

# SESSION PLANS

Day 1



Module 2, Session 1:

The Effect of WASH on the Health and Wellbeing of Households

## Session Learning Objectives

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

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

**Time: 60 minutes**

## Prep Work

Before you teach:

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

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

## A. Introduction to the Session

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

## B. Large Group Activity: Contamination Cycle Game

### Contamination Cycle: Part One

1. Put up the "DIARRHOEA", "NO DIARRHOEA", and "UNCERTAIN" signs on different walls in the room so participants can form groups below each sign. Shuffle the 10 action cards photocopied from Annex 1 (Module 2), The Contamination Cycle Game, so that the cards are in random order.
2. Explain to participants that the next activity includes a game related to contamination about "positive WASH actions" (which can protect one against diarrhoea), "negative WASH actions" (which can put one at risk of getting diarrhoea), and "uncertain WASH actions" (that do not indicate whether they lead to a risk of getting diarrhoea).
3. Show participants each of the three signs and tell them you are going to show them some drawings. Tell them that if they think the action in the drawing:
  - **WILL** make people sick and cause diarrhoea, they should stand under the sign that reads, "**DIARRHOEA**" (with a picture of a sad face).
  - **WILL NOT** cause diarrhoea and will help keep people healthy, they should stand under the sign that reads, "**NO DIARRHOEA**" (with a picture of a happy face).
  - **MAY OR MAY NOT** cause diarrhoea (participants are not sure), they should stand under the sign which reads, "**UNCERTAIN**" (with a picture of a face with the mouth in a horizontal line).
4. Display the first picture/action card (without saying whether it is positive, negative, or uncertain). Ask the participants to think about the action represented on the card and stand below the sign that indicates whether they think the action can lead to diarrhoea, cannot lead to diarrhoea or, the card that indicates they are unsure.
5. Ask for a representative from each of the three groups to explain why they stood in that place and briefly discuss the key ideas. The discussion is likely to

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

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

### Trainer Note:

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



#### WATER

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

#### HANDS

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

**FAECES**

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

**Trainer Note:**

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

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

### Contamination Cycle: Part Two

1. Explain that the term, *diarrhoea*, is derived from the Greek word meaning "to flow through," and is a sign of disease in the gastrointestinal tract. It traditionally has been defined as the passage of three or more watery stools in 24 hours.
2. Ask participants to offer ideas on why it is so important to prevent diarrhoea. Spend no more than two minutes gathering responses.

#### Trainer Note:



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

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

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

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

4. In addition to diarrhoea (and its consequences), poor sanitation, unsafe water, and unhygienic practices cause many other problems, including:
  - *Other life-threatening diseases* in the entire family, especially in children. This includes cholera, trachoma, schistosomiasis, worm infestations, guinea worm disease, and other serious conditions which can be easily prevented at the household level.
  - *Slowed childhood physical development and poor school attendance and performance.* A high percentage of children suffer from intestinal infections caused by parasites as a result of poor hygiene and inadequate sanitation. Parasites consume nutrients, aggravate malnutrition, retard children's physical development and result in poor school attendance and performance. In addition, the lack of separate and decent water, sanitation, and hygiene facilities in schools discourages girls from attending school fulltime and forces some to drop out.
  - *Opportunistic infections among people living with HIV and AIDS.* An opportunistic infection is an infection caused by germs that usually do not cause disease in a healthy immune system. A compromised immune system, however, presents an "opportunity" for a germ to infect and cause unnecessary illness (e.g., poor WASH causing skin conditions, diarrhoea due to the eroded lining of the gut). Improved access to water, sanitation, and hygiene also reduces the burden on households caring for HIV-affected family members. Less time spent on fetching water allows caregivers — usually women and girls — more time and energy for coping with the disease or for working outside the home. Appropriate faeces handling and disposal practices also help to ensure that people living with HIV, many of whom experience severe bouts of diarrhoea, have access to good sanitation.

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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.

<sup>2</sup> [http://www.unicef.org/wes/index\\_31600.html](http://www.unicef.org/wes/index_31600.html)

**Trainer Note:**

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

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

**Trainer Note:**

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

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

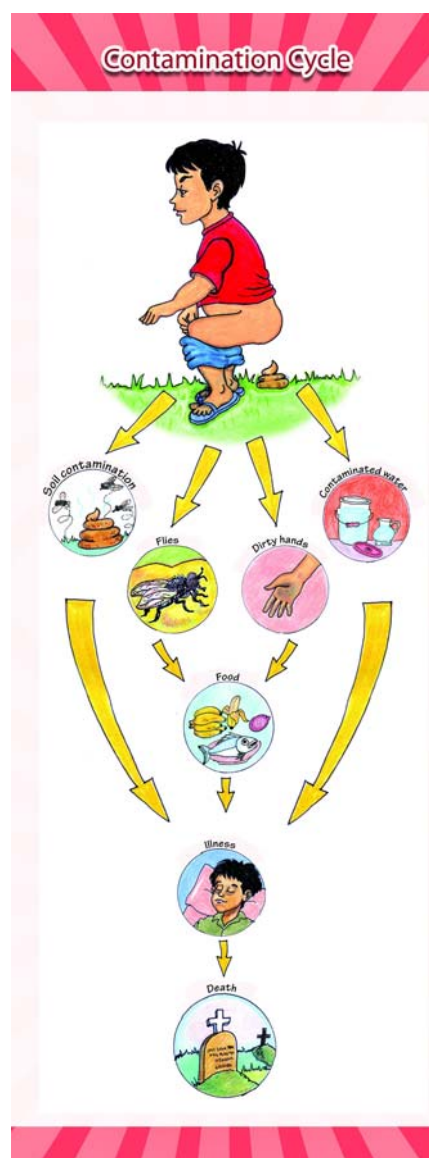
### Contamination Cycle: Part Three

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



#### Trainer Note:

Image is pasted below for trainer reference.



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



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

3. Explain the key ideas illustrated in the Contamination Cycle Diagram while pointing to each step. Ensure the following elements are discussed in the session:
  - Diarrhoeal disease often is caused by eating food or drinking water that is contaminated by human and/or animal faeces.
  - This diagram shows the way that germs that cause diarrhoea make people sick is mainly when people eat them or get them in their mouths usually through the “5 F’s”: fingers (hand), flies (insects), fields (defecation outdoors), fluids (water supply), or food.
  - The contamination cycle starts with people (represented here by a child) and animals defecating in the open.
  - Faeces come into contact with the soil and contaminate people and animals.
  - Faeces on the ground attract flies, and flies contaminated with faeces land on food, which people eat.
  - People who do not wash their hands after defecating spread germs in their surroundings and on food.
  - Faeces in the soil contaminate water sources and then people consume contaminated water.
4. Explain to participants that contamination by all of these routes occurs every day and causes diarrhoea, especially affecting children and people whose immune systems already are compromised (elderly and the ill), occasionally leading to death.
5. Explain that it is estimated that 90 percent of all cases of diarrhoea can be attributed to these three major causes:
  - Inadequate faeces disposal;
  - Poor hand washing;
  - Contaminated water.
6. Remind participants that certain hygienic practices have been proven to have the greatest potential for preventing diarrhoea because they reduce the transmission of germs. They are:
  - Safe handling and disposal of faeces
  - Correct hand washing at critical times

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

**Trainer Note:**

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

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

**E. Review (5 minutes)****The Effect of WASH on the Health and Wellbeing of Households****Summary Points:**

- Diarrhoea is the passage of three or more watery stools in 24 hours. It causes high amounts of death and illness in Uganda and throughout the world. Diarrhoea causes dehydration, malnutrition, and financial burden on the household and poor quality of life of household members.
- Poor sanitation, unsafe water and unhygienic practices cause other illnesses (besides diarrhoea) and slow childhood physical development and poor school attendance and performance, and opportunistic infections among people living with HIV and AIDS.
- The contamination or “faecal-oral transmission” cycle includes:
  - People and animals defecating in the open;
  - Faeces spread on the ground and come in contact with soil, which contaminates people and animals;
  - Faeces on the ground attract flies;
  - Flies contaminated with faeces land on food, which people eat;
  - People who do not wash their hands after defecating spread germs in their surroundings and food;
  - Faeces in the soil contaminate water sources and then people consume contaminated water.

**Transition**

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



## Day 1

### Module 2, Session 2:

## The Importance of WASH and HIV

### Session Learning Objectives

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

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

**Time: 1 hour; 40 minutes**

### Prep Work

**Before You Teach:**

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

### Trainer Steps: The Importance of WASH and HIV

#### A. Introduction to the Session

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

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

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

2. Acknowledge that most of us know about HIV or have been affected directly by it. Ask participants what HIV is and whether they can explain the difference between HIV and AIDS. Write their responses on the flipchart. Include correct and incorrect information.
3. Ask participants to open the **Training Handouts** to **page 3**, to the chart labelled, "**What Are HIV and AIDS?**" to review the acronyms for HIV and AIDS (see trainer notes).

**Trainer Note:**

**What are HIV and AIDS?**



- H Human: Only found in humans**
- I Immuno-Deficiency: Weakens the immune system which is the body's defence system**
- V Virus: A type of germ**
- A Acquired: To get, something not present at birth**
- I Immune: The body's defence system to fight illness**
- D Deficiency: Lack of, or not enough of something**
- S Syndrome: A collection of diseases, getting sick**

**Trainer Note:**



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

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



Picture 1

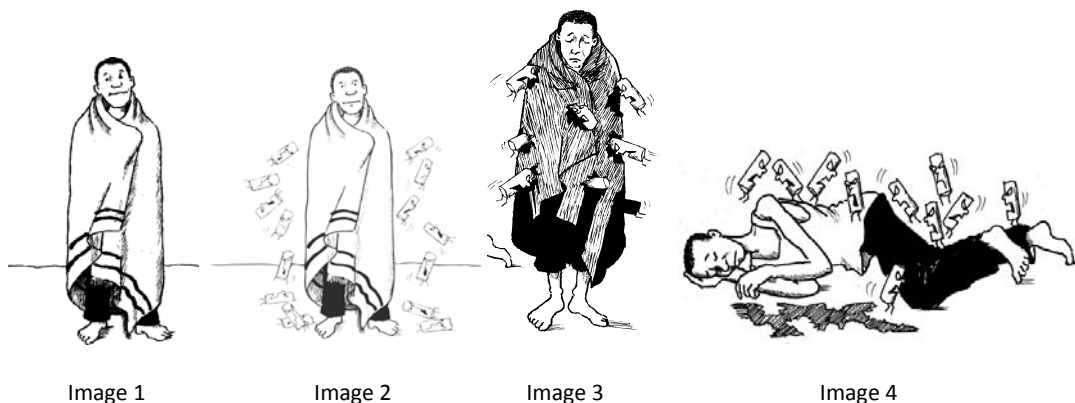


Picture 2

Explain how in Picture 1, Joseph is living with both HIV and AIDS. HIV has beat up Joseph's immune system, or his natural defence system, which should help to keep him healthy. He is very sick. Explain that in Picture 2, Joseph has been taking medication (anti-retroviral medications, or ARVs) that are helping his body fight the virus, and he is feeling healthy and well. He is still living with HIV, but his immune system is strong, and he no longer is considered to have AIDS.

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

1. As we learned with diarrhoeal disease, transmission of an infectious disease may occur through one or more pathways. Tiny microorganisms, or germs, can enter the body and cause sickness. They enter through openings in the body, like the mouth, nose or a cut. Some germs are passed through body fluids. HIV is a type of germ called a virus. It is very unique because it cannot be killed once it is in your body, just controlled with medications and by taking care of yourself and living positively. Once HIV gets in the body, it will always be there, and that person will always be HIV-positive.
2. Explain that everyone has an immune system that fights off germs. Good water, sanitation, and hygiene practices help keep the immune system healthy.
3. Ask participants to look at their **Training Handouts, page 5, Picture 3: Importance of Keeping a Strong Immune System by Practising Good WASH Practices: Progression of HIV to AIDS** (see copy below).



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

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

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

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



##### Trainer Note:

If you are able to make four sets of copies of the handout in Annex 3, prepare the photocopies before this session so you can easily transition into the small group work and discussion.

To prepare the sets, make four photocopies of Annex 3 (Module 2), WASH and HIV Myths and Misconceptions. Then, cut the photocopied pages along the centre dotted line where it reads “cut here.” Organise the pieces of paper into four separate sets, with one copy of each illustration/statement in each set for a total of 10 pieces of paper in each set. Each of the four groups will receive one of the sets of illustrations/statements.

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

1. Explain that field research<sup>3</sup> and anecdotal reports have identified a number of myths and misconceptions, or wrong beliefs or mistaken ideas, about the relationship between water, sanitation, and hygiene and HIV and AIDS in Uganda. Households affected by HIV also face a lot of unnecessary stigma because they live with HIV or take special precautions to protect their immune system and stay healthy (e.g. receive water treatment or storage supplies).
2. Explain that the next learning exercise is a small group activity to clarify some of the common myths and misconceptions (or wrong beliefs or mistaken ideas) that may exist in the HBC provider's community. Explain that in this “two pile” sorting exercise, each group will be handed 10 pieces of paper which have different statements and illustrations/pictures. Each small group will discuss each illustration/picture and then determine whether the statement on the activity card is either a TRUE (fact) statement or a FALSE (fiction) statement. Each group will

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

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

3. Divide the participants into four groups. Hand each group one set of the Myths and Misconceptions Activity Papers (stack of 10 pieces of paper which include the image and statement).
4. Ask the groups to designate two separate spaces within their small groups where they can pile their pieces of paper either into a TRUE pile or into a FALSE pile.
5. Ask a volunteer from each of the small groups to read to their group the Myths and Misconceptions statement (#1) on the first activity card. Then, have a volunteer display the picture which is on the activity card. Ask the small groups to take one minute to discuss the statement and the picture. Then, ask the groups to make a decision as to whether that statement is TRUE (fact) or FALSE (fiction). If the group's members think the statement is true, they should put that activity card in their designated TRUE pile. If they feel the statement is FALSE, they should put the activity card in the designated FALSE pile.
6. Have the groups repeat the previous step for each of the papers with the statements/illustrations, allowing one or two minutes of discussion for each paper. Each small group should have two piles of papers at the end of the exercise with some in the TRUE pile and some papers in the FALSE pile. After the groups have reviewed all 10 statement/illustrations, ask the participants to remain in their small groups.
7. Ask for one person in each group to take the pile of pictures in that group's "TRUE" pile and put them in numerical order, and ask a second person in each group to take the pile of pictures in the "FALSE" pile and put them in numerical order. Put a piece of flipchart paper on the wall and draw a vertical line down the middle from top to bottom forming two columns. At the top of the left-hand column, write "#1 – TRUE" and the top of the right column, write "#2 – FALSE." Ask that the volunteers from each group holding picture #1 in his/her hand to place it (with masking tape) in the column corresponding to his/her group's decision. So, if the group thought #1 was true, the volunteer would tape it in the "TRUE" column on the left side.
  - **If all the groups were in agreement** and placed the picture in the same column, confirm whether this choice is correct. If it is NOT correct, ask whether anyone else has a different opinion. If the answer selected by everyone is wrong and no one has a different opinion, explain why it is wrong to the participants before moving on to the next statement/illustration.
  - **If there is a difference of opinion about whether the answer is true or false**, ask one person who placed their picture in the TRUE column to explain that decision and one person who placed their picture in the FALSE column to explain their answer. Discuss the answers until the correct conclusion is reached by the participants or until you have to give the participants the correct answer before moving on to the next statement/illustration.



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



**Trainer Note:**

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

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

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

8. Ask participants to return to their seats for a short plenary discussion where they will have an opportunity to ask any remaining questions and review key facts that were learned in the activity.
9. Ask participants to turn to their **Training Handouts, page 6**, to the table: **How HIV is Spread and Not Spread** (see copy in the Annex for this Module).



**Trainer Note:**

See below:

Fluids that Have a High Risk of Transmission of HIV	Fluids, Solids, or Things that Have Low or No Risk of Transmission of HIV	Three Main Modes of Transmission
<ul style="list-style-type: none"> <li>• <b>Blood, including menstrual blood</b></li> <li>• <b>Faeces with blood</b></li> <li>• <b>Vaginal fluids</b></li> <li>• <b>Semen</b></li> <li>• <b>Breast milk</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Faeces without blood</b></li> <li>• <b>Saliva</b></li> <li>• <b>Sweat</b></li> <li>• <b>Tears</b></li> <li>• <b>Mucous</b></li> <li>• <b>Urine</b></li> <li>• <b>Mosquitoes</b></li> <li>• <b>Sharing food, water or dishes</b></li> <li>• <b>Pets/animals</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Sexual intercourse</b></li> <li>• <b>Mother to child via: pregnancy, birth and breastfeeding</b></li> <li>• <b>Blood to blood contact (blood transfusions with untested blood, exchange of infected blood directly in a wound, sharing needles or other skin cutting or piercing instruments, knives, etc.)</b></li> </ul>

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

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

**Trainer Note:**

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

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

11. Explain to participants the following important facts:

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

**Trainer Note:**

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

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

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

1. Explain that as someone lives with a chronic illness such as HIV, their needs for improved water, sanitation, and hygiene care increase.
2. Ask participants to turn to **Case Study 1: Identifying the Linkages Between WASH and HIV** in the **Training Handouts** on **page 7**. (see below). Explain that you are going to work in pairs on this case study to learn more about WASH and HIV. State the overall purpose of the Case Study is for participants to identify (1) the increased WASH needs of people living with HIV; and (2) ways that stigma can be a barrier to providing quality WASH care.
3. Encourage participants to listen carefully to the case study to be read aloud by a volunteer. Ask participants to take mental or written notes when they hear the case study say anything about either (1) WASH needs or (2) examples of stigma.
4. Ask for a volunteer to read the case study out loud.

**Trainer Note:****Case Study: Anne and Robert**

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

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

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

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

### Pair Share

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

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

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

#### Trainer Note:

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



#### Case Study Question 1:

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

#### Case Study Question 2:

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

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

7. Explain that experience and evidence have shown that the WASH needs of people living with HIV and their families are significantly greater than for those people who are not living with HIV in their households. A few examples include:
  - Poor WASH practices can make it easier to get opportunistic infections among people living with HIV and AIDS. A compromised immune system provides an opportunity for germs to infect those living with HIV and cause unnecessary illness. Poor water, sanitation, and hygiene can easily increase such opportunity, and problems like skin conditions, diarrhoea, etc. can commonly occur.
  - Improved access to water, sanitation, and hygiene reduces the burden on households caring for HIV-affected family members. Less time spent on fetching water allows caregivers – usually women and girls – more time and energy for coping with the disease or for earning income for the home.
  - Appropriate faeces handling and disposal practices also help to ensure that people living with HIV, many of whom experience severe bouts of diarrhoea, have access to good sanitation.
8. Remind participants that households affected by HIV face a lot of unnecessary stigma because they take special precautions to protect their immune system to stay healthy (e.g., use water treatment or storage supplies).
9. Explain to participants that one of the most important ways they can reduce stigma and discrimination in their community is to be a role model by respecting and caring for people living with HIV and to correct any misunderstandings about how HIV can be spread. Ask participants the following question:

## **F. Review Summary Points (5 minutes)**

### **The Importance of WASH and HIV**

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



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

### **Transition**

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



## Day 1

### Module 2, Session 3:

## The Role of Home Based Care Providers in Water, Sanitation, and Hygiene Care

### Session Learning Objectives

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

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

**Time: 30 minutes**

### Prep Work

**Before You Teach:**

No prep work is necessary for this session.

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

#### A. Introduction (5 minutes)

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

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

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

**Trainer Note:**

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

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

**Trainer Note:**

The description includes the following:

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

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

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

3. Explain to participants that as HBC providers, they have a responsibility to help their clients and their families improve water, sanitation, and hygiene (WASH) practices, including treating, safely transporting, storing and serving drinking water; safe handling and disposal of faeces; safe handling and disposal of menstrual blood; and hand washing with soap (or ash) and water. HBC providers need to be able to recognise protective ("good") and higher risk ("bad") behaviours and help their clients and their families improve their behaviours from less protective to more protective behaviours. This will be discussed further in later parts of the training.
4. Ask the large group to share what questions they have about their WASH roles as HBC providers. Record these on flipchart. Explain that you will come back to these questions at the very end of the WASH training course, and that by that time, many will have been answered. Post the questions prominently so they are visible during the course. These questions might be posted next to the conclusions participants drew about local WASH conditions in the areas where they will be working.
5. Close the session by saying that now they have a general idea of what they are expected to do, they will be spending the next couple of days getting ready. Say that they will have time together to learn technical information about WASH and will explore the Participant's Guide that will help them in the field. Invite them to refer back to their self-assessments to make sure they are getting what they need to be fully ready, if appropriate.

## **C. Review Summary Points**

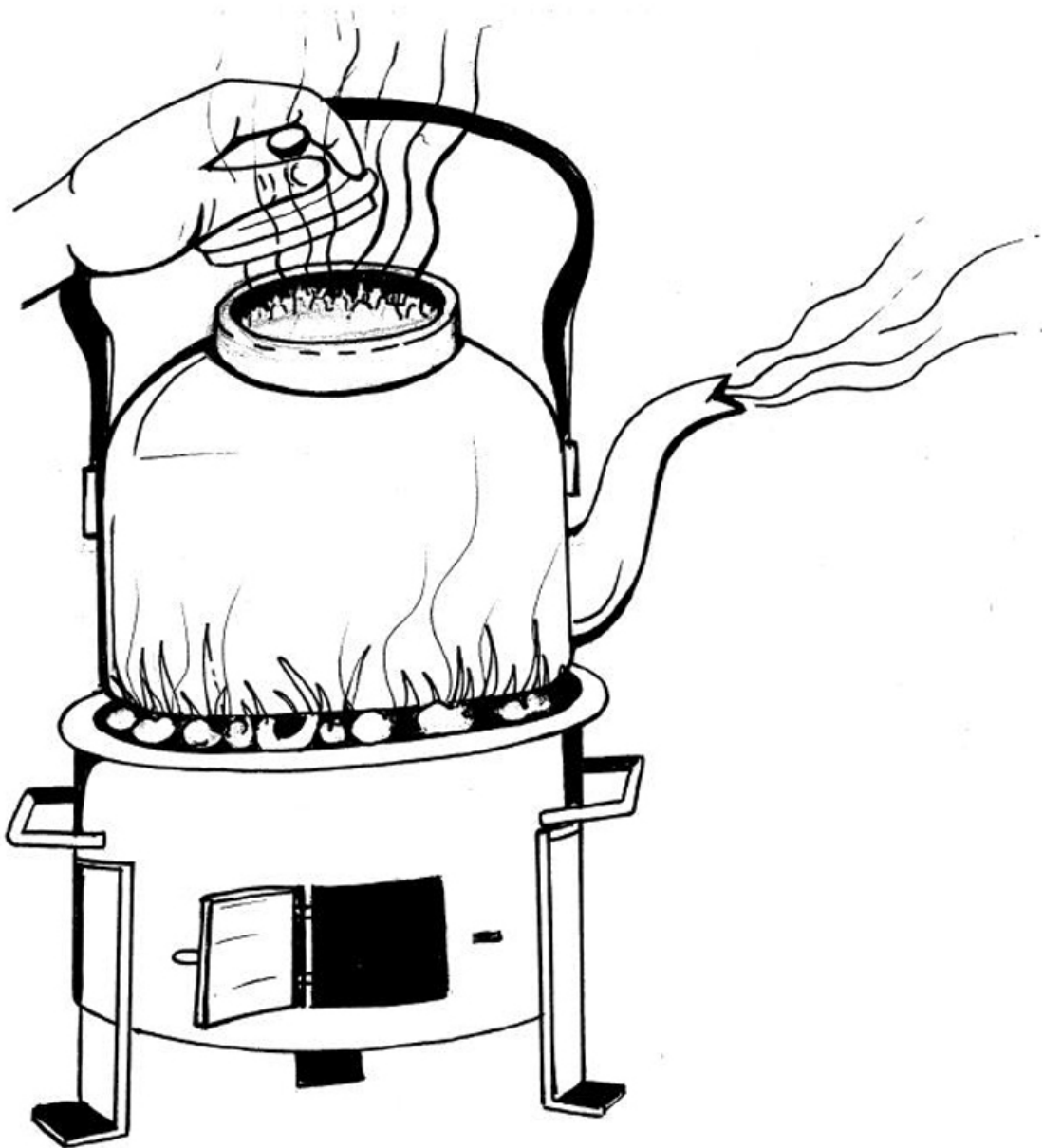
### **The Role of HBC Providers in Water, Sanitation, and Hygiene Care**

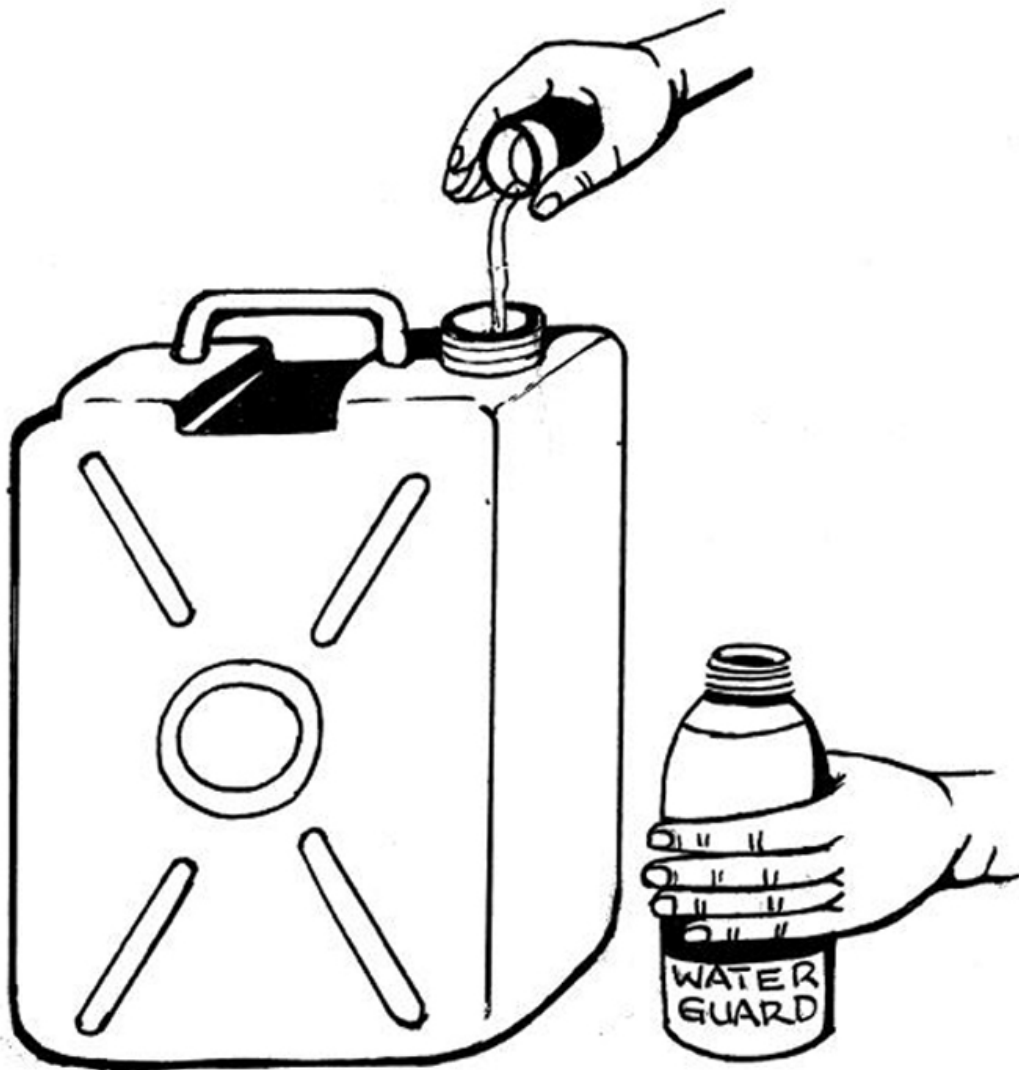
- HBC providers are the bridge between the formal health, water, and sanitation systems in Uganda and the community.
- HBC providers have a critical role and responsibility in helping their clients and the clients' households to improve their practices in water, sanitation, and hygiene, especially to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

**Transition**

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

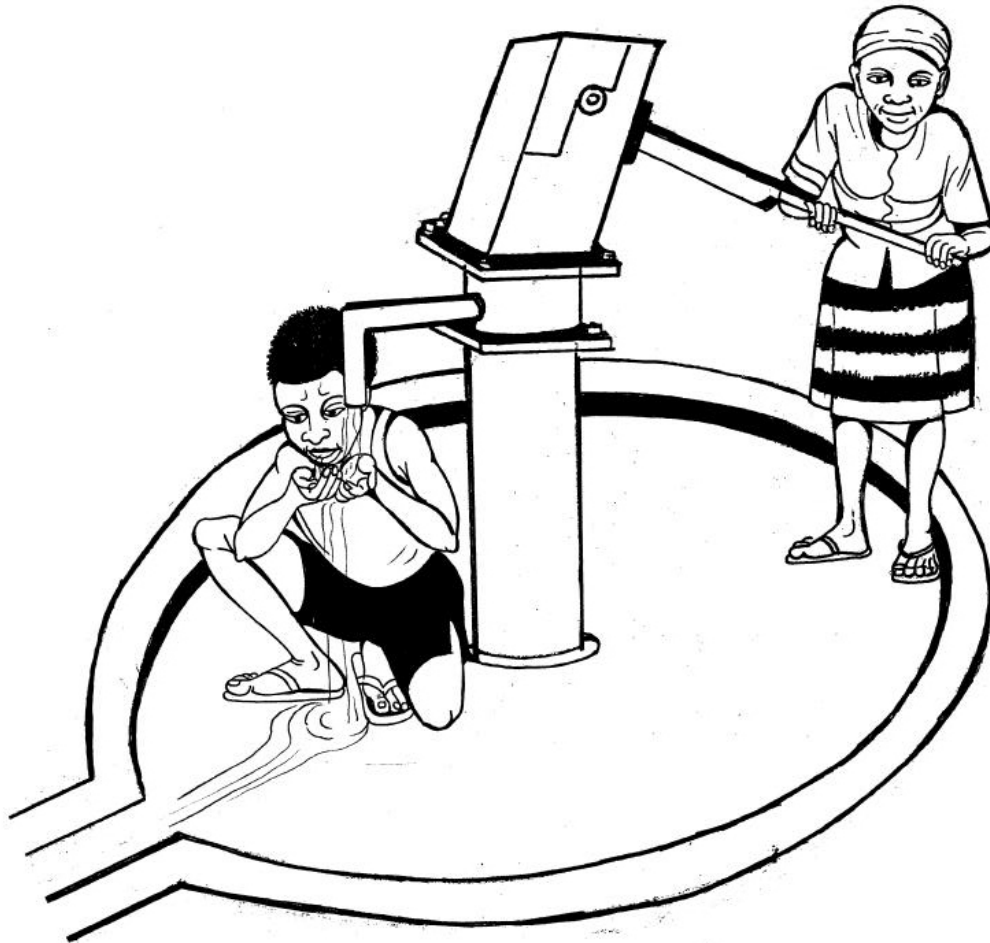
# Annex 1

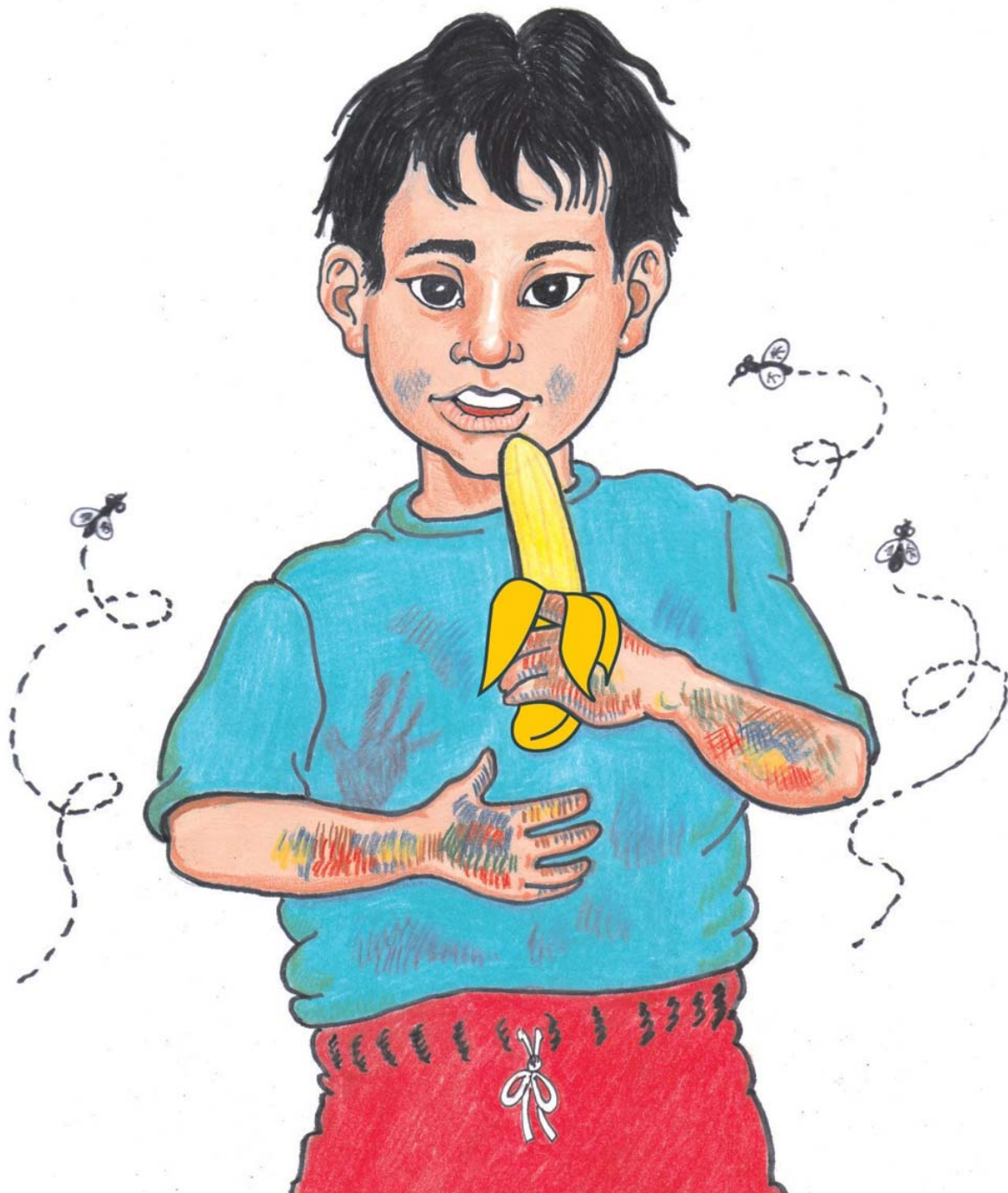


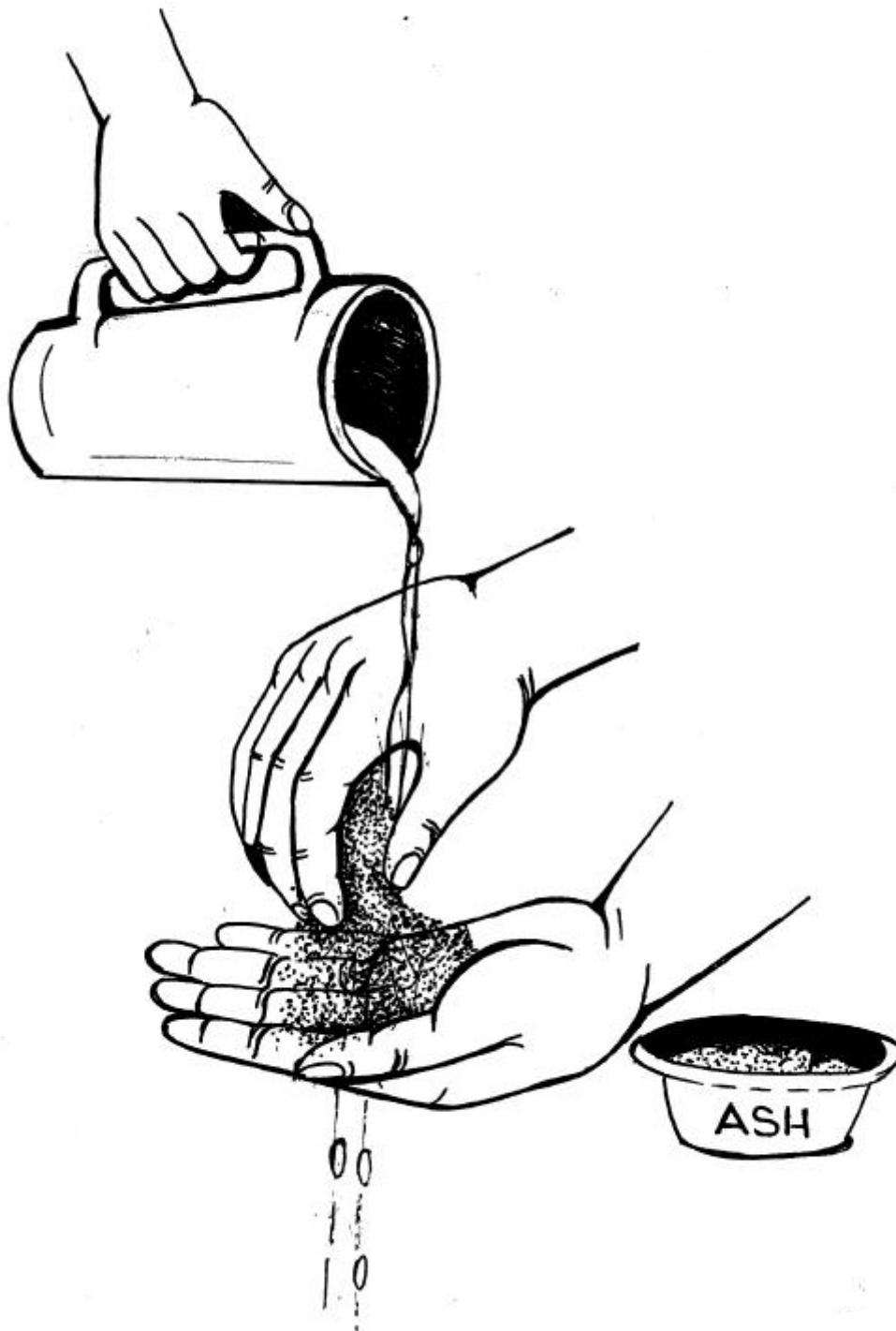


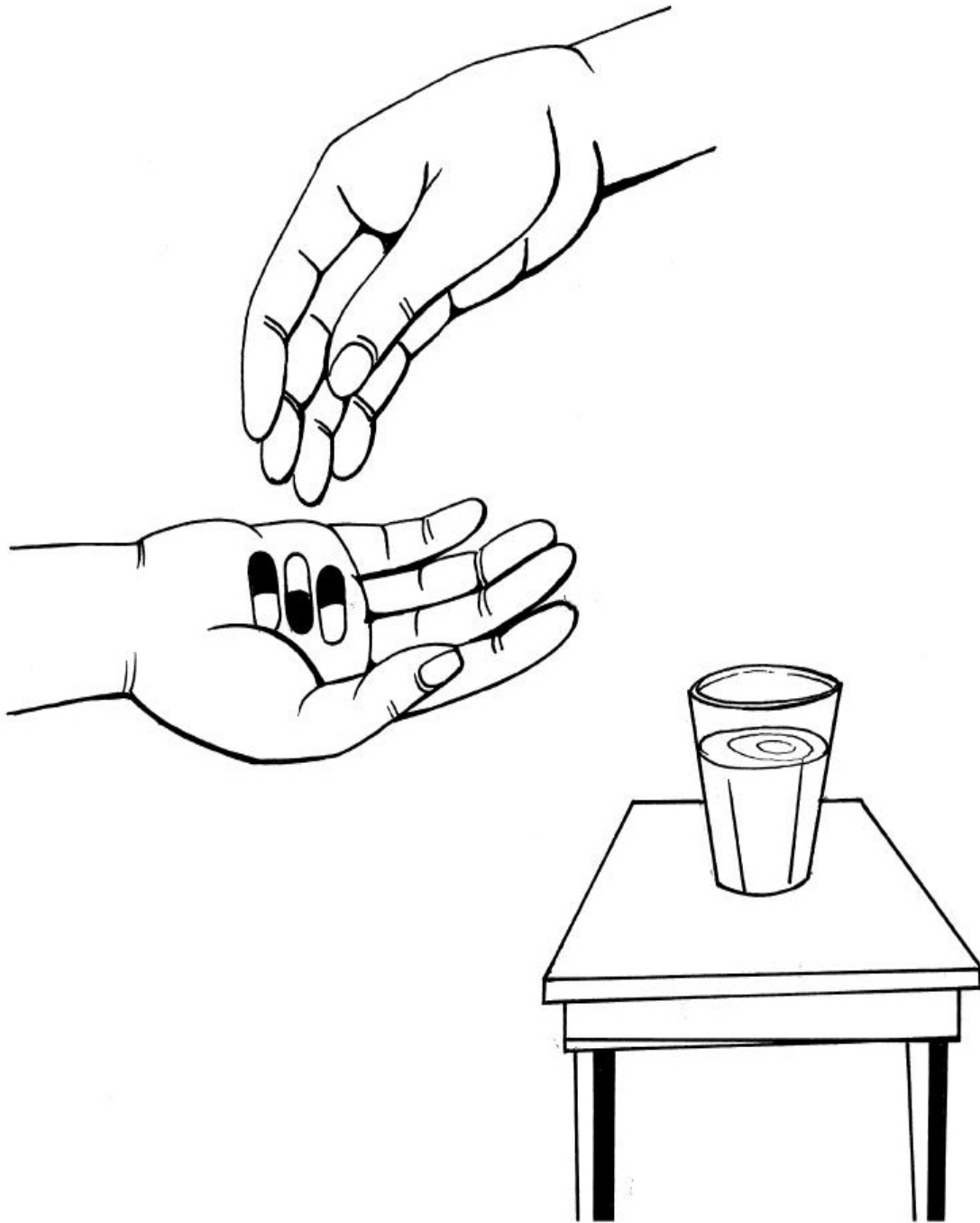






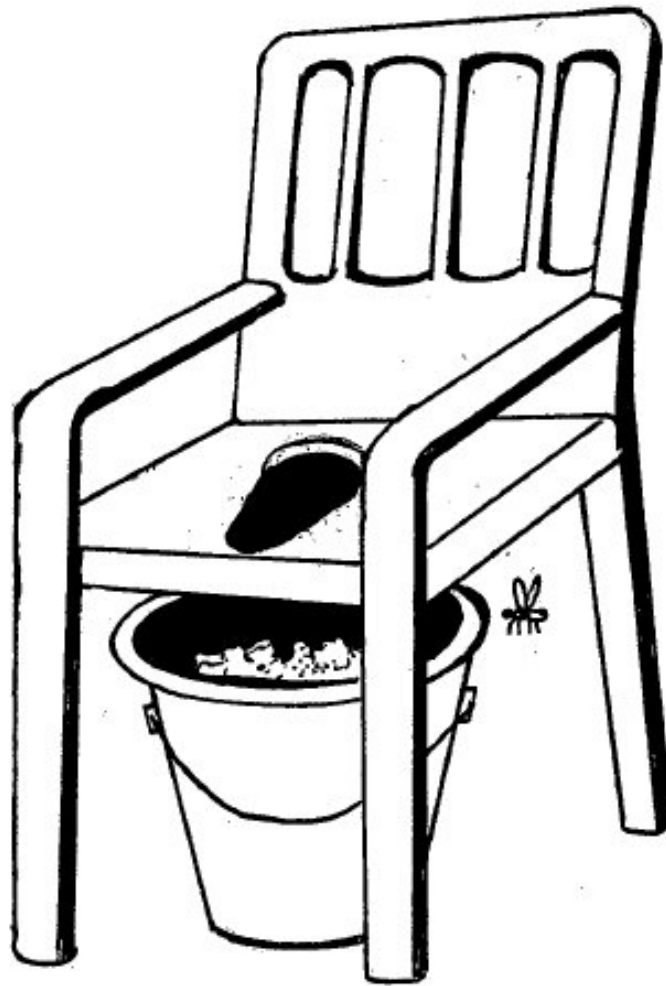














# Annex 2

## Background Information on Diarrhoeal Disease for the Trainers

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



Fact sheet N°330  
August 2009

## Diarrhoeal disease

### Key facts

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

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

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

There are three clinical types of diarrhoea:

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

### Scope of diarrhoeal disease

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

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

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

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

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

## Dehydration

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

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

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

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

## Causes

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

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

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

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

## Prevention and treatment

Key measures to prevent diarrhoea include:

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

Key measures to treat diarrhoea include the following.

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

## WHO response

WHO works with Member States and other partners to:

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

## For more information contact:

WHO Media centre

Telephone: +41 22 791 2222

E-mail: [mediainquiries@who.int](mailto:mediainquiries@who.int)

# Annex 3

## **WASH & HIV Myths and Misconceptions**

**Small Group Pile Sorting Activity: True or False?**

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**TRUE**

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**FALSE**

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## Statement #1:

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



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## Statement #2:

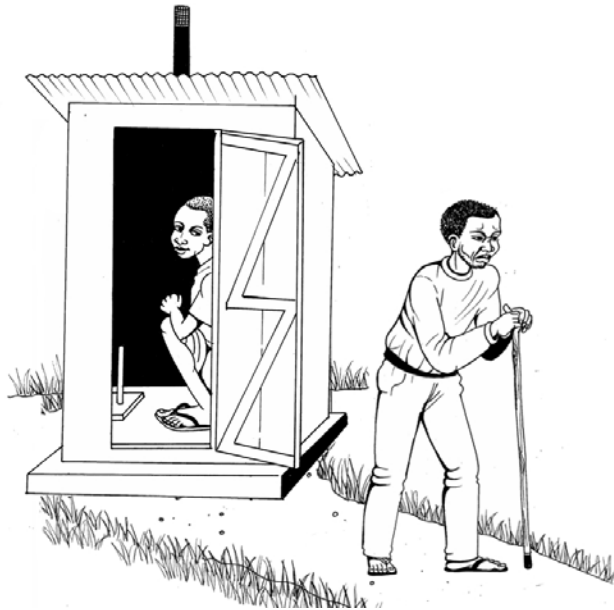
A household member can get HIV by handling with their bare hands (no gloves/plastic material) a sanitary towel/napkin, cloth, or banana fibre that is soaked with menstrual blood from an HIV-positive female client.





**Statement #3:**

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



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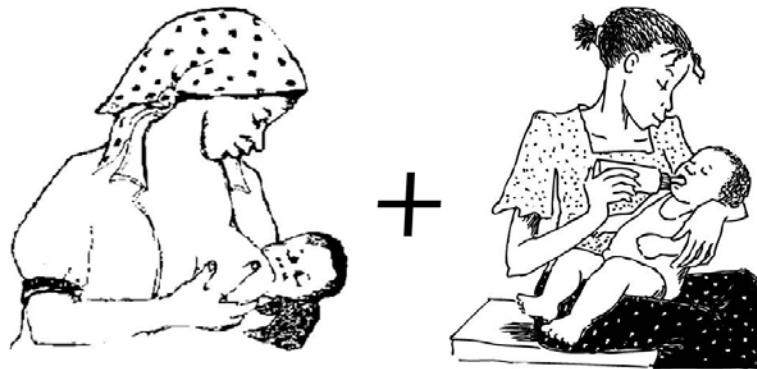
**Statement #4:**

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



**Statement #5:**

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



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**Statement #6:**

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



**Statement #7:**

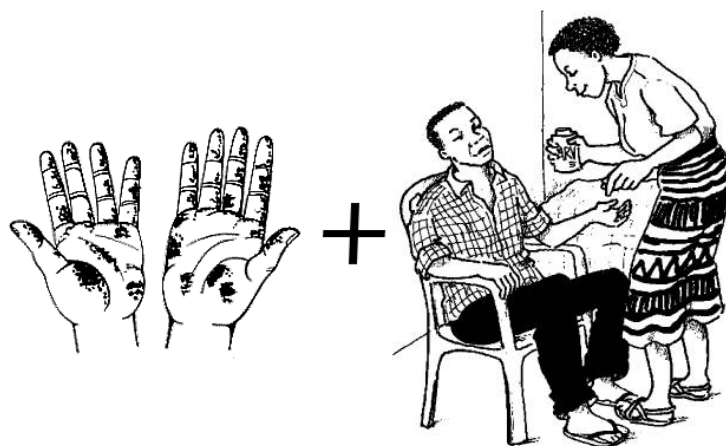
Putting plastic material or gloves on your hands while handling your client's faeces will help reduce the risk of spreading germs that cause diarrhoea.



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**STATEMENT #8:**

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



**Statement #9:**

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



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

**Statement #10:**

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

