

# Community Based Positive Prevention Training for Community Home Based Care Providers

## Participant's Guide

**Family Health International**

**January 2010**



# Table of Contents

<b>ABBREVIATIONS AND GLOSSARY .....</b>	<b>3</b>
<b>INTRODUCTION TO COMMUNITY-BASED POSITIVE PREVENTION TRAINING FOR COMMUNITY HOME BASED CARE PROVIDERS .....</b>	<b>4</b>
<b>COURSE DESCRIPTION.....</b>	<b>5</b>
<b>INTRODUCTORY SESSION:.....</b>	<b>9</b>
<b>SESSION ONE: REVIEW THE BASICS OF HIV .....</b>	<b>11</b>
<b>SESSION TWO: REVIEW THE BASICS OF HIV CARE AND ART.....</b>	<b>24</b>
<b>SESSION THREE: REVIEW OF SEXUAL TRANSMISSION OF HIV .....</b>	<b>37</b>
<b>SESSION FOUR: REVIEW THE BASICS OF PMTCT .....</b>	<b>43</b>
<b>SESSION FIVE: HOW TO BUILD HELPFUL RELATIONSHIPS WITH YOUR CLIENTS .....</b>	<b>48</b>
<b>SESSION SIX: HOW TO HELP CLIENTS PRACTICE POSITIVE PREVENTION.....</b>	<b>57</b>
<b>SESSION SEVEN: HOW TO HELP CLIENTS WITH DISCLOSURE .....</b>	<b>61</b>
<b>SESSION EIGHT: HOW TO HELP CLIENTS INCREASE CONDOM USE.....</b>	<b>65</b>
<b>SESSION NINE: HOW TO ASSIST CLIENTS WITH PARTNER TESTING.....</b>	<b>70</b>
<b>SESSION TEN: HOW TO HELP CLIENTS TO LIVE HEALTHIER.....</b>	<b>73</b>
<b>SESSION ELEVEN: IMPROVING WASH PRACTICES OF PLHIV AND THEIR FAMILIES ....</b>	<b>84</b>
<b>SESSION TWELVE: HOW TO HELP CLIENTS WITH FAMILY PLANNING.....</b>	<b>138</b>
<b>SESSION THIRTEEN: HOW TO HELP CLIENTS WITH ADHERENCE .....</b>	<b>142</b>
<b>WRAP-UP SESSION:.....</b>	<b>154</b>
<b>AGENDA.....</b>	<b>155</b>

## **Sub-Session 11: 1 Why WASH Matters for PLHIV and their Families**

### ***Purpose***

To review the positive and negative effects of WASH practices on the quality of life of PLHIV and their families, as well as review the routes of germ contamination and the WASH roles of community home-based providers.

### ***Objectives***

- Explain why WASH matters for PLHIV and their families
- List the key WASH behaviors and explain why they are targeted
- Discuss WASH roles of community home-based providers
- Explain the importance and impact of focusing on behaviors

### ***Content***

#### **Why WASH Matters for PLHIV and their Families**

The words behavior and practice are the same and will be used interchangeably.

#### **What Does WASH Stand for?**

- WASH stands for —water, sanitation, and hygiene.”

#### **Why Does WASH Matter for the General Population?**

- Poor hygiene practices such as drinking unsafe water, not washing hands at critical times, and not using a latrine contribute to diarrheal diseases and cause sickness and even death. Children are particularly vulnerable.
- Diarrheal diseases are one of the leading causes of infant mortality in Tanzania.

#### **Why WASH Matters for PLHIV**

#### **Why Should Community Home-Based Providers Help PLHIV and their Families Improve their WASH Practices?**

- PLHIV have a weak body defense (compromised immune system).
- PLHIV often suffer from bouts of diarrhea.
- Drinking contaminated water will give PLHIV severe diarrhea, accelerate the progression of HIV, and may lead to death.
- Even PLHIV on ART can get diarrhea if they drink water contaminated with feces.
- Taking ARVs with contaminated water may lead to diarrhea.
- Diarrhea in PLHIV puts an additional burden on caregivers.

#### **How Will Contact with Feces Affect PLHIV and their Families?**

- If there is uncontained feces in the house, it is easy for it to get into the food and water that other family members consume, making other family members sick. When other

family members are sick, it makes it difficult to take care of the PLHIV, to work or go to school. So everyone suffers.

### **Benefits of Improved WASH Practices for PLHIV and their Families (Findings from Research in Uganda)**

- Households of PLHIV using home chlorination, safe storage of household water, and basic hygiene education reported fewer diarrheal episodes.
- The presence of a latrine in the family compound was associated with fewer episodes of diarrhea, fewer days with diarrhea, and fewer days of work or school lost due to diarrhea.
- Hand washing with soap by PLHIV was associated with reduced episodes of diarrhea.
- Improved hygiene, particularly hand washing at critical times, can reduce diarrhea by one-third and reduce malnutrition.
- Improving hygiene practices protects the entire family.

### **What are Ways Feces Can Get into the Mouth?**

Feces can get into the mouth through:

- Food
- Flies
- Fingers
- Fomites (utensils)
- Water

The contamination cycle starts with people and animals defecating out in the open.

- Feces come into contact with the soil and contaminate people and animals.
- Feces on the ground attract flies, and flies contaminated with feces land on food, which people eat.
- People who do not wash their hands after defecating spread germs in their surroundings and food.
- Feces in the soil contaminate our water sources and then we consume contaminated water.

Contamination by all of these routes occurs every day in our community and causes diarrhea, especially affecting children and people whose immune systems are already weak such as the elderly and those who are living with HIV.

### **Key WASH Behaviors**

Certain hygiene practices have been proven to have the greatest potential for preventing diarrhea because they reduce the transmission of germs. They are:

- Safe handling and disposal of feces
- Correct hand washing at critical times
- Safe drinking water

The following section describes the specific WASH behaviors that can contribute to diarrhea.

### **What are the WASH Practices that Can Contribute to Feces Getting into our Food and Water, Causing Contamination and Diarrhea?**

WASH Behaviors		Reason for Targeting the Behavior
<ul style="list-style-type: none"> <li>Safe drinking water</li> </ul>	<ul style="list-style-type: none"> <li>Untreated drinking water</li> <li>Large mouth drinking water container</li> <li>Drinking water container not covered</li> <li>Unsafe drawing of drinking water either by dipping hands in the water, or by using an unclean cup or glass to draw water</li> <li>Serving drinking water in an unclean cup or glass</li> <li>Drinking water container reachable by children or animals</li> </ul>	To prevent diarrhea
<ul style="list-style-type: none"> <li>Safe handling and disposal of feces</li> </ul>	Children <ul style="list-style-type: none"> <li>Open defecation or inconsistent use of the potty</li> <li>Feces from the potty not disposed of immediately</li> <li>Improper disposal of feces after potty use</li> </ul>	
	Adult <ul style="list-style-type: none"> <li>Open defecation and/or inconsistent use of latrine</li> <li>No hand washing after using the latrine, cleaning a baby's bottom, or caring for a sick person with diarrhea</li> </ul>	
<ul style="list-style-type: none"> <li>Hand washing</li> </ul>	<ul style="list-style-type: none"> <li>Hand washing with water only</li> <li>Hand washing not at critical times</li> <li>Improper hand washing (no lather with soap, no rubbing palms, back of hands, and up to wrist)</li> </ul>	

### Safe Handling and Disposal of Menses-Bloodstained Materials

HIV-positive women can have a high concentration of HIV in their blood. While a household member cannot get HIV through sharing dishes or washing a person with AIDS, they CAN get HIV by handling with his/her bare hands (no gloves/plastic sheet material) a sanitary towel/napkin or cloth that is soaked with menstrual blood from an HIV-positive female client. Caregivers should be taught how to safely handle bloodstained materials.

What are the specific menstrual blood management practices that expose the caregiver to HIV transmission?

<b>Safe Handling and Disposal of Menses-Bloodstained Materials</b>		<b>Reason for Targeting the Behavior</b>
<ul style="list-style-type: none"> <li>• Safe handling and disposal of menses-stained materials</li> </ul>	<ul style="list-style-type: none"> <li>• Changing used pads or pieces of cloth without gloves</li> <li>• Changing and washing bloodstained materials (bed sheet, cloth, etc.) without protecting hands</li> </ul>	To prevent HIV transmission

Improper handling and disposal of menses-bloodstained materials exposes the caregiver and family members to the risk of contracting HIV.

### **What are the CHBC Providers' WASH Roles and Tasks?**

#### **Who are the People in the Home that the CHBC Provider Should be Working with Regarding WASH Activities?**

- PLHIV and their household members to help improve WASH practices in the homes
- The caregiver to teach him or her how to provide WASH care to PLHIV

#### **What Activities Should the CHBC Provider be Doing with Each Target Group in the Household?**

<b>Target Groups</b>	<b>Activity</b>	<b>Tasks</b>
PLHIV and household members	Negotiate improved WASH practices	<ul style="list-style-type: none"> <li>• Assess the current practices</li> <li>• Identify good practices and congratulate the individual or household</li> <li>• Identify the practices to be improved and some small doable actions they can immediately take</li> <li>• Negotiate the improvement of a few key practices</li> <li>• Follow up</li> </ul>
Caregivers	Teach caregiver how to provide WASH care to bedbound PLHIV	<ul style="list-style-type: none"> <li>• Explain, demonstrate, have caregiver practice, give feedback, and follow up. This process is called learning by doing.</li> </ul>

### **Focusing on Improving WASH Behaviors**

#### **What Influences Behaviors?**

Factors that influence whether someone implements a behavior or not include:

- Positive or negative experience or outcome from doing the behavior
- Perception of risk – will doing or not doing the behavior bring harm?
- Familiarity with practice

- Beliefs, traditions, and social norms or signals about the behavior —did they grow up doing it? Do people they respect think they should do the behavior
- Knowledge—do they know the proper occasions?
- Skills – do they know the steps?
- Do they think they can do the behavior?
- Availability of supplies – can they find and/or afford the supplies or technologies that are needed to do the behavior, or that make it easier to do it?

Individual/household behaviors often reflect a community’s beliefs and values. CHBC providers have to explore and become familiar with a community’s practices, beliefs, and values related to WASH. These factors at the community level influence WASH practices at the household level and may include:

- Community leaders’ support or lack of support for the improved WASH behavior
- Strong community cohesiveness —community leaders make decisions for the benefit of the whole community (e.g., equal division of labor involved in maintaining clean, hygienic latrines)
- Community beliefs and values are consistent or not consistent with the new/improved behavior—community may believe that feces are fertilizer, therefore, it is a good thing to practice open defecation to fertilize the yard

CHBC providers and their supervisors should sensitize/work with community leaders on the need to support improved WASH practices for PLHIV and promote improved WASH practices for everyone in the community. They should also look for existing practices and beliefs that support the improved practice.

### **What Makes it Difficult for PLHIV and their Families to Improve WASH Practices?**

#### **Barriers to Improving WASH Practices**

In addition to some of the barriers outlined already, like lack of key information or social support, the absence of appropriate materials, products, and systems can make it difficult for PLHIV and their families to practice an improved WASH behavior. CHBC should always i) discuss with and inform PLHIV and their families about alternatives to a WASH commodity that may not be available such as alternatives like using ash instead of soap, and also ii) teach PLHIV and their families how build a system/structure that will make it easier to practice a WASH behavior, such as building water saving device- tippy, and improving the latrine.

#### **Key Points**

WASH matters because poor hygiene and sanitation cause suffering, diarrhea, other illnesses, and even death. Improving hygiene and sanitation reduces diarrhea incidence especially in PLHIV and children younger than five and improves the quality of life of PLHIV.

The key WASH behaviors to be targeted in home-based care are:

- Treating drinking water and storing it safely
- Proper hand washing
- Safe collection and disposal of feces
- Proper care for menstruating women

When improving WASH behaviors:

- Knowledge and awareness are necessary, but not enough
- A range of factors (at the individual, household, and community levels) influence behavior; CHBC providers should consider these factors when negotiating improved practices
- Limited access to WASH enabling technologies (materials, products, supplies) makes it difficult for PLHIV and their families to improve WASH practices. CHBC should help PLHIV access and establish WASH-enabling technologies.



## Sub-Session 11: 2 Negotiate Improved WASH Practices in Homes

### **Purpose**

To strengthen skills in supporting households to improve their WASH practices by simple assessment and then problem solving, called “negotiation”

### **Objectives**

#### **Negotiation Technique**

- Describe several behaviors that lead to ideal practices: small doable actions
- Discuss negotiation technique and steps
- List what CHBC providers need to effectively negotiate improved WASH behaviors

#### **Negotiating Improved WASH Behaviors**

- Practice the negotiation of keeping drinking water safe, disposing feces safely , and hand washing in homes

The following section describes the negotiation technique.

### **Content**

The following section describes the negotiation technique.

#### **Negotiation Technique**

This section describes how to use the approach of negotiating small doable actions to improve WASH in the household.

#### **How do we Move from the Current, Less than Perfect Practice Toward an Ideal Behavior?**

The following are the steps to follow when moving from a current, less than perfect practice toward an ideal.

- The new behavior has to be broken down into **simple steps or components**, which can be implemented **gradually** until the new or ideal behavior is properly mastered.
- These small steps or components are referred to as **small doable actions (SDA)**.
- A small doable action must still make a difference in the health and well-being of the PLHIV and their family, even if it’s not perfect.

Example: If the ideal practice is to run a marathon, or practice aerobic exercise for 30 minutes, 5 times a week, then some small doable actions would include:

- Walk briskly to all errands.
- Try a walk/jog combination every Sunday.
- Increase the rigor while doing household chores like sweeping and washing.

A small doable action would NOT include buying a jogging suit or joining an exercise club, because while these may be components or steps, if no other action is taken they will not make a difference in the health of the individual.

## Application to WASH

CHBC will apply the same principle: breaking any WASH behavior into small doable actions when helping assist PLHIV and their families to improve their WASH behaviors/practices.

*Breaking any WASH behavior into small doable actions makes it feasible for PLHIV and their families to adopt the practice. It helps them improve their behavior gradually, doing what is possible given their current resources and context.*

### Small Doable Action

- The behavior is feasible—because people FEEL they can DO it NOW, 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, a stepping stone to the IDEAL practice.

### Negotiation Steps: How to Teach/Help Someone Move from an Actual Behavior toward an Ideal Behavior

1. Assess what the person already knows about WASH behaviors, what skills and what materials he/she has
2. Identify what the person does well and congratulate him/her
3. Discuss with the person and identify one or two WASH behaviors to focus on for improvement.
4. Depending on their current practice, identify the SDA to negotiate
5. Negotiate: propose options to help improve this behavior, help solve problems, doubts and obstacles on the spot, and encourage the person to practice the new or improved behavior
6. Make an appointment and follow up

➔ These steps are called negotiation steps.

The process of going through specific steps to help improve a behavior is called negotiation technique.

### Steps to Follow when Negotiating Improved WASH Behaviors

Negotiation Steps	Negotiation Steps Applied to Teaching Somebody How to Implement a New Behavior
1. Assess	<ul style="list-style-type: none"><li>• Find out the person's previous experience and the equipment/materials available</li></ul>
2. Identify good practices; show appreciation for what is already done well	<ul style="list-style-type: none"><li>• Ask the person demonstrate or describe each behavior (starting from what s/he knows already)</li><li>• After describing or practicing, congratulate the person for what s/he knows already and is doing well</li></ul>
3. Identify the WASH behavior to address	<ul style="list-style-type: none"><li>• Identify with the client the WASH practice to be addressed—what the person needs to improve and how to do it (set of small doable actions)</li></ul>
4. Identify the SDA to negotiate	<ul style="list-style-type: none"><li>• Compare the current practice with the SDA and identify the small doable actions that are not yet implemented and will be negotiated</li></ul>

5. Negotiate the set of SDA leading to improved behavior	<ul style="list-style-type: none"> <li>• Build on what the person knows already, demonstrate how to improve</li> <li>• Solicit questions and provide answers</li> <li>• Identify doubts or problems and work with them to identify feasible solutions</li> <li>• Encourage the person to try and congratulate him/her after the first trial by highlighting what was well done and also highlight/demonstrate what needs to be improved</li> <li>• Encourage the person to continue practicing</li> </ul>
6. Make appointment for follow up and provide support	<ul style="list-style-type: none"> <li>• Follow up and assess the progress</li> <li>• Encourage the person to continue practicing until s/he properly masters the new behavior</li> </ul>

- Conducting an assessment helps the CHBC provider to understand the person’s context and condition. Assessment involves asking questions, listening, and observing the current practices.
- Congratulating the person is important. It shows that we have noticed and acknowledged what the person already did well. Knowing what is well done and explaining it reminds the person of what practices should be maintained. It emphasizes that they are able to do —these kinds” of practices already, that they are already capable and caring, opening them up to other suggestions for improvement.
- Involving the client in making the decision of what WASH practice to adopt is critical.
- Identifying the practice to be improved involves making **two decisions**: 1) comparing the current behavior/practice with the ideal behavior to identify gaps and 2) identifying a set of actions to move closer to the ideal behavior, considering the context (availability, culture, beliefs, and values).
- Negotiating involves: 1) proposing what is feasible and effective (be realistic and consider the person’s context), 2) helping the person express his questions and concerns and working with them to address them, 3) anticipating and discussing any resistance, 4) encouraging the person to try, and 5) congratulating the person for trying and helping address any additional concerns.
- Following up and supporting involves scheduling and holding regular meetings at the person’s home to assess progress in implementing the ideal behavior.

**What do CHBC Providers Need to Effectively Negotiate Improved WASH Behaviors?**

At a minimum, they need:

- Enabling technologies: materials/products for the person to be able to practice the new or improved behavior
- A list of WASH small doable actions (the range of effective, feasible behaviors—the when and how to hand wash, to treat water, etc.)
- Behavior change materials: assessment card and counseling cards
- Mastery of the negotiation technique

The following section provides a description of the four elements listed above.

**Enabling Technologies: Materials/Products Needed to Practice the New or Improved Behavior are Listed in the Table Below:**

## WASH Products, Supplies, and Materials

WASH Behavior	Products, Supplies, and Materials
Safe drinking water	Narrow-neck container with proper cover Water treatment commodity (Water Guard, filter, bottles for SODIS) Water Pot and stove Cup, glass, tray, or basin
Safe feces disposal for mobile people	Improved latrine: roof, material for a private wall and door, comfortable stand, reasonable hole, cover with handle
Safe feces disposal for people suffering from diarrhea	Plastic sheeting, piece of cloth, bed sheet Gloves, soap, kibuyu chirizi with water Bucket and water
Hand washing	Kibuyu chirizi, water, soap/ash/leaves, basin for catching water if possible
Safe handling of bloodstained materials	Plastic sheeting, piece of cloth, bed sheet, clean pad Gloves, soap, kibuyu chirizi with water Bucket and water

The following section details the specific small doable actions for each WASH behavior that CHBC will help PLHIV and family members improve.

### WASH Small Doable Actions

Key WASH Practices and their Related Small Doable Actions	
<p><b>1. SAFE DRINKING WATER</b></p> <p><b>Appropriate container with cover</b></p> <ul style="list-style-type: none"> <li>• Store drinking water in a <u>narrow-neck</u> (jerry can, clay pot), with a proper cover—or in a clean covered container such as bucket with spigot</li> <li>• Always keep the container covered—tie/attach the cover to the container to prevent the cover from falling off</li> </ul> <p><b>Treatment</b></p> <ul style="list-style-type: none"> <li>• Treat drinking water with WaterGuard tablet or boil</li> </ul> <p><b>Safe serving</b></p> <p>When serving:</p> <ul style="list-style-type: none"> <li>• Tilt the jerry can and pour drinking water directly into a clean jug, cup, or glass</li> <li>• Draw drinking water from the clay pot with a clean ladle and pour into a clean cup or glass</li> </ul> <p><b>Storing drinking water cup or glass</b></p> <ul style="list-style-type: none"> <li>• Wash cup, glass after use with water and soap and put upside down on a clean tray, basin, or cupboard</li> </ul> <p><b>Safe storage</b></p> <ul style="list-style-type: none"> <li>• Keep drinking water container out of reach of children and animals</li> </ul>	
<p><b>2. HAND WASHING</b></p> <p><b>Water saving device</b></p> <ul style="list-style-type: none"> <li>• Store water for hand washing up in a water saving device such as kibuyu chirizi</li> </ul>	

<ul style="list-style-type: none"> <li>• Place the hand washing station in the home, next to the latrine, or near the cooking area</li> </ul> <p><b>Soap and soap replacement</b></p> <ul style="list-style-type: none"> <li>• Use soap, ash, or leaves</li> </ul> <p><b>Proper hand washing technique</b></p> <ul style="list-style-type: none"> <li>• Wet your hands</li> <li>• Rub for at least 20 seconds with soap/ash/sand</li> <li>• Rub in between fingers, under the nails, up to the fist, in the back of hands</li> <li>• Rinse with water</li> <li>• Dry in the air</li> </ul> <p><b>Critical times for hand washing</b></p> <p>Wash hands properly:</p> <ul style="list-style-type: none"> <li>• Before preparing food</li> <li>• After cleaning the baby's bottom</li> <li>• After using the latrine</li> <li>• Before eating</li> <li>• Before and after caring for a sick person</li> </ul>
<p><b>3. SAFE FECES DISPOSAL</b></p> <p><b><u>Safe feces disposal for children</u></b></p> <ul style="list-style-type: none"> <li>• Use potty for children during day and night</li> <li>• Dispose of the feces from the potty immediately after defecation into a pit latrine</li> <li>• Wash the potty with water and soap after use</li> <li>• Store the clean potty upside down</li> <li>• Wash hands with water and soap/ash/sand/leaves after washing the potty</li> </ul> <p><b><u>Safe disposal of feces for mobile people</u></b></p> <p><b>Latrine use during day and night time</b></p> <ul style="list-style-type: none"> <li>• Use improved latrine during day and night time</li> <li>• Make sure the waste is dropped properly in the pit</li> <li>• Cover the latrine after use with a cover with a handle</li> </ul> <p><u>Latrine improvements</u></p> <p><b><i>Comfortable and safe stand</i></b></p> <ul style="list-style-type: none"> <li>• Use a burned brick or clay to make a comfortable stand</li> </ul> <p><b><i>Hole</i></b></p> <ul style="list-style-type: none"> <li>• Make the size of the hole —reasonable” so that children and adults can safely use the latrine</li> </ul> <p><b><i>Wall and door</i></b></p> <ul style="list-style-type: none"> <li>• Make walls and door with available and affordable materials—the door should have a lock</li> </ul> <p><b><i>Roof</i></b></p> <ul style="list-style-type: none"> <li>• Construct the roof of the latrine from (locally) available materials</li> </ul> <p><b><u>Safe handling and care for bedridden people with diarrhea and or bedridden woman with menses</u></b></p> <ul style="list-style-type: none"> <li>• Wear (caregiver) gloves or plastic bag before handling feces/blood of a bedbound person</li> <li>• Cover the bed with plastic sheeting and washable piece of cloth on top</li> <li>• Wash feces-stained bed sheets, cloth, and plastic sheeting with water and soap</li> <li>• Wash hands with water and soap before and after caring for a bedbound person with diarrhea</li> <li>• Hang sheets and menstrual rags to dry, preferably in the sun unless custom prevents rags being displayed publicly. In this case, hang menstrual clothes at night or in a private but well-aired space.</li> </ul>

In addition to WASH small doable actions, CHBC needs behavior change materials to effectively negotiate improved WASH practices in the home.

## **Behavior Change Materials**

An assessment card and a set of counseling cards have been developed to help negotiate improved WASH practices in homes.

### **WASH Assessment Card**

The WASH assessment<sup>1</sup> card is **a very important tool that the CHBC provider will need to use during the assessment of current WASH practices to identify a set of small doable actions to negotiate and help the household improve its current WASH practices.**

The card is designed to be used by the CHBC provider.

During the assessment:

- Ask questions about and observe current WASH practices
- Find out if WASH materials/products, supplies are available all the time and if not with what do they replace these materials/product/supplies with
- Explore the affordability of these materials
- Record everything that is discussed and or observed

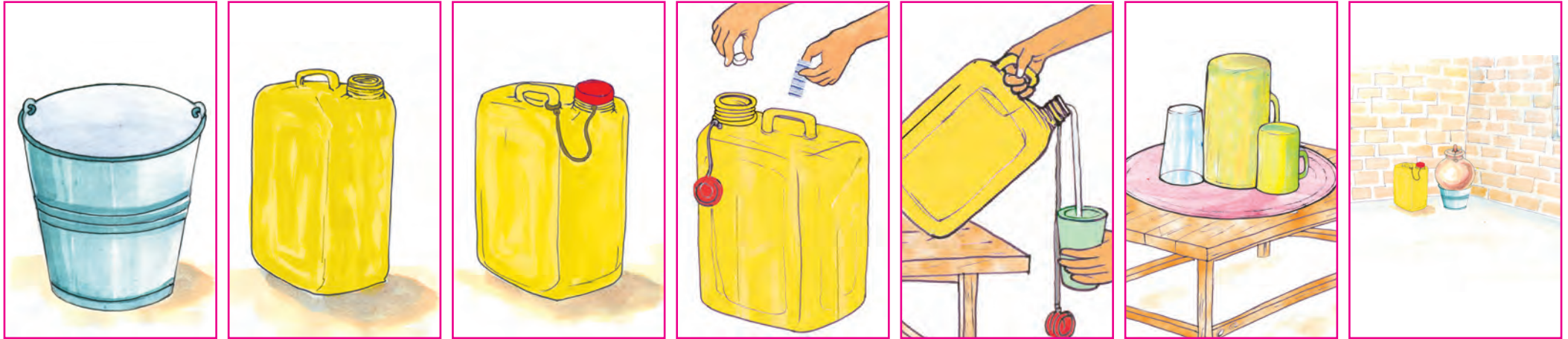
---

<sup>1</sup> This is a draft material that has not yet been approved by USAID. After obtaining USAID's approval, this draft material will be finalized and sent to the Ministry of Health and Social Welfare for approval.

Kumbusho: Njia za kuosha unazoweza kuzitekeleza kwa urahisi

**Unahifadhi vipi maji yako ya kunywa?**

1. Jinsi ya kutibu maji ya kunywa



Jinsi gani unaosha mikono yako? Ni nyakati gani muhimu za kuosha mikono yako?

Watoto wadogo wanajisaidia wapi?

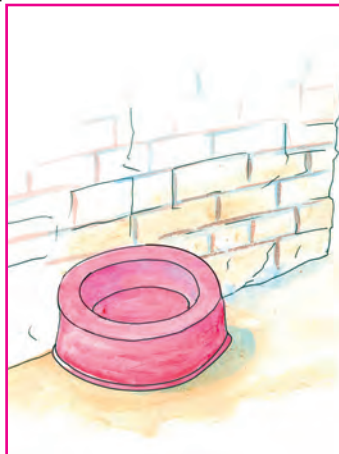
2. Njia sahihi za kuosha mikono

3. Jinsi ya kutupa kinyesi cha watoto kwa njia salama

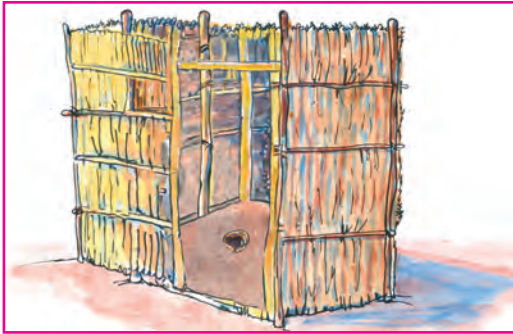


Osha mikono yako:

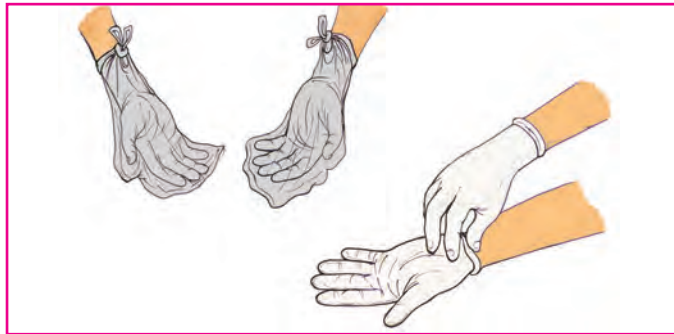
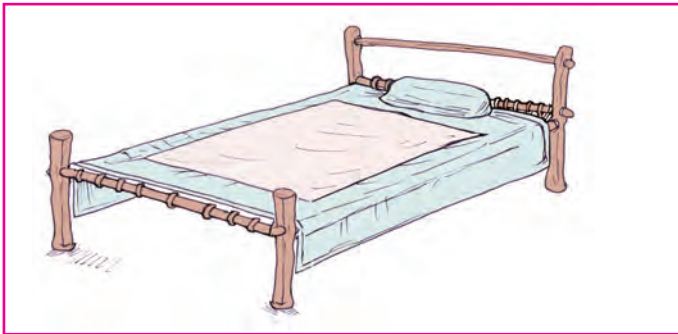
- Kabla ya kupika.
- Kabla ya kula.
- Baada ya kutumia choo.
- Baada ya kumnawisha mtoto.
- Kabla na baada ya kumhudumia mgonjwa.



## 4. Unatupa wapi/vipi kinyesi cha watu wazima?

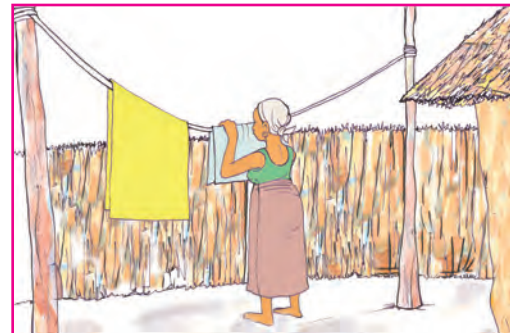


## 5. Njia salama ya kutupa kinyesi kwa mgonjwa aliyeko kitandani



Jinsi ya kuondokana na nguo zilizolowana kwa damu. Ni jinsi gani muhudumu anaweza kujikinga na damu akiwa anahudumia mgonjwa aliyethirika akiwa katika siku za hedhi

## 6. Jinsi ya kujizuia na kuhifadhi salama nguo zilizolowa na damu





**After the Assessment:**

- *Congratulate for good practices already implemented.* Use the assessment card to identify good practices already being implemented and congratulate the client<sup>2</sup>
- *Identify one behavior to be negotiated.* Identify with the client which of the three WASH behaviors will be addressed.
- *Identify the SDA to be negotiated.* Use the assessment card, compare the current WASH behavior to the SDA, and identify the SDA to be negotiated with the client for improvement to help him/her improve the chosen behaviour
- *Select appropriate counseling cards.* Select the appropriate counseling cards to help negotiate the set of SDA leading to improved behaviour.

**WASH Counseling Cards**

**WASH Counseling Cards**

A set of counseling cards developed for each WASH behavior. Each counseling card is comprised of one side with illustrations and the other side with the small doable actions.

Only one set of counseling cards related to a specific behavior will be used at a time. After assessing WASH practices, the CHBC provider will choose the behavior to improve, identify the practices already being implemented and for which s/he will congratulate the household, and identify the practices to be improved for only one WASH behavior and the counseling cards with the SDA to be negotiated.

The CHBC provider will show the selected/appropriate counseling card to the household member to help visualize the SDA to be negotiated.

During the negotiation, it is important to negotiate and communicate the SDA to be improved effectively. During the negotiation, CHBC provider present the options, ask the client to chose, explain and/or demonstrate the chosen option, and encourage the client to practice.

Below is the list of WASH counseling cards included in this document to be used during the negotiation technique. The first column shows the WASH behavior and the second shows the counseling cards that have been developed.

**List of WASH Counseling<sup>3</sup> Cards Available**

<b>WASH Behavior</b>	<b>Available Counseling Card</b>
Safe drinking water	• Safe drinking water container
	• Water treatment
	• Cup, glass, and jug covered upside down
Safe feces disposal	• Potty used at all times
	• Wash hands with water and soap or ash after disposing of the feces from the diaper or potty into latrine

<sup>2</sup> Client refers to the PLHIV and or any household member

<sup>3</sup> The counseling cards included in this guide have not yet been approved by USAID. The finalized counseling cards should also be approved by the MoHSW.

	<ul style="list-style-type: none"> <li>• Build and use an improved latrine at all times – wash hands after using the latrine</li> </ul>
Hand washing	<ul style="list-style-type: none"> <li>• Proper hand washing technique</li> <li>• Hand washing at critical times</li> </ul>
Caring for a sick person	<ul style="list-style-type: none"> <li>• Wash hands before and after caring for a sick person</li> <li>• Wear gloves</li> </ul>

The following section describes the negotiation of each WASH behavior.

## Negotiating Improved WASH Behaviors

### Improving Hand Washing Behaviors at the Household Level

#### Materials, Products, Supplies:

- Tippy tap/kibuyu chirizi
- Water
- Soap, ash, or leaves

#### Hand Washing Small Doable Actions

##### *Water-saving device*

- Store water for hand washing in a water -saving device such as a tippy tap/kibuyu chirizi
- Place the hand washing station in the home, next to the latrine, or near the cooking area

##### *Soap and soap replacement*

- Use soap, ash, or tree leaves

##### *Proper hand washing technique*

- Wet your hands
- Rub for at least 10 times with soap/ash/sand
- Rub in between fingers, under the nails, up to the fist, in the back of hands
- Rinse with water
- Dry in the air to avoid recontamination from a dirty towel or dirty clothing

##### *Critical times for hand washing*

Wash hands properly:

- After cleaning the baby's bottom
- After using the latrine
- Before eating
- Before preparing food
- Before and after caring for a sick person

#### Role of soap/ash/sand and running water

- It is the soap or ash that lifts the germs. The role of soap, ash, or sand is to loosen the germs from the skin.
- Water poured over the hands carries the germs away.
- The combined action makes them –clean.”

# Kadi ya unasihi ya kuosha mikono

## Nawa mikono yako barabara kwa kutumia Sabuni au Majivu

### Nawa mikono yako nyakati zote muhimu:

- ✧ Kabla ya kula
- ✧ Kabla ya kupika au kumlisha mtoto
- ✧ Kabla na baada ya kumuhudumia mgonjwa
- ✧ Baada ya kumuhudumia mtoto pale anapojisaidia
- ✧ Baada ya kutoka chooni

Kumbuka kunawa mikono hasa kwenye maeneo yanayosahaulika kama vile katikaki ya vidole, kwenye viganja vya mikono, nyuma ya viganja vya mikono na mpaka kwenye kiungo cha mkono. Sabuni au majivu hunyanyua vidudu na uchafu vilivyopo kwenye ngozi. Kisha kwa kunawa mikono yako na maji yanayotiririka huondoa wadudu na uchafu walioko kwenye ngozi. Unahitaji maji ya kawaida kuwa na mikono safi. Kausha mikono yako hewani usikaushe mikono kwa kutumia taalo au kipande cha nguo ambacho mara nyingi huwa sio safi na hurudisha uchafu tena mikononi.



1. Loanisha mikono yako kwa maji



2. Paka mikono yako sabuni



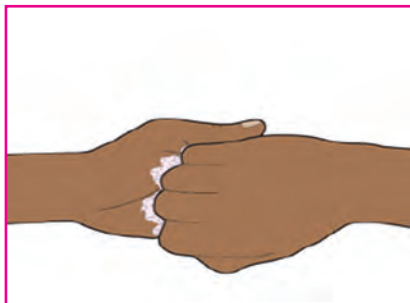
3. Sugua viganja



4. Sugua nyuma ya viganja vya mikono yako



5. Sugua mbele na nyuma ya viganja vya mikono yako



6. Osha kucha zako



7. Osha pia katikati ya vidole vyako



8. Sugua mpaka kwenye kiungo cha mikono wako



9. Nawa mikono yako kwa maji yanayotiririka



10. Kausha mikono yako hewani



DRAFT

## HAND WASHING

### **Build and Use a Kibuyu Chirizi**

- Store water for hand washing up in kibuyu chirizi
- Place the kibuyu chirizi in the home, next to the latrine, or near the cooking area
- Use soap, ash, sand, or tree leaves

### **Critical Times for Hand Washing**

Wash hands properly:

- After using the latrine
- After cleaning the baby's bottom
- Before eating
- Before preparing food
- Before and after caring for a sick person

### Hand Washing Negotiation Steps

- *Assess the current WASH practices.* Using the assessment card explore hand washing practices (when and how), availability of soap, water, small jerry can, and poles or tree next to the house (preferably next to the latrine).
- *Congratulate the client for good practices already implemented.* Use the assessment card to identify the good practices already in place.
- *Decide with the client to address proper hand washing practices.*
- *Identify the SDA to be negotiated.* Compare the current hand washing practices to the suggested small doable actions.
- *Select appropriate counseling cards:* proper hand washing technique and hand washing at critical times.
- *Negotiate the SDA:* present the options, ask the client to choose, explain and/or demonstrate the chosen option, encourage the client to practice.
- *Make appointment for follow up.*

*Adding a tippy tap or kibuyu chirizi* can help to negotiate improved hand washing practices. The instructions on how to make a tippy tap are outlined in the box below.

#### How to Make a Tippy Tap—Kibuyu Chirizi

1. Cut two strong fork-ended sticks and one straight stick ALL to a height of 1.5 meters.
2. Take two long steps away from the toilet door (approximately 2 meters) and mark the site you are going to use for your tippy tap.
3. Dig a hole (half a meter deep) and use the straight stick to measure how far to dig a similar hole and dig another hole.
4. Place the two strong fork-ended sticks in the two holes and cover the spaces in the holes with soil so that the sticks are firm and do not shake. Put the straight stick in the fork end of each grounded stick.
5. Get a small jerry can (5 or 3 liters) and puncture it with holes using a nail with a hot tip.
6. Get a nylon string or any long lasting string (about 2 meters long). Gently pass the string through both holes using your first finger through the snout of the jerry can and tie the jerry can on the straight stick.
7. Tie another string on the handle of the jerry can and tie the other end of the same string to a strong small stick (half a meter long). Make sure that the small stick touches the ground but is at a slanting angle.
8. Get an empty mineral water bottle cut it in to a half and put a hole in the bottom end. Get a piece of soap (costs about Tz 200) and cut 1/3 of it. Make a small hole in its center, put a string through it, and tie tightly. Pass the other end of the string through the hole of the cut bottle so as to create a roof for the soap. (This ensures children do not lose the soap, goats do not eat it, and the rain does not cause it to melt).



9. Put water in the jerry can, replace the cover, and step on the stick like a car driver steps on pedals.
10. You can now use the tippy tap to wash your hands with soap every day. (Remember to create a drainage channel for the trickling water so that mosquitoes do not have stagnant water in which to lay eggs)

Set up a hand washing station near the latrine or the cooking area serves as reminder to wash hands.

The following section outlines the negotiation of safe drinking water in homes.

### **Negotiating Safe Drinking Water in Homes**

Practicing safe drinking water behavior in homes requires enabling technologies, SDA, counseling cards, and mastery of safe drinking water negotiation steps.

#### **Materials/Supplies (Enabling Technologies):**

- WaterGuard tablets
- Water
- 20-liter drinking water container with proper cover
- Appropriate utensil to draw drinking water from the container
- Clean cup or glass to serve drinking water with
- Pot for boiling water

#### **How to Use Materials and Supplies to Make and Keep Drinking Water Safe in Homes**

##### **Treating drinking water**

*Why treat drinking water?*

- Drinking water should be treated to ensure that germs (that cause disease) are killed.
- Even drinking water that comes from a safe source such as piped water can be contaminated when water is transported and/or transferred into an unclean container.
- It is difficult to ensure that some drinking water containers such as clay pots and jerry cans are properly cleaned.

Treating drinking water at the point of use and in a narrow-neck container, storing it safely, and serving it properly by pouring are the only ways to ensure that germs that cause diarrhea and waterborne diseases are killed.

#### **Methods of Treating Drinking Water**

##### **Methods of Treating Drinking Water in Homes**

Boiling is a traditional and still popular method to make water safe to drink and kill disease-causing microorganisms.

Chemical treatment consists of using chemicals such as chlorine (WaterGuard tablets) to kill or inactivate the most harmful, disease-causing organisms.

### **Treating Water by Boiling**

The proper procedure for boiling water is the following:

1. If water is chocolate brown, cloudy, opaque, or turbid, let it settle until it is clear and pour it into a new container, leaving the dirt behind.
2. Boil the water until LARGE BUBBLES appear. Once you see the first bubbles, the water is ready. There is no need to burn extra fuel boiling longer.
3. When the water cools, store boiled water in a safe container (with a tight fitting lid and, if possible, a spigot). Do not keep this water more than 24 hours. Be careful to store and serve by pouring; boiled water is easy to recontaminate.

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

### **Treating Water with WaterGuard Tablets**

1. Fill the jerry can or clay pot with 20 liters of water
2. Put a tablet of WaterGuard in the 20 liters of water
3. Close the jerry can and shake —for clay pot, use a stirring stick to stir water for a few minutes
4. Wait for 30 minutes and drink some water to show that it is good to consume

### **Use a 20-Liter Water Container**

One WaterGuard tablet is the amount needed to treat 20 liters of drinking water. If the water container is less than 20 liters in size, a WaterGuard tablet will be too much and the water could have a strong chlorine taste. If the water container is too large (more than 20 liters), a WaterGuard tablet will not be enough to treat the drinking water and it will not be safe to drink.

Some households use a clay pot to store drinking water. In this case, the household should use a jug or container of a known volume and measure exactly 20 liters of water and pour it into the clay pot before treating the water.

### **Drinking Water Container Should be Properly Covered**

When drinking water is treated with WaterGuard, there is a little bit of extra chemical to protect it from recontamination. If the drinking water container is not properly covered, the additional protection from the residual chlorine will be lost. The drinking water container should always be properly covered to protect water from contamination.

### **Keep the Cover Safe and Prevent its Loss**

Attaching the cover with a string to the drinking water container will help keep the cover off the floor and protect the container mouth

How often should drinking water be treated with WaterGuard?

Water treated with WaterGuard tablets can be drunk/ consumed for only 24 hours. After 24 hours, it needs to be used for another purpose such as cooking.

### **Safe Drawing of Drinking Water**

*Drawing drinking water from the clay pot*

Any materials (ladle...) used to draw water from the clay pot should:

- Be cleaned with soap and water every day and kept in a clean place
- Have a long handle to prevent fingers from coming in contact with water. The person drawing should not dip his/her hand in the cup or jug.
- Be stored by hanging on a nail or on the wall



*Drawing drinking water from a jerry can*

- Tilt the jerry can and pour water into a clean cup or glass.

*Safe serving of drinking water in a clean cup or glass*

- The cup or glass used to serve drinking water should be cleaned (washed with water and soap) every day and kept in a clean place upside down on a clean tray. **Do not reuse a cup/glass that was already used and has not been washed.**

*Storing water container out of reach of animals and children*

- Drinking container should be stored out of the reach of animals and children to avoid any contamination.

**Safe Drinking Water Small Doable Actions**

*Appropriate container with cover*

- Store drinking water in a narrow-neck (jerry can, clay pot), with a proper cover—or in a clean covered container such as a bucket with spigot
- Keep the container always covered – Tie/attach the cover to the container to prevent the cover from falling off

*Treatment*

- Treat drinking water with WaterGuard tablet or boil

*Safe serving*

When serving:

- Tilt the jerry can and pour drinking water directly into a clean jug, cup, or glass
- Draw drinking water from the clay pot with a clean ladle and pour into a clean cup or glass

*Storing drinking water cup or glass*

- Wash cup, glass after each use with water and soap and put upside down on a clean tray, basin, or cupboard

*Safe storage*

- Keep drinking water container out of reach of children and animals

**DRAFT**



DRAFT

## Safe Drinking Water Container

### Appropriate container with cover

- Store drinking water in a narrow-neck (jerry can, clay pot), with a proper cover – or in a clean covered container such as a bucket with spigot
- Tie the cover to the container to prevent the cover from falling off. Always keep the container covered

**DRAFT**



## DRAFT

### Treating Drinking Water

#### 1. Treating drinking water with WaterGuard

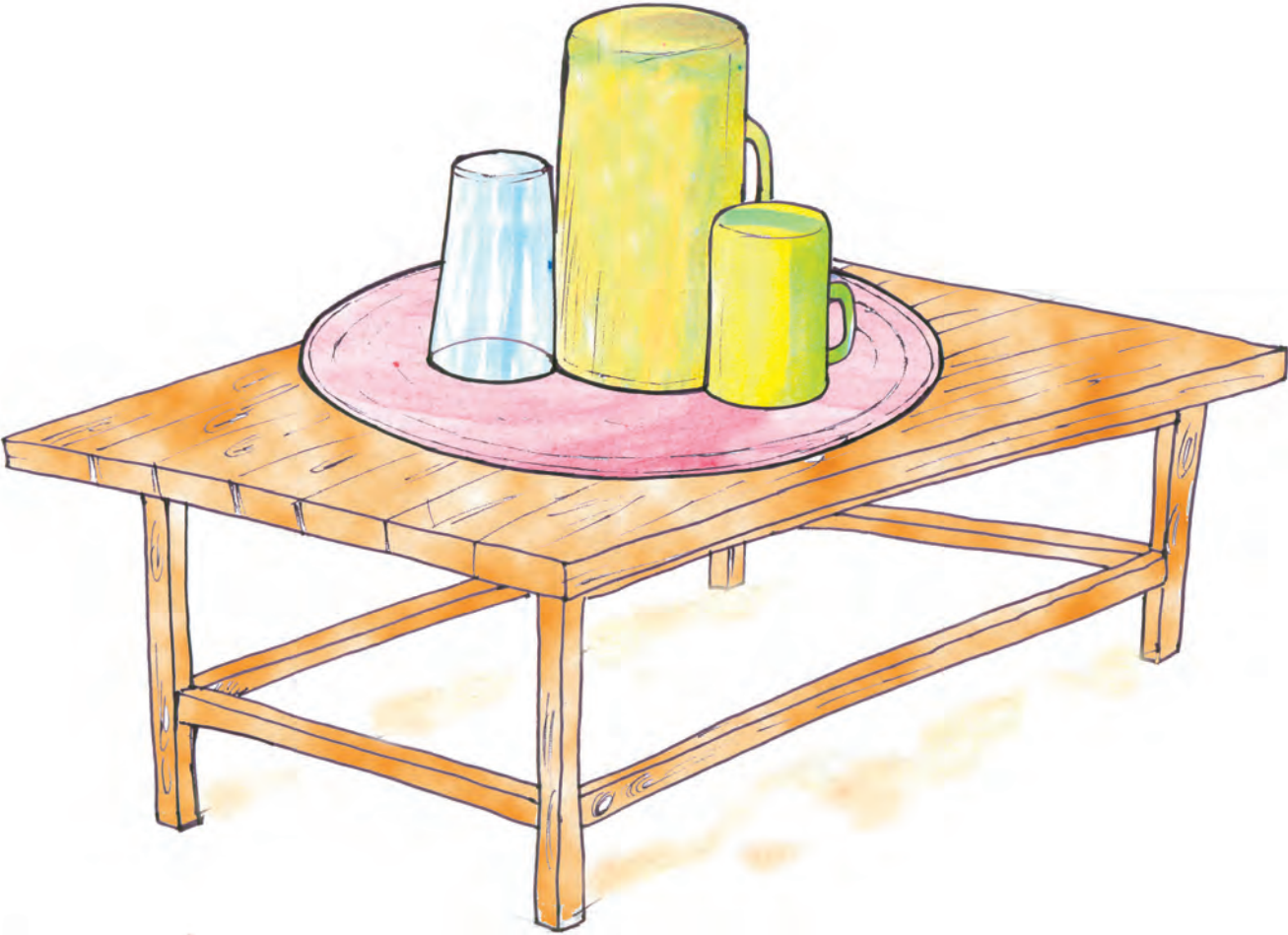
- Fill a 20-liter jerry can with water
- Put one WaterGuard tablet in the jerry can
- Close the jerry can
- Shake the jerry can
- Wait for 30 minutes
- Always keep the jerry can closed

#### 2. Boiling drinking water

- a. If water is chocolate brown, cloudy, opaque, or turbid, let it settle until it is clear and pour it into a new container, leaving the dirt behind.
- b. Boil the water until LARGE BUBBLES appear. Once you see the first bubbles, the water is ready. There is no need to burn extra fuel boiling longer.
- c. When the water cools, store boiled water in a safe container (with a tight fitting lid and, if possible, a spigot). Be careful to store and serve by pouring; boiled water is easy to recontaminate.

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

**DRAFT**



## DRAFT

# Safe Serving and Safe Storage of Drinking Water Container

### Safe serving

When serving:

- Tilt the jerry can and pour drinking water directly into a clean jug, cup, or glass
- Draw drinking water from the clay pot with a clean ladle and pour into a clean cup or glass

### Storing drinking water cup or glass

- Wash cup, glass after use with water and soap and put upside down on a clean tray, basin, or surface

### Safe storage

- Keep drinking water container out of reach of children and animals

## **Negotiation Steps**

- *Assess the current WASH practices* using the assessment card. Explore the following: Type of drinking water container available (covered, not covered, and type of cover); What is used to draw and to serve drinking water? Where are drinking water container, jug, and cup stored or kept? What method is used to treat drinking water by the household?
- *Congratulate the client for good practices already implemented.* Use the assessment card to compare the current practices to the SDA (ideal practices).
- *Identify one behavior to be negotiated.* Discuss and agree with the client to address safe drinking water.
- *Identify the SDA to be negotiated.* Use the assessment card to identify the SDA by comparing current safe drinking practices to the SDA.
- *Select appropriate counseling cards.* Select the following safe drinking water counseling cards: safe drinking water container, water treatment, and storing cup, glass, and jug.
- *Negotiate the SDA:* present the options, ask the client to choose, explain and/or demonstrate the chosen option (if it is water treatment, keeping the container always covered...), encourage the client to practice.
- *Make an appointment to follow up.*

## **Negotiating Improved Feces Disposal for Mobile People in Homes**

Two target groups will be considered in this section: people who can get to a latrine and young children.

### **Materials for Negotiating Safe Feces Disposal for Young Children:**

- Potty/bedpan
- Tippy tap/kibuyu chirizi
- Soap or ash

*How to make a potty or bedpan from local materials*

A potty or bedpan can be made from local materials such as an old bucket, jerry can, or clay pot.

*The characteristics of potty/bedpan that make it user-friendly and effective are:*

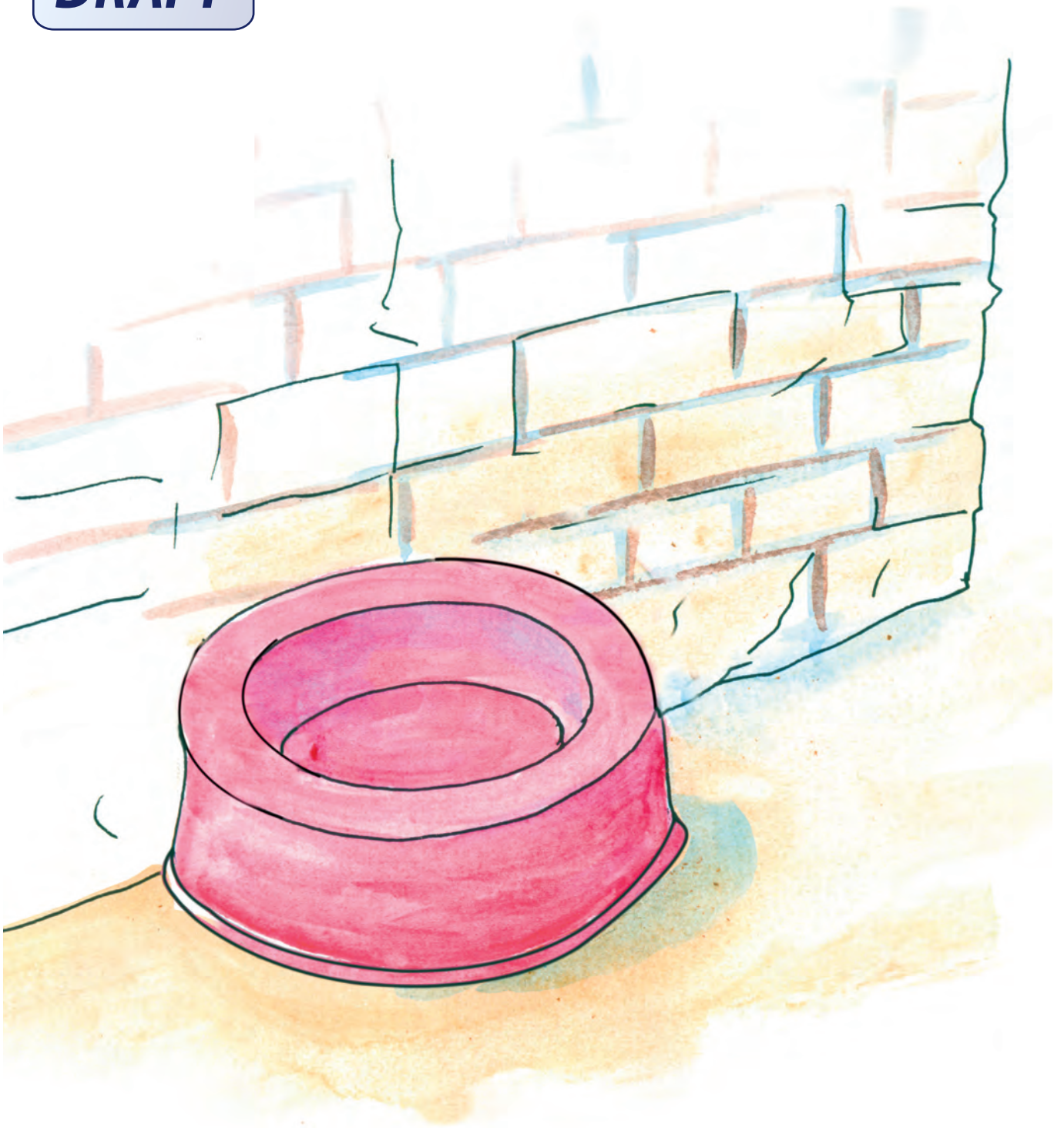
- Stability
- Smooth edges
- Easy to clean
- Leak proof

### **Small doable safe feces disposal actions for young children:**

- Use potty for children during day and night
- Dispose of the feces from the potty immediately after defecation into a pit latrine
- Wash the potty with water and soap after use
- Store the clean potty upside down
- Wash hands with water and soap/ash/sand/leaves after washing the potty



**DRAFT**



**DRAFT**

## **Safe Feces Disposal for Children**

- Put a little bit of water in the potty to make the disposal of feces easy
- Use potty for children during day and night

**DRAFT**



**DRAFT**

## **Safe Feces Disposal for Children—Dispose of Feces for Children into Latrine**

- Dispose of the feces from the potty immediately after defecation into a latrine
- Wash the potty with water and soap or ash after use
- Store the clean potty upside down
- Wash hands with water and soap/ash/leaves after washing the potty

## Negotiation Steps

- Assess the current disposal practices for younger children such as: defecation during day and night time; availability of potty; where the feces from the potty are disposed of; how the potty is cleaned, and where the potty is stored.
- Congratulate the client for good practices already implemented.
- Identify one behavior to be negotiated.
- Identify the SDA to be negotiated.
- Select appropriate counseling cards.
- Negotiate the SDA.
- Make an appointment to follow up.

## Negotiating safe feces disposal for mobile adults

Mobile adults refer to adults who can walk to the latrine.

### Materials/systems and product needed:

- Improved latrine (normal/reasonable<sup>4</sup> size hole, stand, cover with a handle, wall and door with a lock, and roof)
- Tippy tap/kibuyu chirizi
- Soap or ash

## Types of Latrines

PLHIV and household members should build/have an improved latrine with the following characteristics: a “normal/reasonable size” hole with a cover and handle, comfortable stand, wall and door, and a roof.

## Safe Feces Disposal Small Doable Actions for Mobile People

### Latrine use at all times

- Use improved latrine during day and night time
- Make sure the waste is dropped properly in the pit
- Cover the latrine after use with a cover with a handle

### Latrine improvements

#### *Comfortable and safe stand*

- Use a burned brick or clay to make a comfortable stand

#### *Hole*

- Make the size of the hole “reasonable” so that children and adults can safely use the latrine

#### *Wall and door*

- Make walls and door with available and affordable materials – The door should have a lock or at least a latch. The walls must not be of a material that exposes users from the outside.
- If necessary and possible, make the door and housing large enough so that a caregiver can assist the PLHIV into the structure and onto a stool, or until the person gets a strong hold of a stabilizing rope or pole.

#### *Roof*

- Construct the roof of the latrine from (locally) available materials

---

<sup>4</sup> Normal/reasonable size refers to the diameter (22 -26 cm) of the bottom of a small bucket.

**DRAFT**



## DRAFT

### Safe Feces Disposal for Adults

#### Safe Disposal of Feces for Mobile People

##### Latrine use at all times:

- Use improved latrine during day and night time
- Make sure the waste is dropped properly in the pit
- Cover the latrine after use with a cover with a handle

##### Latrine improvements:

###### Comfortable and safe stand

- Use a burned brick or clay to make a comfortable stand

###### Hole

- Make size of the hole “reasonable” so that children and adults can safely use latrine
- The size of the hole should be the size of the bottom of a small bucket

###### Wall and door

- Make walls and door with available and affordable materials. The door should have a lock.

###### Roof

- Construct the roof of the latrine from (locally) available materials

**Wash hands with water and soap, ash, or leaves after using the latrine**

### **Negotiation Steps**

- Assess the current WASH practices. Using the assessment card explore the following: the place where adults and children defecate during the day and at night; If no latrine is available, is there space for constructing a latrine? Does the household use a bedpan, and if so, where are the feces disposed of?
- Congratulate the client for good practices already implemented.
- Identify one behavior to be negotiated.
- Identify the set of SDA to help improve the practice and what is available at the household level to help improve the practice.
- Identify the SDA to be negotiated.
- Select the appropriate counseling card to help negotiate the set of SDA leading to improved behaviour.
- Negotiate the SDA.
- Make an appointment to follow up.



## Sub-Session 11:3 Teach Caregivers How to Provide WASH Care

### **Purpose**

To strengthen skills of those who teach caregivers to provide WASH care to bedbound PLHIV.

### **Objectives**

- Discuss and practice how to teach a caregiver proper hand washing technique and how to treat drinking water
- Discuss and practice how to teach a caregiver to provide WASH care to bedbound PLHIV with diarrhea or to a bedbound HIV- infected woman with menses.

### **Content**

CHBC providers will teach the caregiver and the entire household proper hand washing technique and how to treat drinking water. The steps to follow when teaching an adult to learn a new skill are the same, irrespective of the skill being taught and include the following:

- Gather materials
- Select counseling cards
- Explain the skill to be taught (proper hand washing, treating drinking water...)
- Demonstrate
- Ask caregiver to practice new behavior
- Give feedback on what caregiver did
- Solicit caregiver's questions and give answers
- Make appointment for follow up

This is referred to as learning by doing.

The following section describes how to apply these steps to hand washing and treating drinking water.

#### **Teach a Caregiver Proper Hand Washing Technique**

The table below describes the actions that CHBC provider should implement when teaching a caregiver proper hand washing technique.

Steps	Actions
<ul style="list-style-type: none"><li>• Gather materials</li></ul>	Gather the following materials: <ul style="list-style-type: none"><li>• Tippy tap/kibuyu chirizi with water</li><li>• Soap or soap alternatives such as ash, leaves</li></ul>
<ul style="list-style-type: none"><li>• Select counseling cards</li></ul>	Counseling cards <ul style="list-style-type: none"><li>• Proper hand washing technique</li><li>• Hand washing at critical times</li></ul>

<ul style="list-style-type: none"> <li>• Explain the skill to be taught</li> </ul>	<p>Proper hand washing involves the following actions:</p> <ul style="list-style-type: none"> <li>• Wet your hands</li> <li>• Rub at least 10 times with soap/ash/sand</li> <li>• Rub in between fingers, under the nails, up to the fist, in the back of hands</li> <li>• Rinse with water</li> <li>• Dry in the air</li> </ul>
<ul style="list-style-type: none"> <li>• Demonstrate</li> </ul>	Practice the actions listed above
<ul style="list-style-type: none"> <li>• Special instructions</li> </ul>	<p>List the critical times for hand washing:</p> <ul style="list-style-type: none"> <li>• After cleaning the baby’s bottom</li> <li>• After using the latrine</li> <li>• Before eating</li> <li>• Before preparing food</li> <li>• Before and after caring for a sick person</li> </ul>
<ul style="list-style-type: none"> <li>• Ask caregiver to practice new behavior</li> </ul>	Observe and note what is well done and what is missing or not well done
<ul style="list-style-type: none"> <li>• Give feedback on what caregiver did</li> </ul>	Congratulate the caregiver for trying and explain what was well done and what needs to be improved and how
<ul style="list-style-type: none"> <li>• Solicit caregivers’ questions and give answers</li> </ul>	
<ul style="list-style-type: none"> <li>• Special instructions</li> </ul>	Ask the caregiver to repeat the critical times for hand washing. If they are correctly stated, congratulate caregiver, if not give the correct answer.
<ul style="list-style-type: none"> <li>• Make appointment for follow up</li> </ul>	Agree with the caregiver on a date for follow-up visit

The CBHC provider explains to the caregiver that the role of soap, ash, or leaves is to loosen the germs from the skin. The function of running water from the tippy tap is to remove germs. Air drying hands prevents recontamination from a dirty towel or dirty clothing.

The following section presents two water treatment options: WaterGuard and boiling.

### Teaching Caregivers How to Treat Drinking Water with WaterGuard

The steps for treating drinking water with WaterGuard are listed in the table below.

Steps	Actions
<ul style="list-style-type: none"> <li>• Gather materials</li> </ul>	<ul style="list-style-type: none"> <li>• 20-liter jerry can or clay pot full of water and cover, pot, stove or fireplace, clean cup, and glass</li> </ul>
<ul style="list-style-type: none"> <li>• Select counseling cards</li> </ul>	<ul style="list-style-type: none"> <li>• Drinking water container</li> <li>• Drinking water treatment</li> <li>• Cup, glass, and jug covered upside down</li> </ul>
<ul style="list-style-type: none"> <li>• Explain the skill to be taught</li> </ul>	<ul style="list-style-type: none"> <li>• Fill 20-liter jerry can or clay pot with water</li> <li>• Put a tablet of WaterGuard in the water</li> </ul>

	<ul style="list-style-type: none"> <li>container and shake</li> <li>• Wait for 30 minutes</li> </ul>
<ul style="list-style-type: none"> <li>• Demonstrate</li> </ul>	Practice all the above and drink some, then ask the caregiver to taste and ask the caregiver what s/he thinks about the water s/he just tested
<ul style="list-style-type: none"> <li>• Special instructions</li> </ul>	<ul style="list-style-type: none"> <li>• Always use one WaterGuard tablet to treat 20 liters of water</li> <li>• Always keep the water container covered by attaching the cover to the container with a string</li> <li>• When serving drinking water: <ul style="list-style-type: none"> <li>○ Tilt the jerry can and pour drinking water directly into a clean jug, cup, or glass</li> <li>○ Draw drinking water from the clay pot with a clean ladle and pour into a clean cup or glass</li> </ul> </li> <li>• Wash cup, glass after each use with water and soap and put upside down <b>on a clean tray, basin, or cupboard</b></li> <li>• Keep drinking water container out of reach of children and animals</li> </ul>
<ul style="list-style-type: none"> <li>• Ask caregiver to practice new behavior</li> </ul>	Encourage the caregiver to practice and record what is well done and what is not well done.
<ul style="list-style-type: none"> <li>• Give feedback on what caregiver did</li> </ul>	Start with what was done properly and then explain what needs improvement and how to improve
<ul style="list-style-type: none"> <li>• Special instructions</li> </ul>	Ask caregiver to repeat the special instructions.
<ul style="list-style-type: none"> <li>• Make appointment for follow up</li> </ul>	Set a date with caregiver for follow up

The following section presents how to teach caregivers to treat drinking water by boiling

### Teaching Caregivers How to Treat drinking Water by Boiling

The steps for treating drinking water by boiling it are listed in the table below.

Steps	Actions
<ul style="list-style-type: none"> <li>• Gather materials</li> </ul>	<ul style="list-style-type: none"> <li>• 20-liter jerry can or clay pot full of water and cover, clean cup and glass</li> </ul>
<ul style="list-style-type: none"> <li>• Select counseling cards</li> </ul>	<ul style="list-style-type: none"> <li>• Drinking water container</li> <li>• Drinking water treatment</li> <li>• Cup, glass, and jug covered upside down</li> </ul>
<ul style="list-style-type: none"> <li>• Explain the skill to be taught</li> </ul>	<ul style="list-style-type: none"> <li>• Fill the pot with 20 liters of water</li> <li>• Boil it until large bubbles appear</li> <li>• Let the water cool</li> <li>• Transfer into a clean narrow-neck container (jerry can or clay pot)</li> </ul>
<ul style="list-style-type: none"> <li>• Demonstrate</li> </ul>	<ul style="list-style-type: none"> <li>• Practice all the above and drink some, then ask the</li> </ul>

	caregiver to taste and ask the caregiver what s/he thinks about the water s/he just tested
<ul style="list-style-type: none"> <li>• Special instructions</li> </ul>	<ul style="list-style-type: none"> <li>• Boiled water is safe to drink for only 24 hours. Water should be dumped out of the container before a new batch of water is boiled and stored.</li> <li>• Always keep the water container covered by attaching the cover to the container with a string</li> <li>• When serving drinking water: <ul style="list-style-type: none"> <li>○ Tilt the jerry can and pour drinking water directly into a clean jug, cup, or glass</li> <li>○ Draw drinking water from the clay pot with a clean ladle and pour into a clean cup or glass</li> </ul> </li> <li>• Wash cup, glass after each use with water and soap and put upside down on a clean tray, basin, or cupboard</li> <li>• Keep drinking water container out of reach of children and animals</li> </ul>
<ul style="list-style-type: none"> <li>• Ask caregiver to practice new behavior</li> </ul>	Encourage the caregiver to practice and record what is well done and what is not well done
<ul style="list-style-type: none"> <li>• Give feedback on what caregiver did</li> </ul>	Start with what was done properly and then explain what needs improvement and how to improve
<ul style="list-style-type: none"> <li>• Special instructions</li> </ul>	Ask caregiver to repeat the special instructions
<ul style="list-style-type: none"> <li>• Make appointment for follow up</li> </ul>	Set a date with caregiver for follow up

## Teaching Caregivers to Care for Bedbound People with Diarrhea

### What are the Challenges in Safe Feces Handling and Disposal for Bedbound People?

- Getting a frail person out of bed to go to the latrine is not always possible
- Cleaning someone in bed after an episode of diarrhea
- Helping a person too weak to get out of bed to get to a latrine or sit on a bedside commode and be able to pass urine or open her/his bowel while in bed
- Cleaning a person who has an episode of diarrhea in bed or in general without soap
- Changing a bed without clean or alternative bedding
- Having an episode of diarrhea when the sick person is alone

The steps to follow when teaching a caregiver how to care for a bedbound person with diarrhea are listed in the table below.

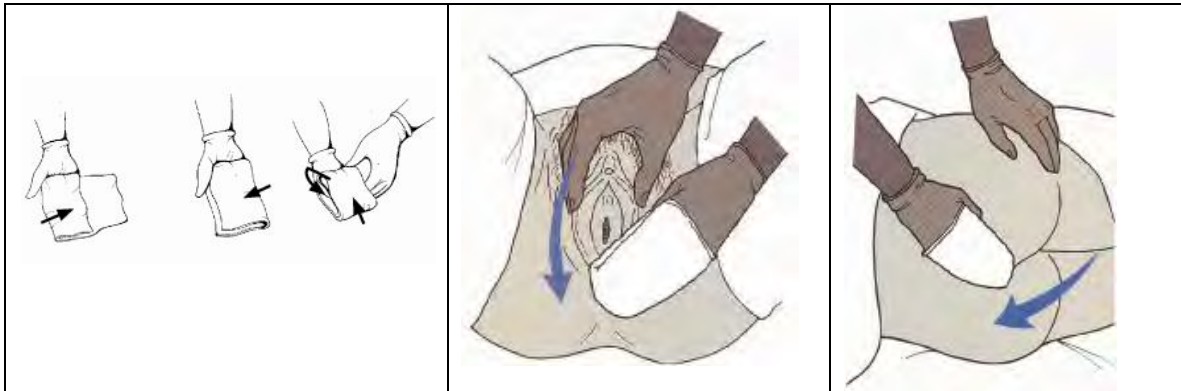
Steps	Actions
<ul style="list-style-type: none"> <li>• Gather materials</li> </ul>	<ul style="list-style-type: none"> <li>• A jug with water and soap</li> <li>• A bucket with water and soap</li> <li>• A pair of gloves</li> <li>• Bed sheets</li> <li>• Counseling card</li> </ul>

<ul style="list-style-type: none"> <li>• Explain the skill to be taught</li> </ul>	<ul style="list-style-type: none"> <li>• Ensuring privacy</li> <li>• Preparing to give the care: wash hands, wear gloves, prepare materials e.g., clean cloth, soap, water, towel, cloth sheet ...</li> <li>• Cleaning the perineal area</li> <li>• Turning the bedbound person to the side</li> <li>• Cleaning the anal area</li> <li>• Changing the bed sheet and clothes and placing the bedbound person in a comfortable position and covering him/her</li> <li>• Soaking, washing, and drying the stained bed sheet and clothes</li> <li>• Washing hands</li> </ul>
<ul style="list-style-type: none"> <li>• Demonstrate</li> </ul>	See tasks and illustrations below
<ul style="list-style-type: none"> <li>• Ask the caregiver to practice</li> </ul>	Encourage the caregiver to practice and record what is well done and what is not well done
<ul style="list-style-type: none"> <li>• Observe and give feedback</li> </ul>	What went well, what needs to be improved, and how

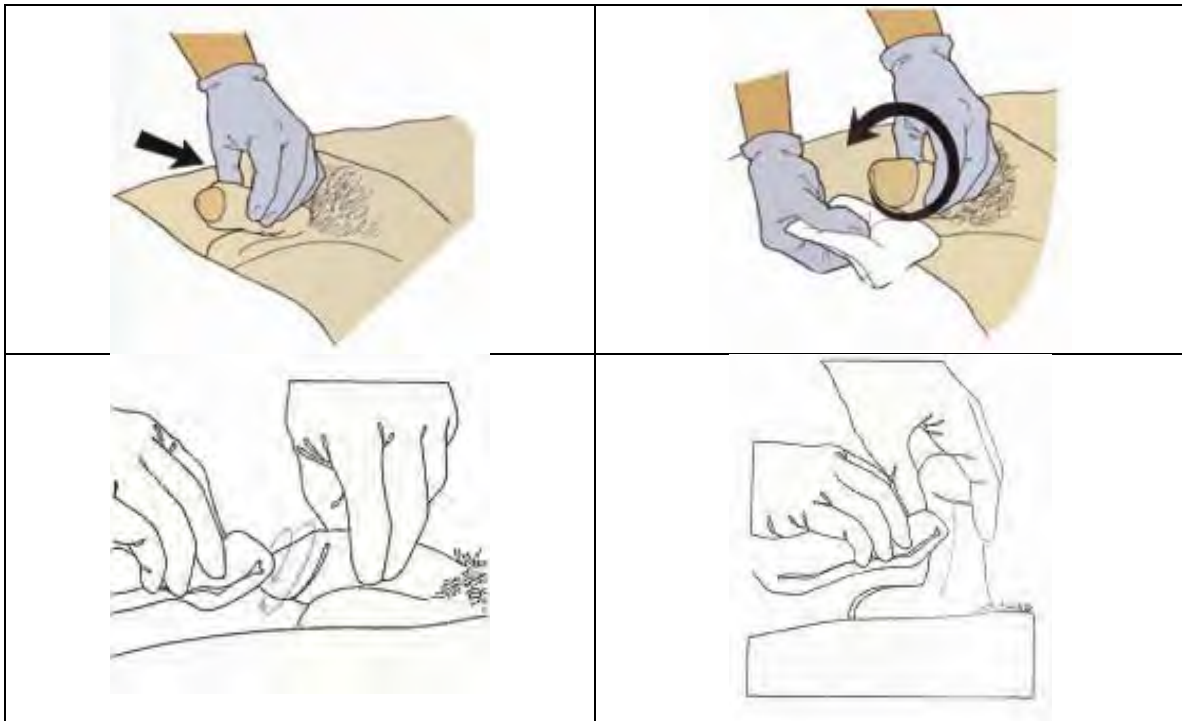
**Demonstrate How to Care for a Bedbound Person with Diarrhea**

- Ensure privacy
- Prepare to give care: wash hands, fill a bucket with water, collect soap, wear gloves → show the counseling card
- Clean perineal areas

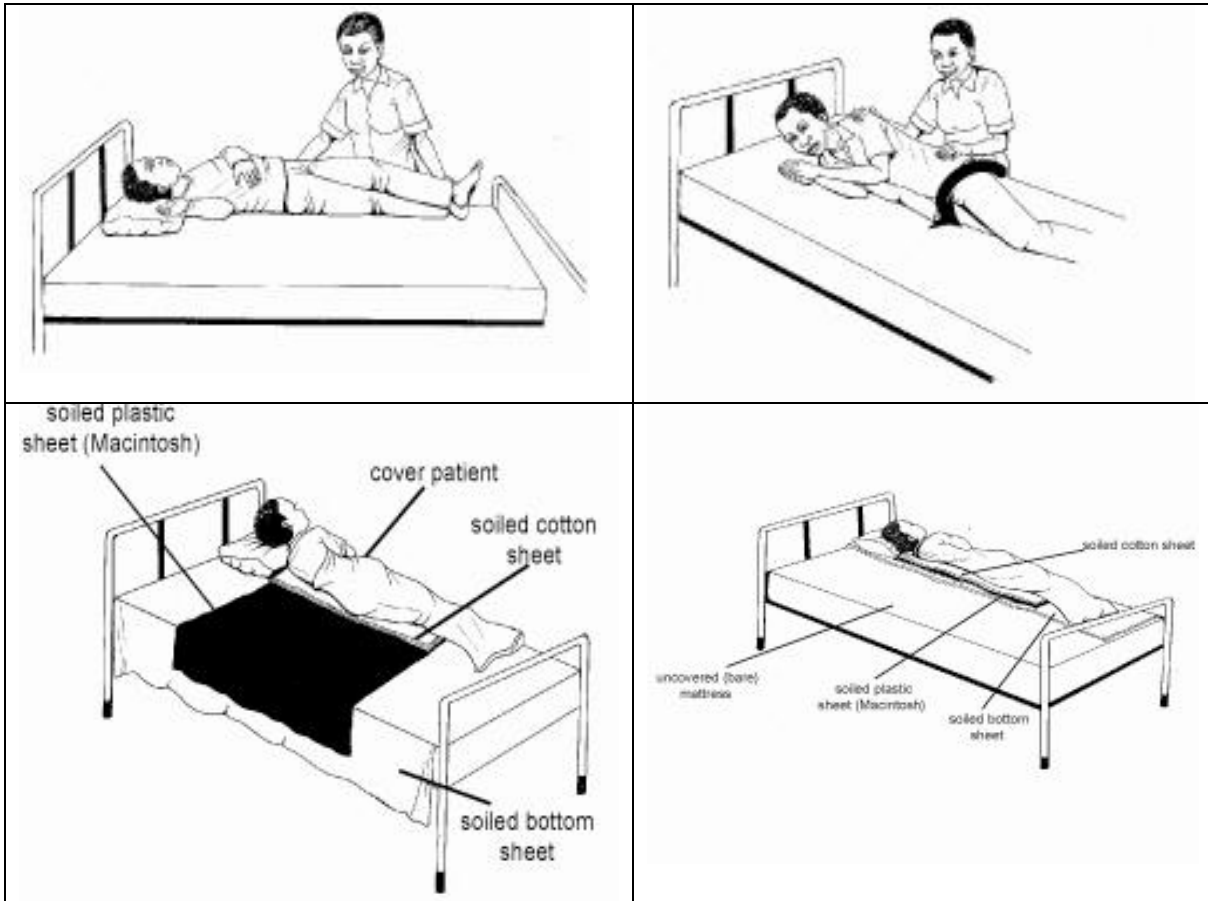
*Women*



*Males*



- Turn the bedbound person to the side and change the bed sheet



- Clean the anal area as described in the box below

#### **Cleanse Anal Area**

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

- Ask the client to turn on his/her side. If s/he is unable to move on his/her own, turn the client on his/her side.
- Use the rinsed cloth to clean around the rectum in the buttock area by wiping in the direction of “front to back” (penis to rectum) for men and (vagina to anus) for women, removing any feces, blood, urine, and/or other body fluid.
- Rinse, cleanse the area.
- Pat the area dry with a clean, dry cloth.

- Place the bedbound person in a comfortable position and cover him/her
- Soak, wash, and dry the stained bed sheet and clothes
- Wash hands

A few clients may be weak and need help to dispose of feces safely. The following section describes how to make a commode or a potty chair and how to get the client up to the bedside potty chair.

### Helping a Weak PLHIV Use the Toilet

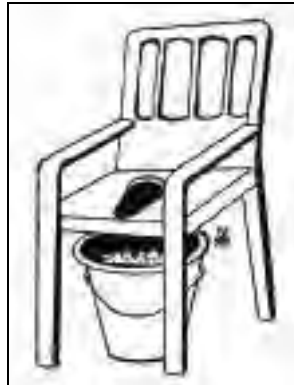
#### Basic Steps to Construct a Bedside Potty Chair

**Step One:** Make a wooden stool or use an existing chair that can be modified.

**Step Two:** Cut a round hole in the middle of the stool/chair that fits the client's buttocks.

**Step Three:** Smooth the hole to avoid bruising, cuts, etc.

**Step Four:** Put a bucket beneath the hole in the stool or chair.



Below are instructions for how to get a client up to the bedside potty chair to change the soiled linens.

#### Steps to Get the Client up to the Bedside Potty Chair

**Step One:** Wash your hands, prepare the materials you need (chair, pillow, tissue or clean cloth for cleansing the perineum, etc). Come to the client and communicate what you are going to do.

**Step Two:** Place the bedside potty chair at the head of the bed. Help the client dangle his/her feet 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 his/her privacy and dignity.

**Step Three:** Stand in front of the client who is sitting up on the bed. Have them place their fists on the bed by their thighs. Make sure the client's feet are flat on the floor. Place your hands under his or her arms. Your hands should be around the 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 at signal that you agree



upon with the client. Pull him/her up into a standing position as you straighten your knees.

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

The following section describes how to care for HIV-positive bedbound women with menses.

### **Teaching a Caregiver How to Handle and Dispose of Menstrual Bloodstained Materials Safely**

This section describes how to teach caregivers to handle and dispose of menstrual bloodstained materials and outlines the challenges associated with the process.

#### **Challenges Involved in Caring for HIV-Positive Women with Menses**

What are the risks associated with coming into contact with blood from menstruation?

➔ If the caregiver has wounds on the hands, the caregiver can contract HIV if the menstrual blood of the HIV-positive woman touches the caregiver's wounds.

Challenges associated with caring for HIV-positive bedbound women with menses:

- Reluctance among women to talk about how to handle menstrual blood or to accept help from someone with this task
- Direct contact with bloodstained piece of cloth or napkin
- Caregiver not wearing gloves when caring for sick HIV+ women
- No adequate place to store bloodstained materials
- Bed and sheet stained with blood
- No soap available at home

Caregivers should always protect hands and wear gloves when caring for an HIV-positive bedbound woman with menses.

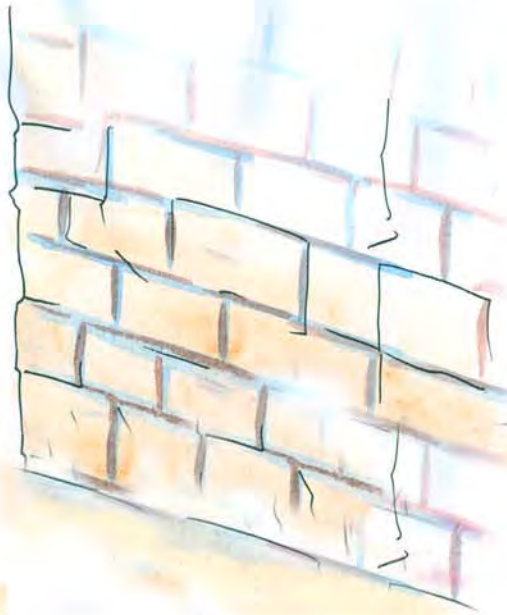
### **Safe Handling and Disposal of Menstrual Bloodstained Materials from an HIV-Positive Bedbound Woman with Menses**

The following section outlines the tasks caregivers should carry out when caring for an HIV-positive bedbound woman with menses.

Gather the materials:

- A jug with water and soap
- A bucket with water and soap
- A pair of sheets
- A pair of gloves
- Clean pad, piece of cloth
- Counseling card

**DRAFT**

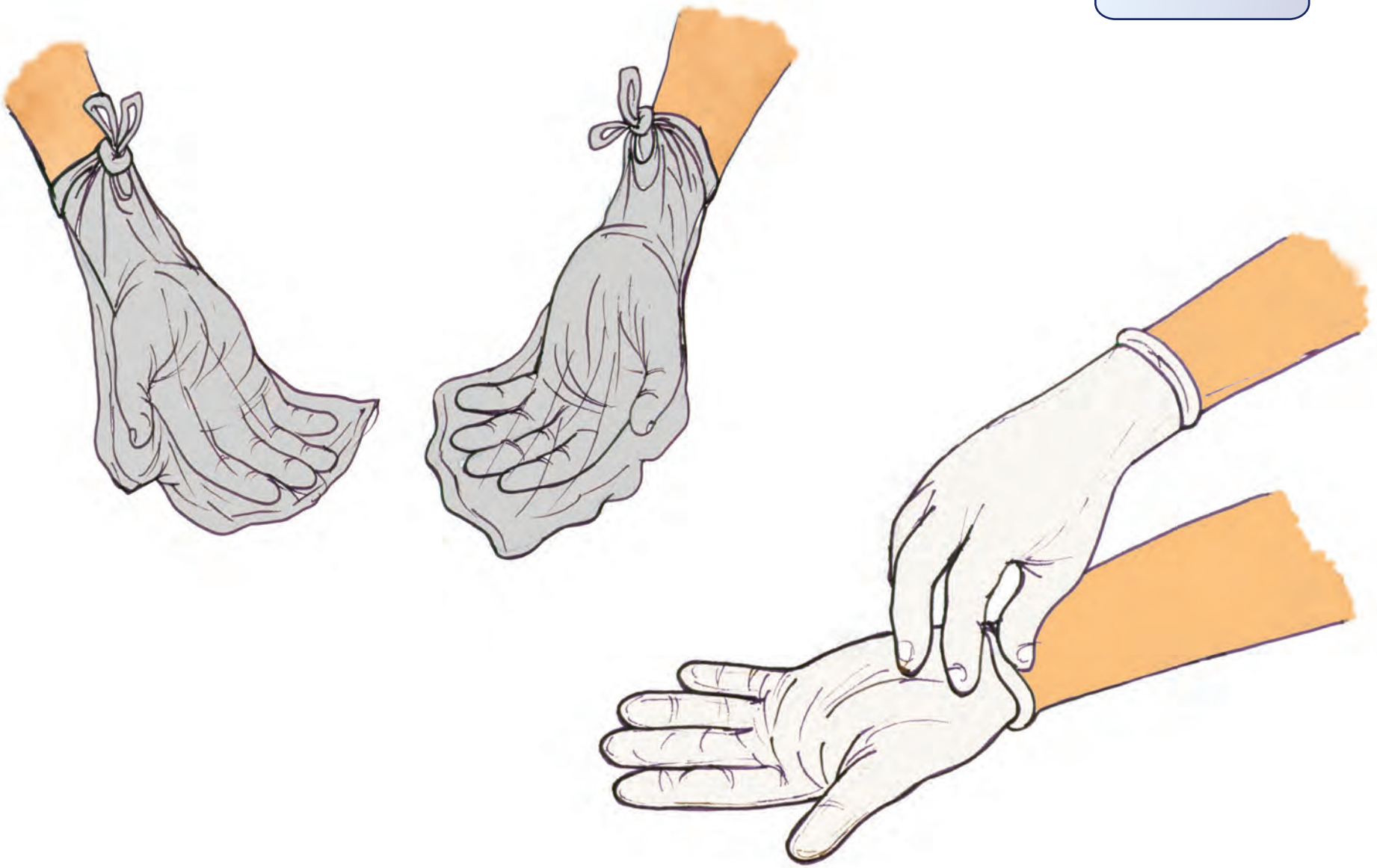


**DRAFT**

## **Wash Hands Before and after Caring for a Sick Person**

Wash hands with water and soap before and after caring for a bedbound person with diarrhea or a bedridden HIV-positive woman with menses.

**DRAFT**



## DRAFT

### **Safe Handling and Disposal for Feces or Bloodstained Materials—Care for Bedridden People with Diarrhea or HIV-Positive Bedridden Women with Menses**

- Wear (caregiver) gloves or plastic bag before caring for a bedbound person
- Cover the bed with plastic sheeting and washable piece of cloth on top
- Wash feces or bloodstained materials such as bed sheets, cloth, and plastic sheeting with water and soap and dry in sun
- Wash hands with water and soap before and after caring for a bedbound person

Steps	Actions
<ul style="list-style-type: none"> <li>• Explain the skill to be taught</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure privacy</li> <li>• Prepare to provide the care: wash hands, prepare materials e.g., clean cloth, soap, water, towel, cloth sheet...)</li> <li>• Clean the perineal area</li> <li>• Turn the bedbound person</li> <li>• Clean the anal area</li> <li>• Change the pad/piece of cloth</li> <li>• Change the bed sheet and clothes</li> <li>• Place the bedbound woman in a comfortable position and cover her</li> <li>• Soak, wash, and dry the bed sheet and clothes</li> </ul>
<ul style="list-style-type: none"> <li>• Demonstrate</li> </ul>	See tasks and illustrations below
<ul style="list-style-type: none"> <li>• Ask the caregiver to practice</li> </ul>	Encourage the caregiver to practice and record what is well done and what is not well done
<ul style="list-style-type: none"> <li>• Observe and give feedback</li> </ul>	What went well, what needs to be improved, and how

### Helping PLHIV and Household Members Improve Multiple WASH Practices: Guiding Principles

Identify and improve one behavior at a time.

1. *Assess:* Using the assessment card, carry out a thorough assessment of all the WASH practices in the household. Identify the WASH practices already being implemented, congratulate the client, and recommend that s/he continues to maintain these practices. Then identify the practices to be improved and the set of SDA to be negotiated.
2. *Identify with the client one WASH practice to be improved according to the following criteria:*
  - Availability of materials/supplies (higher probability that the family will implement)
  - Approval of the head of household
3. *Negotiate the first improved WASH practice* using the appropriate counseling cards. Negotiate only one behavior 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 the behavior consistently. Identify and implement a set of SDA to improve a second WASH behavior only when the first WASH behavior has been consistently implemented and adopted
4. *Negotiate the second WASH practice to be improved* using the appropriate counseling cards.
  - Check if the conditions are met for the second WASH practice to be negotiated; conditions include the availability of the materials/supplies, the approval of the head of the household, and whether or not the first behavior is maintained.
  - Negotiate the improvement of the second WASH behavior and follow up on the implementation of the improved practice by the household.
  - Continue to follow up on consistent implementation of the first improved WASH practice.

#### Key Points

To be able to effectively negotiate improved WASH practices CHBC providers need:

- Materials/products, supplies (latrine, potty, gloves, tippy tap...)
- Small doable actions

- Assessment card and counseling cards
- Good negotiation skills and techniques

To teach the caregiver how to care for a bedbound person with diarrhea or for a bedbound HIV-positive woman with menses, the CHBC provider should:

- Demonstrate and ask the caregiver to practice the tasks
- Give feedback and answer questions
- Make a follow-up appointment.