a man."

Before Cleaning the "Private Parts" (Perineal Area)

15. Ask participants to turn to **the Participant's Guide, page 93, item 32, Before Cleaning the Private Parts (Perineal) Area.** Review the steps BEFORE cleaning the perineal area (of a male or female client) to prepare for the task:

    - Wash your hands, as outlined on page 22 of the Participant's Guide. Prepare the materials you need for cleaning the "private parts" (e.g., clean cloth, soap, water, towel, cloth, sheet (or large cloth), plastic sheet, plastic material, etc).
    - Come to the side of the client and communicate what you are going to do.
    - Ensure privacy of the client.
    - Position the client on his/her back.
    - Cover your hands with gloves, plastic sheeting, or 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 the ends of the cloth are turned inward and around your hand like a mitt. 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 minimise contaminating one area of the perineal area with germs cleansed from another part of the perineal area.



16. Demonstrate how to make a cloth into a mitt. Ask a volunteer to come up and try it, and have the other participants help correct the volunteer if he/she is having difficulty making the mitt.

17. Explain that you are now going to review how to properly clean a woman's genitals and anal area. Then review how to clean a man's penis and anal area.

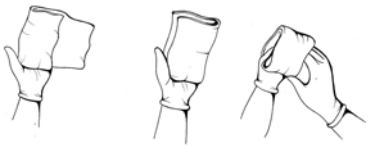
"Private Parts" (Perineal Care) of Female Clients

18. Ask participants to turn to **the Participant's Guide, page 94, item 32A, Private Parts (Perineal) Care of Females.** Distribute the **Counselling Card** with the label, **Cleaning Female Client** (see copy in Module 9, Annex 1). Ask participants to follow along as YOU read the card out loud.

Trainer Note:

The steps for cleaning a woman's "private parts" (perennial) area are as follows.

- **Step One: Prepare**
  - **Wash your hands, as outlined on page 22 of the Participant's Guide. Prepare the materials you need for perineal care (e.g., clean cloth, soap, water, towel, cloth sheet or large cloth, plastic sheet, plastic material, etc).**
  - **Come to the side of the client and communicate what you are going to do.**
  - **Ensure privacy of the client.**
  - **Position the client on her back.**
  - **Cover your hands with gloves, plastic sheeting, or 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 out the excess water.**
  - **Fold the damp clean cloth over your dominant hand, so 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 to keep larger segments of the cloth clean for separate cleansing strokes. This is important to minimise contaminating one area of the perineal area with germs cleansed from another part of the perineal area.

- **Step Two: Separate and Hold**

  Separate the lips of the labia with the non-dominant hand that does not have a mitt.

- **Step Three: Cleanse/Protect the Genital Area**
  - **Use the mitted cloth with the other hand and wash the area with short downward strokes, cleaning from the vaginal area toward the rectal area.**
  - **Use a different, clean part 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 a barrier skin cream to the inner thigh area.**

Note: It is important to use the "front to back" technique to clean from a "clean area" toward a "dirty area." This is to prevent contamination of the vaginal and urethral area with germs from the rectal area.

- **Step Four: Cleanse/Protect Rectal Area**
  - **A side-lying position allows the rectal area to be cleansed well.**
  - **Ask the client to turn on one side. If she is unable to move on her own, turn her on her side (as previously taught in this module).**
  - **Rinse and use the cloth (from Step Three) 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 again to wipe/rinse the rectum.**
  - **Pat the area dry with a clean, dry cloth.**
  - **Apply a thin layer of Vaseline or a barrier skin cream to the buttocks and rectal area.**
- **Step Five: Safe Disinfection and Disposal of Soiled Materials**
  - **For any soiled cloth that will be re-used, follow the Steps to Disinfect a Cloth, in the Participant's Guide, page 62, unit 4, section 20A.**
  - **For any cleaning material that will not be re-used, burn, dispose in the latrine (rural areas only), or double bag it, and put in the trash.**
- **Step Six: Hand Washing**
  - **See steps listed in the section labelled Hand Washing After Cleaning Client's Private Parts (Perineal Area). It can be found directly after the section below on Perineal Care for Males.**

19. Ask participants if they have any questions about how to clean a woman's perineal area. Clarify if necessary.

20. Explain that next you will review how to clean the "private parts" area of a male.

"Private Parts" Care of Male Clients

21. Ask participants to turn to the **Participant's Guide, page 97**, item **32B, Private Parts (Perineal) Care of Males.** Distribute the **Counselling Card** with the label, **Cleaning Male Client** (see copy in the Annex for this Module). Ask participants to follow along as YOU read the card out loud.

Trainer Note:

The steps for cleaning a man's perineal area are as follows:

- **Step One: Prepare**

  See section labelled, Before Cleaning the Perineal Area, listed before the previous description of perineal care of females.

- **Step Two: Gently Pull and Hold the Foreskin**

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

- **Step Three: Cleanse Under the Foreskin**
  - **Use the hand with the mitted cloth to clean the head of the penis.**
  - **Start at the opening where urine comes out, and sweep out and away from hole.**
  - **Use a different, clean part 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 Four: Release and Cleanse the Foreskin**
  - **Return the foreskin to its normal position.**
  - **Clean outside the foreskin with a circular motion.**
  - **Use a different, clean part 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 Five: Cleanse the shaft**
  - **Clean the shaft of the penis with a downward motion toward the scrotum and base of the penis.**
  - **Use a different clean part 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 a 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 Six: Cleanse the rectal area**
  - **The side-lying position allows the rectal area to be cleaned well.**
  - **Ask the client to turn on one side. If he is unable to move on his own, turn him on his side (as previously taught in this module).**
  - **Use the rinsed cloth to clean around the rectum 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, then rinse/cleanse the rectal area.**
  - **Pat the area dry with a clean, dry cloth. Apply a thin layer of Vaseline or a barrier skin cream to the buttocks and rectal area if the client is incontinent of urine or faeces.**
- **Step Seven: Safely disinfect and/or dispose of soiled materials.**
  - **For any soiled cloth that will be re-used, follow Steps to Disinfect a Cloth, in the Participant's Guide, page 60, unit 4, item 20A.**
  - **For any cleaning material that will not be re-used, burn, throw it in the latrine (rural areas only), or double bag and put it in the trash.**
- **Step Eight: Hand Washing (from the Participant's Guide, page 100)**

When you have finished cleaning your client's perineal area:

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

22. Ask participants to describe how they teach caregivers in the home to clean the client's private parts. Brainstorm on how the HBC provider can begin the conversation about proper "private parts" care with the caregiver in the home and how the provider can show the caregiver to do it in a way that maintains the client's dignity. (One option is to have the HBC provider clean the client's "private parts" and describe what they are doing while the caregiver watches. Another possibility is to show the caregiver the Counselling Card on "private parts" care, and describe what to do as they review the pictures together.)

Part 4 of 5: Building and Using Plastic Pants for a Client Who Is Bedbound

23. Explain that as an alternative to using Mackintosh or plastic 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. Show the participants some plastic pants and pass them around so everyone can look at them closely.

24. Ask participants to turn to the **Participant's Guide, page 84, item 31B, How to Use Plastic Pants.** Distribute the **Counselling Card** labelled, **Plastic Pants** (see copy Module 6, Annex 1), and ask a volunteer to read it out loud while everyone else follows along.

Trainer Note:

Following are the instructions for how to construct and use plastic pants:

- **Step One: Cut plastic sheet into the shape of a pant (that is opened up to lay flat). Cut a size appropriate for client.**
- **Step Two: Have a local tailor sew "gathers" with an elastic band on inside edges that go between the legs (to prevent gaps that can leak).**
- **Step Three: Place a cotton cloth over the plastic pants and put them on the client, making sure that only the cotton cloth comes in contact with the client's skin. Tie sides of the pants to hold in place.**

Ask if any participants have questions and clarify them.

Safe Handling and Disposal of Infant and Young Children's Faeces

25. Explain to participants that ALL faeces are dangerous, including the faeces of infants and young children (0-4 years of age). Say that although some people may believe that infant/young child faeces are harmless, their faeces contain germs which can be spread easily to others and cause illnesses, such as diarrhoea. Germs, then, can be picked up easily from changing an infant's nappie or diaper, or while helping a young child use a potty chair.

26. Ask participants to take two minutes to share any challenges they or caregivers in their homes have faced while handling or disposing of faeces of infants and young children.

Trainer Note:

Be sure to elicit the following responses:

- **Many infants and young children have not yet developed the ability to control (or determine when to release) their faeces and urine.**
- **Many toilets and latrines are too big for infants and young children, which may result in infants/young children defecating or urinating in the open.**
- **Infants and young children require others to help handle and dispose of their faeces and urine, presenting many opportunities to spread germs.**
- **Household members or other people in the community do not take seriously the threat of faecal contamination by infants/young children. They may believe that infants/young children are "too pure" or young to have germs in their faeces.**
- **Lack of a designated place/space to change the nappie/diaper.**
- **Few supplies to clean/disinfect cloth diapers or lack of disposable diapers (due to limited access, cost, etc.).**
- **Limited options to safely dispose of faeces from cloth diapers, disposable diapers, a potty chair, etc.**
- **Limited options to safely dispose of diapers.**

28. Ask participants to take another two minutes to share ways to safely handle faeces and soiled nappies/diapers from infants or young children. Tell them they will have an opportunity to talk about the disposal of faeces and soiled nappies/diaper and cleaning cloth diapers in the next part. Now is an opportunity to share ways to cut down on spreading germs while changing nappies/diapers or helping a young child use a potty chair.

Trainer Note:

Be sure to elicit the following responses:

- **Change a nappie/diaper as soon as it becomes soiled.**
- **Empty faeces from the nappie/diaper or the potty chair into a latrine/toilet.**

- **Create or use a designated place/space (far from the food preparation area) to change the nappie/diaper or use the potty chair to reduce the spread of harmful germs throughout the household.**
- **Have children wash their hands any time they could come in contact with faeces, including after a diaper change (an adult should wash an infant's or small child's hands). Young children should always wash their hands before eating snacks or meals.**
- **Wash your hands with soap (or ash) after diapering or helping a child use the toilet, and before preparing, serving, or eating food.**
- **Wash your hands after handling a soiled nappie/diaper, after you use the latrine/toilet and before you prepare food or feed the infant/young child.**

29. Remind participants that frequent hand washing is the best defence against the spread of germs because the germs that cause diarrhoea are easily passed from hand to mouth. Say that handling a soiled diaper, for instance, can transfer these germs to your hands before you wipe the infant's mouth. The infant also can catch a diarrhoea-causing infection from putting his/her fingers in the mouth after touching toys or other objects that have been contaminated with the stool of an infected child or adult.

30. Tell participants you are now going to talk about ways to safely dispose of faeces and nappies/diapers or to clean cloth nappies/diapers. Say you will give them two examples of an infant/young child faeces disposal situation they may find in their households. Explain that you would like them to share what they think they would do or say in response to the following situation as the HBC provider of that household.

31. Give participants the first situation/question: Say, "One of your clients is a mother of a 3-month-old infant. She asks you for advice on the best way to wash her infant's cloth diapers so she can re-use them. What advice would you give, knowing that the cloth diapers are frequently soiled with faeces and urine?"

    Spend one or two minutes taking responses and record them on the flipchart.

Trainer Note:

Ensure the following points are discussed:

- **The mother (and other household members) should dump any faeces from the cloth diapers in the household latrine/toilet.**
- **The mother (and other household members) can put the soiled diapers in a covered bucket to soak in "1 part Jik to 9 parts water" solution throughout the day. They should wash them at the end of each day.**

- **To wash the cloth diapers, follow the instructions in the Participant's Guide, page 62, section 20a, How to Disinfect and Dispose of Cloth/Rag/Bandage Soiled with Blood or Body Fluids, Including Faeces.**
- **Try to use a separate area (far from the food preparation area) for changing nappies/diapers to reduce spreading faecal germs to other areas of the home. It is best to pick a smooth, water-resistant surface that can be cleaned easily 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 of the cloth or paper after you have changed the diaper.**
- **Always wash your hands with soap (or ash) after handling faeces or a soiled nappie/diaper.**

- Ask participants if they have any questions about cleaning cloth diapers so they can be re-used. Answer questions appropriately.
- Explain you are going to give another example of an infant/young child faeces disposal situation they may face in their households. Explain you would like them to share what they think they would do or say in response to the following situation as the HBC provider of that household.
- Give participants the second situation/question:

Say, "One of your clients is a 2-year-old boy named Dennis who is cared for by his granny. His mother and father are no longer living. On your home visit late one afternoon, you notice the granny has changed Dennis' plastic (disposable) diaper only once that day. You also notice old, wet/soiled disposable diapers in the corner of the room and a terrible odour coming from that place. Granny tells you that she doesn't know what to do with the old diapers after Dennis is changed. What advice would you give Granny?"

Spend one or two minutes taking responses and record on the flipchart.

Trainer Note:

Ensure the following points are discussed.

- **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 a latrine as disposable diapers do not decompose in latrines.**
- **Always wash your hands with soap (or ash) after handling faeces or a soiled nappie/diaper.**

- **Try to use a separate area (far from the food preparation area) for changing nappies/diapers to reduce the spread of faecal germs to other areas of the home. It is best to pick a smooth, water-resistant surface that can be cleaned easily with soap and water after each nappie/diaper change. Use a piece of cloth or paper over the area where you change the infant's diaper. Dispose of the cloth or paper after you change the diaper.**

- Ask participants if they have any questions about disposing of disposable diapers so they can be re-used. Answer their questions appropriately.

Part 5 of 5: Use of a Bedpan

- Ask, "What should a HBC provider, client, or household member do in the situation when a client must defecate and he/she is conscious (alert), but very weak and bedbound and unable to get into a chair or commode?" Write the participants ideas on the flipchart. (Spend no more than one or two minutes on this discussion).

  Tell participants that you now are going to review how to use a bedpan.

Using a Bedpan

- Ask participants to turn to the **Participant's Guide, page 86,** item **31C, Using a Bedpan/or Basin in the Bed,** and inform them that everything you are about to cover is in this part of the guide. Distribute the **Counselling Card** labelled, **How to Use a Bedpan.** Show participants a bedpan (basin) and pass it around for everyone to see.

- Explain that a bedpan (or a basin) can be placed under the hips of a client 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 who are bedbound often use them only to defecate and use a urinal (or clean, tall container) to urinate.

- Remind participants that it is very important to wash their hands (page 22 in the Participant's Guide) and follow the Universal Precautions (page 54 in the Participant's Guide) when handling bedpans and their contents. It also is 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.

- Ask for a volunteer to read the bedpan Counselling Card.

Trainer Note:

Steps to assist a client with use of a bedpan (or a basin/bowl) include:

- **Step One: Prepare**

- **Wash your hands (as taught in Module 4, page 22 of the Participant's Guide).**
- **Come to the side of the client and communicate what you are going to do.**
- **Prepare the materials you need (e.g., basin, clean cloth or tissue, plastic materials, clean sanitary pad, etc).**
- **If available, put a little powder or ash on the edge of the basin/bedpan to help prevent the rim from sticking to the client's skin.**
- **Put some ash in the bottom of the bedpan to prevent faeces from sticking to it.**
- **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 plastic sheeting, gloves or other plastic material.**

- **Step Two: Bedpan Placement for Client Who Is Able to Lift Hips**

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

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

- **Step Three: Bedpan Placement for Client Who Is Unable to Lift Hips**
  - **If a client cannot lift the hips, turn the client onto one 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 toward 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 Four: Wait**
  - **Partially drape a sheet, blanket, or piece of cloth over the client to provide privacy.**
  - **Place tissue or a clean cloth within the client's reach. Encourage the client to clean him/herself with the tissue/cloth if able.**
  - **Agree with the client on a signal so the client can let you know**

when he/she is 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 is ready for you. Then, return when the client signals.**

- **Step Five: Remove Bedpan for Client Who Is Able to Lift Hips**

  [Note: If the client is unable to lift the hips and raise the 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 is able to wipe her/himself, ensure the client is clean. Remind the female to wipe from front to back to avoid spreading germs to the vagina and bladder.**
  - **If the client is unable to wipe him/herself, clean the client from front to back, using a clean part of the tissue/cloth for each wipe.**
  - **Clean the genital and rectal area if necessary. Go to Step Seven.**

- **Step Six: Remove Bedpan for Client Who Is Unable to Lift Hips**
  - **If a client is unable to lift the hips, hold the bedpan securely (so it lays flat against the mattress), then turn the client onto the side away from you.**
  - **Remove the bedpan carefully to avoid any spills on 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.**
  - **Then go to Step Seven.**

- **Step Seven: 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, urine, or menstrual blood 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 of the Participant's Guide.**

- **Step Eight: Hand Washing**
  - **Safely remove the plastic sheeting, gloves, or plastic material from your hands.**
  - **Wash your hands (as outlined in Module 4, page 22 of the Participant's Guide).**

- **If the client cleaned him/herself or if the client's hands came in contact with faeces, blood, urine, or other body fluids, ensure that the client washes his/her hands.**
- **If the client does not have hand-washing materials within reach, place water, soap (or ash) and a basin/large bowl where the client can reach them.**
- **Ask the client to wash all surfaces of the hands with soap (or ash), using 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 hands to air dry.**

H. Faeces Care for a Client Who Can Get Up in a Chair but Cannot Walk to the Latrine

(Construction of bedside potty chair and use of bedside potty chair)

1. Ask participants, "What should a HBC provider, client, or household member do when the client is able to get up into a chair but he/she cannot walk to the latrine?"

2. Ask participants to turn to the **Participant's Guide, page 101, 33A. Building a Bedside Commode,** and inform them that everything you are about to cover is included in this section of the guide. Distribute the **Counselling Card** with the label, **Making a Bedside Commode (Potty Chair),** (example can be found in the Annex to this Module). Show participants a commode, if possible. If no commode is available, ask the participants to look at the pictures on the Counselling Card.

3. Explain that bedside commodes can be placed next to a client's bed or over the hole in a latrine to make it easier for a client to urinate/defecate.

4. Remind participants that it is very important to wash your hands (Participant's Guide, page 22) and follow the Universal Precautions (Participant's Guide, page 54) when handling a commode and the contents of the bucket placed under the commode when it is used by the bed. It also is important that the bucket is covered after use and is taken immediately to the latrine or toilet. After being emptied and rinsed, it needs to be cleaned with "1 part Jik to 9 parts water" solution (section 20B, page 63 from the Participant's Guide) and returned to the client's bedside.

5. Ask for a volunteer to read the Counselling Card with the label, Making a Bedside Commode (Potty Chair). When done, ask if there are any questions.

Trainer Note:

Instructions for building a bedside commode (potty chair) include:

- **Step One: Make a wooden stool or chair.**
- **Step Two: 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.**
- **Step Three: To use commode (potty chair), put a bucket beneath the hole in the stool/chair, or put the stool/chair over the hole in the latrine.**

Transferring a Client from a Bed to a Chair or Bedside Commode

6. Explain that it is important to transfer the client from the bed to the commode in such a way that it does not injure the client or the caregiver's back. Ask participants to turn to **the Participant's Guide, page 103, item 33B, Getting a Client Up From A Bed to the Bedside Commode (to Urinate and Defecate)** where there are instructions on how to transfer a client from a bed to a commode. Tell the participants that the steps that the workshop facilitators are about to demonstrate are covered in this section of the guide.

7. Have two of the trainers demonstrate how to transfer a client to a bedside commode. One trainer will play the role of the client, the second will play the role of the caregiver. The trainer playing the role of a client should start by laying down on a table (which can substitute for a bed). Next to the table, place a chair, which will substitute for the commode. The trainers should demonstrate the proper actions.

Trainer Note:

Following are the instructions for how to transfer a client from a bed to a commode:

- **Step One**
  - **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 client'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 taught in the Participant's Guide, page 22.**
- **Step Two**

- **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 privacy and dignity.**
- **Have the client wear low-heeled, non-slippery shoes.**

- **Step Three**
  - **Stand in front of the client who is sitting on the bed.**
  - **Have the client place his/her fists on the bed by the thighs. Make sure the client's feet are flat on the floor.**
  - **Thread your hands underneath the client's 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 on a signal that you have agreed to use.**
  - **If the client is able, instruct him/her to lean forward slightly, push down on the bed with his hands, straighten the legs, and then stand. Or, pull the client into a standing position as you straighten your knees. Alternatively, you could put a belt (gait belt) around the waist of the client to help you grasp the client.**
- **Step Four**
  - **Support the client in the standing position.**
  - **Keep your hands around the client's 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 Five**
  - **Turn the client so he or she can grasp the bedside commode. Have the client grab the armrests and lower self 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 to help the person turn into a position that allows him/her 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 Six**
  - **Place tissue or a clean cloth within reach of the client. Have the client to clean him/herself with the tissue/cloth, if possible.**
  - **Agree with the client on a signal so the client can let you know when he/she is finished, or when help is needed (e.g., calling the provider's name loudly or knocking a spoon against a pot, if the client is able).**
  - **Give the client privacy until the client is ready for you to return.**
  - **Return when the client signals.**
- **Step Seven**
  - **When the client is finished, ensure that the genital and rectal area is clean, then return the client to bed by reversing the above procedure.**
- **Step Eight**
  - **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 bucket 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, deep in the ground.**
  - **For disinfecting the bedpan, follow the Steps to Disinfect Hard Surfaces, on page 63 of the Participant's Guide. Ash can be placed in the commode before and after it is used to control the smell.**
- **Step Nine: Hand Washing**
  - **Safely remove plastic material or gloves from your hands.**
  - **Wash your hands, as outlined on page 22 of the Participant's Guide.**
  - **If the client cleaned him/herself, or if the client's hands came in contact with faeces, blood, urine, or other body fluids, ensure that the client's hands are washed.**
  - **If the client does not have hand-washing materials within reach, place water, soap (or ash), and a basin/large bowl where the client can reach them.**
  - **Ask the client to wash all surfaces of the hands with soap (or ash), using 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 hands to air dry.**

I. Faeces Care for Mobile but Weak Clients Who Can Get Up to the Toilet/Latrine with Assistance

1. Explain to participants that sometimes they may have clients who are mobile but who are weak and only able to walk to the latrine or toilet if they have 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 returns more easily.

2. Ask participants for ways they can help their clients walk to the latrine or toilet. Gather responses and record on the flipchart.

Trainer Note:

Ensure responses include the following:

- **Carefully assess that the client is able to walk before the client attempts to walk, especially if he/she is beginning to walk 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 practise shifting weight, using support to help maintain balance.**
- **Walk with the client as he/she begins to walk. If the client is able to support the body and stand independently, have him/her wear a securely fastened belt to provide something for you to grip. This helps provide stability, and if the client becomes faint, he/she 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 provide support.**
- **Help the client follow his/her normal gait.**
- **A cane, crutches, walking stick, or walker may be used for support.**

3. Explain that there also are ways to help clients use the latrine or toilet. Ask participants to turn to the **Participant's Guide, page 106, item 34, Faeces Care for a Client Who Is Weak But Able to Go to the Latrine or Toilet,** and inform them that everything that you are about to review is covered in this part of the guide. Review the following points on how to help clients use the latrine or toilet:

   - Place a pole, handle, or rope in the latrine for the client to hold onto while squatting and standing.
   - Help clients with their balance as needed by holding them up from above as they pass faeces or urine. The provider may just need to give an arm to lean on.
   - Put a bedside commode over the hole of the latrine or toilet.
   - Ensure that the latrine is as clean as possible so the client does not pick up germs unnecessarily.
     - If the latrine is not clean, the provider can use "1 part jik to 9 parts water" solution to wipe the door handle, pole, or seat.
     - If there are faeces on the floor, the provider can push the faeces down the hole and use the "1 part jik to 9 parts water" solution for 20 minutes on the surface of the latrine floor.
     - If it is a dirt floor, the provider can dig up the contaminated part in the dirt, put it in the latrine, and back fill the hole with new dirt.

4. Ask participants if they have any questions about assisting mobile but weak clients with the latrine or toilet. Respond appropriately to any questions.

5. Distribute the **Faeces Management Counselling Card** and inform the participants that this card summarises the key ways that you can help a weak, but mobile client and a bedbound client with faeces management. Say that they can find a copy of the Faeces Management Counselling Card on **page 109** of the **Participant's Guide.** Ask a volunteer to read the Counselling Card and answer any questions. Ask participants to describe how they could use this card when speaking with their clients or caregivers in the home. Spend one minute gathering ideas.

J. Small Group Exercise: Faeces Case Studies

1. Explain that in the next session, participants will have an opportunity to discuss some of the challenges of the handling and disposal of faeces. They will work in small groups to try to find solutions to these problems. Ask participants to turn to **page 13** in the **Training Handouts** to find the **Small Group Exercise: Faeces Case Studies** section.

2. Divide participants into four small groups and assign each group ONE case study from the Small Group Exercise: Faeces Case Studies section. Supply the groups with flipchart paper and markers.

3. Tell the small groups to read through their case study, discussing and answering the questions at the end of the case study. The aim of the exercise is for the groups to come up with some small, practical, and realistic answers to the problem/s in the case scenarios. Group members should think about what realistic, small, and feasible actions they can help the client to do that would improve faeces management in the home and that would be acceptable to the household. Each group will have 15 minutes to work on a case scenario, and then will be given five minutes to report back to the larger group.

4. Ask each group to work through the case scenario it has been assigned and to make notes on each of the solutions to the client scenarios on the flipchart for report back. The facilitator will ask each group's appointed reporter to present the notes/summary of discussions on each of the case scenarios. Each group is given five minutes to report back.

Trainer Note:

Information from the *Faeces Case Scenarios* section from the Participant's Guide is pasted below:

Small Group Exercise

Faeces Case Studies

Group 1
You are an HBC 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 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 concerned that when you are not there she is not able to clean herself and has to lie in her faeces.

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 an HBC 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 also is worried that he may pick up an infection from using the field.

Question: Since your client is not able to use the 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 an HBC 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), she comes to see you one day 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. She wants to know if you will 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 her son on the small commode. After the boy has sat on the small commode, your neighbour cleans his bottom with some water from a cup lying 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 — is still 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.

Question: 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 an HBC provider, so you will need to use your communication skills very carefully.)*

Group 4

You are an HBC 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 pieces of furniture. He tells you that it is getting harder and harder for him to get to the latrine (which is quite close 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 may see him using the latrine. He has started to use a bedside commode in the house but cannot empty it himself.

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

5. Ask the groups for any questions and respond accordingly.

K. Review Summary Points

Safe Handling of Faeces, Blood, and Other Body Fluids

- Point out to the participants that the Counselling Cards about faeces and universal precautions are printed on yellow paper.
- Many common diseases associated with diarrhoea can spread from one person to another when people defecate in the open air. Safe handling and disposal of faeces, keeping faeces away from flies and other insects, and preventing faeces contamination of water can greatly reduce spread of diseases.
- Gloves, plastic sheeting, or other plastic material should be worn only when the HBC provider is handling any faeces, blood, other body fluid or when the client or HBC provider has open sores or cuts that will come in direct physical contact with the other person.
- The type of faeces care that a client needs depends on how weak and how mobile the client is. HBC providers have an important role in assisting bedbound clients and weak clients with their faeces handling and disposal needs.

L. Daily Evaluation

Hang the piece of flipchart paper with the daily evaluation questions where all the participants can see it. Ask the participants to write the answers to these questions on a sheet of paper (without their names). After the participants complete and turn in their daily evaluations, thank them for their participation and remind them what time Day 3 will begin.

Trainer Note:

The questions for the daily evaluation should be:

1. **What did you find very useful in today's sessions?**
2. **Is there anything you found to be unclear or difficult (to understand)?**
3. **Any comment/suggestion?**

Transition

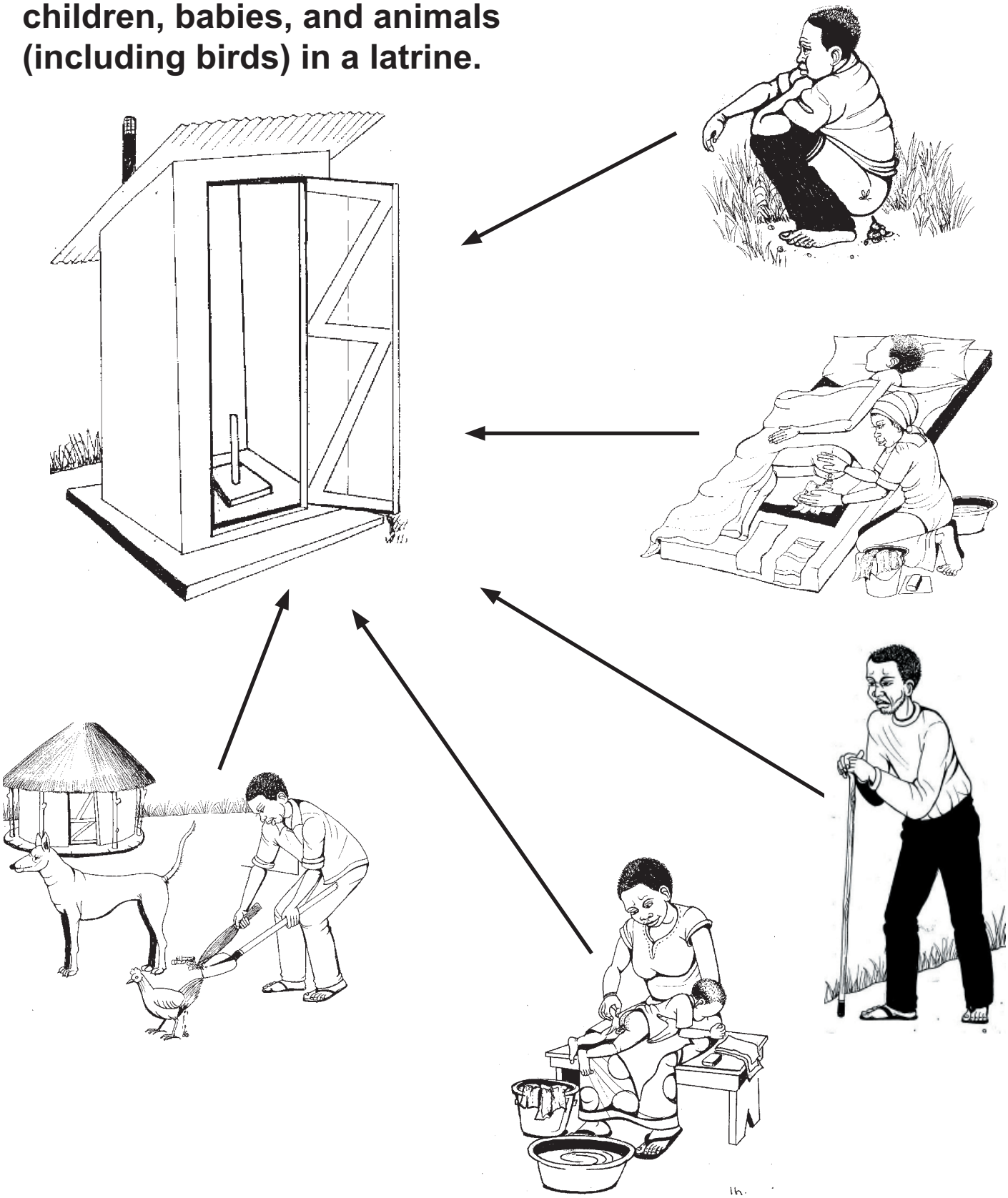
Thank the participants for their participation and mention that in the next session, they will learn the importance of menstrual period care.

Annex 1

FAECES DISPOSAL

Counselling Card

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



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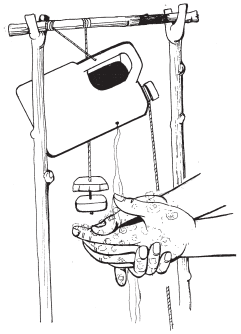
HOW TO STOP SPREADING GERMS

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.

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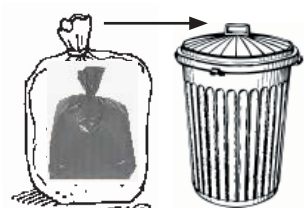
5 Disposal of Soiled Things in URBAN Areas:

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)



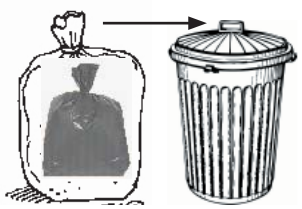
2) Double bagging and put in garbage

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

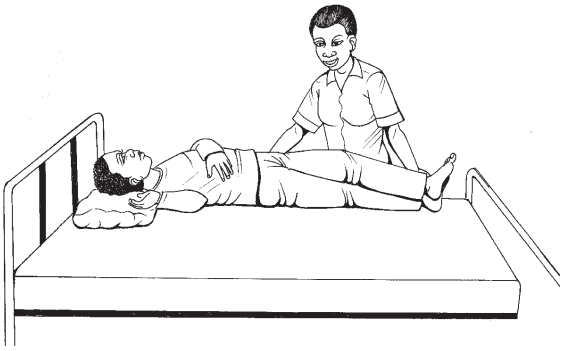
Do not use knives that have cut the skin of another person

TURNING BED-BOUND CLIENT, CHANGING BED LINENS

Counselling Card

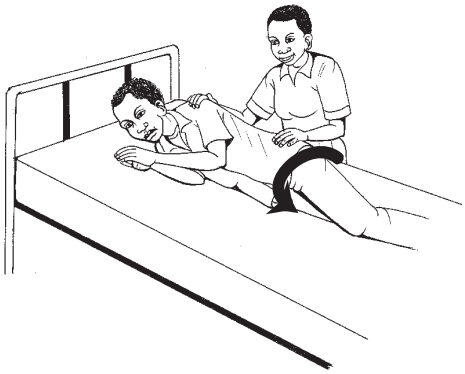
1

- 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.



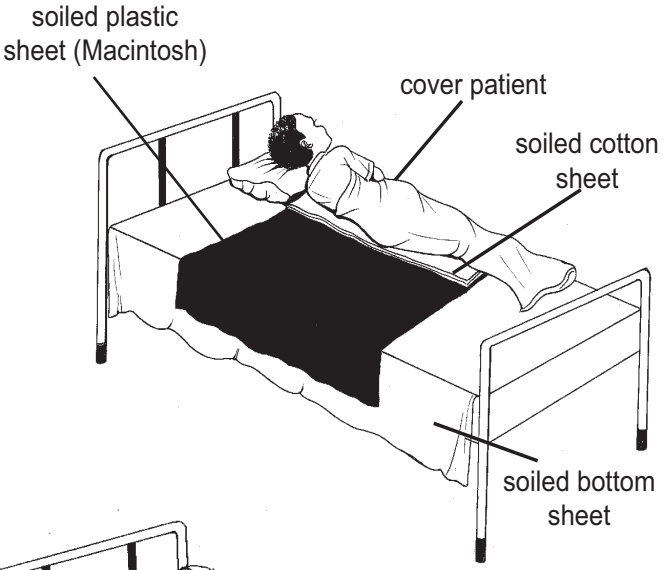
2

- 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.

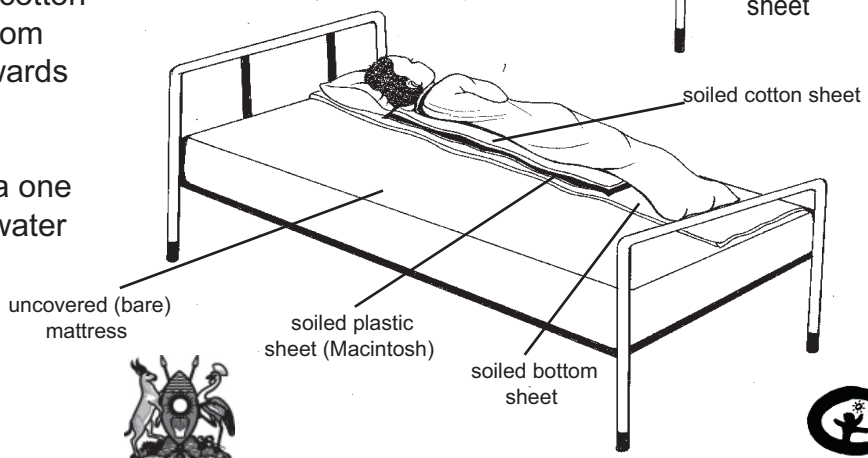


3

- 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.



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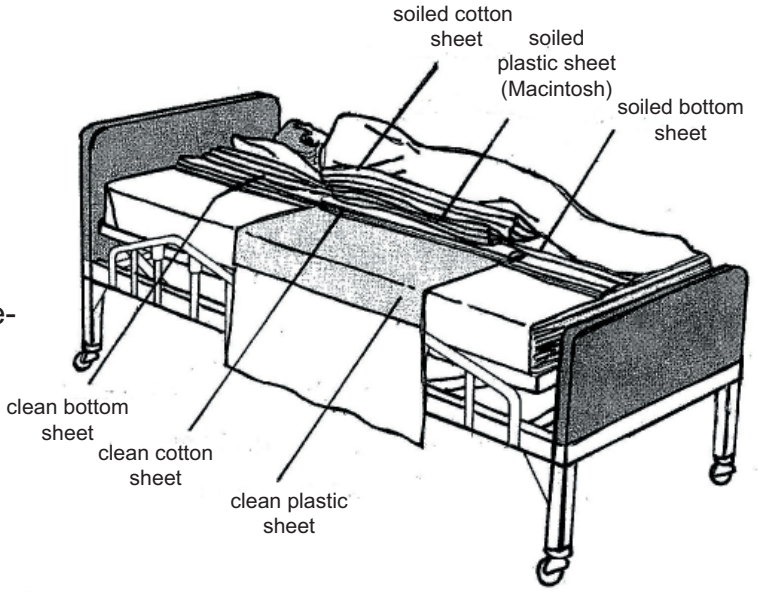
4

- 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.

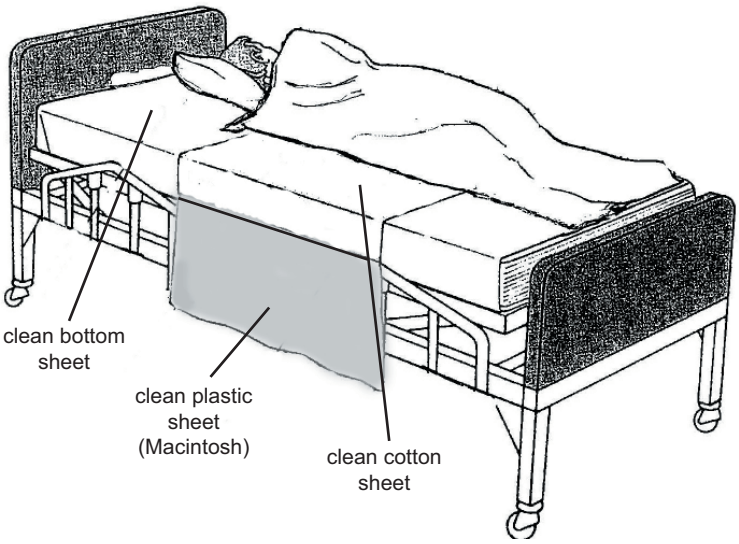


5

- 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).
- One 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 matress.

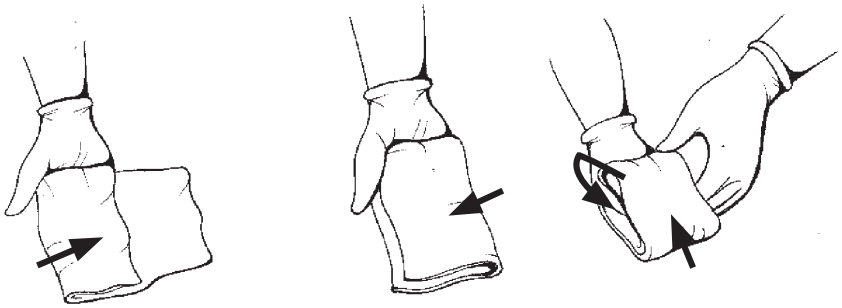


CLEANING FEMALE CLIENT

Counselling Card

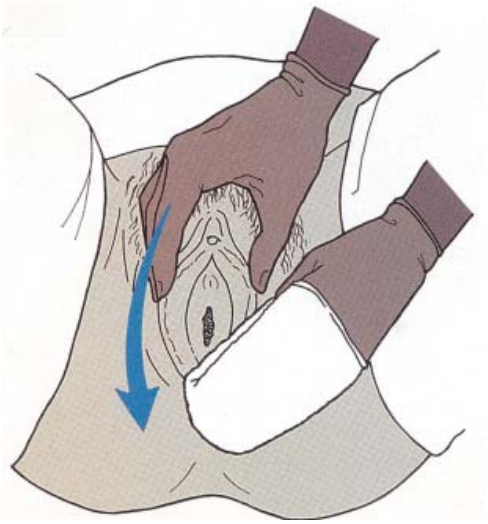
1

Make mitt from clean cotton cloth.



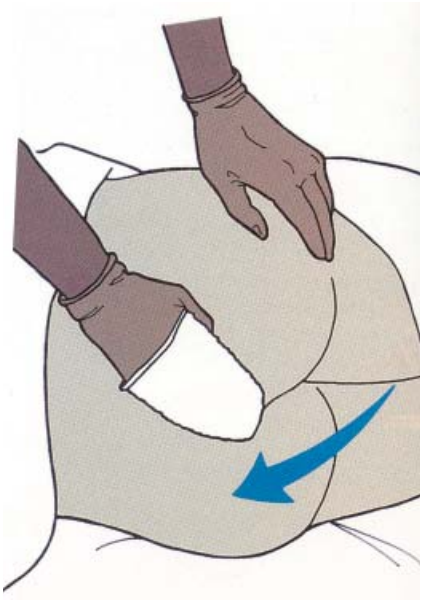
2

- 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.



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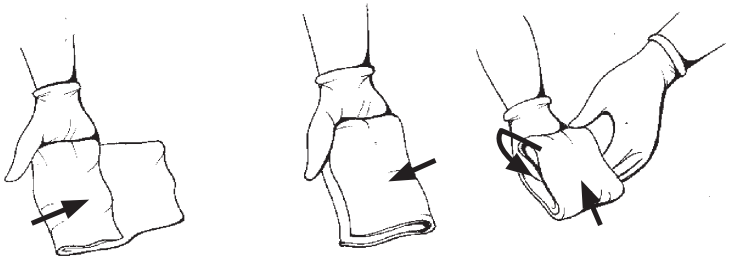
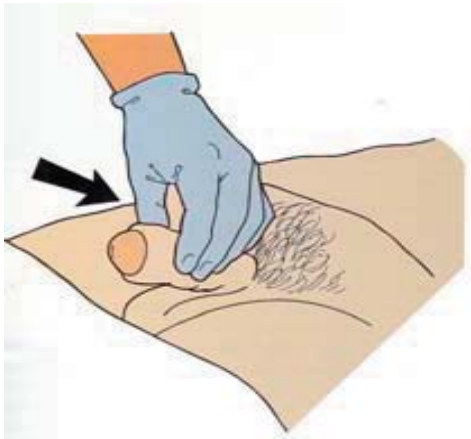
CLEANING MALE CLIENT

Counselling Card

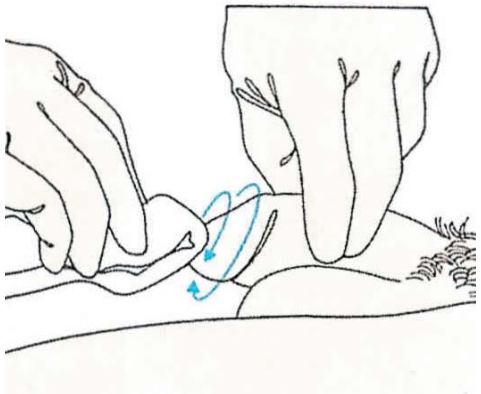


- Make mitt from clean cotton cloth
- Use different area of the damp mitt for each stroke when cleaning penis.

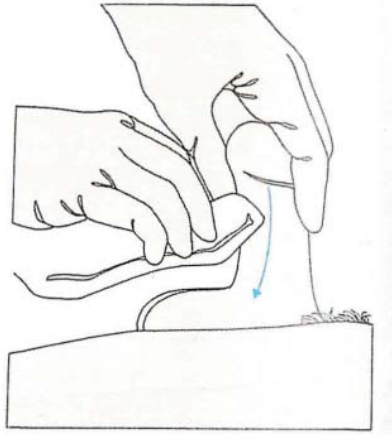


- Pull back foreskin of uncircumcised penis.

- 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.

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PLASTIC PANTS

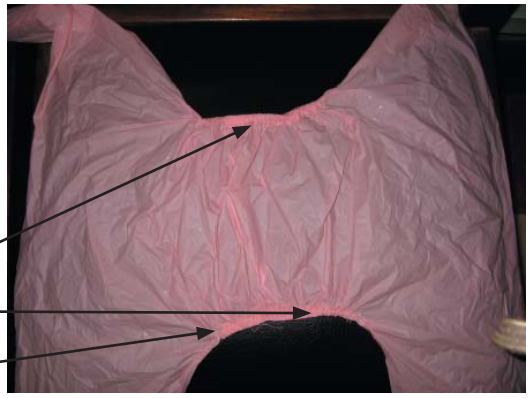
Counselling Card

- 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).



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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HOW TO USE A BEDPAN

Counselling Card

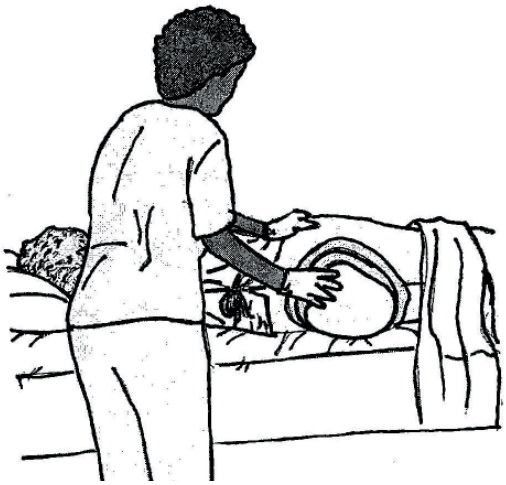
1

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

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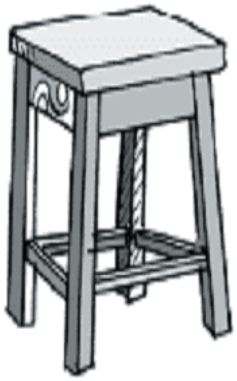
MAKING A COMMODE (POTTY CHAIR)

Counselling Card

1 Make a wooden stool or chair.



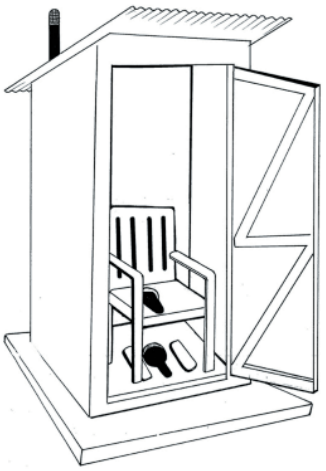
2 Cut an oval hole in the middle of the stool that “fits” the user (not too big, not too small). Smooth the edge of the hole to avoid bruising.

3 To use commode (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 Commode/Potty Chair,” Hospice Africa (Uganda).

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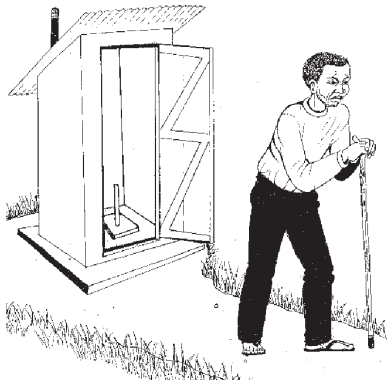
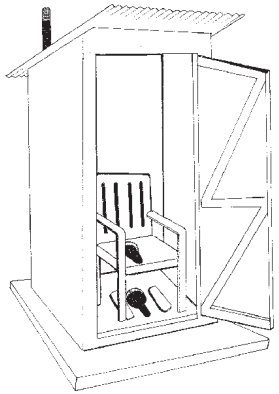
FAECES MANAGEMENT

Counselling Card

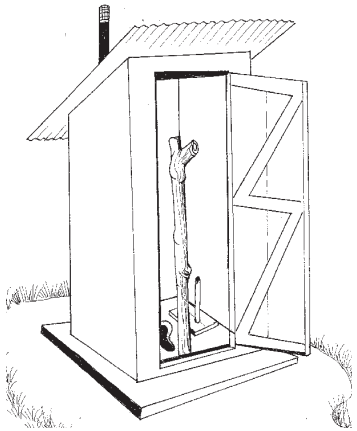
WEAK BUT MOBILE PATIENT



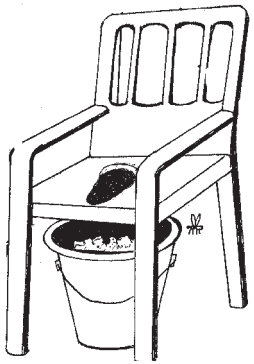
Use walking stick.



Cut hole in chair to help weak person use latrine.



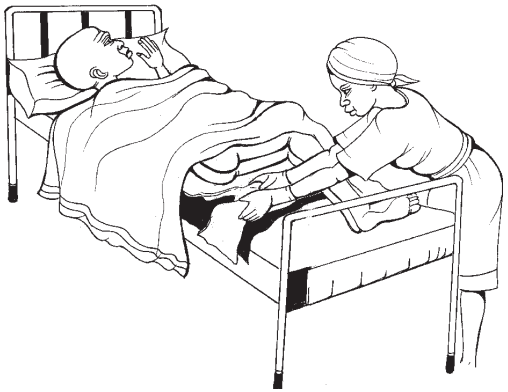
Add pole (or handles on wall) to latrine to help weak person squat or stand up.



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.

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SESSION PLANS

Day 3
Module 7, Session 1:
Safe Handling and Disposal of Menstrual Blood

Session Learning Objectives

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

1. Describe additional care needs when female clients have a menstrual period, especially those who are bedbound.
2. Identify ways that HBC providers and household members can protect themselves from spreading HIV when handling menstrual blood.
3. Identify the supplies available in Uganda that are useful in handling menstrual blood.
4. Identify how to safely dispose of materials soiled with menstrual blood that will not be re-used and identify how to properly clean cloth soiled with menstrual blood so that the cloth can be safely re-used.

Time: 1 hour

Prep Work

Before you teach:

1. Ensure that the flipchart paper with the Universal Precautions statement from the previous session is posted in the training room.
2. Assemble the following supplies: one sample sanitary pad/towel and one rag/towel/cloth which can be used to soak up menstrual blood.
3. For each participant, have one of each of the following three **Counselling Cards: Menstrual Period Management, Disposal or Cleaning of Menstrual Blood Soaked Material, and Making Sanitary Pads from Banana Fibres.**
4. Have one copy of the **Counselling Card** labelled **Cleaning Female Client.**

Trainer Steps: Safe Handling and Disposal of Menstrual Blood

A. Introduction

Explain that this session will cover the importance of caring for clients who have their menstrual period.

B. Climate Setter: (15 minutes)

1. Ask participants about any challenges they have faced while handling or managing menstrual blood, in their own household, with a client, or with their household caregiver. Specific questions you can ask include:

   - Have any of you had to deal with a client who had a menstrual period? How did you deal with it?
   - What challenges have you as an **HBC provider** faced while handling menstrual blood with a client who was very sick, frail, or bedbound?
   - How is it different for a **family member** who has to handle the menstrual blood of a woman in the household who is sick, frail, or bedbound?
   - How can you bring up the subject of menstrual blood management with a client or caregiver?

Trainer Note:

If not already mentioned by participants, be sure to include the following challenges HBC providers and household members may face in the handling and disposal of menstrual blood:

- **Privacy – No latrine or no privacy around the latrine.**
- **Getting a frail woman out of bed and to a latrine.**
- **Cleaning a woman in bed while she has her menstrual period.**
- **Having no available personal hygiene supplies to soak up the menstrual blood, especially sanitary pads, clean cloth, and banana fibres.**
- **Having no available gloves to protect the hands of caregivers or providers when they handle menstrual blood.**
- **Helping a woman who is too weak to get out of bed to change the sanitary pad, cloth, rag, or banana leaves, used to soak up the menstrual blood.**
- **Having no place to dispose of soiled cloth, rags, sanitary napkins,**

or banana fibres (e.g. in settings where clients have no latrine).

- **Having no soap and water to clean a woman who is menstruating (in bed or not).**
- **Having no clean or alternate linens, bedding.**
- **Having a female client who is menstruating and who is uncomfortable with anyone else helping her during her menstrual period or handling her menstrual blood.**
- **Having a caregiver who is unable to disinfect bloody cloth, clothing, or linens.**

2. Explain that field research in Uganda has shown that clients, caregivers, and HBC providers need more support so they can know how to safely handle and dispose of menstrual blood[1]. Supplies needed to safely handle the blood often are unavailable. Many people do not realise that female clients who are ill can still have menstrual periods, although many who are severely ill do stop menstruating. Most women do not like to talk about their menstrual periods and are unclear that HIV (and other illnesses/infections) can be transmitted by unsafe exposure to menstrual blood. Female clients who may be very sick and/or bedbound require sensitive and practical care during their menstrual periods from household caregivers and HBC providers. 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.

C. Discussion and Demonstration of Materials Which Can Be Used for Menstrual Periods — Sanitary Pads, Cloth, and Banana Fibres (10 minutes)

1. Ask participants, "What products or materials do women use to help soak up menstrual blood and keep female clients clean?" Record responses on the flipchart.

2. Ask participants to turn to the **Participant's Guide, page 112, Unit 6, Menstrual Period Management,** and inform them that everything that you are about to cover will be included in this section of the guide. Encourage them to review this later, then ask them to turn to **page 114, item 39, What Materials Can Girls and Women Use to Manage Their Menstrual Period?.** Ask a volunteer to read this section while you pass around materials that can be used for soaking up menstrual blood, allowing participants to see and handle the samples.

[1] Xavier Nsabagasani and Brendon Barnes (2008). Report on the Implementation of Small Doable Actions to Improve Hygiene Practices In the Care of People Living With HIV/AIDS. Hygiene Improvement Project. Plan Uganda; and Xavier Nsabagasani and Brendon Barnes (2008). Identifying Small Doable Actions to Improve Hygiene Practices In the Care of People Living With HIV/AIDS: Focus Group Discussions and In-Depth Interviews. Hygiene Improvement Project. Plan Uganda.

Trainer Note:

Materials to soak up menstrual blood include:

- **Sanitary pad (preferred) – These are bought at a store or market, used once, and thrown away;**
- **Rags, towels or cloth – These can be made from old clothes or material and can be washed and re-used;**
- **Banana fibre pads – These can be bought in the market or made at home.**

3. Distribute the **Counselling Card** on **Menstrual Period Management** (see copy Module 7 Annex 1) to the participants and point out that the image on the top, left side shows three materials that are used for soaking up menstrual blood. Explain that they can use this card when talking with clients/caregivers about menstrual period management.

4. Tell participants that formative research has found that some women in Uganda use banana fibre pads to soak up their menstrual blood. Distribute the **Counselling Card** on **Making Sanitary Pads from Banana Fibres** (see copy in Module 7 Annex 1). Tell participants they can read this card later (do not take the time to go through it now).

5. Clarify any questions participants may have.

D. Keeping Clean: Discussion on Menstrual Care of the Bedbound Female Client (30 minutes)

Part 1: Cleaning the Client

1. Explain that assisting female clients with their personal hygiene, ensuring they are clean, and safely handling their menstrual blood is very important for their health and wellbeing. The HBC provider should always encourage the client to do as much of her own care as possible to build and maintain her dignity and self-respect.

2. Cleaning the woman's "private parts" (the genitalia and rectum), is a sensitive issue and should be kept as simple as possible. The provider should do only what is necessary in this area, allowing the client to do as much as she can for herself.

3. Remind participants that in the previous session on faeces care, they learned how to clean the "private parts" area of a female client. Show participants a copy of the **Counselling Card** with the label, **Cleaning Female Client.** Point out that you would follow the same process when cleaning blood from the "private parts" area of a woman.

4. Ask participants if they have any questions about caring for the "private parts" (perineal area) of a female client who is having her menstrual period.

> **Trainer Note:**
>
> **For additional information, refer participants to Module 6 on Safe Handling of Faeces, Blood, and Other Body Fluids, or to the Participant's Guide, page 94, item 32A, Private Parts (Perineal) Care of Females).**

5. Explain to participants that menstrual blood of HIV-positive female clients can contain the HIV virus. However, there is an extremely low risk of getting HIV through caregiving activities if one follows universal precautions (such as using gloves or Jik to clean blood spills). Remind participants that maintaining universal precautions is an important role of HBC providers. Explain that it is important that HBC providers take universal precautions with ALL clients, whether they are HIV-positive or not. Universal precautions are meant not only to protect HBC providers and family members, but also the clients from unnecessary infection.

> **Trainer Note:**
>
> **Ensure the Universal Precautions flipchart is posted on the wall to further emphasise the message on Universal Precautions. Refer to Module 2 for other questions on how to transmit HIV through caregiving activities. For more information on universal precautions, refer to Module 6 and the Participant's Guide, page 54, item 19, Universal Precautions (Blood and Body Fluid Contact).**

6. Have participants look again at the **Counselling Card** on **Menstrual Period Management.** Review the rest of the card with participants and be sure to explain that:

   - If the client cleans herself or if her hands come in contact with blood or other body fluids, she should wash her hands. The caregiver 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 Module 4 of the training manual or in the Participant's Guide, page 22.

   - It is important that clients and household members dispose of used cloth or rags, otherwise they will leave a bad odour, attract flies and other insects, and potentially spread diseases in the home.

   - The caregiver should always cover his/her hands with gloves/plastic material before touching anything soiled with menstrual blood. The caregiver also should wash his/her hands immediately afterward.

Part 2: Disposal or Cleaning of Menstrual Blood-Soaked Material

7. Remind participants that it is important to ensure that the bedding, linens, cloth, mattress, and other materials used by bedbound clients are kept clean and free of menstrual blood. Distribute to participants the **Counselling Card on Disposal or Cleaning of Menstrual Blood-Soaked Material** (see copy in Module 7 Annex 1), and ask them to turn to the **Participant's Guide, page 118, item 40, How to Dispose of Rags, Linens, Clothes, Banana Fibres, or Cloth Soiled with Menstrual Blood.**

8. Explain that 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 material and be disposed in the right location. Ask a participant to read the item on how to dispose of blood-soiled items in an urban area (Participant's Guide, page 116) and in a rural area (page 117). Explain that putting blood-soaked items in the latrine in urban areas is not an option in Uganda because many urban latrines are periodically cleaned by trucks that "suck" the solids out and rags/cloth/banana fibres/etc. can clog the trucks. Point out that the first line in the **Disposal or Cleaning of Menstrual Blood Soaked Materials Counselling Card** summarises the information on how to get rid of blood-soaked items that will not be re-used.

Trainer Note:

Key steps include:

- **For disposal of rags/linens, cloth, or banana fibre soiled with menstrual blood in an <u>URBAN setting:</u>**
  - **Option One (preferred): Burn the soiled material;**
  - **Option Two: Put the soiled material in a bag, tie the top, then put it inside another bag and tie its top before putting the sealed bag in the garbage.**
- **For disposal of rags/linens, cloth, or banana fibre soiled with menstrual blood in a <u>RURAL setting:</u>**
  - **Option One (preferred): Drop the material into the latrine hole;**
    - **Option Two: Burn the soiled material;**
    - **Option Three: Put the soiled material in a bag, tie the top, then put it inside another bag and tie its top before putting the sealed bag in the garbage.**

9. Ask the participants to turn to the **Participant's Guide, page 120, item 41, Cleaning Rags, Clothes, Linens, and Cloth Stained with Menstrual Blood** so **They Can Be Re-Used**. Have a participant read the steps on how to clean the materials. Ask if there are any questions, then have participants look at the second row on the **Counselling Card, Disposal or Cleaning of Menstrual Blood Soaked Material** and point out that a copy of this card can be found on **page 121** of the **Participant's Guide.** Review it with the participants and answer any questions.

Trainer Note:

To re-use any cloth/linens/clothes soiled with menstrual blood, follow these steps:

- **Step One: Put on gloves or plastic material to protect your hands before touching the soiled material.**
- **Step Two: Soak soiled cloth/linen/clothes in a "1 part Jik to 9 parts water" solution for at least 20 minutes (as described in Module 6 of the training manual and in the Participant's Guide, page 62, Unit 4, item 20). 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 a lot of bubbles when you stir and shake the water with your hand.**
- **Step Three: While wearing gloves, plastic sheeting, or other plastic material, wash the cloth/linens/clothes as you normally would wash (with soap and water and rinse well).**
- **Step Four: 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.**
- **Step Five: Remove gloves, plastic sheeting, or plastic material from your hands.**
- **Step Six: Wash your hands, as outlined on in Module 4 of the training manual or in the Participant's Guide, page 22, in Unit 2, Section 5.**

10. Ask participants if they have any questions at this time and respond accordingly.

E. Review Summary Points (5 minutes)

- Point out to the participants that all of the Counselling Cards about menstrual blood are printed on pink paper.

- Menstrual blood of HIV-positive female clients contains the HIV virus. However, there is an extremely low risk of getting HIV through caregiving activities if universal precautions are taken.
- Gloves or polyurethane should only be worn when the HBC provider is handling any type of body fluid or waste or when the client or HBC provider has open sores or cuts that will come in direct physical contact with the other person.

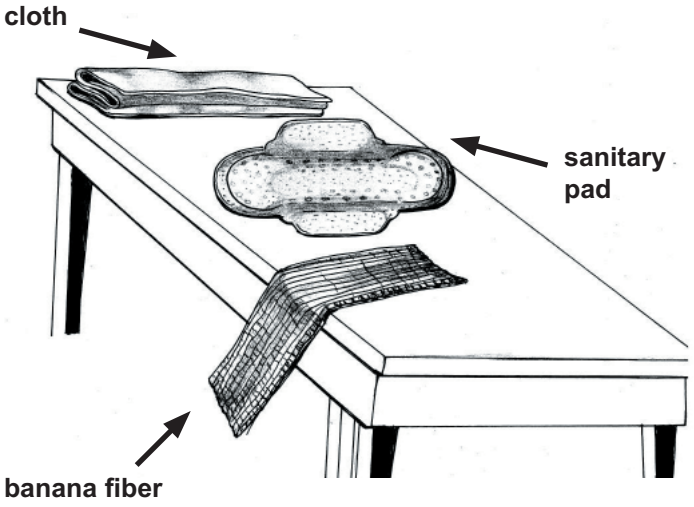
Transition

Thank the participants for their participation and tell them they are going to learn how to negotiate improved behaviours next.

Annex 1

MENSTRUAL PERIOD MANAGEMENT

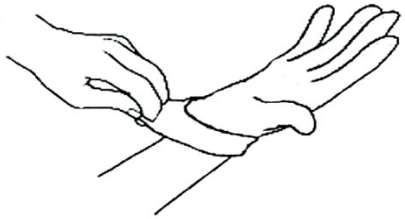
Counselling Card



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

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.

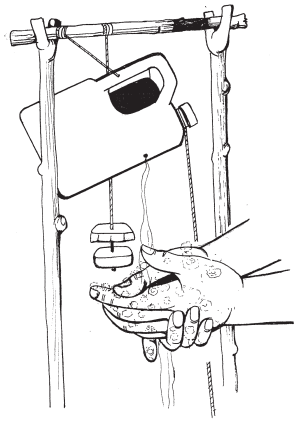


Use gloves

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).

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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

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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

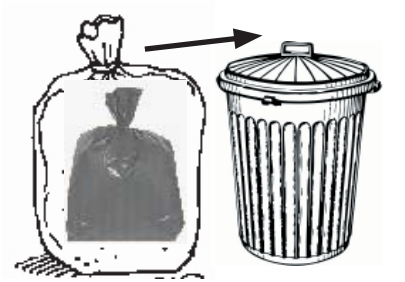
Banana fiber ends torn and tied to belt

8 Disposal of the Used Banana Fibers

Get rid of used banana fibers by:

In **URBAN** areas:

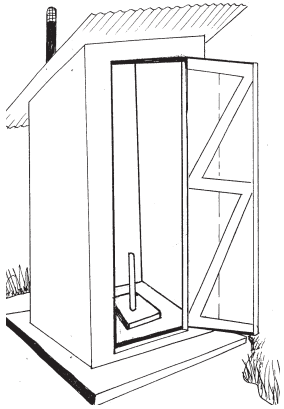
1) Burning used fibers (preferred method)



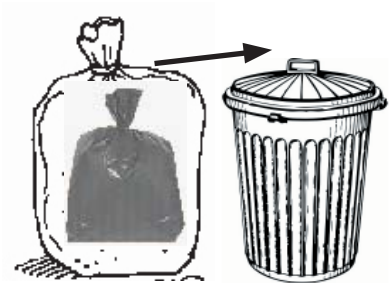
2) Putting used fibers in a bag and tying a knot in opening of bag. Put bag with used fiber in a second bag and tie it too. Put it in trash.

In **RURAL** areas:

1) Burning used fibers (preferred method)



2) Putting the used fibers in the latrine.



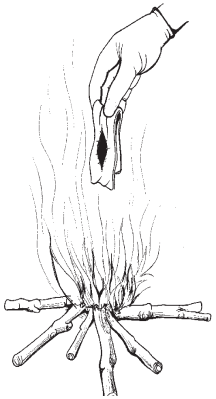
3) Putting used fibers in a bag and tying a knot in opening of bag. Put bag with used fiber in a second bag and tie it too. Put it in trash.

DISPOSAL OR CLEANING OF MENSTRUAL BLOOD SOAKED MATERIAL

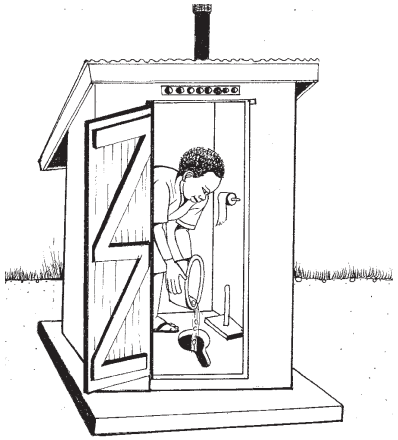
Counselling Card

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)



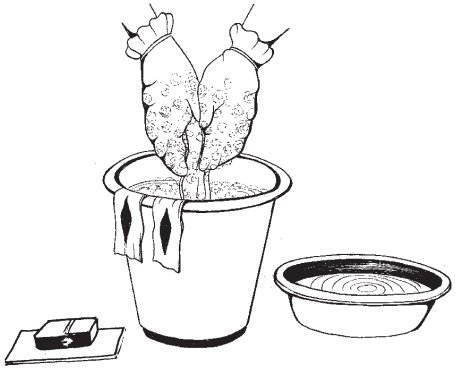
Put in latrine (rural areas only)

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.

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SESSION PLANS

Day 3
Module 8, Session 1
Using the Four A's (Assess, Agree, Assist, and Arrange)

Session Learning Objectives

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

1. Describe and use the *Four A's* (Assess, Agree, Assist, and Arrange) to help home based care providers identify the WASH needs of their clients and households and to assist their clients and families to identify and implement improved WASH practices.
2. Use the WASH Assessment Tool and Counselling Cards.

Time: 3 hours

Prep Work

Before you teach:

1. Prepare headings on four pieces of flipchart paper. Write on the first sheet the heading, **Assess**; on the second sheet, **Agree**; on the third sheet, **Assist**; and on the fourth sheet, **Arrange**.
2. Review the Role Play Instructions in Annex 2 with the trainer who will act as the client. Practise the role play.

3. Write on a piece of paper the following chart:

WASH practices being implemented	WASH practices to be improved	Possible small doable actions to be negotiated
1. Safe drinking water		
2. Handling and disposal of faeces at home		
3. Hand washing		

4. Have one copy of the **Assessment Tool** for each participant.

Trainer Steps: Using the Four A's

A. Introduction

Remind participants that the main WASH role of an HBC provider is to help her/his clients and their caregivers in the home improve their WASH practices. The client/caregivers already may be implementing good WASH behaviours/practices to some extent. For example, the household washes hands often during the day but not at the critical times. If the HBC provider wants to help the client/household improve their behaviour, the HBC provider should find out what they already are doing and start from there. Tell the participants that in this session, they will reflect on how to move from an actual (current) behaviour to an ideal behaviour.

B. Large Group Discussion: Climate Setter (5 minutes)

1. Begin a large group discussion for no more than two minutes on how HBC providers have been assisting clients with needs and teaching them to take on healthier practices. First ask the participants to think silently about a specific time when they assisted a client or household member with a need or taught them to take on a healthier practice. Then start the discussion by asking questions to all participants. Suggested questions include:

   - How did you identify the need?
   - How did you decide what practice the client needed to change?
   - How did you follow up to make sure the client did what you guided them to do?

2. Explain that the purpose of the remainder of this session is to build on what HBC providers already know as well as learn a systematic process of how to observe, ask, think, plan, and act so they can help their clients and caregivers in the home with improved WASH practices.

C. Large Discussion: Introduction to Four A's: Assess, Agree, Assist, and Arrange (20 minutes)

1. Explain that it has been shown that health workers such as HBC providers can provide better care if they learn and use a series of steps which structure their work when assisting a household with their needs. Inform participants that you are now going to review the steps they need to go through when visiting a client. Ask them to turn to the **Participant's Guide, page 148,** section **Tool 2, The Four "A" Steps,** where they will find all the information you are about to discuss so they are clear that they do not have to take notes on the topic. (Encourage participants to read it later so they can focus on the current discussion.) Point out

that the table (see Trainer note below) on **page 148-149** of the **Participant's Guide** summarises what you are about to cover and that the following pages give the details. Explain that you will cover the tools that are mentioned in this chart later in this session.

Trainer Note:

THE FOUR A's		
STEP	**GOAL**	**TOOL TO USE**
1) ASSESS	• Identify current practices; • Congratulate on "good" practices; • Discuss practices that need to be improved.	• Assessment Tool
2) AGREE	• Mutually agree on ONE practice to improve (water treatment and/or handling, hand washing, faeces management, or menstrual period/cloth management). If ideal behaviour is not possible, mutually agree on appropriate small doable action(s) to implement.	• Assessment Tool • Counselling Cards
3) ASSIST	• Demonstrate new practice, if appropriate; • Identify potential problems/barriers and how to solve them; • Develop a plan of action; • Guide the client on where to get help or materials within the community.	
4) ARRANGE follow-up support	• Set a date and time for your next visit; • Write down in your notebook current WASH practices and new, improved WASH practices the client/caregiver will implement.	• Notebook or record-keeping instrument

2. Tell the participants you now are going to review the *Four A's* in detail and review the following:

Assess

- Explain to participants that a very important aspect of every HBC provider's role is to ASSESS, check out, find out, question, or look into the WASH situation of the household. Explain that this is the first in a series of four steps, called the *Four A's*, which is introduced in this session.
- Point to the flipchart paper with the word 'Assess' written at the top. Ask participants to give other words or phrases for what is meant by the word assess. Write the responses on the flipchart. Keep this flipchart page on the wall where everyone can see it.

Trainer Note:

Make sure responses on other words or phrases for 'Assess' include responses such as: *to check out, to find out, to question, and to look in to*.

- Explain to participants that assessing a client and/or a household member's WASH practices includes having the HBC provider do the following four things:
  - Collecting specific information by asking, listening and observing;
  - Identifying whether the client or household member is doing or not doing a WASH practice correctly, <u>based on your training</u> in this course;
  - Congratulating the client and/or caregiver in the household for good practices that they are doing; and
  - Exploring with the client and/or household member the practice(s) that needs to be improved/changed, using the information collected.

Agree

- Ask participants to look at the second piece of flipchart paper with the heading 'Agree' written at the top. Explain that this is the second of the *Four A's*. It includes continuing the dialogue with the client or household member and coming to an agreement on what change(s) the client and/or household members will make, based on what is realistic, possible, and feasible for the household.
- Ask participants to give other words or phrases for what is meant by the word agree. Write the responses on the flipchart and keep this page on the wall.

Trainer Note:

Make sure participant responses for 'Agree' include responses such as: to discuss options, reach a mutual understanding, or to concur between the HBC provider and the client or household member about changing a WASH practice.

- Explain to participants that agreeing (or *coming to mutual agreement)* on a new, improved WASH practice that the client and/or household member wants to work on includes the HBC provider doing the following in their HBC visits:
  - Help the client/household decide on ONE topic area to address (either hand washing, water treatment, faeces disposal, or menstrual blood management).
    - Discuss the selected topic with the family member and decide whether he/she is going to be able to achieve the "ideal" new practice. If they cannot achieve the "ideal practice," discuss some smaller, more realistic changes (the "small doable actions") that the family may be able to make (and which still bring about some health gains).
  - Paraphrase the new practice that the client or household member wants to adopt to make sure that you and the client or household member are clear on the selected practice.
- Point out that in the 'Agree' step, the HBC provider does not tell the client what they are supposed to do, but has a discussion with the client about what needs to be improved and allows the client to make the decision as to what to change and how to do it (with the help and guidance of the HBC provider). This commitment and change in practice is encouraged and guided by the HBC provider, but the decision is made by the client/caregiver. Tell participants that the main job of the HBC provider at this stage is to assist the client or household so that he/she is aware of the current practices of his/her household and to encourage the client or household to make a voluntary commitment to try a specific practice that will help improve water, sanitation, and hygiene. This new practice should be built upon existing practices in the home and the community.

Assist

- Ask participants to look at the third piece of flipchart paper with the heading 'Assist' at the top. Explain that this is the third of the *Four A's*. It includes identifying barriers and helping clients and household members to overcome those barriers so they can make and sustain the changed WASH practice.

- Ask participants to give other words or phrases for what is meant by the word assist. Write the responses on the flipchart. Keep this flipchart page on the wall and available throughout the days of this training course.

Trainer Note:

Ensure responses on other words or phrases for 'Assist' include responses such as: to manage difficulties, provide 'hands-on' assistance, and to provide instruction or information so the practice can be more easily changed or maintained).

- Explain to participants that in order for new practices to become a reality, it is important to assist a client and/or household member in the following ways:
  - Demonstrate practices that may seem difficult or new to households.
  - Discuss what may prevent the client, caregiver, or household from making the change that is needed, and make a plan to help overcome those barriers, using whatever may be available in the household or community.
  - Identify individuals in the household who may be able to help with the new practice, the household items they need to support the practice, and how to acquire needed items.
  - Inform the client of resources in the community where they can get help or materials they need to implement the action.
  - Help the client or caregiver to develop a plan of action and, in your own words, repeat the plan of action to make sure you understand it clearly and that the client is in agreement. Be sure to state what new, improved practice will be implemented and how the client, caregiver, or household will overcome any barriers to achieve the improved practice.
  - Congratulate the client and/or household member on the decision and plan that he/she developed for him/herself because it is a big achievement and the first step in the process of behaviour change.

Arrange

- Ask participants to look at the fourth piece of flipchart paper with the heading '*Arrange'* written at the top. Explain that this step includes providing follow-up support to the client and/or household member and monitoring how the new practice is implemented.
- Ask participants to give other words or phrases for what is meant by the word arrange. Write the responses on the flipchart. Keep this flipchart page on the wall and available throughout the days of the training course.

Trainer Note:

Ensure responses on other words or phrases for 'Arrange' include: making a follow-up plan, scheduling follow-up visits, making referrals, recording information, and monitoring and evaluating progress).

- Further explain to participants that the step to 'Arrange' includes:
  - Asking the client and/or household member when you can return for a repeat home visit.
  - Thanking them for their time and openness to discussing these issues.
  - Writing down the current WASH practice(s) and the client/household commitment(s) to new, improved WASH practice(s) in your notebook or records as soon as you finish your session with the client.
  - Checking (on the next visit) whether the client and/or household member is making progress in doing the improved practice that they agreed to during your home visit.

3. Tell the participants you are now going to look at the tools that will help carry out the *Four A's* when the HBC provider is working with a client/caregiver in the home.

D: Large Group Discussion: Using the Assessment Tool (10 Minutes)

1. Explain to participants that a pictorially based WASH Assessment Tool was produced to help them assess the four MOST important aspects of water, sanitation, and hygiene of the households where they live and work (specifically how well their clients and/or household members wash their hands, treat their drinking water, dispose their faeces and clean re-usable rags that are soiled with menstrual blood.

2. Distribute to the participants the **Assessment Tool** (see copy in Annex 1) and explain how it is organised with each of the four WASH topics on a different line of the Tool with a key question at the top of each row. Ask the participants to turn to the **Participant's Guide, page 151, Tool 3, How to Use the WASH Assessment Tool,** and tell participants that the information that you are about to review begins at the heading, Hand Washing. Review the tool line by line, pointing out that this tool will help participants to assess the following regarding their client, the client's caregiver, or household:

Hand Washing

- If they wash their hands;
- What substance they use to scrub the germs off the hands (soap or ash);
- How they rinse their hands during hand washing.

Safe Drinking Water

- If they treat their water;
- How they treat their water.

Safe Handling and Disposal of Faeces (animal and human)

- If they dispose of faeces or leave it in the open;
- Where they dispose of their faeces.

Safe Handling and Disposal of Menstrual Blood

- If they use a clean cloth for soaking up menstrual blood;
- What they use to wash the cloth;
- If they use Jik (household bleach) to soak the cloth;
- If they dry the cloths in sunshine.

3. Explain that the tool is organised so that on each row the practice that puts a client's health most at risk (the "bad" or more dangerous behaviour) is on the LEFT side of the Assessment Tool, and the practice that provides greater protection to a client's health (the "good" or "better" behaviour) is on the RIGHT side of the tool.

4. Say that it is important that participants have the Tool available for each of their HBC visits following the training. Explain when they use the WASH Assessment Tool for the first time with a client or caregiver, they should use the following steps (tell the group to turn to the **Participant's Guide, page 152, How to Use the WASH Assessment Tool for the First Time with a Client or Household Member,** for a list of the steps):

How to Use the Assessment Tool

- Explain to the client and/or the client's caregiver in the household that you want to talk with them about WASH practices you are trained in and how they do some things in the household.
- Ask the four questions on the Assessment Tool
- Ask the client or the client's caregiver in the home the four questions written on the Assessment Tool to understand how they currently are doing each

practice. It is important to ask these questions BEFORE showing the client the tool.

- Show the WASH Assessment Tool to the client and/or the client's household members and tell them that you are now going to review the Tool together, line by line.
- Review the Assessment Tool Line by Line. You should identify current practices on each of the lines on the tool. Do this by :
  - Looking at the Assessment Tool with the client or the caregiver in the home;
  - Reading the text beneath each picture out loud so that you are sure the client/caregiver is clear on what the picture is meant to represent;
  - Asking the client and/or caregiver 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, you can suggest to them which choice might be appropriate according to the description they gave you in Step 2, above.)
  - Repeating this process for each line of the Assessment Tool.
- Discuss which current practices are good or "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 acknowledged 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 practice(s) toward the left side of the Assessment Tool, these are practices that are putting their health at risk. They will need to start doing something that takes them closer to the right-hand side because the practices on the right hand side provide better protection against illnesses, such as diarrhoea. (For example, if a client shows the HBC provider that he/she does not treat their water, then they need to start treating their water.)

- Choose ONE practice to improve.

  Discuss with the client and/or caregiver which of the four topics (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 the client and/or caregiver should choose one practice that currently is not an "ideal" behaviour.

- Let clients and/or household members 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 the 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 whether 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 practice," then discuss some of the "small doable steps" that the family may be able to achieve (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. It is useful to review the Counselling Cards for the topic that your client has selected.

- Once the family has identified the practices they want to improve, repeat to the client/household member what the improved practice is to make sure that both of you are clear on the selected practice.

5. Explain that if a client already is doing the "ideal practices" for all the categories on the Assessment Tool, they should review the Counselling Cards to help them identify other behaviours they might improve.

6. Explain that if the client or family member does not want to try a new practice, you should ask them to tell you about their desire not to change anything. Encourage the client or family member 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 once again if the client or family member is willing to improve one of the items on the Assessment Tool and emphasise that it does not need to be the "ideal practice," but is at least, a small step which can still bring about a benefit. If the client or family member continues to insist 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.

7. Explain that during a second or subsequent visit (a repeat visit) to a household, it is important to review with the client/household member the progress they made in accomplishing the new practice they selected during your previous visit.

   - **If the new practice is being done SUCCESSFULLY:** Congratulate them and determine what additional new practice they would like to improve. You can determine the additional new practice 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 practices need to be improved.) Discuss the practices that need improvement with the client/household members and agree on a new "improved" practice they want to try.

- **If the new practice is being carried out UNSUCCESSFULLY:** If the new practice they chose during your previous visit was not adopted (they were not "successful" with the new practice), discuss what the problems were and try to help the family figure out how to overcome them. This will help the family decide whether they want to continue trying the practice they chose during your previous visit (which was unsuccessful) or if they want to choose a different, "improved" practice. If they cannot overcome the problems they had, then help them choose a completely different practice.

E: Role Play: Demonstration on How to Use the Four A's Using the Assessment Tool and Counselling Cards (30 minutes)

Part 1 of 3: Preparation for Demonstration Before the Session

Trainer Note:

Prior to the day's training, arrange with one of your fellow trainers to play a bedbound client in this demonstration. The trainer playing the role of the client can be male or female. It is suggested that you provide the client in the role play with a common name (different from their own), according to the gender of the volunteer.

The "audience" (participants who are observing the demonstration) will analyse how the Assessment Tool, Counselling Cards, and the *Four A's* steps are demonstrated by the HBC provider (played by the first trainer) in the demonstration. Review the demonstration handout in Appendix 2 BEFORE this session. It is important that the trainers rehearse the demonstration in advance so the trainer playing the role of the HBC provider can accurately and effectively model, using the Assessment Tool, Counselling Cards, and the series of *Four A's* for the participants.

Part 2 of 3: Preparation for the Demonstration During the Session

1. Explain to the workshop participants that you and your fellow trainer are now going to do a demonstration and that they will be the "audience." Their job will be to observe and analyse because at the end of the demonstration, they will be asked specific questions about how the Assessment Tool was used and which of the *Four A's* were used at various times. They should take mental or written notes during the demonstration so they can answer the questions.

Part 3 of 3: Demonstration and Discussion

1. Begin the demonstration.

2. At the end of the role play, ask the participants (observers, audience) to provide input on things they saw in the demonstration on the use of the Assessment Tool, Counselling Cards, and the use of the *Four A's.* Tell participants they may refer to the flipchart pages on the wall to remind themselves of the *Four A's.* Ask these questions:

   - How did the HBC provider **Assess** the household situation?
   - How did the HBC provider use the **Assessment Tool**?
   - What did the HBC provider and client do in the **Agree** step?
   - How did the HBC provider use the **Counselling Cards**?
   - What difficulties or barriers to change did the client mention to the HBC provider that he/she agreed to **Assist** with?
   - What type of follow-up did the HBC provider **Arrange**?

3. Ask if there are any questions, and answer questions about the *Four A's* or use of the Assessment Tool and Counselling Cards reviewed in this exercise.

F. Small Group Work: Practising Using the Assessment Tool, Counselling Cards and the "Four A's" (90 minutes)

1. Tell participants they are now going to have the chance to practise using the Assessment Tool, Counselling Cards, and the *Four A's* (Assess, Agree, Assist, and Arrange.) Tell the participants that once you finish giving them instructions, they will divide into groups of three. The small groups will designate one person in each group to act as the client, another as the HBC provider, and another as an observer. Explain to participants there will be three rounds, and they will switch roles for each round so that each person will have the chance to play the role of the client, HBC provider, and the observer.

2. Tell the participants that the first person playing the HBC provider will act as if he/she entered the home for the first time. The second person playing the HBC provider will pick up the conversation where the first person ended. The third person playing the HBC provider role will pick up where the second person ended. By the end of the role-play session, it will be as though the same HBC provider (not three different providers) has interacted with the same client.

3. Tell the participants the following about their roles:

- **HBC PROVIDER:** Participants as the HBC provider will be responsible for assessing ONE behaviour (ONE ROW of the Assessment Tool with their client). They will be instructed which line they are responsible for at the beginning of their practice and they should use the Assessment Tool and appropriate Counselling Cards with the client. They need to go through all of the *Four A's* (Assess, Agree, Assist, and Arrange) when they are speaking with the client. Tell them to remember the basic principles of conducting an HBC visit (establishing rapport; respect the household's culture, and avoid making assumptions about anything (such as whether they welcome your assistance); being professional in your approach, appearance, manner and use of language; and using culturally appropriate verbal/non-verbal communication skills, such as active listening; empathy, etc.) .

- **CLIENT:** Instruct the "client" that he/she will talk (as one of their clients would typically talk when in the community) to the HBC provider.

- **OBSERVER:** Instruct the "observer" that their role in this exercise is to observe the conversation between the client and HBC provider and to give feedback on how the HBC provider used the Assessment Tool, Counselling Cards, and the *Four A's*. The observer should pay particular attention to how the HBC provider listens to the client, asks open-ended questions, and summarises key elements of what the client says. Tell participants that, as the observer, they can use the flipchart pages on the walls to help them remember the *Four A's*.

4. Explain that after the case study introduction is read, a household hand washing situation will be presented which is relevant to the case study. Each small group will have 10 minutes to role-play the *Four A's* and use the WASH Assessment Tool and Counselling Cards for that particular hand washing situation. Groups will be able to repeat this exercise for two more rounds on two additional topics – one household situation in safe water and one household situation in safe handling of faeces and menstrual blood. Explain that each person in the small groups should rotate to a different role with each of the three situations so that each participant will have an opportunity to play the role of the HBC provider at least once.

5. Ask participants to turn to the **Training Handouts** to **page 15, Practising Using the Assessment Tool, Counselling Cards, and Four A's: Case Study: Anne and Robert's Family.** Read the case study introduction out loud.

Trainer Note:

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 is currently 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 daughter, so there are four children living in the household. Anne also cooks for the family.

Florence is a teacher and uses her salary to take care of the family. 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.

6. Tell the participants you will now read the specifics regarding the hand washing situation and direct them to the **Hand Washing Situation** box on **page 15** of the **Training Handouts** so they can follow along and know where to refer to later in the exercise, if needed.

Trainer Note:

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.

7. Ask participants to divide into groups of three and make sure each group member is clear on who will play the client (pretending to be either Anne or Robert, depending on the gender of the participant), who will act as the HBC provider, and who will act as the observer. Remind the HBC provider that they will focus only on the FIRST ROW of the Assessment Tool. The observer should be ready to watch, listen, and provide feedback to the HBC provider.

8. Make sure all the groups are ready to begin, then signal them to start the role play.

9. Call the time after 10 minutes has passed. Tell participants they should stop the conversation and that the observer should give the HBC provider two minutes of feedback on how the conversation went.

10. Ask participants to stay in their small groups, but to turn toward the front of the room for brief feedback about this first session.

11. Ask participants in the HBC provider role:

    - "How did you feel in the HBC provider role?"
    - "What was hardest?"

12. Ask participants in the client role:

    - "What did the HBC provider do to help you understand what you needed to improve, and why you should do something about it?"
    - "Is there any way the HBC provider could have improved what they did?"

13. Ask for three examples of improved hand washing measures that were agreed to in the small groups.

14. Ask the participants to face their small group members again. Tell them they now need to rotate roles so that each person has a new role. Then, allow participants 30 seconds to determine who will play the various roles in the next role-play. Participants should have now changed roles.

> **Trainer Note:**
>
> **Ensure that participants rotate roles so that by the end of the exercise, everyone has a chance to play the role of the HBC provider, the client, and the observer.**

15. Instruct each of the small groups to pretend again as though they are in Anne's and Robert's household. Remind the participants they will continue as they have once before, where the HBC provider will take no more than 10 minutes to practise using the SECOND ROW of the WASH Assessment Tool, Counselling Cards, and the *Four A's* to identify the household's current safe water treatment practices and to come to an agreement on an improved, feasible practice. The client, playing either Anne or Robert, will talk to the HBC provider about their safe water treatment practice(s), and the observer will observe the conversation between the client and HBC provider, giving feedback.

16. Direct participants to the **Safe Water Situation** box in the **Training Handouts** on **page 15.** Read the safe water situation.

Trainer Note:

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.

17. Make sure all the groups are ready to begin, then signal for the groups to start the role-play.

18. Call the time after 10 minutes. Tell participants they should stop the conversation. The observer should then give the HBC provider two minutes of feedback on how the conversation went.

19. Ask participants to stay in their small groups, but to turn toward the front of the room for brief feedback about this second session.

20. Ask participants in the HBC provider role:

    - "How did you feel in the HBC provider role?"
    - "What was hardest?"

21. Ask participants in the client role:

    - "What did the HBC provider do to help you understand what you needed to improve and why you should do something about it?"
    - "Is there any way the HBC provider could have improved what they did?"

22. Ask for three examples of improved safe water practice(s) that were agreed to in the small groups.

23. Instruct members of each small group to rotate roles again and to pretend again that they are again in Anne's and Robert's household. Remind participants that they will continue as they have twice before, where the HBC provider will take no more than 10 minutes to practise using the Assessment Tool, Counselling Cards, and the *Four A's* to identify the household's current faeces and menstrual blood handling and disposal practices and to come to a mutual agreement on an

improved, feasible practice. The client, playing either Anne or Robert, will talk to the HBC provider about their faeces and menstrual blood handling/disposal practice(s), and the observer will observe the conversation between the client and HBC provider, giving feedback. Tell them to remember the basic principles of conducting a home based care visit, as mentioned earlier.

Trainer Note:

Ensure that participants rotate roles so that everyone has a chance to play the HBC provider, the client, and the observer.

24. Read the faeces and menstrual blood situation (below). Direct participants to the **Faeces and Menstrual Period Situation** box in their **Training Handouts** on **page 16** so they can follow along and know where to refer to later, if needed.

Trainer Note:

Faeces and Menstrual Period Situation:

You observe that:

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.

25. As before, instruct the HBC provider to take no more than 10 minutes to use the THIRD AND FOURTH ROWS of the WASH Assessment Tool to identify the current practice(s) in the household and walk through each of the *Four A's* to help in coming to an agreement on an improved faeces or menstrual blood handling or disposal practice that is feasible for the client. (If the client is a male, have him pretend he is a woman so that the provider can practise the menstrual period management line of the Assessment Tool.)

26. Make sure all the groups are ready to begin, and signal for them to start the role play.

27. Call the time after 10 minutes. Tell participants they should stop the conversation and have the observer give the HBC provider two minutes of feedback on how the conversation went.

28. Ask participants to stay in their small groups, but turn toward the front of the room for brief feedback about this third session.

29. Ask participants in the HBC provider role:

    - "How did you feel in the HBC provider role?"
    - "What was hardest?"

30. Ask participants in the client role:

    - "What did the HBC provider do to help you understand what you needed to improve and why you should do something about it?"
    - "Is there any way the HBC provider could have improved what they did?"

31. Ask for three examples of improved practice(s) that were agreed to in the small groups.

G. Large Group Feedback and Discussion: Negotiating WASH Behaviour Change (20 minutes)

1. Call participants back into one large group for discussion. Explain this session provides an opportunity for feedback and discussion about their experience using the Assessment Tool, Counselling Cards and the *Four A's.*

2. Facilitate discussion with participants by asking the following questions:

    - "What did it feel like as an HBC provider to keep the *Four A's* in mind?"
    - "How useful (or not) was it to have the Assessment Tool?"
    - "How useful or not was it to have the Counselling Cards?"
    - "What barriers existed that hampered practising good WASH practices?"
    - "What things were embarrassing or difficult to talk about with your clients?"
    - "How was it useful to talk with the client about making a small change, even if that meant not achieving the 'ideal' practice?"
    - "What is one thing that you learned that you need to do better as an HBC provider?"

3. Ask if there are any questions and answer any questions about the negotiation steps practised by participants in this exercise.

H. Large Group Discussion: Households with Multiple WASH Needs

1. Explain that in the previous sessions, we have discussed each WASH behaviour one at a time; the reality is that people and households have multiple WASH needs simultaneously. It is therefore very important to discuss and have a consensus on how to help a household to address their multiple WASH needs.

2. Ask participants to turn to **page 17** in their **Training Handouts** and follow along as you read out loud the **"Simulation: Helping People with Multiple WASH Needs."**

Trainer Note:

Simulation: Helping People with Multiple WASH Needs

Birungi is an HBC worker who has been working with David's household since last month. David was referred to Birungi by the community leader. Today Birungi visits David for the second time. During the first visit, Birungi noticed that David and his household have multiple WASH needs. Birungi decided to discuss and to negotiate the improvement of the household WASH practices on the second visit. After a nice introduction, Birungi carried out the assessment of WASH practices of the household with David.

The results of the assessment showed that:

- **Drinking water is stored in a jerrican without a cover and the jerrican is visibly dirty. David was given WaterGuard last month when he went to the hospital for his ART, but the empty bottle is lying on its side covered with dust and without the cap.**
- **There is one shared latrine in the compound where David lives with his family. David's wife does not like to be seen going to the latrine during the day and David said that the path to the latrine is very dirty and he prefers to practice open defecation discretely anywhere in the compound. David's child, 5, uses the potty at night and practises open defecation during the day. There are faeces (animal and human) in the compound.**
- **David buys two jerricans of water every day. He buys 3–4 jerricans once a week when his wife does the laundry. David has soap or ash at home all the time. David and his family wash their hands with water every morning, at noon, and before going to bed. David has an old 3 gallon jerrican at home.**

3. Lead a large group discussion where the participants brainstorm items to fill out the table prepared on flipchart paper before the session on, "**Client/Households with Multiple WASH Needs."**

4. Discuss how the home based care provider can help the family prioritize what behaviours to improve first.

5. Develop a list of criteria for how to prioritize implementing new behaviours. Ensure that the following criteria are mentioned (if they are not brought up by the participants):

   - **The ability for the household to successfully implement the improved behaviour** – This should be the first criteria to look for. This includes mainly the availability/accessibility of materials and supplies needed for the improved behaviour. Negotiating improved behaviour with a household that cannot afford or does not have access to the minimum material/supply needed to improve this behaviour is a waste of time and will not lead to any change. Frustration can lead the household to give up. Therefore, HBC worker should be led by what the household can successfully implement. A successful trial will motivate the household to continue to implement the behaviour, maintain it, and adopt it. A successful trial also motivates the household to try another behaviour. [Note: In the case of David's household, it seems that improving hand washing will be easier and more successfully implemented by the household because all the materials/supplies needed are present. However, this should be presented, discussed, and approved by the household before moving forward.]

   - **The approval of the head of the household -** The approval of the person the negotiation is carried out with is very important. This is the determinant factor when the HBC worker notices that materials/supplies are available for two behaviours that need improvement.

   - **Move to improving another behaviour only if the previous one has been successfully implemented.**

   - **Ensure that the improved behaviour is maintained and sustained** - Even when the HBC worker is working with the household to tackle another behaviour that also needs improvement, the HBC worker should continue to follow up on the previous behaviour that has been improved to ensure that the practice is maintained and adopted.

6. Explain that HBC workers should always **tackle only one behaviour at time** for the following reasons:

   - It is easier, simpler, and more feasible for the household to improve one behaviour at a time

   - It may be overwhelming and confusing for the household to try to improve several behaviours at the same time

   - The success in improving one behaviour will encourage/motivate the household to tackle/work on improving another behaviour

Trainer Note:

Always help the household improve one behaviour at a time. Help the household improve another behaviour only after the household has significantly and consistently improved the first behaviour.

Ask participants to turn to **page 18** in their **Training Handouts** and ask a volunteer to read out loud. Explain to participants that they will review the, "**Guiding Principles for HBC Providers to Negotiate Multiple WASH Needs"** and briefly discuss it.

Trainer Note:

Guiding Principles for HBC Providers to Negotiate Multiple WASH Needs

1. **Assessment**
   - **Carry out a thorough assessment of all the WASH practices of the household**
   - **Identify the WASH practices already being implemented and congratulate the client and recommend the client maintain these practices**
   - **Identify the practices to be improved and the set of small doable actions to be negotiated**

2. **Decision and selection of one WASH practice to be improved according to the following criteria:**
   - **Availability of materials/supplies (higher probability for the family to implement)**
   - **Approval of the head of household**

3. **Negotiating the first improved WASH practice**
   - **Negotiate only one behaviour at a time**
   - **Follow up with the client until successful and consistent implementation and adoption of the improved WASH practice.**
   - **Congratulate the client and ask him/her to continue to implement consistently the behaviour**

4. **Negotiating the second WASH practice to be improved**
   - **Check if the conditions are met for the second WASH practice to be negotiated – conditions include the availability of the materials/supplies and the approval of the head of the household**
   - **Negotiate the improvement of the second WASH behaviour and follow up the implementation of the improved practice by the household**
   - **Follow up the continuous and consistent implementation of the first improved WASH practice**

I. Review Summary Points (5 minutes)

- HBC providers can provide better care if they learn and use a series of steps which structure their work and the way they go about assessing and assisting a household with their WASH needs.
- The *Four A's* include **Assess, Agree, Assist**, and **Arrange.**
- In the Agree step, it is important for the HBC providers to dialogue with the client about the 'ideal practice' and alternative "small doable steps" to mutually come to an agreement on how the client can improve a specific WASH practice. This commitment and change in practice is encouraged and guided by the HBC provider member, but the decision is made by the client.
- A picture-based WASH Assessment Tool and a set of Counselling Cards were produced for each HBC provider to help them assess the water, sanitation, and hygiene needs in households where they may work or live and to help them work with household members to identify improved practices. It is important that participants have the Assessment Tool and Counselling Cards available for each of their HBC visits following the training.

Transition

Transition to the next and final training session on putting WASH practice into action.

Annex 1

ASSESSMENT TOOL

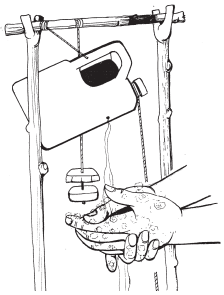
HAND WASHING

How do you wash your hands?

Do not wash hands.

Use water only and "dip" hands.

Use pouring water and ash.



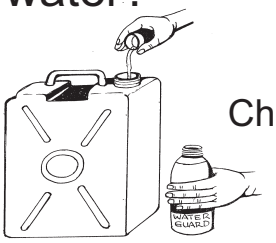
Use pouring water and soap.

WATER TREATMENT

How do you treat your water?

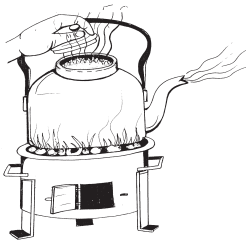
Do not treat.

Settling/ decanting



Chlorinate

Filtering through cloth

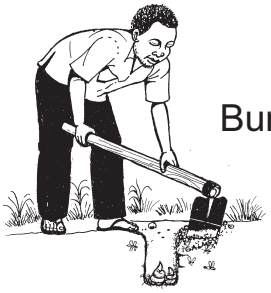


Boil

FAECES DISPOSAL

How do you get rid of faeces?

Open defecation



Bury faeces

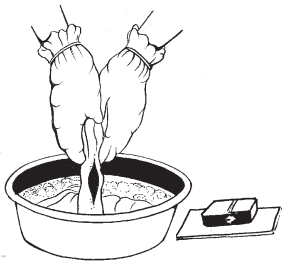
Use latrine

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.

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Annex 2

Large Group Demonstration Instructions

Information for the Client Role (Played by One Trainer)

Large Group Demonstration—Module 8

Instructions: Read and review the "Information for the Client Role" (on this page). Time allowing, practise the demonstration ahead of time.

You are a client living in a rural area of Uganda. You have been sick for the past year and feeling weaker these past few months. Your spouse has been your primary caretaker and has assisted you with bathing and getting up to defecate or urinate in a bucket, or to walk to the latrine. Unfortunately, your spouse died one month ago. In addition to feeling the sadness from your loss, you no longer have household help with bathing, cooking or assistance to get to a latrine or to a bedside bucket to urinate or defecate. Your niece lives next door and each day brings meals and water for you to drink that has been treated with WaterGuard.

You are not feeling well enough to get out of bed so you are not able to take care of your personal hygiene very well. You have quit washing your hands, and you have not been able to get up to defecate in the latrine or in a bucket for the past two weeks. Your niece is willing to help more, but you are not comfortable talking with her about your weakness and inability to get yourself to a latrine or a bucket. Therefore, you feel you have been left no choice but to urinate and defecate in your bed. You have used all the rags in the house to keep covering the soiled linens but the mattress and linens are wet. You notice that a place on your lower back is starting to hurt and is giving a bad odour. You are not sure what it is.

You arranged for an HBC provider to visit you today. He/she is very supportive, but you have never talked with her about sensitive topics such as your defecation/urination needs. Your HBC provider enters the home and you offer him/her a seat. He/she begins asking you questions about how you have been taking care of yourself, such as whether you are able to wash your hands, if you have treated water to drink, what are your defecation needs, and whether you still have your menstrual period (if the client is female). The HBC provider also notices the smell in your home.

You understand that defecating in the bed is not a good practice, but you are very shy and embarrassed and find it difficult to talk with your HBC provider about your defecation needs. But, you are open to finding a solution so you do not urinate and defecate in the bed, and you feel you have enough strength to be able to move yourself around in the bed for an alternative solution.

You do not have your menstrual period anymore (if the volunteer is a woman). You also have a good rapport with your HBC provider and respond openly to his/her questions and suggestions in the role play.

Information for the HBC Provider Role (Played by Second Trainer)

Large Group Demonstration

Instructions: Read the "Information for the Client Role and HBC provider Role" (on this page and the previous page). Time allowing, practise the demonstration ahead of time.

You are an HBC provider in a rural area of Uganda, and you live in the same village as the client. You have been taking care of the client for one year. You know that the client's spouse died one month ago. There are no family members living with the client, although a niece lives nearby. You had heard from other community members that since the spouse's death, the client has not been taking care of himself/herself. He/she works in the farm but has missed work since he/she has been sick.

You contact the client and agree on a time today for an HBC visit. In today's visit, you will assess the client (using the Assessment Tool), agree on a simple but improved practice (using the Assessment Tool and the appropriate Counselling Cards), assist the client by reducing barriers to the improved practice, and arrange follow-up for the client by acting out key steps of the *Four A's*.

Remember to demonstrate the basic principles of conducting an HBC visit, including (but not limited to): introducing yourself (if the client does not remember you); waiting to be offered a seat; explaining the purpose of the visit and what you would like to do while you are there; establishing rapport; respecting the client's culture; avoiding making assumptions about anything, such as whether they welcome your assistance; checking whether the client understands his/her needs based on their health condition; being professional in your approach, appearance, manner, and use of language; and using culturally appropriate verbal/non-verbal communication skills (e.g. active listening, empathy, etc. as introduced earlier in the course).

Be sure to demonstrate HOW TO USE THE ASSESSMENT TOOL AND THE COUNSELLING CARDS.

SESSION PLANS

Day 3
Module 9, Session 1
Putting WASH Knowledge and Practice into Action

Session Learning Objectives

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

1. Identify two ways they can advocate for improved availability of WASH supplies for themselves, clients, and household members.
2. Describe the importance of documenting information on the WASH activities provided in the home and using this information for improved programmes.
3. Identify resources in their communities that will be of support them as they improve WASH practices in their households.

Time: 3 hours

Prep Work

Before you teach:

1. Gather and bring enough pieces of blank paper or newsprint and markers so that each participant can create a community resources diagram in Section D.
2. Photocopy and bring enough "Pre/Post-Training Assessment Tool" (located in Module 9, Annex 2) and End of Workshop Evaluation forms (located in Module 9, Annex 3) for each participant.
3. Prepare a Certificate of Achievement for each participant (cut and paste your organization's logo on the bottom of the generic certificate so that when it's photocopied the logo appears on each certificate).

Trainer Steps: Putting Knowledge and Practice into Action

A. Introduction

Explain that this session will reflect on what was covered in the training to assist HBC providers to use what they have learned and put it into action. The session will review the supplies, resources, monitoring, and community support which is necessary to support improved practices in WASH care.

B. Large Group Activity and Discussion: Accessing WASH Supplies (15 minutes)

1. Acknowledge that access to supplies varies greatly and is affected by what is available in the community and through the HBC provider's organisation, the cost of the product/resource, and the supply chain system for making the supply available.

2. Explain to participants that you are going to discuss practical ways to improve access to WASH supplies for use in their work as HBC providers, as well as for use by their clients and families. Ask participants to think of their experiences from the field and their own households as they respond to two questions:

   - Think of a time when you, your client, or the client's family really needed any supply, food, or medication (even if it is not related to water, sanitation, and/or hygiene). How did you help your client get that item?

   - Think of a time when you, your client, or the client's family needed to have continuous access (more than one time) to a particular supply, food, or medication (even if it is not related to water, sanitation, and/or hygiene). How did you make sure that the item could be continuously available?

Trainer Note:

Record ideas on the flipchart that point to ways that a HBC provider can improve access to a particular item for him/herself, their clients, or their families.

4. Ask participants, "Could you use some of these same ways or methods to improve access to supplies for improved hand washing; treatment, storage, and handling of safe drinking water; faeces handling and disposal; and menses handling and disposal?"

5. Explain that access to many WASH supplies such as soap, gloves, and chlorine solution for water treatment is important. However, a person can still improve water, sanitation, and hygiene practices without access to all the supplies. For example, you can teach your clients to wash their hands with ash if soap is not available.

6. Ask participants to open their **Participant's Guide** to **page 165** and briefly summarise the information on pages 165–168.

7. Ask if anyone has any questions and respond appropriately.

C. Diagramming Exercise and Discussion (45 minutes)

1. Explain that one of the most valuable contributions that HBC providers make is their knowledge and awareness of the communities they serve. It is helpful to take the time to formalise and extend knowledge of the community so that it can be used effectively to meet the needs of people who are served in home based care. This also provides a foundation for networking and referral – a process that contributes significantly to building a continuum of care.

2. Divide participants into groups based on their geographical location or organisational groups. To carry out this exercise, participants must work with people who are from the same community. If there is only one representative from each community attending the course, participants can form pairs for support, but participants should develop their own answers and diagrams, based on their communities. If there are any people from one location, divide the group so there are more than six individuals per group.

3. After the groups have been formed according to their geographic location, ask them to identify the following individuals, organisations and approaches that HBC providers can call on for support as they work to improve WASH practices after this training:

   - Other HBC providers who are in the similar geographic area;
   - Organisations or groups that provide care-related services to the HBC clients;
   - Other families;
   - Community members that provide care-related services to the HBC clients and families;
   - Mechanisms through which the HBC provider could link with the other providers, community members, organisations, or groups.

Trainer Note:

Allow the groups or pairs time to discuss local resources and ways that they can help each other once they leave the training. While they are working, ensure that each group or pair has enough pieces of blank paper or newsprint and markers so that each participant can make a diagram in the next section.

4. Ask each participant to take a piece of paper or newsprint and explain to them that they will create a diagram that they can take with them and use after the training. Ask participants to draw according to the following steps:

   - **Step One:** Draw a stick figure that represents him or her on the left side of the piece of paper.

   - **Step Two:** Draw a stick figure on the right side of the page which represents someone (or some organisation) who may be able to help you or who already helps you promote and improve WASH practices in your HBC work. For example, you may approach a fellow HBC provider in the community who can help you demonstrate water treatment with chlorine tablets, a community leader who has helped others with placement of a tippy tap, or a worker from another organisation who works with you in the household. Write a name or draw a symbol by this stick figure so you remember which person or organisation it represents. Draw other stick figures and/or list other names on the right side of the page that represent other people/organisations that are able to help you in the community where you work.

   - **Step Three:** Draw a **solid line** between the stick figure which represents you and the stick figure(s) which represent other **people/organisations you ALREADY communicate with** in your community (and who support you) to improve WASH practices in the households where you serve.

   - **Step Four:** Draw a **dotted line** between the stick figure that represents you and the stick figures that represent other people or organisations with whom you **DO NOT currently communicate** about WASH practices, but with whom you would like to do so.

   - **Step Five:** Ask participants to spend two minutes reflecting on what it is that they need to do with the people/organisations represented by the dotted lines to actually talk to them about WASH. (For example, Is it time? Do you need someone to introduce you to this person? Do you need to set up an appointment? Do you need someone to identify a contact person for you within the new organisation you would like to contact?) Ask participants to write down on the paper an action item or symbol that will help them remember what they can do to get the communication going with the identified people/organisations.

5. Explain to participants that the diagram can form the basis for a support system that they can use after they have completed this training. After everyone has completed an individual diagram, have participants share their diagrams within their groups. Allow a few minutes for each group to share their diagram. If time allows, ask participants to share their diagrams with participants from other groups.

6. Explain to participants that having a network of people is important because it is a way to provide assistance and support in promoting WASH practices, and provides someone else to work alongside the provider to make sure that the WASH practices are being correctly done.

7. Take the next five minutes to ask participants to share steps or actions they would like to take first in their communities or households when they return from the training. Then, transition to review of the self-reflection technique.

D. Documenting, Record Keeping, and Monitoring WASH Activities in Home Based Care (20 minutes)

1. Explain to participants that this next session will focus on information an HBC provider needs to document and keep about the WASH activities or the services the worker provided.

Trainer Note:

If all the participants in the training are from the same organisation, then the trainer can replace this section with information that is specific to the organisation.

If the training participants are from different organisations, then follow what is outlined below since each HBC organisation or programme typically has unique requirements and ways of documenting/reporting the services provided by the HBC provider. This session will not introduce a standardised method of recording or reporting WASH activities but will review key principles that apply to all organisations or programmes. Participants also will have an opportunity to discuss their programme-specific WASH documentation and reporting issues later in the session and following the training.

2. Ask participants to share why it is important for HBC providers to document, keep records, and monitor what they do in water, sanitation, and hygiene. Record responses on the flipchart.

3. Explain that documenting the work we do provides a written record to store facts, events, activities, etc. The way that HBC providers document information varies, but the idea is to document and preserve information in a way that makes it

accessible and usable by those who need it. Explain that it is helpful for HBC providers to document the activities they do which help their clients and their families with improved WASH practices. This type of information can be included in their organisation's information system and used to improve their programmes.

Trainer Note:

Emphasise to participants that there are always lessons to be learned from any activity, successful or not. It is important to record and understand these to avoid making the same mistakes again. Learning from such lessons is a part of good programme management. Remind participants that sharing lessons is not the same thing as sharing facts and details about clients and their care. Respecting client confidentiality is critical.

4. Remind participants about the principles of good recordkeeping. Acknowledge that keeping records can be difficult at times, but the following points should be kept in mind:

   - Date the information;
   - Record the information under the appropriate headings/sections;
   - Be consistent with the information;
   - Collect information at the right time;
   - Record complete information;
   - Ensure that the written information is legible;
   - Store confidential records (e.g. information with client's names, etc.) in a secure place with limited access so that only appropriate staff involved in the care of the client can access the information.

5. Remind participants that this training course has introduced use of the WASH Assessment Tool, which is an important tool to use when documenting and keeping records of WASH practices in home based care. The WASH Assessment Tool helps the HBC provider identify what WASH practice they assessed in the home visit and helps the provider and client agree on what the client and/or family member would change or improve in the next home visit.

Small Group Work

6. Ask participants to form small groups or pairs from the same organisation or HBC programme. Ask them to review how HBC providers currently document and/or report what they do on a home visit within their specific organisation or programme. Each group or pair has two minutes to discuss.

7. Invite participants in the small groups to take a few moments to think about how they (1) currently document information about their clients and (2) how they can incorporate documentation of WASH activities without adding too much work for the HBC provider. Documentation can be for any support provided by the HBC provider to improve hand washing, water treatment and storage, faeces handling and disposal, and menstrual blood handling and disposal practices in the households. Explain that it is useful for the HBC provider to also document the WASH practice(s) that the HBC provider and client and/or family member agreed on to improve (e.g., the client may have agreed to try hand washing with soap after toilet use). Document the changes made by the client and/or family member (which are noted when the information is gathered in a follow-up visit). Ask the small groups to take five minutes to discuss possible ways they could or would like to document and/or report WASH information in their programme.

Trainer Note:

If participants are not sure how their programme/organisation requires them to document or report HBC activities, have them discuss the following two questions:

- **Who can we ask in our organisation or programme about documenting and reporting so when we go back we can find out what records we need to keep and how to keep them?**
- **What are the questions we need to ask of our supervisors about documenting or reporting the assistance we provide in water, sanitation, and hygiene?**

8. Call the time and invite participants to share with the group the ideas they have discussed. Record responses on the flipchart.

Trainer Note:

Keep participants in small groups if they are split into small groups or pairs by organisation. Small groups or pairs by organisation also will be used for the next diagramming exercise.

9. Ask participants if they have any questions and respond appropriately. Transition to the next activity on follow-up support to HBC providers as they improve WASH practices in their communities.

E. Self Reflection Technique

1. Explain that to improve your skills and the services you provide, you need to get in the habit of asking yourself a few simple questions after you leave a client's home. These questions can help you identify what you did that helped your client the most and what you can do better in the future.

2. Tell the participants they will now learn a self-reflection technique. Ask the participants to turn to the **Training Handouts, page 19,** item **Self Reflection Tool** (see copy in Training Manual Module 9, Annex 1). Explain to the participants that it is important, especially at first, to use this checklist both as a self-reflection tool and to make sure they are taking the appropriate steps to assist households with their WASH practices.

3. Tell participants that after leaving a client's house, they should ask themselves the questions on this form and put a tick (✓) mark in the appropriate spaces for their answers. They do not need to share this form or the information with anyone. Tell them that initially they can use the Self Reflection Tool. In time, they will initiate self-reflection on their own.

4. Transition to the post-training self assessment, which is the last session prior to the closing of the training programme.

F. Post-Training Assessment (30 minutes)

1. Explain to participants that you have finished the workshop, but that they now are going to fill in again the exact same assessment that they filled in at the beginning of the workshop. You want them to do this so the trainers can see what information they have learned.

2. Distribute a copy of the Pre/Post-Training Assessment to participants (a copy can be found in Module 9, Annex 2), making sure that you give each participant the document with the SAME NUMBER that they had when they completed the assessment at the beginning of the workshop.

Trainer Note:

It is not necessary for participants to identify themselves on the form.

3. Ask each person to fill out the assessment and tell participants to leave a question unanswered if they do not know the answer. Give participants 30 minutes to complete the assessment and collect the assessments.

G. Workshop Evaluation, Closure of the Workshop, and Presentation of Course Certificates (75 minutes)

1. Thank the participants for coming and participating in the training. Tell them that they now are going to have an opportunity to give the trainers feedback, which is very important because the information will be used to help improve future trainings.

2. Pass out the **End of Workshop Evaluation** form and give participants 30 minutes to fill it out.

3. Collect the completed evaluations.

4. Remind participants that they are key players and leaders in making improved WASH practices happen in Uganda. With their help, they can make their communities stronger and healthier by implementing what they have learned in the training they just completed.

5. Thank all participants again and pass out Certificates of Course Completion (see Module 9, Annex 4 for a copy of a "generic" certificate.)

Annex 1

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 success-ful
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?								

Annex 2

Pre/Post-Training Assessment Tool Number:_____

Instructions
Please complete the following questions by marking the correct answer(s) with a tick (✓) mark. **Do not worry** if you do not know all the answers. Answer as many questions as you can. Some questions ask for one answer, others for more than one answer. Some questions involve giving a description.

Participants will complete another copy of this same assessment at the end of the training so they can see areas of improvement in their knowledge and skills involving water, sanitation, and hygiene care.

Please read all the questions carefully and answer as best as you can. You have 30 minutes to answer all the questions.	Do not write in this column
1. What water, sanitation, and hygiene (WASH) behaviours should an HBC worker target in home based care? [tick **four** boxes] ☐ Hand washing ☐ Hair combing ☐ Diet ☐ Drinking safe water ☐ Proper handling and disposal of faeces ☐ Car washing ☐ Menstrual care	☐ ☐ ☐ ☐
2. The goal of WASH care for PLWHA is to: [tick **one** box] ☐ Prevent malaria, increase bed net use, promote the eradication of mosquito breeding areas. ☐ Prevent yellow fever. ☐ Prevent tuberculosis. ☐ Prevent diarrhoea for family members, improve the PLWHA's quality of life, and prevent HIV transmission (to the caregiver).	☐
3. What are the key steps to negotiate an improved behaviour? [tick **one** box] ☐ Educate and convince ☐ Scold the household on inadequate behaviours and lecture on proper behaviours ☐ Tell people what to do ☐ Assess current practices, congratulate on existing "good" practices, identify needed improvement, review safer behaviour options, and come to an agreement on an improved behaviour	☐

4. Select **one** phrase that encourages "open-ended questions": [tick **one** box] ☐ How many … ? ☐ What would make it easier to …? ☐ Have you ever …? ☐ You don't usually …do you?	☐
5. An HBC worker's main WASH role is: [tick **one** box] ☐ Meeting with community leaders. ☐ Discussing with neighbours. ☐ Negotiating improved WASH behaviours, providing WASH care for sick PLWHA, and teaching the caregiver how to provide WASH care to a sick PLWHA.	☐
6. You can make household water safer for drinking by: (tick **four** boxes) ☐ Having one big open container for animals, kids and the whole family. ☐ Serving your water by dipping a bowl or cup into the container water. ☐ Keeping your treated water in a narrow-neck container with a lid. ☐ Boiling water until large bubbles appear. ☐ Keeping the container of treated water on the floor so that children can serve themselves. ☐ Adding chlorine solution or tablets to your water. ☐ Transporting your water to the house in a container with a lid.	☐ ☐ ☐ ☐
7. Four critical times in which hands should be washed to prevent diarrhoea include. (tick **four** boxes) ☐ After defecating ☐ Before preparing food or cooking ☐ Before washing clothes ☐ Before eating or feeding someone ☐ After changing a child's nappie and cleaning a baby's bottom; ☐ After working in the garden	☐ ☐ ☐ ☐
8. The main job of the **soap** when washing hands with water is to: (tick **one** box) ☐ Make the water clean ☐ Loosen the germs from the hands ☐ Make the hands softer	☐

9. The main job of the **running water** when washing hands is to: (tick **one** box) ☐ Help dissolve the soap ☐ Make the soap softer ☐ Remove/wash away the germs from the hands	☐
10. If soap is not available, what can be used as an alternative cleanser when washing your hands? (tick **one** box) ☐ Nothing ☐ Hair tonic ☐ Ash ☐ Jik	☐
11. One reason that safe water, sanitation and hygiene practices are important for people who are living with HIV and/or AIDS (PLWHA) is that: (tick **one** correct box) ☐ They are more likely to become ill or even die from the complications of diarrhoea. ☐ They have a strong immune system and are at a low risk for diarrhoeal disease. ☐ They have to take medications	☐
12. The following two things can make it easier and safer for a caretaker to dispose of faeces: (tick **two** boxes) ☐ Bedside commode ☐ A soft cotton bed sheet ☐ A towel ☐ Use of plastic pants ☐ Wearing a soft cloth on hands	☐ ☐
13. In a rural area, the safest ways to dispose of cloth or sanitary pads soaked with menstrual blood are: (tick **two** boxes) ☐ Throwing them in the trash ☐ Burning them ☐ Burying them ☐ Putting them in the latrine	☐ ☐
Thank you!	

Answer Key

Pre/Post-Training Assessment Tool

Instructions

The CORRECT response(s) for each question on the Pre/Post-Training Assessment Tool are shown below.

To score, put a tick (✓) for each correct answer in the box in the far right column. For example, for a question that has four possible correct answers, there are four boxes in the column on the right (on the participant's copy of the assessment tool.) If the participant got three answers correct, put a tick in each of three boxes and leave the fourth box empty. To score the assessment, add up the number of boxes that have tick marks in the entire test. The participant's score then can be compared on the assessment he/she took before and after the workshop. Use the number in the top, right corner of the participant's copy of the assessment tool to match each individual's pre/post-training assessment.

The CORRECT ANSWERS for each question are as follows:

1. What water, sanitation, and hygiene (WASH) behaviours should an HBC worker target in home based care? [4 correct answers]

   ☑ Hand washing
   ☑ Drinking safe water
   ☑ Proper handling and disposal of faeces
   ☑ Menstrual care

2. The goal of WASH care for PLWHA is to: [one correct answer]

   ☑ Prevent diarrhoea for family members, improve the PLWHA's quality of life, and prevent HIV transmission (to the caregiver)

3. What are the key steps to negotiate an improved behaviour? [one correct answer]

   ☑ Assess current practices, congratulate on existing "good" practices, identify needed improvement, review safer behaviour options, and come to an agreement on an improved behaviour.

4. Select **one** phrase that encourages "open-ended questions": [one correct answer]

   ☑ What would make it easier to …?

5. An HBC worker's main WASH role is: [one correct answer]

☑ Negotiating improved WASH behaviours, providing WASH care for sick PLWHA, and teaching the caregiver how to provide WASH care for sick PLWHA

6. You can make household water safer for drinking by: [four correct answers]

☑ Keeping your treated water in a narrow-neck container with a lid
☑ Boiling water until large bubbles appear
☑ Adding chlorine solution or tablets to your water
☑ Transporting your water to the house in a container with a lid

7. Four critical times in which hands should be washed to prevent diarrhoea include: [four correct answers]

☑ After defecating
☑ Before preparing food or cooking
☑ Before eating or feeding someone
☑ After changing a child's nappie and cleaning a baby's bottom

8. The main job of the **soap** when washing hands with water is to: [one correct answer]

☑ Loosen the germs from the hands

9. The main job of the **running water** when washing hands is to: [one correct answer]

☑ Remove/wash away the germs from the hands

10. If soap is not available, what can be used as an alternative cleanser when washing your hands? [one correct answer]

☑ Ash

11. One reason that safe water, sanitation, and hygiene practices are important for people who are living with HIV and/or AIDS is that: [one correct answer]

☑ They are more likely to become ill or even die from the complications of diarrhoea.

12. The following two things can make it easier and safer for a caretaker to dispose of faeces: [two correct answers]

☑ Bedside commode
☑ Use of plastic pants

13. In a rural area, the safest ways to dispose of cloth or sanitary pads soaked with menstrual blood are: [two correct answers]
    - ☑ Burning them
    - ☑ Putting them in the latrine

Annex 3

End of Workshop Evaluation

To be completed by the participants at the end of the training workshop

A. Educational Aspects

1. Please evaluate the following aspects of the training by circling one answer for each question.
   - Were the workshop/course objectives achieved?
     a) Yes b) No
   - Were your personal objectives achieved?
     a) Yes b) No
   - Will the content/information apply to your work?
     a) Yes b) Some of it c) No
   - Were the training materials (e.g. handouts) appropriate/easy to understand?
     a) Yes b) No

2. The duration of the training (circle one correct answer)
(a) Too long (b) Too short (c) Just right

3. Put one tick (✓) per row to indicate what you think of the training techniques used in the workshop:

	Very useful	Somewhat useful	Not useful
Demonstrations	_____	_____	_____
Group discussions	_____	_____	_____
Role Plays	_____	_____	_____
Lectures	_____	_____	_____
Reading aloud	_____	_____	_____

4. List <u>three</u> topics that you found **<u>MOST USEFUL</u>** and will apply to your work:
   a. _____
   b. _____
   c. _____

5. List topics that you thought were **<u>NOT USEFUL,</u>** if any:
   a. _____
   b. _____
   c. _____
   d. _____

B. Administration Aspects

1. Please evaluate each of the following aspects of the training with a tick (✓) in the box on the scale below:

	Excellent	Good	Fair	Poor
Accommodation				
Meals				
Training venue				
Logistical support				

2. What is your overall rating of the workshop (circle the correct answer)?

   4. Excellent 3. Good 2. Fair 1. Poor

3. Suggestions/recommendations:

_____

_____

_____

THANK YOU!

Annex 4

Certificate of Achievement

This is to certify that _____ has successfully participated in the Training on Water, Sanitation and Hygiene Practices in HIV/AIDS Home-Based Care.

_____ _____

(name and title of organizer) *(name and title of trainer)*