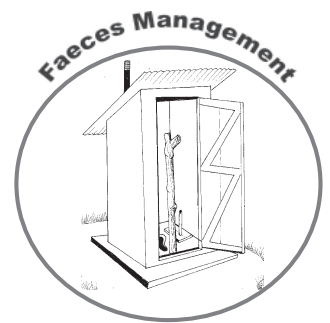


**Weak, But Mobile Client**



**Bed-Bound Client**

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



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

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## Introduction

This training addresses the urgent need for improved water, sanitation, and hygiene (WASH) practices, including treating, safely transporting, storing and serving **drinking water**; safe handling and disposal of **faeces**; safe handling and disposal of **menstrual blood**; and **hand washing** with soap (or ash) and water in Home Based Care (HBC). Although HBC providers receive training in many aspects of care and support at household level, including training in the principles of basic WASH, little emphasis and/or detailed information has been given about **how** HBC providers can help household members to overcome, or change, the many daily obstacles to improved WASH behaviours in the home. This training addresses this gap and is based on the principle that WASH practices in the household **can be improved** - that is, new practices can be adopted and current practices can be modified or changed in small ways that are acceptable to the householder, and that are feasible—actually can be carried out by households.

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

## Background

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

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

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

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

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

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

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

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

## **Trainer Notes**

### **Course Objectives**

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

- Describe the role and responsibilities of an HBC provider in the provision of WASH care.
- Describe the four key water, sanitation, and hygiene (WASH) practices, including: treating, safely transporting, storing and serving drinking water; safe handling and disposal of faeces; safe handling and disposal of menstrual blood; and hand washing with soap (or ash) and water, and demonstrate actions required to implement the WASH practices in home based care.
- Describe alternative methods of implementing the four key WASH practices and demonstrate the actions required to implement the practices.
- Assist HBC clients and their household members to adopt improved WASH practices, based on the skills acquired by the HBC provider in the training.
- Demonstrate effective communication skills and steps (4 A's) needed to improve WASH behaviours, including use of the WASH Assessment Tool and Counselling Cards.

### **Course Methodology**

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

### **Session Methodology, Structure and Length**

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

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

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

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

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

### **Number of Participants**

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



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

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

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

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

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

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

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

### **WHITE PAPER**

1. Assessment Tool

### **GREEN PAPER** (HAND WASHING CARDS)

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

### **BLUE PAPER** (WATER CARDS)

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

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

**PINK PAPER** (MENSTRUAL PERIOD CARDS)

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

**YELLOW PAPER** (FAECES & UNIVERSAL PRECAUTIONS CARDS)

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

## Training Materials

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

Materials	Quantity
Participant's Guide	20
Workshop Agenda	20
WASH Assessment Tool	20
WASH Counselling Cards	20
Welcome sign for door or wall	1
Name tents/tags/masking tape	20
A watch/Clock (to keep track of length of sessions)	1
Easel/stand to hold flip chart paper	1-2
Flipchart (or newsprint) paper (paper should be no smaller than 2.0'x2.5' ft (or 76.2cmx61 cm).	100 pages
Pens or pencils for participant use	20
Notebooks/notepads for participants	20
Markers (4 red, 4 black, 4 blue, 4 green, if possible)	16
Roll of masking tape	3
Coffee/Tea for each break; lunch each day for each participant and trainers	20+
Bowl or Basin (large enough to collect water for hand washing)	2
Bars of Soap (small)	1
Water containers (jug, pitcher, or cup for rinsing or can use jerricans)	4
Basin or bowl of mud (soil mixed with some water to form a thick mud), large enough to be able to dip hands in it.	1
Small bowl of ash (fine powder remaining after wood or coal is burned)	1
Tippy Tap materials (list separately below so have enough per small group). <ul style="list-style-type: none"> <li>• Stick (1 metre length for foot pedal)</li> <li>• Fine tip marker (to mark hole)</li> </ul>	5 of each item (1 set for demo; 4 sets total so that each of the 4 small groups

<ul style="list-style-type: none"> <li>• Nail (about 6 inches [8- 11 cm] in length)</li> <li>• Piece of cloth</li> <li>• Candle</li> <li>• Matchbook (or lighter or any open flame)</li> <li>• 0.5 metre pieces of rope (for the cap)</li> <li>• 1 metre pieces of rope (for the foot pedal)</li> <li>• 3- or 5-litre jerrican container</li> <li>• Piece of soap</li> <li>• Stick or piece of wood the same length as the piece of soap</li> <li>• Stick, screwdriver or other tool that can make a hole through the soap</li> </ul>	who will build a tippy tap can have one set)
Completed Tippy Tap	1
Stick (1 meter in length, for tippy tap handle for demonstration on how to build a tippy tap)	1
Bucket or bowl large enough to catch several litres of water	2
Clean Towel	1
Half-litre clear plastic bottles of clean water	2
Salt	1 small bag
Thread (or long blade of grass, or long hair; 12 inches)	1
Piece of faeces	1
Jug (small jerrican) of water (for rinsing hands)	1
Bottle of WaterGuard Chlorine Solution	1
Sachet of PUR Chlorine Product	1
Aquasafe chlorine tablet (in blister pack)	1
WaterGuard chlorine tablet (in blister pack)	1
Long-handled spoon or stirring stick	1
Jerricans full of water (for water to use during various demonstrations, like hand washing) with tight fitting lid	2
Clean long-handled utensil for serving water (dipper, stirring stick, or ladle)	1
Pieces of cloth (tightly woven) with no holes and is wide enough to fit over the container (for filtering)	2
10-litre buckets filled with turbid (muddy) water (PUR demonstration)	1

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

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

## Workshop Schedule at-a-Glance

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

## Menu for Selecting Sessions

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

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



<b>Module &amp; Session</b>	<b><u>Hand Washing with Soap (or Ash) And Water</u></b>	<b><u>Treating, Safely Transporting, Storing, and Serving Drinking Water</u></b>	<b><u>Safe Handling and Disposal of Faeces</u></b>	<b><u>Safe Handling and Disposal of Menstrual Blood</u></b>
<b>M-1/S-1 – Workshop Overview</b>	•	•	•	•
<b>M-1/S-2 – WASH Assessment</b>	•	•	•	•
<b>M-2/S-1 –Effects of WASH on Health</b>	•	•	•	•
<b>M-2/S-2 – Importance of WASH and HIV</b>	•	•	•	•
<b>M-2/S-3 –Role of HBC Provider</b>	•	•	•	•
<b>M-3/S-1 –Introduction to WASH Behaviour Change</b>	•	•	•	•
<b>M-4/S-1 How/When to Wash Hands</b>	•			
<b>M-4/S-2 Reducing Water for Hand Washing</b>	•			
<b>M-5/S-1 – How to Treat Drinking Water</b>		•		
<b>M-5/S-2 – How to Safely Transport, Store, and Serve Drinking Water</b>		•		
<b>M-6/S1– Safe Handling and Disposal of Faeces, Blood, and Other Body Fluids</b>			•	
<b>M-7/S1 - Safe Handling and Disposal of Menstrual Blood</b>				•
<b>M-8/S1 – Using the “4 A’s” (Assess, Agree, Assist and Arrange)</b>	•	•	•	•