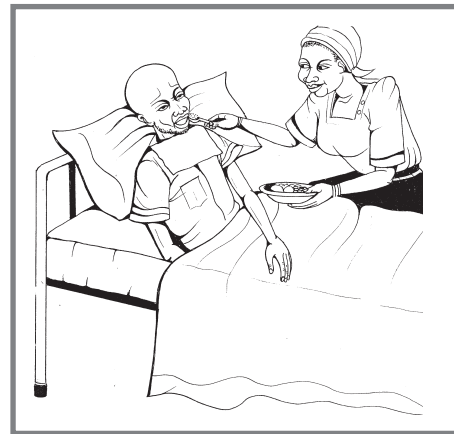


Improving Water, Sanitation and Hygiene (WASH) Practises of Ugandan Home Based Care Providers, their Clients and Caregivers in the Home



Weak, But Mobile Client

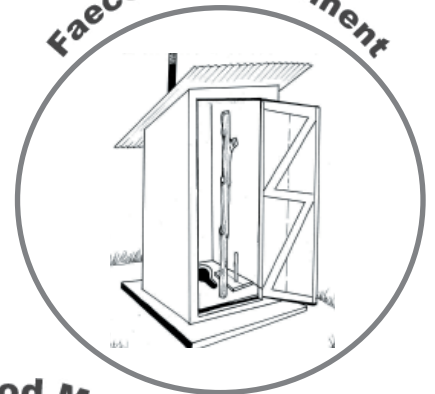


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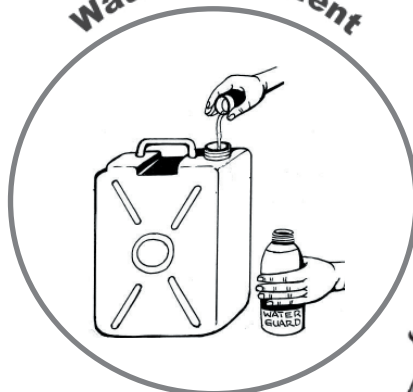
Hand Washing



Faeces Management



Water Treatment



Menstrual Period Management



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

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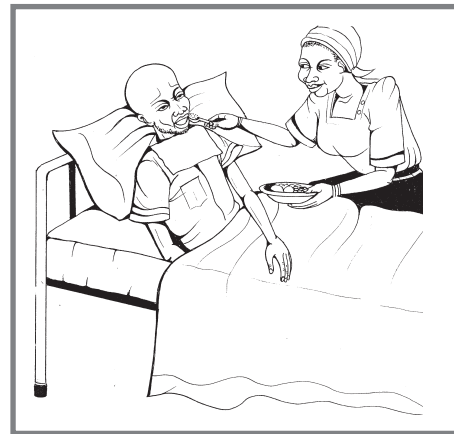
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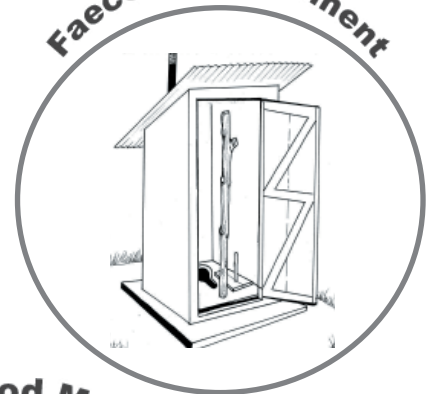


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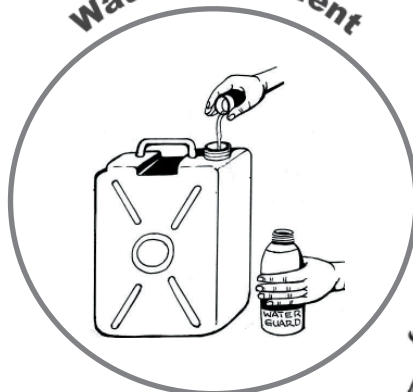
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TABLE OF CONTENTS

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

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

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

Introduction

How to Use the Participant's Guide

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

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

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

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

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

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

The Annexes in the back include:

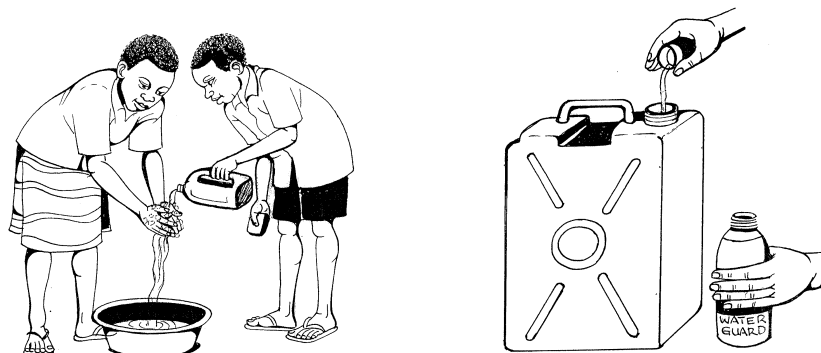
- **Annex 1:** An acronym and glossary section that explains terms, basic definitions and acronyms that will be used throughout the participant's guide and training course. If you do not understand the meaning of words or abbreviations in this guide, please look for more information in this Annex.

- **Annex 2:** Tools to help improve WASH practices, including:
 - Tool 1: Interpersonal communication skills
 - Tool 2: The four "A" steps
 - Tool 3: How to use the WASH assessment tool
 - Tool 4: How to use the WASH counselling cards
 - Tool 5: Supplies for WAH in home based care

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

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

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



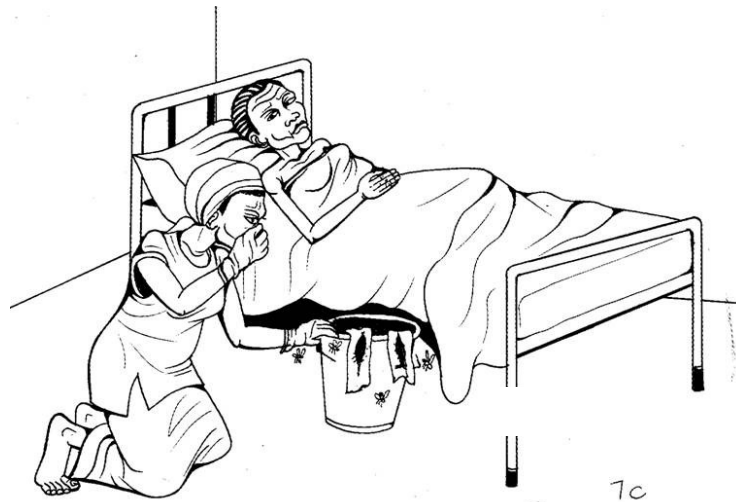
Research in households in Uganda identified that there are problems in the way that many households and HBC providers wash their hands, treat and handle their water, and handle their faeces and menstrual blood, especially for people who are ill, weak and bedbound.



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

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

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



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

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

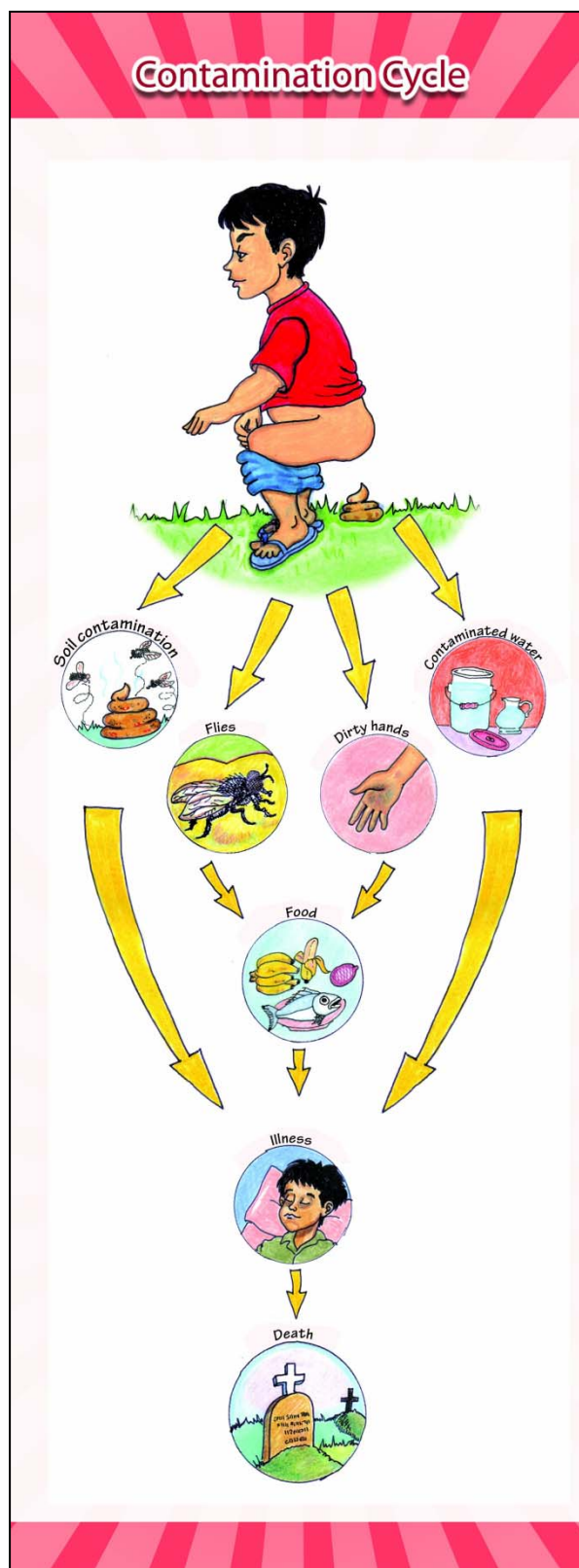
- *Opportunistic infections among people living with HIV and AIDS.* An opportunistic infection is an infection caused by germs that usually do not cause disease in a healthy immune system (the body's natural defence system against illness). When someone is living with HIV, they have a poor immune system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

2. How Poor WASH Practises Cause Diarrhoea

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

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

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



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

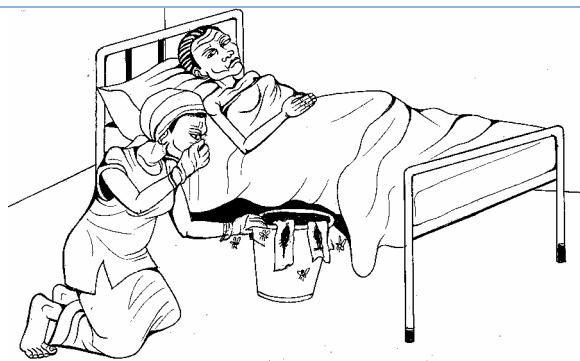
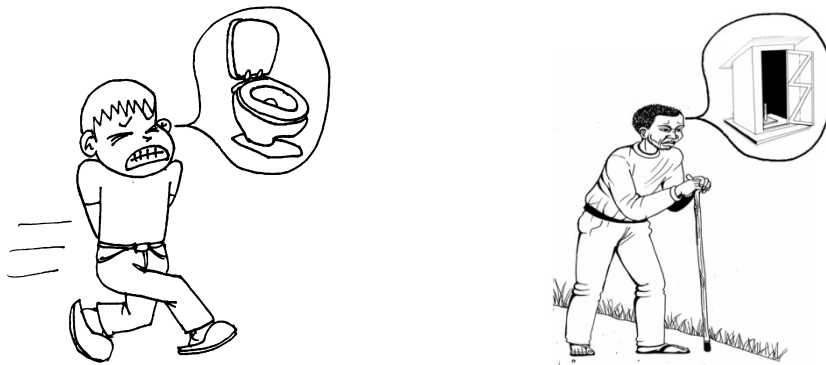
immune systems are already weak such as the elderly and those who are living with HIV. Certain hygiene practises have been proven to have the greatest potential for preventing diarrhoea because they reduce the transmission of germs. They are:

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

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

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

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



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

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



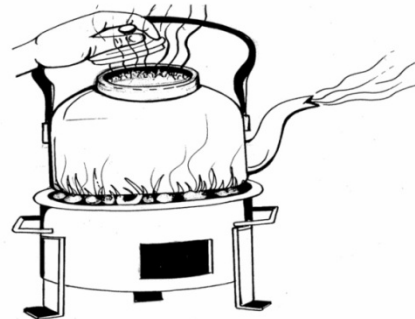
Switching between breast milk and formula or animal milk CAN cause damage to the part of a baby that helps them digest food and may allow the HIV virus to pass more easily from an HIV-positive mother into her baby's body. This increases the baby's risk of getting HIV.

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



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

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



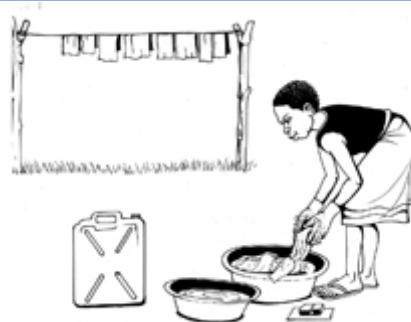
Handling your client's HIV treatment medication without first washing your hands CAN cause the client to develop an opportunistic infection.



+



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





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

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



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

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

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

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

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

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