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HIP HYGIENE IMPROVEMENT
PROJECT

HIV/AIDS & WASH INTEGRATION: TRAINING AND SUPPORT SAFE FECES MANAGEMENT

The following trainer's manual was developed as part of HIP's country programming in Ethiopia. It contains only those sections relevant to safe management of feces.

When this training is implemented, it will likely be necessary to also include modules on general introductory WASH material, the role of the HBC worker, etc... Such sessions, along with the entire training package from Ethiopia including counseling cards and the participant's guide, are a part of HIP's WASH HIV Integration Toolkit, which can be found at <http://www.hip.watsan.net/page/4489>. To access other program documents, such as research reports, please visit: <http://www.hip.watsan.net/page/2489>

Please note that because the following pieces were taken from a larger document and some sections have been removed, the numbering of the various sections matches the original document and is therefore not always consecutive.



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TRAINER'S GUIDE: SAFE FECES MANAGEMENT



TRAINER'S GUIDE:

**INTEGRATING WATER, SANITATION, AND HYGIENE INTO HIV
PROGRAMS IN ETHIOPIA**

ACRONYMS

ART	antiretroviral therapy
CHW	community health worker
COP	community of practice
CT	counseling and testing
HAPCO	HIV/ AIDS Prevention and Control Office
HBC	home-based care
HIP	Hygiene Improvement Project
PLWHA	people living with HIV and AIDS
PMTCT	prevention of mother to child transmission of HIV
SDA	small doable action
TOT	training of trainers
USAID	United States Agency for International Development
WASH	water, sanitation and hygiene

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The WASH home-based care module training module was developed in close collaboration with the Federal HIV/ AIDS Prevention and Control Office. The module was developed with contributions from all organizations that formed the Ethiopian community of practice for Integrating water, sanitation and hygiene into HIV whose trainers participated in the training of trainers and reviewed the first draft of this training module.

The community of practice organizations includes the following:

- Save the Children,
- Management Sciences for Health (MSH),
- I-TECH,
- Organization for Social Service for People Living with HIV/AIDS (OSSA)
- Catholic Relief Services (CRS)
- CARE
- World Vision
- AMREF
- Catholic Church HIV Program, Alemtena
- HIV/AIDS Prevention, Care and Support Organization (HAPCSO)

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INTRODUCTION

Rationale

A small but growing number of studies have demonstrated the importance of good water, sanitation, and hygiene (WASH) practices for preventing diarrhea and improving the health and quality of life for people living with HIV and AIDS (PLWHA). Despite this evidence, HIV/AIDS organizations working with PLWHA do not routinely integrate WASH into their programs.

To address this challenge, HIP engaged interested partners in Ethiopia and formed a national community of practice (COP) based in Addis Ababa that more carefully explores feasible, effective actions for water, safe feces disposal, and hygiene in the HBC context. From June to August 2008, HIP and several COP member organizations conducted a formative research process—Trials of Improved Practices (TIPs)—to identify gaps and pilot the promotion of “small doable actions” in a program context. The behaviors explored during the TIPs included water management, safe feces disposal, and menstrual management.

HIP worked with the Federal HIV/ AIDS Prevention and Control Office (HAPCO) to design and conduct the training of trainers (ToT) of the COP organizations in Addis. The ToT strengthened the capacity of trainers to train home-based care workers and equipped them with the skills to provide effective WASH care to PLWHA and to negotiate improved WASH practices with PLWHA and their families. To integrate WASH into HBC programs effectively, the trainers recommended that the WASH-HIV Integration training module be included in standard home-based care training.

Who is this training module designed for?

This module is designed to be integrated into existing training for home-based care (HBC) workers, HIV case managers, and nurses working in counseling and testing (CT), prevention of mother to child transmission (PMTCT) and antiretroviral therapy (ART) programs. Any organization working in HIV can use this module.

Please note: If used as a stand-alone training, the session on objectives should be expanded to include participant and facilitator introductions and the reviewing ground rules.

How is this training module organized?

The module is divided into two parts:

Part One: Contains three sessions on 1) Why WASH matters for PLWHA and their families, 2) Focusing on behaviors, and 3) Negotiating improved WASH practices. These sessions provide information on the rationale behind and how to build skills in negotiating improved behaviors.

Part Two: Contains five practical sessions on how to negotiate improved WASH practices, how to care for bedbound people with diarrhea and HIV+ bedbound women with menses. Part Two includes tools and materials such as the assessment card and job aids as listed in the table below.

Table: Tools and materials to strengthen WASH/HIV competencies

<i>Competencies</i>	<i>Tools materials</i>
Negotiating improved WASH practices	Checklists
Caring for bedbound PLWHA	Assessment card

Teaching HBC workers how to care for PLWHA	Job aids WASH materials and products Products and enabling technologies
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A household WASH assessment card and job aids have been developed and should be distributed to HBC workers participating in the training to familiarize them with and help them to acquire WASH skills.

Before the training, the trainer should gather all products, supplies and enabling technologies required for the competency-based training as listed in the box below.

Table: Products and enabling technologies required for the training

<p>Hand washing Bucket and jug, soap and water</p> <p>Behavior leading to ideal behavior Shiro powder, cup with water, teaspoon</p> <p>Treating drinking water with WaterGuard Sample of WaterGuard Instructions for water treatment with WaterGuard, and a 20 liter jerry can</p>	<p>Teaching a caregiver how to care for a bedbound person with diarrhea/or an HIV+ woman with menses A big doll, a bowl with water, soap, a pair of sheets, gloves, clean piece of cloth or towel.</p>
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How to use this training module

This is a 9 hour and 15 minute training module—just over one day. It is recommended to teach the sessions in the sequence presented in the module. If organizations decide to train on how to negotiate improved practices of **only one WASH behavior**, the first three sessions should be taught before the practical session in the second part related to the targeted WASH behavior.

The tools and materials included in the training module should be used as recommended in the module to strengthen the WASH skills as described in the table below.

<i>Tools and materials</i>	<i>How to use</i>
Observation checklist	Use in a teaching setting to observe a practical session and give feedback in a structured manner
Assessment card	HBC worker (alone) uses to assess WASH practices, identify WASH practices already implemented, and WASH practices to be improved and the set of small doable actions
Job aids	HBC worker uses to communicate with the client when negotiating improved specific WASH practices
WASH materials and products	Use enabling technology during demonstration and practical sessions

The appendix of the training module includes handouts for each session. Each handout should presented and used during the specific session.

WASH-HIV INTEGRATION TRAINING OBJECTIVES

Aim of the session

To share expectations and objectives of the training

Learning objectives

By the end of this session participants will:

- ✓ Have shared their expectations
- ✓ Have discussed the background and the training objectives
- ✓ Be able to articulate the rationale for the training
- ✓ Be able to explain the training objectives

Time: 25 minutes

<i>Topic</i>	<i>Activity/Methodology</i>	<i>Time</i>	<i>Facilitator</i>
Pre-test		10 min	
Participants' expectations		5 min	
Rationale and training objectives	Discuss the training rationale and objectives	10 min	

Handout

Pre-test

Facilitator gives the participants the pre-test and collects it after about 5 minutes.

1. Brainstorming: Participants' Expectations

Facilitator gives each participant 1-2 index cards and asks them to write one expectation and one fear on each card. Facilitator reminds participants the following rules for writing on an index card listed in the box below.

Rules for writing on an index card

- Think before writing
- One idea per card
- Write with large letters so it can be read at 10 meters

No more than three lines on a card.

Facilitator gives participants 2 minutes to write on their index cards. After 2 minutes a co-facilitator collects the cards, reads aloud the expectations and fears, regroups the cards, and writes the ideas on a flip chart.

Facilitator explains that the expectations will be revisited after the presentation of the objectives.

Group expectations and fears are posted on the wall of the training room.

Facilitator asks participants to share with the group why the WASH-HIV session is integrated into their training program. Facilitator builds on participants' inputs and explains that HBC workers are expected to provide WASH care to PLWHA and

negotiate WASH improved practices with PLWHA and their families. Facilitator presents the objectives of the training.

2. Presentation: Objectives of the Workshop

Training objectives are to:

- Raise HBC worker awareness on the importance of improved WASH practices for PLWHA and their families.
- Enhance HBC worker skills to provide improved WASH care and negotiate improved WASH practices with PLWHA and their families.
- Strengthen HBC worker skills to teach caregivers how to provide WASH care to PLWHA at the household level.

The facilitator solicits questions on the training objectives and provides answers. Next, the facilitator does a quick round of expectations and fears.

Facilitator reviews expectations listed on the flip chart on the wall and for each expectation the facilitator asks the following question:

- ✓ *Referring to the training objectives, is this expectation going to be addressed in the training?*

Facilitator solicits answers from participants. Facilitator approves, reinforces, or corrects by providing additional information. For each expectation that will not be met, the co-facilitator will put an (X) in front of the expectation. Facilitator goes over the expectations with an (X) and explains why these expectations will not be met in this session. Facilitator also goes over participants' fears and discusses/addresses them.

Facilitator presents the content and duration of the session in the table below.

<i>Sessions</i>	<i>Time (minutes)</i>
Objectives of the training	15
Session 1: Why WASH matters for PLWHA and their families	55
Session 2: Focusing on behaviors	80
Session 3: Home-based care workers' WASH roles and tasks	25
Session 4: Negotiating improved WASH practices	80
Session 5: Improving hand washing behavior	30
Session 6: Negotiating increased access to and utilization of safe drinking water in homes	80
Session 7: Improving safe handling and disposal of feces and caring for HIV+ bedbound women with menses	120
Session 8: Negotiating WASH improved practices with PLWHA at households with multiple WASH needs	70
Total	555 minutes = 9 h 15 min

Facilitator stresses that the WASH-HIV module includes mostly practical sessions and activities to help acquire WASH care and negotiation skills.

Facilitator introduces the “parking lot.” Facilitator explains that s/he will hang out a flip chart sheet that will be used to list any extra learning/training issues and/or items that need further clarification or discussion.

Note to the facilitators:**Reviewing participants WASH-HIV Integration pretest responses**

Before beginning the WASH-HIV Integration training, facilitators will review pretest responses related to WASH-HIV. Facilitators will regroup HBC workers' answers on the WASH-HIV pretest questions in the following categories

- ✓ Questions with the most correct answers – areas where knowledge is good
- ✓ Questions with the most incorrect answers – areas to be strengthened/reinforced in the training
- ✓ Facilitators will discuss strategies (techniques, methods) to help enhance participants' WASH-HIV knowledge during the WASH-HIV session. Facilitator explains to participants that the group will discuss and agree on why WASH is important for PLWHA and their families.

SESSION 7: IMPROVING FECES MANGEMENT AT THE HOUSEHOLD LEVEL AND CARING FOR HIV+ BEDBOUND WOMEN HAVING MENSES

INTRODUCTION

Facilitator explains that feces management includes safe feces disposal for mobile people and safe feces handling and disposal for bedbound people.

Purpose

To strengthen participants' skills in negotiating safe handling and disposal of feces at the household level and teaching caregivers how to care for a bedbound person with diarrhea or with menses (women).

Learning objectives

By the end of the session participants will be able to:

- ✓ Demonstrate how to negotiate improved feces handling and disposal for mobile people at home
- ✓ Teach (learning by doing/teaching by showing or demonstrating) a caregiver how to care for 1) a bedbound person with diarrhea

Time: 120 minutes

<i>Objectives</i>	<i>Activities/Methodology</i>	<i>Timing</i>	<i>Facilitator</i>
7.1: Negotiating improved safe feces disposal for mobile people at home	Questions and answers Simulation/demonstration with observation and feedback using a checklist	40 min	
7.2: Teaching caregivers to care for a) bedbound PLWHA having diarrhea	Brainstorming Group work Plenary discussion with whole group	80 min	

Handouts

Handout 7.1.a: Scenario: Negotiating Improved Feces Disposal for Mobile PLWHA

Handout 7.1.b: Observation Checklist

Handout 7.2.a: Scenario: Teaching to Care for a Bedbound PLWHA with Diarrhea

Handout 7.2.b: Basic Steps to Construct Bedside Commode

Handout 7.2.c: Steps to Get the Client onto the Bedside Commode

SESSION 7: STRUCTURE

Facilitator tells participants that the group will review the key element of proper feces disposal as discussed in Session 1, then the group will practice how to negotiate improved feces disposal for mobile people and then for bedbound people with diarrhea.

7.1 Negotiating improved feces disposal practices for mobile people at home

Time: 40 minutes

Materials

- ✓ Handout 7.1.a: Scenario
- ✓ Handout 7.1.b: Observation Checklist
- ✓ Flipchart sheets
- ✓ Markers
- ✓ Masking tape

Learning objectives

At the end of the session, participants will be able to:

- ✓ List the critical elements for proper feces disposal for mobile people
- ✓ Discuss how to make a bedpan using local materials and how to build a latrine

1. Presentation and discussion – 15 minutes

Facilitator explains that mobile people are those who can walk to the latrine. Facilitator also reviews with participants the SDA of proper feces disposal at household level as illustrated on the WASH assessment card.

Facilitator asks participants to list the products /supplies needed for proper feces disposal. Facilitator builds on participants' list and concludes by saying:

- ✓ *To dispose of feces safely, mobile people need to have materials such as latrine, bedpan, and ash*

Facilitator explains to participants that the HBC worker should encourage PLWHA and their families to use a latrine during the day and night. If the PLWHA does not have a latrine and has space to build one, the HBC worker should give her/him with information about the different types of latrines such as the ecosan latrine, pit latrine, and VIP latrine and the household can then decide on what type they want to build.

Facilitator concludes by reminding participants that the three elements that are required to negotiate improvement in feces handling and disposal successfully are:

- Materials/supplies needed such as a latrine, bedpan or other alternatives
- Safe disposal of feces job aids
- Negotiating technique/steps

Facilitator asks participants to work in pairs for 3 minutes and list locally made bedpans in their community. Each pair will specify the local materials used and the main characteristics of the locally made bedpans that make them easy to use and effective for feces handling.

After 3 minutes, the facilitator asks a volunteer pair to present and then asks other participants to react.

Facilitator asks participants to list the characteristics of bedpans that make them user-friendly and effective. Co-facilitator writes down the characteristics. Ensure that the following are listed:

- Stable
- Smooth edge

- Easy to clean
- Leak proof

Facilitator tells participants that the group will practice how to negotiate improved feces handling and disposal at the household level for mobile people.

2. Simulation in negotiation – 25 minutes

Facilitator distributes **Handout 7.1.a: Scenario: Negotiating Improved Feces Disposal for Mobile People** and **Handout 7.1.b: Observation Checklist** and reads aloud the following scenario.

Handout 7.1.a:

Scenario: Negotiating Improved Feces Disposal at for Mobile People

Solomon lives in a neighborhood of Addis. He is married with 2 children, aged 3 and 6 years old. Solomon and his family own a one-bedroom house with a small yard. Solomon does not have a latrine and there are traces of feces around the house. Solomon and his wife have a bedpan, but only the children use it to defecate during the night. Solomon practices open defecation, and his wife must hold her feces and wait until it is dark before she can practice open defecation.

Facilitator asks for five volunteers to simulate how to negotiate with PLWHA and their household the improving feces disposal using the scenario in the box above. One volunteer will be the HBC worker, and the four other volunteers will be the PLWHA and his family. Facilitator asks volunteers to take 10 minutes to get organized and prepare the simulation.

The volunteers will use **the WASH assessment card, the scenario, the job aid on safe feces disposal for mobile people, and the checklist without answers to prepare the simulation.**

Before presenting the simulation, the volunteers will answer the following questions:

- Using the assessment card, what information is provided in the scenario on feces disposal practices?
- Referring to the assessment card, what practices are already being implemented and for which they will congratulate the PLWHA and family?
- Referring to the assessment card, what are the practices to be improved?
- What are the job aids to negotiate with the SDA to improve these practices?

While the volunteers prepare for the simulation, the facilitator walks participants through the checklist so while observing the simulation, they can use the checklist to follow, record, and provide feedback in a structured way.

Facilitator then asks volunteers to do the simulation for 5 minutes while other participants will observe and record their feedback.

Handout 7.1.b: Observation checklist on Negotiating Improved Feces Disposal

<i>Did the HBC worker</i>	<i>Yes</i>	<i>N o</i>	<i>Comments</i>
1. Introduce her/himself properly? <ul style="list-style-type: none"> • Names, the purpose of the visit, and get 			

permission to talk with the person			
<p>2. Use the assessment card to assess the person current feces handling and disposal practices?</p> <ul style="list-style-type: none"> • Place where adults and children defecate during the day and at night • Find out if space exists to construct a latrine • Find out if there is a bedpan, and if so, where the feces from bedpan is discarded 			
<p>3. Use the assessment card to identify the good practices already being implemented by comparing the current to the ideal behavior (<i>have a bedban</i>)?</p> <ul style="list-style-type: none"> ▪ Congratulate the household head for implementing these practices 			
<p>4. Use the assessment card to identify the practices to be improved?</p> <ul style="list-style-type: none"> ▪ By comparing the current to ideal behavior – (<i>Open defecation, dispose of feces from bedpan outside in the yard</i>). ▪ Identify the set of SDA to help improve the practice and what is available at the household level to help improve the practice - <i>– build and use a latrine (ecosan or pit) latrine during day time by all family members and night time by adults and dispose of the feces from bedpan into the latrine. Wash bedpan with water, soap, ash, or sand</i> 			
<p>5. Use the job aids to negotiate the improvement of feces handling and disposal?</p> <ul style="list-style-type: none"> • Present the practices to be improved • Explain the changes to be made (<i>set of SDA</i>) and the benefits for doing these changes (<i>clean and attractive compound, no flies, protect children from being in contact with feces and from getting diarrhea</i>) • Present the different types of latrine • Encourage head of household to try the set of SDA • Solicit and answer questions 			
<p>6. Use the assessment card properly? – HBC uses the assessment card to assess and identify the WASH practices to be negotiated</p>			
<p>7. Use the job aids properly? – Show the job aids to the household member when negotiating improved WASH practices</p>			
<p>8. Follow up?</p>			

<ul style="list-style-type: none"> • Make an appointment to follow up • During the follow up, identify the problems encountered and problem solved with the household head. If latrine is constructed, congratulate the head of household and encourage her/him to construct a wall with local materials to ensure privacy – and put a handful of ash in the latrine after defecation to get rid of smell and flies. Encourage the person to try these suggestions. Schedule a follow up visit 			
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3. Discussion – 5 minutes

Facilitator asks participants to react starting with what was done well and then highlight what needs improvement and how to improve. Facilitator highlights that improving behavior is a process. HBC worker should help PLWHA move from the current behavior to the ideal behavior and will propose how to make improvement gradually.

Facilitator refers to the WASH assessment card and job aids and summarizes the key messages on safe feces disposal for mobile people at the household level. Facilitator reminds participants that the WASH tools contain the assessment cards and a set of SDA for each WASH behavior.

Facilitator explains that the group will discuss about caring for bedbound people with diarrhea.

7.2 Caring for bedbound people with diarrhea

Time: 50 minutes

Materials

- ✓ Handout 7.2: Scenario
- ✓ Markers
- ✓ Flip chart sheets

Learning objectives

At the end of the session, participants will be able to:

- ✓ Discuss the challenges in feces handling and disposal for bedbound people
- ✓ Teach a caregiver how to care for a bedbound person having diarrhea

1. Brainstorming – 5 minutes

Facilitator asks participants to brainstorm from their own experience about the **challenges in safe feces handling and disposal for bedbound people**. Co-facilitator writes down participants' answers. Ensure that the points below are listed:

- Getting a frail person out of bed to go to the latrine is not always possible
- Cleaning someone in bed after an episode of diarrhea
- Helping a person, who is too weak to get out of bed, to be able to pass urine or open her/his bowel while in bed
- No soap to clean a person who has an episode of diarrhea in bed or not

- No clean or alternative bedding
- Sick person alone when having an episode of diarrhea at night

Facilitator explains that these challenges are strong reminders for HBC worker to work with and equip caregivers with the skills to help bedbound people properly manage feces during diarrhea. Also HIV+ women may become bedbound and may need help when they are menstruating. Facilitator explains that participants will learn how to teach a caregiver how to care for a bedbound person.

2. Simulation – 10 minutes

Facilitator refers participants to job aids and asks them to list the SDA related to caring for bedbound people with diarrhea.

Scenario 7.2.a: Teaching a caregiver how to care for a bedbound person with diarrhea

Fisseha is a young man who is HIV+. Fisseha has been having diarrhea since the beginning of the week. He has become very weak and cannot walk to the toilet anymore. Fisseha lives with a 15-year-old younger brother who cares for him. You (the HBC worker) visit Fisseha and he tells you that he was not able to go the toilet. His bed is soiled with feces. You decide to teach Fisseha’s caregiver how to care for him in this situation.

Facilitator tells participants that they will continue to work in their previous group to prepare the simulation.

Facilitator distributes Handout 7.2.a: Scenario: Teaching to care for a bedbound person with diarrhea

Facilitator also distributes to each group the following materials:

- A big doll (or volunteer for the simulation)
- A bowl
- Water and soap
- A pair of sheets
- Three pairs of gloves, clean piece of cloth or towel

Facilitator gives the following instructions to the groups:

- ✓ *Discuss in your group the strategy you will use to teach the caregiver. How will you proceed? What steps will you follow?*
- ✓ *Decide who will be the caregiver and who will be the HBC worker.*

Facilitator asks participants to take 10 minutes to prepare for the simulation.

3. Plenary session – 10 min

Facilitator decides randomly on the group who will simulate caring for a bedbound PLWHA having diarrhea. The chosen group will explain how they will teach someone to care for a bedbound person with diarrhea. Facilitator asks other participants to react.

Facilitator builds on participants’ answers and highlights the following points:

- ✓ *Two important activities must be carried out when teaching a caregiver to care for a bedbound person with diarrhea:*
- ✓ *Explain the tasks to perform*
- ✓ *Teach how to perform it (demonstrate)*

- ✓ *Ask the caregiver to try*
- ✓ *Then give feedback and follow up*

Explain that the following tasks should be performed when caring for a bedbound person with diarrhea:

- ✓ *Ensure privacy*
- ✓ *Prepare to give the care*
- ✓ *Clean the perineal area*
- ✓ *Turn the bedbound person to the side*
- ✓ *Clean the anal area*
- ✓ *Change the bed sheet and clothes and place the bedbound person in a comfortable position and cover him/her*
- ✓ *Soak, wash, and dry the stained bed sheet and clothes*
- ✓ *Follow the steps for teaching a caregiver how to learn a new skill*

Demonstrate and ask the caregiver to try, and then give feedback and follow up.

4. Demonstration – 10 min

Facilitator asks the group to demonstrate how to care for a bedbound person with diarrhea.

Facilitator asks other participants to react. Facilitator concludes by highlighting all the tasks involved in caring for a bedbound person with diarrhea.

5. Brainstorming: Helping a weak PLWHA use the toilet – 5 minutes

Facilitator explains that PLWHA may be weak but able to stand and walk with help of the caregiver. Facilitator asks participants to brainstorm on adjustments and materials to use to help the PLWHA defecate away from the bed.

Facilitator ensures to elicit at least the following suggestions to the case scenarios:

- Poles/ropes in the latrine for a frail person to hold on to while using the latrine
- Mud ramp to replace steps, where steps exist, in/outside of the house, in/outside of latrine
- Rope from house to latrine, if possible, to allow person to hold onto something while walking to the latrine
- Rope tied to the door of the latrine (where door exists) to allow the person to pull door closed after entering
- Rope tied on the end of the bed (if bed exists) or to the wall, if possible, to allow person to pull her/himself up in bed, or to turn her/himself
- Shallow dish, plastic sheet or bag, for person to use when defecating if there is no caregiver in the house
- Pile of pieces of old cloth /paper/newspaper by the bedside for client to put under her/him if incontinent
- Plastic bag, cut off jerry can, bowl by side of bed (close to person - at arm's length and level) for bedbound person to place soiled paper/plastic etc.
- Bedpan made from local materials
- Commode for client to sit on next to bed
- Provide pit for waste disposal where there is no latrine
- Bury waste where no latrine exists
- Screens, doors, thick plastic sheeting to increase privacy of latrine
- Screens, plastic sheeting for indoor potty
- Discard feces from bedpan in latrine where possible
- Organize communal responsibility for cleaning and maintaining latrine

Facilitator explains that some enabling technologies help PLWHA handle and dispose of feces safely.

6. Demonstration: Making a bedside commode – 5 minutes

Facilitator distributes [Handout 7.2.b: Basic Steps to Construct a Bedside Commode](#) and [Handout 7.2.c: Steps to Get the Client onto the Bedside Commode](#)

Facilitator reviews instructions on how to make a bedside commode listed below.

7.2.b: Basic Steps to Construct a Bedside Commode

Step One: Make a wooden stool or modify an existing chair

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

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

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

7. Demonstration – 5 minutes

Facilitator asks a volunteer to **demonstrate how to get the PLWHA onto the bedside commode**. Facilitator asks other participants to give feedback. Facilitator builds on participants' answers and highlights the points in Handout 7.2.c.

7.2.c: Steps to Get the Client onto the Bedside Commode

Step One: Wash your hands, as taught in Module 3 (refer to Module 3 for questions). Prepare the materials you need (chair, pillow, tissue or clean cloth for cleansing the perineum, etc). Come to the client and communicate what you are going to do.

Step Two: Place the bedside commode at the head of the bed. Help the client dangle his/her feet over the side of the bed, making sure his or her feet touch the floor. Help the client put on clothing, a cloth or a robe to maintain her/his privacy and dignity.

Step Three: Stand in front of the client who is sitting up on the bed. Have her/him place her/his fists on the bed by the thighs. Make sure the client's feet are flat on the floor. Place your hands under his or her arms. Your hands should be around the shoulder blades. Have the client lean forward. Brace your knees against the person's knees, and block his or her feet with your feet. Ask the client to push the fists into the bed and to stand on your count or at signal that you agree upon with the client. Pull them up into a standing position as you straighten your knees.

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

Facilitator solicits questions and gives answers. Facilitator then asks the third group to present. They will first explain how they will proceed for teaching the caregiver and then demonstrate.

Conclusion – Session 7

Facilitator concludes the session by highlighting the following key messages.

To negotiate improved handling and disposal of feces for mobile people the HBC worker needs:

- Materials/products (latrine, bedpan ...)
- SDA for feces management for mobile people – assessment card and job aid
- Good negotiation skills and techniques

To teach the caregiver how to care for a bedbound person with diarrhea, an HBC worker has to:

- Explain the tasks involved: ensure privacy, prepare to provide the care, clean the perineal area, turn the bedbound person, clean the anal area, change the pad/piece of cloth, change the bedsheet and clothes, place the bedbound woman in a

comfortable position and covering her. Soak, wash, and dry the stained bedsheet and clothes.

- Demonstrate and ask the caregiver to practice and give feedback.

Facilitator explains that in the following session, participants will help PLWHA and their families address their multiple WASH needs.

**SESSION 8:
NEGOTIATING IMPROVED WASH CARE PRACTICES WITH PLWHA AND
HOUSEHOLDS WITH MULTIPLE WASH NEEDS**

INTRODUCTION

PLWHA and their families usually have more than one WASH behavior to improve.

Purpose

Equip participants with the skills to help PLWHA and their families improve their WASH behaviors, one behavior at a time.

Learning objectives

At the end of this session, participants will be able to:

- ✓ Demonstrate how to negotiate improved WASH practices in households with multiple WASH needs
- ✓ Describe the guiding principles for negotiating improved WASH practices with households with multiple WASH needs

Time: 85 minutes

<i>Objectives</i>	<i>Activities/ Methodology</i>	<i>Timin g</i>	<i>Facilitato r</i>
8.1: Demonstrate how to negotiate improved WASH practices in households with multiple WASH needs	Brainstorm Simulation Discussion and reflection	60 min	
8.2: Describe the guiding principles for negotiating improved WASH practices with households with multiple WASH needs	Presentation	10 min	
8.3: Post-test		15 min	

Handouts

8.1.a: Scenario: Helping People with Multiple WASH Needs

8.1.b: Wash Practices Being Implemented, WASH Practices to be Improved, Set of SDA to be Negotiated

8.2: Guiding Principles for Addressing WASH Multiple Needs at Household Level

SESSION 8: STRUCTURE

Activity 8.1 Negotiating improved WASH practices with PLWHA and families with multiple WASH needs

Time: 55 minutes

Facilitator explains to participants that this session will tackle the reality concerning WASH practices in households where HBC workers work.

1. Brainstorm: Most common households WASH needs – 5 minutes

Facilitator asks participants the following question:

- ✓ *Think about each PLWHA and family with whom you work. What are the most common WASH needs of these people?*

Co-facilitator writes down the answers.

Facilitator explains that previous sessions discussed each WASH behavior one at a time, but in reality people have multiple WASH needs. Therefore, HBC workers must discuss and reach a consensus on how to help the household address multiple WASH needs.

2. Simulation: Helping PLWHA and families with multiple WASH needs – 50 minutes

Facilitator explains to participants that they will work in groups and prepare a simulation on negotiating WASH multiple needs at household level.

Facilitator divides participants into four groups.

Facilitator distributes Handout 8.1.a: Scenario: Helping People with Multiple WASH Needs and Handout 8.1.b: Wash Practices Being Implemented, WASH Practices to be Improved, Set of SDA to be Negotiated.

Facilitator explains that groups will read the scenario and use the WASH assessment card to fill out Handout 8.1.b with the practices being already implemented, the practices to be improved, and small doable actions to try.

Each group will use the WASH assessment card and prepare the simulation on negotiating with the household the improvement of their multiple WASH practices. Facilitator emphasizes that during the simulation, the HBC worker will:

- Simulate the negotiation of improved WASH practices with Dawit for 5 minutes
- For each behavior, the HBC worker will explain what is done well and what should be improved and the set of SDA to be negotiated in each case
- Explain why s/he decided to negotiate the WASH behavior(s)

8.1.a Scenario: Helping People with Multiple WASH Needs

Biruk is a HBC worker who has been working with Dawit's household since last month. The community leader referred Dawit to Biruk. Today Biruk visits Dawit for the second time. During the first visit, Biruk noticed that Dawit and his household have multiple WASH needs. Biruk decided to discuss and to negotiate improving household WASH practices on the second visit. After a nice introduction Biruk assessed WASH practices of Dawit's household.

The assessment showed that:

- ✓ Drinking water is stored in a jerry can without a cover, the cup used to serve drinking water faces up on the table, and the jerry can is located at the entrance to the house. Dawit received WaterGuard last month when he went to the hospital for his ART.
- ✓ The compound where Dawit lives with his family has one shared latrine. Dawit's wife does not like to be seen going to the latrine during the day and Dawit said that the path to the latrine is very dirty and he prefers to practice open defecation or use a plastic bag for defecation. He usually dumps the plastic bag discretely anywhere in the compound. David's child, age 5, uses a potty at night and practices open defecation during the day. Feces (animal and human) is found in the compound.
- ✓ Dawit buys two jerry cans of water every day. He buys 3-4 jerry cans once a week when his wife does the laundry. Dawit has soap or ash at home all the time. Dawit and family wash their hands with water every morning, at noon and before going to bed. Dawit has plastic bottles and straws at home.

Handout 8.1.b WASH practices being implemented , WASH practices to be improved and set of SDA to be negotiated

<i>WASH practices being implemented</i>	<i>WASH practices to be improved</i>	<i>Set of SDA to be implemented</i>
1. Safe drinking water		
2. Handling and disposal of feces at home		
3. Hand washing		

After 15 minutes, facilitator asks a group to:

- ✓ *Present how you have filled out the Handout 8.1.b. For each WASH behavior, present the good practices, the improvement needed, and the set of SDA to be negotiated.*

After the presentation, facilitator solicits input from other groups. Facilitator emphasizes that for each WASH behavior, the HBC worker should:

- Compare actual behavior to the ideal behavior on the assessment card to identify the good practices and the practices to be improved.
- Mark the good practices and congratulate the client and ask the client to maintain these practices.
- Identify the set of job aids with the SDA to be negotiated.

Do the simulation on negotiating improved WASH multiple needs with Dawit for five minutes. Explain why s/he decided to negotiate the WASH behavior(s).

After the simulation, facilitator discusses the following points:

- ✓ *Decide how to address Dawit's household multiple WASH behaviors.*

Facilitator asks volunteers to explain why they decided to negotiate the WASH behavior(s) they chose and to explain what led them select the behavior(s) to address on this visit.

Facilitator asks the group to state the criteria used to help make their decision. Co-facilitator writes down the criteria that led them to make the decision.

Facilitator asks other participants to react first to the decision the volunteer made either to address one behavior at a time or all behaviors during the same visit.

If the group decided to address all three behaviors, ask:

- ✓ *Can you learn three behaviors at the same time?*
- ✓ *Can you address all the WASH behaviors at the same time or not?*
- ✓ *How much can we negotiate?*

Facilitator builds on participants' contributions and explains that HBC worker should always tackle only one behavior at time for the following reasons:

- ✓ *It is easier, simpler, and more feasible for the household to improve one behavior at a time.*
- ✓ *It may be overwhelming and confusing for the household to try to improve several behaviors at the same time.*
- ✓ *Successfully improving one behavior will encourage/motivate the household to tackle/work on improving another behavior.*
- ✓ *Always help the household improve one behavior at a time. Help the household improve another behavior only after the household has significantly and consistently improved the first behavior.*

Criteria to help guide the decision on which behavior to tackle first

Facilitator asks participants to react to the list of criteria that guide the volunteer's decision on the behavior to tackle first.

Facilitator concludes by emphasizing the following criteria:

- ✓ *Household potential to improve the behavior successfully. This should be the first criterion. This includes mainly the availability/accessibility of materials and supplies needed for the improved behavior. Negotiating an improved behavior with a household who cannot afford or does not have access to the minimum supplies needed to improve this behavior is a waste of time and will not bring*

about change. Frustration can lead the household to give up. Therefore, the HBC worker should be guided by what the household can implement successfully. A successful trial will motivate the household to continue to implement the behavior, maintain it, and adopt it. A successful trial also motivates the household to try another behavior.

In the case of Dawit's household, it seems that improving **hand washing** will be easier and more successful because he has all the needed supplies. However this should be presented, discussed, and approved by the household before moving forward.

- ✓ *Approval of the head of the household. The person who will authorize practicing the SDA is very important. This is the determining factor to help make the decision, after the HBC worker notices that materials/supplies are available to negotiate improvements of two WASH behaviors.*
- ✓ *Improve another behavior only if the previous one has been successfully implemented.*
- ✓ *Ensure that the improved behavior is maintained and sustained. Even when the HBC worker is working with the household to tackle another behavior that also needs improvement, the HBC worker should follow up on the behavior that was previously improved to ensure that the practice is maintained and adopted.*

Facilitator explains to participants that they will review the guiding principles that should help them make the decision to negotiate multiple WASH needs.

Activity 8.2: Guiding principles to help household improve multiple WASH needs

Time: 10 minutes

Facilitator distributes Handout 8.2 and reads and explains each section.

8.2 Guiding Principles for HBC Workers on Helping PLWHA and Households Improve Multiple WASH Practices

1. Assess

- ✓ Using the assessment card, carry out a thorough assessment of all the household's WASH practices. Identify WASH practices already being implemented and congratulate the client and recommend that the client continue to maintain these practices. Then identify the practices to be improved and the set of SDA to be negotiated.

2. Decide and select one WASH practice to be improved using these criteria:

- ✓ **Availability of materials/supplies** (higher probability for the family to implement)
- ✓ **Approval** of the head of household

3. Negotiate the first improved WASH practice – Using the appropriate job aids

- ✓ Negotiate only one behavior at a time
- ✓ Follow up with the client until successful and consistently implements and adopts the improved WASH practice. Congratulate the client and ask her/him to continue

implement the behavior consistently

4. Negotiate the second WASH practice to be improved – Use appropriate job aids

- ✓ Check that the conditions are met for the second WASH practice to be negotiated; conditions include the availability of the materials/supplies, the approval of the head of the household, and whether or not the first behavior is maintained.
- ✓ Negotiate the improvement of the second WASH behavior and follow up on the previously improved practice.
- ✓ Continue to follow up on consistent implementation of the first improved WASH practice.

Facilitator solicits and answers participants' questions.

Facilitator concludes the training by going over the competencies that have been imparted in the training.

Activity 8.3. Post-test

Facilitator distributes the post-test and collects after 10-15 minutes.

APPENDICES

DESCRIPTION OF TRAINING TECHNIQUES

1. Buzz groups

The purpose is to induce a quick, organized discussion to obtain conclusions and opinions on a topic in a short time.

Procedure

Buzz groups are groups of two or three participants who discuss a topic without breaking up the plenary formation.

1. The facilitator visualizes and presents a clear, provoking question and allows participants a short time for coming up with answers, such as 5 to 10 minutes.
2. Participants are asked to form groups of two to three where they are sitting. The number of groups will depend on the number of participants present.
3. Groups should remain roughly where they are in the plenary, they should not shift to another location in the room or to a different room since that will take too much time.
4. The participants of each group are asked to write their answers on cards, following the rules of card writing.
5. The facilitator collects the cards and clusters them through group discussion, or asks the participants to pin their cards under preselected titles.
6. A plenary discussion on the results is held and adjustments and addition made.

2. Carousel

The purpose is to encourage participants to exchange ideas on a particular topic, warming them up for dialogue on the issues before they begin a specific session on a topic. It is both an idea generator and warming up exercise.

Procedure

1. The participants are divided into two equal-size groups forming an outer and an inner circle, everyone looking toward the inside.
2. The facilitator starts some music, sings or clap, and the two circles move in opposite directions
3. After 10 seconds the music is stopped and the people from the inner circle turn around to face a partner from the outer circle
4. Each person tells the other his or her opinion on the issue, perspective or problem. The participants may give advice to each other or may discuss their opinions on a theme of the workshop.
5. After several minutes the music resumes and the two circles move again.
6. This continues until you feel that participants have listened to a number of their fellow participants.

Remark: The technique is also useful for simulating an exchange of thoughts before card collection.

3. Simulation

A simulation is an enactment of a real-life situation.

Purpose

- Allows learners to experience decision-making in « real » situations without worrying about the consequences of their decisions
- A way to apply knowledge, develop skills, and examine attitudes in the context of an everyday situation

Process

1. Prepare the learners to take on specific roles during the simulation
2. Introduce the goals, rules, and time frame for the simulation
3. Facilitate the simulation
4. Ask learners about their reactions to the simulation
5. Ask learners what they have learned from the simulation and develop principles
6. Ask learners how the simulation relates to their own lives
7. Summarize

4. Small Group Discussion

A small group discussion is an activity that allows learners to share their experiences and ideas or to solve a problem.

Purpose

- Enhances problem-solving skills
- Helps participants learn from each other
- Gives participants a greater sense of responsibility in the learning process
- Promotes team work
- Clarifies personal values

Process

1. Arrange the learners in groups of four to seven
2. Introduce the task that describes what should be discussed
3. Ask each group to designate a discussion facilitator, a recorder, and a person to present the group's findings to the larger group
4. Check to make sure that each group understands the task
5. Give groups time to discuss—this should not require the trainer's involvement unless the learners have questions for the trainer
6. Have one person from each group summarize the findings of the group (this could be a solution to the problem, answers to a question, or a summary of ideas)
7. Identify common themes that were apparent in the groups' presentations
8. Ask the learners what they have learned from the exercise
9. Ask them how they might use what they have learned

5. Demonstration

A demonstration is a presentation of a method for doing something.

Purpose

- To teach a specific skill or technique
- To model a step-by-step approach

Process

1. Introduce the demonstration – what is the purpose?
2. Present the material you are going to use
3. Demonstrate
4. Demonstrate again, explaining each step
5. Invite the learners to ask questions
6. Have the learners practice themselves
7. Discuss how easy/difficult it was for them – summarize

WASH JOB AIDS

Assessment Card – front page

Reminder: WASH Practices You Can Easily Implement					
How do you dispose of your feces?					
			3. How to dispose of feces safely		
Use latrine all the time		If you can't use the latrine, use the potty		After using the potty, dispose of the feces in the latrine	

Assessment Card – Back page

How do you help bedbound & weak people dispose of their feces safely?					
4. How to dispose of weak people's feces					
Clear the path: remove bushes and obstacles	Use a cane	Hold the pole in the latrine	Use a potty chair	Dispose of the feces from the potty into the latrine	
5. Safe feces disposal for bedbound people					
Cover the mattress with plastic sheeting and cover plastic with cloth	Before caring for a bedbound person, cover your hands with gloves or plastic bag		Wash your hands before and after caring for a bedbound person		Use a bedpan

Handout 1.1: Picture/drawing of a man practicing open defecation – refer to HEW module

Handout 2.3.b: WASH products and supplies

Related products and supply affecting WASH behaviors

Sanitation

- ✓ Sanitation platforms (sanplats)
- ✓ Potties (for collection and transfer feces of infant and infirmed (e.g. disabilities, AIDS)

Handout 4.1: Definition of small doable action

A small do-able action is a behavior that, when practiced consistent and correctly, will lead to household and public health improvement.

It is considered feasible by the household, from THEIR point of view, considering their current practice, their available resources, and their particular social context.

Although the behavior falls short of an “ideal practice”, it is more likely to be adopted by a broader number of households because it is considered ‘feasible’ within the local context.

Handout 4.2.a: Negotiating improved practices

Negotiating Improved Practices is an innovative strategy that combines counseling and behavior change promotion techniques. Negotiation techniques build on existing practices, beliefs, customs, and available resources to “negotiate” with householders to identify and adopt effective and feasible practices for feces disposal, hand washing and water handling and treatment practices to prevent contamination and reduce disease-causing agents in the household environment.

Negotiating improved practices is driven by a strong behavior change component that, instead of promoting only one ideal practice or approach, focuses on instituting a process of interchange and negotiation between the home based care workers and households. This process allows households to select the most appropriate options for their situations and also permits households to work with the HBC worker to confront and solve other problems they face in incorporating new practices. With this support, and because actions are selected by the households themselves, the negotiation approach makes rapid integration of new behaviors possible.

To practice the negotiation, HBCW must have a range of feasible WASH options for various contexts. They must be able to practice techniques that identify problems, possible solutions, and get commitment to try a new, effective practice that brings the household closer to consistent and correct practice of water treatment, safe water handling, sanitation, and general hygiene.

Handout 4.2.b: Steps to follow when negotiating improved WASH behaviors (Preparing a Shiro Meal)

<i>Negotiation steps</i>	<i>Negotiation steps applied to teaching somebody how to serve a shiro meal</i>
1. Assess	<ul style="list-style-type: none"> • Find out the person’s previous experience and the equipment/materials available
2. Identify good practices; show appreciation for what is already done well	<ul style="list-style-type: none"> • Ask the person to practice serving a shiro meal (starting from what they know already) • After practicing, congratulate the person for what s/he knows already and is doing well
3. Identify the practice to be improved	<ul style="list-style-type: none"> • Identify what the person needs to improve and how to do it (set of small doable actions)
4. Negotiate the set of small doable actions leading to the ideal behavior	<ul style="list-style-type: none"> • Build on what the person knows already, demonstrate how to improve • Solicit questions and provide answers • Encourage the person to try and congratulate him/her after the first trial by highlighting what was well done and also highlight/demonstrate what needs to be improved • Encourage the person to continue practicing
5. Follow up and provide support	<ul style="list-style-type: none"> • Follow up and assess the progress • Encourage the person to continue practicing until s/he properly masters serving a shiro meal

Alternate Handout 4.2.b: (Running a marathon)

<i>Negotiation steps</i>	<i>Negotiation steps applied to teaching somebody how to run a marathon</i>
1. Assess	<ul style="list-style-type: none"> • Find out the person’s previous experience and the equipment/materials available
2. Identify the good practices and congratulate the person – Show appreciation for what is already done well	<ul style="list-style-type: none"> • Ask the person to practice a few steps in running the marathon • After practicing, congratulate the person for what s/he knows already and is doing well
3. Identify the practice to be improved	<ul style="list-style-type: none"> • Identify what the person needs to improve and how to improve (set of small doable actions)
4. Negotiate the set of SDA leading to ideal behavior	<ul style="list-style-type: none"> • Build on what the person knows already, demonstrate how to improve • Solicit questions and provide answers • Encourage the person to try and congratulate him/her after the first trial by highlighting what was well done and also highlight/demonstrate what needs to be improved. • Encourage the person to continue to practicing
5. Follow up and support	<ul style="list-style-type: none"> • Follow up and assess the progress • Encourage the person to continue practicing until the marathon

Handout 4.3: WASH Assessment and WASH job aids (12)

<i>WASH Behaviors</i>	<i>Job Aids</i>
3. Safe feces disposal for mobile people	<ol style="list-style-type: none"> 1. How to build a latrine 2. How to help a weak person use a latrine: <ol style="list-style-type: none"> 2.1 Clear the path to the latrine 2.2 Use a cane to go to the latrine 2.3 Have a pole in the latrine 2.4 Use a potty Chair 2.5 Use a bed pan 3. How to make a potty chair (Uganda job aid) 4. How to make a potty
4. Safe feces handling and disposal for bedbound people with diarrhea	<ol style="list-style-type: none"> 1. Provide perineal care

Handout 4.4.a: Body language for listening and communicating

- Being relaxed, not appearing embarrassed or awkward or shocked – even if the listener might be feeling some of those things
- Having an open posture, e.g. arms by your sides in a comfortable position, hands in lap,
- Leaning forward, and moving position, in response to the way the client is sitting (in good listening the listener does this without even noticing – s/he “mirrors” the way the client sits and moves – this is a really good indication that communication is good)
- Eye contact, as appropriate to culture and gender, but not staring
- Sitting posture
 - sitting sideways - at a 45° angle to the person (sitting squarely, that is, fully facing the person, can be intimidating, especially if the person is feeling embarrassed about the conversation - sitting sideways, at an angle of 45° to the person gives her/him an opportunity to look elsewhere if s/he needs to at times)
 - sitting at the same level or *lower* if the same level is not possible – if the CHW sits at a higher level than the client this unconsciously demonstrates the CHW is more important
 - sitting without barriers –e.g. a clinic desk - between the client and the CHW , although sitting at a kitchen table with the client (at an angle of 45° would be a comfortable and normal way of sitting in someone’s home

Handout 4.4.b: Types of questions and when to use them

a. Open-ended questions

What is an open-ended question?

Open-ended question is a question that gives the person an opportunity to volunteer information, experience, tell her/his story.

Examples of open-ended questions

- How do you store water?
- When do you make up the baby food?
- Why do you wash the bedclothes?

Open ended question should be used when:

- We want to find out some information;
- Let the person explain things in her/his own words;
- Open up the conversation;
- Allow the person to talk more fully about their situation;
- Help get the person talking if s/he is shy to talk

b. Closed questions

What is a closed question?

A closed question is a question which either leads to single word answers or “Yes” or “No” answers.

Examples of closed questions:

- Do you have access to water?
- How many times a day do you wash your hands?
- Is there a latrine in the compound?

c. Checking questions

What is a checking question?

A checking question can help you to find out how much the person has understood or if you have understood or if you have understood, and help you decide if you need to give further information or better explanation.

Checking questions can be used for checking you have understood the person you are working with, and for checking that the person has understood you. A checking question can do two things. It can help you to find out how much the person has understood and it can help you find out what needs further information or explanation.

Examples:

- ✓ What changes have we agreed to make today in the way you use your water supply?
- ✓ How are you going to use the soap and water from now on?
- ✓ What I have heard is that you would like to build a latrine and you think both your husband and landlord would object?

d. Leading questions

What is a leading question?

A leading question is designed (either intentionally or subconsciously) to lead the person to a particular answer.

These types of questions do not help the person questioned to be open about their true feelings or actions.

*It is easy to fall into the trap of using leading questions – health workers and home based care workers use them a lot because they (usually subconsciously) want to hear specific information and feel they are too busy to get into a “big discussion”. However, the “big discussion” is, in reality, the health worker’s **job** in communicating and is exactly what we should be trying to achieve.*

One of the reasons most health or HBC workers fall into this trap is because they don’t feel confident to communicate well, or don’t feel confident that they have answers to difficult questions. Asking leading questions helps the health worker or HBC worker to stay in control of the conversation, even if they don’t realize that is what they are doing.

Examples

- You understand about how germs can cause infection now, don’t you?
- Now that we’ve talked, you can store your water safely, can’t you?
- You don’t have any more questions about hand washing, do you?
- You know better than to store your water in an open container, right?

e. Why? questions

What is a why question?

(Self-evident) – Questions that ask why something is being done, has happened etc.

These types of questions can sometimes be useful, but should be used carefully - with a gentle tone of voice and some qualification (words that soften the effect of the question) - otherwise these types of questions can sound accusing and can feel threatening and judgmental. Often it is better to turn this question into a statement that allows the person to explain their behaviour without feeling threatened or judged.

Examples of why questions:

- I’m interested in why your village has this particular way of treating diarrhoea in children - can you explain it to me?
- I’d like to understand why you feel that women shouldn’t use the latrine in the daytime.
- Can you tell me more about why your family can’t wash their hands with soap and water every time they use the latrine?

There is a common trap that can catch us if we do not carefully watch and plan what we are asking, that is, asking two questions together. We often ask two questions together in ordinary conversation. Ask the group for examples.

- How did you manage with teaching your family hand washing? Did it go fine?
- What did he say about cleaning the latrine? Did he make a plan with the village?
- How do you know the water is clean? Do you boil it, or use a water purifier?

- What was discussed at the village meeting? Did everyone agree that a village hygiene committee needs to be formed?

Note how in these common ways of asking questions, the first question is open while the second question is a closed or a leading question. This helps the person asking the question to “limit” the response of the person being asked (the person asking the question probably isn’t even aware that this is what s/he is doing – we all do it so often in ordinary life, and it is useful for us as human beings – it would be impossible for us all to talk in open questions all the time). But we need to be very careful NOT to ask two questions together – it won’t help us get the answers we really need and the client won’t have the opportunity to say what s/he really thinks.

Handout 7.1.a: Scenario:

Negotiating improved feces disposal for mobile people

Solomon lives in a neighborhood of Addis. He is married with 2 children, aged 3 and 6 years old. Solomon and his family own a one-bedroom house with a small yard. Solomon does not have a latrine and there are traces of feces around the house. Solomon and his wife have a popo, but it is used only by children for defecation during night time. Solomon practices open defecation during the day and at night, and his wife must hold her feces and wait until it is dark before she can practice open defecation.

Handout 7.1.2: Observation Checklist Negotiating improved feces disposal for mobile people

<i>Did the HBC worker</i>	<i>Yes</i>	<i>No</i>	<i>Comments</i>
1. Introduce him/herself properly? <ul style="list-style-type: none"> • Names, the purpose of the visit, and the get permission to talk with the person 			
2. Use the assessment card to assess the person current feces handling and disposal practices? <ul style="list-style-type: none"> • Place where adults and children defecate during the day and at night • Find out if there is a space for constructing a latrine • Find out if there is a popo, and if so, where were feces from popo are disposed of? 			
3. Use the assessment card to identify the good practices already being implemented by comparing the current to the ideal behavior (<i>have a popo</i>)? <ul style="list-style-type: none"> ▪ Congratulate the household head for implementing these practices 			
4. Use the assessment card to identify the practices to be improved? <ul style="list-style-type: none"> ▪ By comparing the current to ideal behavior – ▪ Identify the set of SDA to help improve the practice and what is available at the household level to help improve the practice 			
5. Use the job aid to negotiate the improvement of feces handling and disposal? <ul style="list-style-type: none"> • Present the practices to be improved • Explain the changes to be made (<i>set of SDA</i>) and the benefits for doing these changes • Present the different types of latrine • Encourage the head of household to try the set of SDA. • Solicit and answer questions • Encourage the head of household to try 			
6. Proper use of the assessment card? – HBC uses the assessment card for the assessment and identification of the WASH practices to be negotiated			
7. Proper use of the job aid? – Show the job aid to the household member when negotiating improved WASH practices			
8. Follow up? <ul style="list-style-type: none"> • Make an appointment to follow up • During the follow up, identify the problems encountered and problem solved with the household head. If latrine is constructed, congratulate the head of household and encourage him/her to construct a wall with local materials to ensure privacy – and put an hand full of ash in the latrine after defecation to get rid of smell and flies. Encourage the person to try these suggestions. Schedule a follow up visit. 			

Handout 7.2.a: Scenario Teaching to care for a bedbound person with diarrhea

Fisseha is a young man who is HIV+. Fisseha has been having diarrhea since the beginning of the week. He has become very weak and cannot walk to the toilet anymore. Fisseha lives with a 15-year-old younger brother who cares for him. You (the

HBC worker) visit Fisseha and he tells you that he was not able to go the toilet. His bed is soiled with feces. You decide to teach Fisseha's caregiver how to care for him in this situation.

Handout 7.2.b: Basic steps to construct a bedside commode

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

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

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

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

Handout 7.2.c: Steps to get the client onto the bedside commode

Step One: Wash your hands, as taught in Module 3 (refer to Module 3 for questions). Prepare the materials you need (chair, pillow, tissue or clean cloth for cleansing the perineum, etc). Come to the client and communicate what you are going to do.

Step Two: Place the bedside potty chair at the head of the bed. Help the client dangle his/her feet over the side of the bed, making sure his or her feet touch the floor. Help the client put on clothing, a cloth or a robe to maintain their privacy and dignity.

Step Three: Stand in front of the client who is sitting up on the bed. Have them place their fists on the bed by their thighs. Make sure the client's feet are flat on the floor. Place your hands under his or her arms. Your hands should be around the shoulder blades. Have the client lean forward. Brace your knees against the person's knees, and block his or her feet with your feet. Ask the client to push the fists into the bed and to stand on your count or at signal that you agree upon with the client. Pull them up into a standing position as you straighten your knees.

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

Handout 8.1.a: Scenario
Helping people with multiple WASH needs

Biruk is a HBC worker who has been working with David's household since last month. Dawit was referred to Biruk by the community leader. Today Biruk visits Dawit for the second time. During the first visit, Biruk noticed that Dawit and his household have multiple WASH needs. Biruk decided to discuss and to negotiate improvement of the household WASH practices on the second visit. After a nice introduction Biruk 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 jerry can without a cover, the cup used to serve drinking water is left facing up on the table, and the jerry can is placed at the entrance of the house. Dawit was given WaterGuard last month when he went to the hospital for his ART.
- There is one shared latrine in the compound where Dawit lives with his family. David's wife does not like to be seen going to the latrine during the day and Dawit said that the path to the latrine is very dirty and he prefers to practice open defecation or use a plastic bag for defecation. He usually dumps the plastic bag discretely anywhere in the compound. David's child, age 5, uses the potty at night and practice open defecation during the day. There are feces (animal and human) in the compound.
- Dawit buys two jerry cans of water every day. He buys 3-4 jerry cans once a week when his wife does the laundry. Dawit has soap or ash at home all the time. Dawit and family wash their hands with water every morning, at noon and before going to bed. Dawit has plastic bottles and straws at home.

Handout 8.1.b:

WASH practices already being implemented, WASH practices to be improved, set of SDA to be negotiated

<i>WASH practices being implemented</i>	<i>WASH practices to be improved</i>	<i>Set of SDA to be implemented</i>
1. Safe drinking water		
2. Handling and disposal of feces at home		
3. Hand washing		

Handout 8.2: Guiding principles for HBC workers on helping PLWHA and households to improve multiple WASH practices

1. Assessment

- Using the assessment card, 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 that the client continue to maintain these practices - and identify the practices to be improved and the set of SDA 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 – Using the appropriate job aids

- Negotiate only one behavior at a time.
- Follow up with the client until successful and consistent implementation and adoption of the improved WASH practice. Congratulate the client and ask him/her to continue to implement the behavior consistently.

4. Negotiating the second WASH practice to be improved– Using the appropriate job aids

- ✓ Check if the conditions are met for the second WASH practice to be negotiated; conditions include the availability of the materials/supplies, the approval of the head of the household, and whether or not the first behavior is maintained.
- ✓ Negotiate the improvement of the second WASH behavior and follow up on the implementation of the improved practice by the household.
- ✓ Continue to follow up on consistent implementation of the first improved WASH practice.

Pre & post test WASH questions to be included in the home-based care

Some questions ask for more than one response; some questions ask for description; some questions ask for one answer.

Please read all the questions carefully and answer as best you can.

You have 15 minutes to answer all the questions

Do not
write in
this
column

<p>1. Improving WASH in homes will benefit the: [check the boxes]</p> <p><input type="checkbox"/> The neighbors alone</p> <p><input type="checkbox"/> PLWHA, household, and community</p> <p><input type="checkbox"/> Home Based Care workers alone</p>	<input type="checkbox"/>
<p>2. What WASH behaviors should HBC worker target in HBC? [check the boxes]</p> <p><input type="checkbox"/> Hand washing</p> <p><input type="checkbox"/> Hair combing</p> <p><input type="checkbox"/> Diet</p> <p><input type="checkbox"/> Drinking safe water</p> <p><input type="checkbox"/> Proper handling and disposal of feces</p> <p><input type="checkbox"/> Car washing</p> <p><input type="checkbox"/> Menstrual care</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>3. The goal of WASH care for PLWHA is to: [check one box]</p> <p><input type="checkbox"/> Prevent malaria</p> <p><input type="checkbox"/> Prevent yellow fever</p> <p><input type="checkbox"/> Prevent tuberculosis</p> <p><input type="checkbox"/> Prevent diarrhea for family members, and improve the PLWHA's quality of life, and prevent HIV transmission (caregiver)</p>	<input type="checkbox"/>
<p>4. What does not influence WASH behaviors? [check the boxes]</p> <p><input type="checkbox"/> Availability of product/material</p> <p><input type="checkbox"/> Purchasing power</p> <p><input type="checkbox"/> Perception of benefits/advantages</p> <p><input type="checkbox"/> Presence of road</p> <p><input type="checkbox"/> Presence of a bird</p> <p><input type="checkbox"/> Availability of water</p> <p><input type="checkbox"/> Approval of household head</p> <p><input type="checkbox"/> Tradition</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>5. How do you learn/teach an improved behavior? [check one box]</p> <p><input type="checkbox"/> Step by step</p> <p><input type="checkbox"/> All at once</p>	<input type="checkbox"/>
<p>6. What are the key steps to negotiate an improved behavior? [check one box]</p> <p><input type="checkbox"/> Educate</p> <p><input type="checkbox"/> Tell people what to do</p> <p><input type="checkbox"/> Assess, congratulate, identify improvement needed, and negotiate improved behavior</p>	<input type="checkbox"/>
<p>7. Select one the following phrases that encourage "open-ended questions": [check the box]</p> <p><input type="checkbox"/> How many ??</p> <p><input type="checkbox"/> What would make it easier to??</p> <p><input type="checkbox"/> Have you ever??</p> <p><input type="checkbox"/> You don't usually do you?</p>	<input type="checkbox"/> <input type="checkbox"/>
<p>8. Effective negotiating an improved behavior requires:</p>	

<p>[check one box]</p> <p><input type="checkbox"/> Convincing people about what to improve</p> <p><input type="checkbox"/> Knowledge of the small doable actions, material/product needed, and negotiation</p>	
<p>9. HBC worker's WASH role and tasks are:</p> <p>[check one box]</p> <p><input type="checkbox"/> Meeting with community leaders</p> <p><input type="checkbox"/> Discussing with neighbors</p> <p><input type="checkbox"/> Negotiating improved WASH behaviors, provide WASH care for sick PLWHA, and teach caregiver how to provide WASH care to sick PLWHA</p>	<p><input type="checkbox"/></p>
<p>10. Name four things you could do to make water safer for consumption:</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p>
<p>11. List 5 critical times in which hands should be washed to prevent diarrheal disease.</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p> <p>5.</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p>
<p>12. What is the primary function (the job) of the soap when hand washing?</p>	<p><input type="checkbox"/></p>
<p>13. What is the primary function (the job) of running water when hand washing?</p>	<p><input type="checkbox"/></p>
<p>14. What can be used to substitute for soap when it is not available for hand washing?</p>	<p><input type="checkbox"/></p>
<p>15. What is a tippy tap?</p>	<p><input type="checkbox"/></p>

<p>16. Name at least 2 benefits to improving the <u>quality</u> of household drinking water:</p> <p>1.</p> <p>2.</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p>
<p>17. Name 3 things that would make it easier for a caretaker to dispose of feces:</p> <p>1.</p> <p>2.</p> <p>3.</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p>
<p>18. List at least two WASH tasks HBC worker or caregiver should perform/do when caring for a bedbound person with diarrhea.</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p>
<p>19. List at least two WASH tasks HBC worker or caregiver should perform/do when caring for a bedbound HIV+ woman with menses.</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p>
<p>20. What is a “small do-able action” as it relates to WASH in home-based care?</p>	<p><input type="checkbox"/></p>
<p>Thank you! The test is finished.</p>	