

# SESSION PLANS

Day 3

Module 8, Session 1

Using the Four A's (Assess, Agree, Assist, and Arrange)



## Session Learning Objectives

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

1. Describe and use the *Four A's* (Assess, Agree, Assist, and Arrange) to help home based care providers identify the WASH needs of their clients and households and to assist their clients and families to identify and implement improved WASH practices.
2. Use the WASH Assessment Tool and Counselling Cards.

**Time: 3 hours**

## Prep Work

Before you teach:

1. Prepare headings on four pieces of flipchart paper. Write on the first sheet the heading, **Assess**; on the second sheet, **Agree**; on the third sheet, **Assist**; and on the fourth sheet, **Arrange**.
2. Review the Role Play Instructions in Annex 2 with the trainer who will act as the client. Practise the role play.

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

<b>WASH practices being implemented</b>	<b>WASH practices to be improved</b>	<b>Possible small doable actions to be negotiated</b>
1. Safe drinking water		
2. Handling and disposal of faeces at home		
3. Hand washing		

4. Have one copy of the **Assessment Tool** for each participant.

## Trainer Steps: Using the Four A's

### A. Introduction

Remind participants that the main WASH role of an HBC provider is to help her/his clients and their caregivers in the home improve their WASH practices. The client/caregivers already may be implementing good WASH behaviours/practices to some extent. For example, the household washes hands often during the day but not at the critical times. If the HBC provider wants to help the client/household improve their behaviour, the HBC provider should find out what they already are doing and start from there. Tell the participants that in this session, they will reflect on how to move from an actual (current) behaviour to an ideal behaviour.

### B. Large Group Discussion: Climate Setter (5 minutes)


1. Begin a large group discussion for no more than two minutes on how HBC providers have been assisting clients with needs and teaching them to take on healthier practices. First ask the participants to think silently about a specific time when they assisted a client or household member with a need or taught them to take on a healthier practice. Then start the discussion by asking questions to all participants. Suggested questions include:
  - How did you identify the need?
  - How did you decide what practice the client needed to change?
  - How did you follow up to make sure the client did what you guided them to do?
2. Explain that the purpose of the remainder of this session is to build on what HBC providers already know as well as learn a systematic process of how to observe, ask, think, plan, and act so they can help their clients and caregivers in the home with improved WASH practices.

### C. Large Discussion: Introduction to Four A's: Assess, Agree, Assist, and Arrange (20 minutes)

1. Explain that it has been shown that health workers such as HBC providers can provide better care if they learn and use a series of steps which structure their work when assisting a household with their needs. Inform participants that you are now going to review the steps they need to go through when visiting a client. Ask them to turn to the **Participant's Guide, page 148, section Tool 2, The Four "A" Steps**, where they will find all the information you are about to discuss so they are clear that they do not have to take notes on the topic. (Encourage participants to read it later so they can focus on the current discussion.) Point out

that the table (see Trainer note below) on **page 148-149** of the **Participant’s Guide** summarises what you are about to cover and that the following pages give the details. Explain that you will cover the tools that are mentioned in this chart later in this session.

**Trainer Note:**



THE FOUR A’s		
STEP	GOAL	TOOL TO USE
<b>1) ASSESS</b>	<ul style="list-style-type: none"> <li>Identify current practices;</li> <li>Congratulate on “good” practices;</li> <li>Discuss practices that need to be improved.</li> </ul>	<ul style="list-style-type: none"> <li>Assessment Tool</li> </ul>
<b>2) AGREE</b>	<ul style="list-style-type: none"> <li>Mutually agree on ONE practice to improve (water treatment and/or handling, hand washing, faeces management, or menstrual period/cloth management). If ideal behaviour is not possible, mutually agree on appropriate small doable action(s) to implement.</li> </ul>	<ul style="list-style-type: none"> <li>Assessment Tool</li> <li>Counselling Cards</li> </ul>
<b>3) ASSIST</b>	<ul style="list-style-type: none"> <li>Demonstrate new practice, if appropriate;</li> <li>Identify potential problems/barriers and how to solve them;</li> <li>Develop a plan of action;</li> <li>Guide the client on where to get help or materials within the community.</li> </ul>	
<b>4) ARRANGE follow-up support</b>	<ul style="list-style-type: none"> <li>Set a date and time for your next visit;</li> <li>Write down in your notebook current WASH practices and new, improved WASH practices the client/caregiver will implement.</li> </ul>	<ul style="list-style-type: none"> <li>Notebook or record-keeping instrument</li> </ul>

- Tell the participants you now are going to review the *Four A’s* in detail and review the following:

## Assess

- Explain to participants that a very important aspect of every HBC provider's role is to ASSESS, check out, find out, question, or look into the WASH situation of the household. Explain that this is the first in a series of four steps, called the *Four A's*, which is introduced in this session.
- Point to the flipchart paper with the word 'Assess' written at the top. Ask participants to give other words or phrases for what is meant by the word assess. Write the responses on the flipchart. Keep this flipchart page on the wall where everyone can see it.



### Trainer Note:

**Make sure responses on other words or phrases for 'Assess' include responses such as: *to check out, to find out, to question, and to look in to.***

- Explain to participants that assessing a client and/or a household member's WASH practices includes having the HBC provider do the following four things:
  - Collecting specific information by asking, listening and observing;
  - Identifying whether the client or household member is doing or not doing a WASH practice correctly, based on your training in this course;
  - Congratulating the client and/or caregiver in the household for good practices that they are doing; and
  - Exploring with the client and/or household member the practice(s) that needs to be improved/changed, using the information collected.

## Agree

- Ask participants to look at the second piece of flipchart paper with the heading 'Agree' written at the top. Explain that this is the second of the *Four A's*. It includes continuing the dialogue with the client or household member and coming to an agreement on what change(s) the client and/or household members will make, based on what is realistic, possible, and feasible for the household.
- Ask participants to give other words or phrases for what is meant by the word agree. Write the responses on the flipchart and keep this page on the wall.

**Trainer Note:**

**Make sure participant responses for 'Agree' include responses such as: to discuss options, reach a mutual understanding, or to concur between the HBC provider and the client or household member about changing a WASH practice.**

- Explain to participants that agreeing (or *coming to mutual agreement*) on a new, improved WASH practice that the client and/or household member wants to work on includes the HBC provider doing the following in their HBC visits:
  - Help the client/household decide on ONE topic area to address (either hand washing, water treatment, faeces disposal, or menstrual blood management).
    - Discuss the selected topic with the family member and decide whether he/she is going to be able to achieve the “ideal” new practice. If they cannot achieve the “ideal practice,” discuss some smaller, more realistic changes (the “small doable actions”) that the family may be able to make (and which still bring about some health gains).
  - Paraphrase the new practice that the client or household member wants to adopt to make sure that you and the client or household member are clear on the selected practice.
- Point out that in the 'Agree' step, the HBC provider does not tell the client what they are supposed to do, but has a discussion with the client about what needs to be improved and allows the client to make the decision as to what to change and how to do it (with the help and guidance of the HBC provider). This commitment and change in practice is encouraged and guided by the HBC provider, but the decision is made by the client/caregiver. Tell participants that the main job of the HBC provider at this stage is to assist the client or household so that he/she is aware of the current practices of his/her household and to encourage the client or household to make a voluntary commitment to try a specific practice that will help improve water, sanitation, and hygiene. This new practice should be built upon existing practices in the home and the community.

**Assist**

- Ask participants to look at the third piece of flipchart paper with the heading 'Assist' at the top. Explain that this is the third of the *Four A's*. It includes identifying barriers and helping clients and household members to overcome those barriers so they can make and sustain the changed WASH practice.

- Ask participants to give other words or phrases for what is meant by the word assist. Write the responses on the flipchart. Keep this flipchart page on the wall and available throughout the days of this training course.



### Trainer Note:

**Ensure responses on other words or phrases for 'Assist' include responses such as: to manage difficulties, provide 'hands-on' assistance, and to provide instruction or information so the practice can be more easily changed or maintained).**

- Explain to participants that in order for new practices to become a reality, it is important to assist a client and/or household member in the following ways:
  - Demonstrate practices that may seem difficult or new to households.
  - Discuss what may prevent the client, caregiver, or household from making the change that is needed, and make a plan to help overcome those barriers, using whatever may be available in the household or community.
  - Identify individuals in the household who may be able to help with the new practice, the household items they need to support the practice, and how to acquire needed items.
  - Inform the client of resources in the community where they can get help or materials they need to implement the action.
  - Help the client or caregiver to develop a plan of action and, in your own words, repeat the plan of action to make sure you understand it clearly and that the client is in agreement. Be sure to state what new, improved practice will be implemented and how the client, caregiver, or household will overcome any barriers to achieve the improved practice.
  - Congratulate the client and/or household member on the decision and plan that he/she developed for him/herself because it is a big achievement and the first step in the process of behaviour change.

### Arrange

- Ask participants to look at the fourth piece of flipchart paper with the heading '*Arrange*' written at the top. Explain that this step includes providing follow-up support to the client and/or household member and monitoring how the new practice is implemented.
- Ask participants to give other words or phrases for what is meant by the word arrange. Write the responses on the flipchart. Keep this flipchart page on the wall and available throughout the days of the training course.

**Trainer Note:**

**Ensure responses on other words or phrases for 'Arrange' include: making a follow-up plan, scheduling follow-up visits, making referrals, recording information, and monitoring and evaluating progress).**

- Further explain to participants that the step to 'Arrange' includes:
    - Asking the client and/or household member when you can return for a repeat home visit.
    - Thanking them for their time and openness to discussing these issues.
    - Writing down the current WASH practice(s) and the client/household commitment(s) to new, improved WASH practice(s) in your notebook or records as soon as you finish your session with the client.
    - Checking (on the next visit) whether the client and/or household member is making progress in doing the improved practice that they agreed to during your home visit.
3. Tell the participants you are now going to look at the tools that will help carry out the *Four A's* when the HBC provider is working with a client/caregiver in the home.

**D: Large Group Discussion: Using the Assessment Tool (10 Minutes)**

1. Explain to participants that a pictorially based WASH Assessment Tool was produced to help them assess the four MOST important aspects of water, sanitation, and hygiene of the households where they live and work (specifically how well their clients and/or household members wash their hands, treat their drinking water, dispose their faeces and clean re-usable rags that are soiled with menstrual blood).
2. Distribute to the participants the **Assessment Tool** (see copy in Annex 1) and explain how it is organised with each of the four WASH topics on a different line of the Tool with a key question at the top of each row. Ask the participants to turn to the **Participant's Guide, page 151, Tool 3, How to Use the WASH Assessment Tool**, and tell participants that the information that you are about to review begins at the heading, Hand Washing. Review the tool line by line, pointing out that this tool will help participants to assess the following regarding their client, the client's caregiver, or household:



### Hand Washing

- If they wash their hands;
- What substance they use to scrub the germs off the hands (soap or ash);
- How they rinse their hands during hand washing.

### Safe Drinking Water

- If they treat their water;
- How they treat their water.

### Safe Handling and Disposal of Faeces (animal and human)

- If they dispose of faeces or leave it in the open;
- Where they dispose of their faeces.

### Safe Handling and Disposal of Menstrual Blood

- If they use a clean cloth for soaking up menstrual blood;
  - What they use to wash the cloth;
  - If they use Jik (household bleach) to soak the cloth;
  - If they dry the cloths in sunshine.
3. Explain that the tool is organised so that on each row the practice that puts a client's health most at risk (the "bad" or more dangerous behaviour) is on the LEFT side of the Assessment Tool, and the practice that provides greater protection to a client's health (the "good" or "better" behaviour) is on the RIGHT side of the tool.
  4. Say that it is important that participants have the Tool available for each of their HBC visits following the training. Explain when they use the WASH Assessment Tool for the first time with a client or caregiver, they should use the following steps (tell the group to turn to the **Participant's Guide, page 152, How to Use the WASH Assessment Tool for the First Time with a Client or Household Member**, for a list of the steps):

### How to Use the Assessment Tool

- Explain to the client and/or the client's caregiver in the household that you want to talk with them about WASH practices you are trained in and how they do some things in the household.
- Ask the four questions on the Assessment Tool
- Ask the client or the client's caregiver in the home the four questions written on the Assessment Tool to understand how they currently are doing each

practice. It is important to ask these questions BEFORE showing the client the tool.

- Show the WASH Assessment Tool to the client and/or the client's household members and tell them that you are now going to review the Tool together, line by line.
- Review the Assessment Tool Line by Line. You should identify current practices on each of the lines on the tool. Do this by :
  - Looking at the Assessment Tool with the client or the caregiver in the home;
  - Reading the text beneath each picture out loud so that you are sure the client/caregiver is clear on what the picture is meant to represent;
  - Asking the client and/or caregiver to point to the picture that is most similar to what they do in the home. (If the client/caregiver is having trouble figuring out which picture to choose, you can suggest to them which choice might be appropriate according to the description they gave you in Step 2, above.)
  - Repeating this process for each line of the Assessment Tool.
- Discuss which current practices are good or "ideal" and which need to be improved. Once all of the Assessment Tool is reviewed, the HBC provider points out to the client/household member which practices they are doing that provide better protection against illnesses such as diarrhoea. These are the practices on the RIGHT side of the Assessment Tool. Congratulate the person on the practices they are doing well because it shows that you have noticed and acknowledged that they have done some things well and will make them more receptive to suggestions for improvement. It is extremely important to let the person know what is well done and explain that the practice should be maintained.

Explain to participants that if a client and/or household member showed they currently do a practice(s) toward the left side of the Assessment Tool, these are practices that are putting their health at risk. They will need to start doing something that takes them closer to the right-hand side because the practices on the right hand side provide better protection against illnesses, such as diarrhoea. (For example, if a client shows the HBC provider that he/she does not treat their water, then they need to start treating their water.)

- Choose ONE practice to improve.
 

Discuss with the client and/or caregiver which of the four topics (hand washing, water treatment, faeces disposal, or menstrual blood management) they would like to improve before you return for the next home visit. Remember that the client and/or caregiver should choose one practice that currently is not an "ideal" behaviour.

- Let clients and/or household members know that it is hard to change many things at once and that they are likely to be much more successful if they focus on one topic at a time. If they want to choose more than one, ask them “what you feel is the most important topic for you to work on,” and begin with the one they choose.
  - Review Counselling Cards and Identify Small Doable Actions. Discuss the selected topic with the family member and decide whether they are going to be able to achieve the “ideal” practice represented on the right-hand side of the Assessment Tool. If they cannot achieve the “ideal practice,” then discuss some of the “small doable steps” that the family may be able to achieve (which still bring about some health gains). These “small doable steps” are found on the Assessment Tool (as you move from left to right) and on the Counselling Cards. It is useful to review the Counselling Cards for the topic that your client has selected.
  - Once the family has identified the practices they want to improve, repeat to the client/household member what the improved practice is to make sure that both of you are clear on the selected practice.
5. Explain that if a client already is doing the “ideal practices” for all the categories on the Assessment Tool, they should review the Counselling Cards to help them identify other behaviours they might improve.
  6. Explain that if the client or family member does not want to try a new practice, you should ask them to tell you about their desire not to change anything. Encourage the client or family member to make even a small change that could benefit the household (e.g. reduce diarrhoea; reduce money spent on diarrhoea medicines, keep children or grandchildren healthy, etc). Ask once again if the client or family member is willing to improve one of the items on the Assessment Tool and emphasise that it does not need to be the “ideal practice,” but is at least, a small step which can still bring about a benefit. If the client or family member continues to insist they do not want to change anything (even though you explain again why it is important to make a change and have given them options for “small” and “big” changes), then it is possible that they are not ready to make any changes and that you cannot motivate them at this time. However, if they change their minds and decide that they want to make a change, congratulate them on wanting to improve the situation.
  7. Explain that during a second or subsequent visit (a repeat visit) to a household, it is important to review with the client/household member the progress they made in accomplishing the new practice they selected during your previous visit.
    - **If the new practice is being done SUCCESSFULLY:** Congratulate them and determine what additional new practice they would like to improve. You can determine the additional new practice by looking at your notes from the first time you used the Assessment Tool with the client/family to refresh your memory about where they needed to improve. (Or: you can repeat the step of

using the Assessment Tool to determine what practices need to be improved.) Discuss the practices that need improvement with the client/household members and agree on a new “improved” practice they want to try.

- **If the new practice is being carried out UNSUCCESSFULLY:** If the new practice they chose during your previous visit was not adopted (they were not “successful” with the new practice), discuss what the problems were and try to help the family figure out how to overcome them. This will help the family decide whether they want to continue trying the practice they chose during your previous visit (which was unsuccessful) or if they want to choose a different, “improved” practice. If they cannot overcome the problems they had, then help them choose a completely different practice.

## E: Role Play: Demonstration on How to Use the Four A's Using the Assessment Tool and Counselling Cards (30 minutes)

### *Part 1 of 3: Preparation for Demonstration Before the Session*



#### **Trainer Note:**

Prior to the day's training, arrange with one of your fellow trainers to play a bedbound client in this demonstration. The trainer playing the role of the client can be male or female. It is suggested that you provide the client in the role play with a common name (different from their own), according to the gender of the volunteer.

The “audience” (participants who are observing the demonstration) will analyse how the Assessment Tool, Counselling Cards, and the *Four A's* steps are demonstrated by the HBC provider (played by the first trainer) in the demonstration. Review the demonstration handout in Appendix 2 **BEFORE** this session. It is important that the trainers rehearse the demonstration in advance so the trainer playing the role of the HBC provider can accurately and effectively model, using the Assessment Tool, Counselling Cards, and the series of *Four A's* for the participants.

### *Part 2 of 3: Preparation for the Demonstration During the Session*

1. Explain to the workshop participants that you and your fellow trainer are now going to do a demonstration and that they will be the “audience.” Their job will be to observe and analyse because at the end of the demonstration, they will be asked specific questions about how the Assessment Tool was used and which of the *Four A's* were used at various times. They should take mental or written notes during the demonstration so they can answer the questions.

**Part 3 of 3: Demonstration and Discussion**

1. Begin the demonstration.
2. At the end of the role play, ask the participants (observers, audience) to provide input on things they saw in the demonstration on the use of the Assessment Tool, Counselling Cards, and the use of the *Four A's*. Tell participants they may refer to the flipchart pages on the wall to remind themselves of the *Four A's*. Ask these questions:
  - How did the HBC provider **Assess** the household situation?
  - How did the HBC provider use the **Assessment Tool**?
  - What did the HBC provider and client do in the **Agree** step?
  - How did the HBC provider use the **Counselling Cards**?
  - What difficulties or barriers to change did the client mention to the HBC provider that he/she agreed to **Assist** with?
  - What type of follow-up did the HBC provider **Arrange**?
3. Ask if there are any questions, and answer questions about the *Four A's* or use of the Assessment Tool and Counselling Cards reviewed in this exercise.

**F. Small Group Work: Practising Using the Assessment Tool, Counselling Cards and the “Four A’s” (90 minutes)**

1. Tell participants they are now going to have the chance to practise using the Assessment Tool, Counselling Cards, and the *Four A's* (Assess, Agree, Assist, and Arrange.) Tell the participants that once you finish giving them instructions, they will divide into groups of three. The small groups will designate one person in each group to act as the client, another as the HBC provider, and another as an observer. Explain to participants there will be three rounds, and they will switch roles for each round so that each person will have the chance to play the role of the client, HBC provider, and the observer.
2. Tell the participants that the first person playing the HBC provider will act as if he/she entered the home for the first time. The second person playing the HBC provider will pick up the conversation where the first person ended. The third person playing the HBC provider role will pick up where the second person ended. By the end of the role-play session, it will be as though the same HBC provider (not three different providers) has interacted with the same client.
3. Tell the participants the following about their roles:

- **HBC PROVIDER:** Participants as the HBC provider will be responsible for assessing ONE behaviour (ONE ROW of the Assessment Tool with their client). They will be instructed which line they are responsible for at the beginning of their practice and they should use the Assessment Tool and appropriate Counselling Cards with the client. They need to go through all of the *Four A's* (Assess, Agree, Assist, and Arrange) when they are speaking with the client. Tell them to remember the basic principles of conducting an HBC visit (establishing rapport; respect the household's culture, and avoid making assumptions about anything (such as whether they welcome your assistance); being professional in your approach, appearance, manner and use of language; and using culturally appropriate verbal/non-verbal communication skills, such as active listening; empathy, etc.) .
  - **CLIENT:** Instruct the "client" that he/she will talk (as one of their clients would typically talk when in the community) to the HBC provider.
  - **OBSERVER:** Instruct the "observer" that their role in this exercise is to observe the conversation between the client and HBC provider and to give feedback on how the HBC provider used the Assessment Tool, Counselling Cards, and the *Four A's*. The observer should pay particular attention to how the HBC provider listens to the client, asks open-ended questions, and summarises key elements of what the client says. Tell participants that, as the observer, they can use the flipchart pages on the walls to help them remember the *Four A's*.
4. Explain that after the case study introduction is read, a household hand washing situation will be presented which is relevant to the case study. Each small group will have 10 minutes to role-play the *Four A's* and use the WASH Assessment Tool and Counselling Cards for that particular hand washing situation. Groups will be able to repeat this exercise for two more rounds on two additional topics – one household situation in safe water and one household situation in safe handling of faeces and menstrual blood. Explain that each person in the small groups should rotate to a different role with each of the three situations so that each participant will have an opportunity to play the role of the HBC provider at least once.
  5. Ask participants to turn to the **Training Handouts to page 15, Practising Using the Assessment Tool, Counselling Cards, and Four A's: Case Study: Anne and Robert's Family**. Read the case study introduction out loud.

#### Trainer Note:

#### Case Study: Anne and Robert's Family

Anne and Robert are a married couple living in Kampala. They have been married since the year 2000, and were married when Anne was 18 years old. Anne did not complete her secondary schooling. Robert is currently unemployed and has a problem with drinking too much local beer.



Anne and Robert moved in with Anne's sister, Florence. Anne stays at home to take care of Robert, Anne's three children and Florence's daughter, so there are four children living in the household. Anne also cooks for the family.

Florence is a teacher and uses her salary to take care of the family. The family lives in the Kisenyi slum area in urban Kampala, near a drainage channel where most people in the community defecate and dispose of faeces.

You are a home based care provider in this community. Someone in the community told you that Anne and Robert are HIV-positive and that their family might need help. They also told you that the neighbours have complained about Robert coming home drunk late at night, hitting his wife, and screaming at her for not doing the things he told her to do.

You arranged to visit at a time that was convenient for the family. This is your first visit.

6. Tell the participants you will now read the specifics regarding the hand washing situation and direct them to the **Hand Washing Situation** box on **page 15** of the **Training Handouts** so they can follow along and know where to refer to later in the exercise, if needed.



#### Trainer Note:

#### Hand Washing Situation

While in the home, you observe that:

You do not see any soap anywhere, nor do you see an established place for hand washing (like a hand washing station). You notice that the household cooks with a saucepan and charcoal stove in the kitchen area where you see a *katasa* (small basin) with some grey, soapy-looking water.

7. Ask participants to divide into groups of three and make sure each group member is clear on who will play the client (pretending to be either Anne or Robert, depending on the gender of the participant), who will act as the HBC provider, and who will act as the observer. Remind the HBC provider that they will focus only on the FIRST ROW of the Assessment Tool. The observer should be ready to watch, listen, and provide feedback to the HBC provider.
8. Make sure all the groups are ready to begin, then signal them to start the role play.

9. Call the time after 10 minutes has passed. Tell participants they should stop the conversation and that the observer should give the HBC provider two minutes of feedback on how the conversation went.
10. Ask participants to stay in their small groups, but to turn toward the front of the room for brief feedback about this first session.
11. Ask participants in the HBC provider role:
  - “How did you feel in the HBC provider role?”
  - “What was hardest?”
12. Ask participants in the client role:
  - “What did the HBC provider do to help you understand what you needed to improve, and why you should do something about it?”
  - “Is there any way the HBC provider could have improved what they did?”
13. Ask for three examples of improved hand washing measures that were agreed to in the small groups.
14. Ask the participants to face their small group members again. Tell them they now need to rotate roles so that each person has a new role. Then, allow participants 30 seconds to determine who will play the various roles in the next role-play. Participants should have now changed roles.

**Trainer Note:**

**Ensure that participants rotate roles so that by the end of the exercise, everyone has a chance to play the role of the HBC provider, the client, and the observer.**

15. Instruct each of the small groups to pretend again as though they are in Anne's and Robert's household. Remind the participants they will continue as they have once before, where the HBC provider will take no more than 10 minutes to practise using the SECOND ROW of the WASH Assessment Tool, Counselling Cards, and the *Four A's* to identify the household's current safe water treatment practices and to come to an agreement on an improved, feasible practice. The client, playing either Anne or Robert, will talk to the HBC provider about their safe water treatment practice(s), and the observer will observe the conversation between the client and HBC provider, giving feedback.
16. Direct participants to the **Safe Water Situation** box in the **Training Handouts** on **page 15**. Read the safe water situation.



**Trainer Note:****Safe Water Situation:**

**While in the home, you observe that:**

**There is a bottle of WaterGuard solution on a shelf in the kitchen area, but it looks like it is empty because it is laying on its side without the cap. It clearly has not been used for some time because it is very dusty.**

**There are many water containers (basins, jerricans, and pots) scattered in the compound. Most water containers are very dirty, and so is the water in them.**

**You see one of the children dip a dirty cup in the large clay pot that holds the household water. You notice there is no cover on the clay pot.**

17. Make sure all the groups are ready to begin, then signal for the groups to start the role-play.
18. Call the time after 10 minutes. Tell participants they should stop the conversation. The observer should then give the HBC provider two minutes of feedback on how the conversation went.
19. Ask participants to stay in their small groups, but to turn toward the front of the room for brief feedback about this second session.
20. Ask participants in the HBC provider role:
  - “How did you feel in the HBC provider role?”
  - “What was hardest?”
21. Ask participants in the client role:
  - “What did the HBC provider do to help you understand what you needed to improve and why you should do something about it?”
  - “Is there any way the HBC provider could have improved what they did?”
22. Ask for three examples of improved safe water practice(s) that were agreed to in the small groups.
23. Instruct members of each small group to rotate roles again and to pretend again that they are again in Anne’s and Robert’s household. Remind participants that they will continue as they have twice before, where the HBC provider will take no more than 10 minutes to practise using the Assessment Tool, Counselling Cards, and the *Four A’s* to identify the household’s current faeces and menstrual blood handling and disposal practices and to come to a mutual agreement on an

improved, feasible practice. The client, playing either Anne or Robert, will talk to the HBC provider about their faeces and menstrual blood handling/disposal practice(s), and the observer will observe the conversation between the client and HBC provider, giving feedback. Tell them to remember the basic principles of conducting a home based care visit, as mentioned earlier.



**Trainer Note:**

**Ensure that participants rotate roles so that everyone has a chance to play the HBC provider, the client, and the observer.**

24. Read the faeces and menstrual blood situation (below). Direct participants to the **Faeces and Menstrual Period Situation** box in their **Training Handouts** on **page 16** so they can follow along and know where to refer to later, if needed.



**Trainer Note:**

**Faeces and Menstrual Period Situation:**

**You observe that:**

**On the way to the house, you noticed a community latrine, which is a 10-minute walk from the house.**

**When you walk into the compound, you notice that the ground near the neighbour's house has many smelly piles of faeces (and you suspect that either the children or someone who is too weak, cannot or won't walk to the latrine is defecating in the yard.) All of these faeces are near the containers where neighbours store water.**

**There are some bloody rags stuffed under a table in the corner of Anne's room.**

25. As before, instruct the HBC provider to take no more than 10 minutes to use the **THIRD AND FOURTH ROWS** of the WASH Assessment Tool to identify the current practice(s) in the household and walk through each of the *Four A's* to help in coming to an agreement on an improved faeces or menstrual blood handling or disposal practice that is feasible for the client. (If the client is a male, have him pretend he is a woman so that the provider can practise the menstrual period management line of the Assessment Tool.)
26. Make sure all the groups are ready to begin, and signal for them to start the role play.

27. Call the time after 10 minutes. Tell participants they should stop the conversation and have the observer give the HBC provider two minutes of feedback on how the conversation went.
28. Ask participants to stay in their small groups, but turn toward the front of the room for brief feedback about this third session.
29. Ask participants in the HBC provider role:
  - “How did you feel in the HBC provider role?”
  - “What was hardest?”
30. Ask participants in the client role:
  - “What did the HBC provider do to help you understand what you needed to improve and why you should do something about it?”
  - “Is there any way the HBC provider could have improved what they did?”
31. Ask for three examples of improved practice(s) that were agreed to in the small groups.

### **G. Large Group Feedback and Discussion: Negotiating WASH Behaviour Change (20 minutes)**

1. Call participants back into one large group for discussion. Explain this session provides an opportunity for feedback and discussion about their experience using the Assessment Tool, Counselling Cards and the *Four A's*.
2. Facilitate discussion with participants by asking the following questions:
  - “What did it feel like as an HBC provider to keep the *Four A's* in mind?”
  - “How useful (or not) was it to have the Assessment Tool?”
  - “How useful or not was it to have the Counselling Cards?”
  - “What barriers existed that hampered practising good WASH practices?”
  - “What things were embarrassing or difficult to talk about with your clients?”
  - “How was it useful to talk with the client about making a small change, even if that meant not achieving the ‘ideal’ practice?”
  - “What is one thing that you learned that you need to do better as an HBC provider?”
3. Ask if there are any questions and answer any questions about the negotiation steps practised by participants in this exercise.

## H. Large Group Discussion: Households with Multiple WASH Needs

1. Explain that in the previous sessions, we have discussed each WASH behaviour one at a time; the reality is that people and households have multiple WASH needs simultaneously. It is therefore very important to discuss and have a consensus on how to help a household to address their multiple WASH needs.
2. Ask participants to turn to **page 17** in their **Training Handouts** and follow along as you read out loud the **“Simulation: Helping People with Multiple WASH Needs.”**



### Trainer Note:

#### Simulation: Helping People with Multiple WASH Needs

Birungi is an HBC worker who has been working with David's household since last month. David was referred to Birungi by the community leader. Today Birungi visits David for the second time. During the first visit, Birungi noticed that David and his household have multiple WASH needs. Birungi decided to discuss and to negotiate the improvement of the household WASH practices on the second visit. After a nice introduction, Birungi carried out the assessment of WASH practices of the household with David.

The results of the assessment showed that:

- Drinking water is stored in a jerrican without a cover and the jerrican is visibly dirty. David was given WaterGuard last month when he went to the hospital for his ART, but the empty bottle is lying on its side covered with dust and without the cap.
- There is one shared latrine in the compound where David lives with his family. David's wife does not like to be seen going to the latrine during the day and David said that the path to the latrine is very dirty and he prefers to practice open defecation discretely anywhere in the compound. David's child, 5, uses the potty at night and practises open defecation during the day. There are faeces (animal and human) in the compound.
- David buys two jerricans of water every day. He buys 3–4 jerricans once a week when his wife does the laundry. David has soap or ash at home all the time. David and his family wash their hands with water every morning, at noon, and before going to bed. David has an old 3 gallon jerrican at home.

3. Lead a large group discussion where the participants brainstorm items to fill out the table prepared on flipchart paper before the session on, **“Client/Households with Multiple WASH Needs.”**

4. Discuss how the home based care provider can help the family prioritize what behaviours to improve first.
5. Develop a list of criteria for how to prioritize implementing new behaviours. Ensure that the following criteria are mentioned (if they are not brought up by the participants):
  - **The ability for the household to successfully implement the improved behaviour** – This should be the first criteria to look for. This includes mainly the availability/accessibility of materials and supplies needed for the improved behaviour. Negotiating improved behaviour with a household that cannot afford or does not have access to the minimum material/supply needed to improve this behaviour is a waste of time and will not lead to any change. Frustration can lead the household to give up. Therefore, HBC worker should be led by what the household can successfully implement. A successful trial will motivate the household to continue to implement the behaviour, maintain it, and adopt it. A successful trial also motivates the household to try another behaviour. [Note: In the case of David's household, it seems that improving hand washing will be easier and more successfully implemented by the household because all the materials/supplies needed are present. However, this should be presented, discussed, and approved by the household before moving forward.]
  - **The approval of the head of the household** - The approval of the person the negotiation is carried out with is very important. This is the determinant factor when the HBC worker notices that materials/supplies are available for two behaviours that need improvement.
  - **Move to improving another behaviour only if the previous one has been successfully implemented.**
  - **Ensure that the improved behaviour is maintained and sustained** - Even when the HBC worker is working with the household to tackle another behaviour that also needs improvement, the HBC worker should continue to follow up on the previous behaviour that has been improved to ensure that the practice is maintained and adopted.
6. Explain that HBC workers should always **tackle only one behaviour at time** for the following reasons:
  - It is easier, simpler, and more feasible for the household to improve one behaviour at a time
  - It may be overwhelming and confusing for the household to try to improve several behaviours at the same time
  - The success in improving one behaviour will encourage/motivate the household to tackle/work on improving another behaviour

**Trainer Note:**

Always help the household improve one behaviour at a time. Help the household improve another behaviour only after the household has significantly and consistently improved the first behaviour.

Ask participants to turn to **page 18** in their **Training Handouts** and ask a volunteer to read out loud. Explain to participants that they will review the, "**Guiding Principles for HBC Providers to Negotiate Multiple WASH Needs**" and briefly discuss it.

**Trainer Note:**
**Guiding Principles for HBC Providers to Negotiate Multiple WASH Needs**


1. **Assessment**
  - Carry out a thorough assessment of all the WASH practices of the household
  - Identify the WASH practices already being implemented and congratulate the client and recommend the client maintain these practices
  - Identify the practices to be improved and the set of small doable actions to be negotiated
2. **Decision and selection of one WASH practice to be improved according to the following criteria:**
  - Availability of materials/supplies (higher probability for the family to implement)
  - Approval of the head of household
3. **Negotiating the first improved WASH practice**
  - Negotiate only one behaviour at a time
  - Follow up with the client until successful and consistent implementation and adoption of the improved WASH practice.
  - Congratulate the client and ask him/her to continue to implement consistently the behaviour
4. **Negotiating the second WASH practice to be improved**
  - Check if the conditions are met for the second WASH practice to be negotiated – conditions include the availability of the materials/supplies and the approval of the head of the household
  - Negotiate the improvement of the second WASH behaviour and follow up the implementation of the improved practice by the household
  - Follow up the continuous and consistent implementation of the first improved WASH practice

## I. Review Summary Points (5 minutes)

- HBC providers can provide better care if they learn and use a series of steps which structure their work and the way they go about assessing and assisting a household with their WASH needs.
- The *Four A's* include **Assess, Agree, Assist, and Arrange**.
- In the Agree step, it is important for the HBC providers to dialogue with the client about the 'ideal practice' and alternative "small doable steps" to mutually come to an agreement on how the client can improve a specific WASH practice. This commitment and change in practice is encouraged and guided by the HBC provider member, but the decision is made by the client.
- A picture-based WASH Assessment Tool and a set of Counselling Cards were produced for each HBC provider to help them assess the water, sanitation, and hygiene needs in households where they may work or live and to help them work with household members to identify improved practices. It is important that participants have the Assessment Tool and Counselling Cards available for each of their HBC visits following the training.

### Transition

Transition to the next and final training session on putting WASH practice into action.

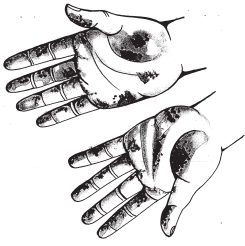
# Annex 1



# ASSESSMENT TOOL

## HAND WASHING

How do you wash your hands?



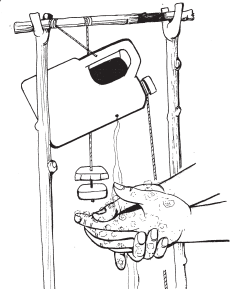
Do not wash hands. 😞



Use water only and "dip" hands. 😞



Use pouring water and ash. 😊



Use pouring water and soap. 😊

## WATER TREATMENT

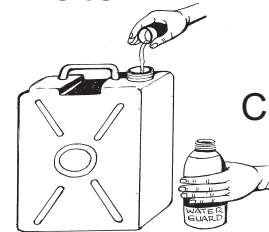
How do you treat your water?



Do not treat. 😞



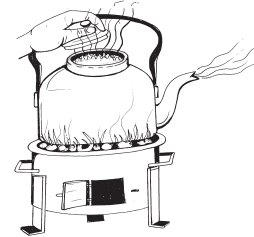
Settling/decanting  
😞



Chlorinate  
😊



Filtering through cloth  
😞



Boil  
😊

## FAECES DISPOSAL

How do you get rid of faeces?



Open defecation  
😞



Bury faeces  
😊



Use latrine  
😊

## MENSTRUAL RAG CLEANING FOR RE-USE

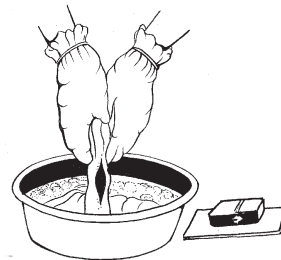
How do you clean menstrual rags for re-use?



Do not wash. Dry and reuse. 😞



Rinse in water and dry. 😞



Wash with soap and water and dry. 😊



Soak 20 minutes in Jik and water. Wash with soap and water. Dry in sun. 😊

# Annex 2

## Large Group Demonstration Instructions

### Information for the Client Role (Played by One Trainer)

#### Large Group Demonstration—Module 8

**Instructions: Read and review the “Information for the Client Role” (on this page). Time allowing, practise the demonstration ahead of time.**

You are a client living in a rural area of Uganda. You have been sick for the past year and feeling weaker these past few months. Your spouse has been your primary caretaker and has assisted you with bathing and getting up to defecate or urinate in a bucket, or to walk to the latrine. Unfortunately, your spouse died one month ago. In addition to feeling the sadness from your loss, you no longer have household help with bathing, cooking or assistance to get to a latrine or to a bedside bucket to urinate or defecate. Your niece lives next door and each day brings meals and water for you to drink that has been treated with WaterGuard.

You are not feeling well enough to get out of bed so you are not able to take care of your personal hygiene very well. You have quit washing your hands, and you have not been able to get up to defecate in the latrine or in a bucket for the past two weeks. Your niece is willing to help more, but you are not comfortable talking with her about your weakness and inability to get yourself to a latrine or a bucket. Therefore, you feel you have been left no choice but to urinate and defecate in your bed. You have used all the rags in the house to keep covering the soiled linens but the mattress and linens are wet. You notice that a place on your lower back is starting to hurt and is giving a bad odour. You are not sure what it is.

You arranged for an HBC provider to visit you today. He/she is very supportive, but you have never talked with her about sensitive topics such as your defecation/urination needs. Your HBC provider enters the home and you offer him/her a seat. He/she begins asking you questions about how you have been taking care of yourself, such as whether you are able to wash your hands, if you have treated water to drink, what are your defecation needs, and whether you still have your menstrual period (if the client is female). The HBC provider also notices the smell in your home.

You understand that defecating in the bed is not a good practice, but you are very shy and embarrassed and find it difficult to talk with your HBC provider about your defecation needs. But, you are open to finding a solution so you do not urinate and defecate in the bed, and you feel you have enough strength to be able to move yourself around in the bed for an alternative solution.

You do not have your menstrual period anymore (if the volunteer is a woman). You also have a good rapport with your HBC provider and respond openly to his/her questions and suggestions in the role play.

## Information for the HBC Provider Role (Played by Second Trainer)

### Large Group Demonstration

**Instructions: Read the “Information for the Client Role and HBC provider Role” (on this page and the previous page). Time allowing, practise the demonstration ahead of time.**

You are an HBC provider in a rural area of Uganda, and you live in the same village as the client. You have been taking care of the client for one year. You know that the client's spouse died one month ago. There are no family members living with the client, although a niece lives nearby. You had heard from other community members that since the spouse's death, the client has not been taking care of himself/herself. He/she works in the farm but has missed work since he/she has been sick.

You contact the client and agree on a time today for an HBC visit. In today's visit, you will assess the client (using the Assessment Tool), agree on a simple but improved practice (using the Assessment Tool and the appropriate Counselling Cards), assist the client by reducing barriers to the improved practice, and arrange follow-up for the client by acting out key steps of the *Four A's*.

Remember to demonstrate the basic principles of conducting an HBC visit, including (but not limited to): introducing yourself (if the client does not remember you); waiting to be offered a seat; explaining the purpose of the visit and what you would like to do while you are there; establishing rapport; respecting the client's culture; avoiding making assumptions about anything, such as whether they welcome your assistance; checking whether the client understands his/her needs based on their health condition; being professional in your approach, appearance, manner, and use of language; and using culturally appropriate verbal/non-verbal communication skills (e.g. active listening, empathy, etc. as introduced earlier in the course).

Be sure to demonstrate HOW TO USE THE ASSESSMENT TOOL AND THE COUNSELLING CARDS.