USAID FROM THE AMERICAN PEOPLE | HIP HYGIENE IMPROVEMENT PROJECT

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

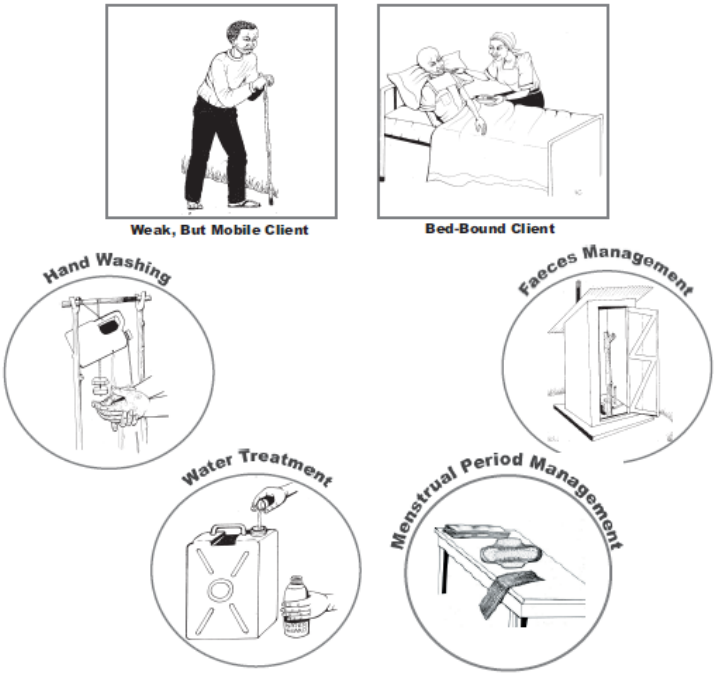
The following trainer's manual was developed as part of HIPs country programming in Uganda. It contains only those sections relevant to feces management.

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 Uganda (with information on all key WASH behaviors), including counseling cards, the trainer's manual and participants 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/3586

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.

TRAINER's MANUAL: FECES MANAGEMENT

Improving Water, Sanitation, and Hygiene (WASH) Practices of Uganda Home-Based Care Providers, their Clients, and Caregivers in the Home



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

Contact Information:	
USAID Hygiene Improvement Project Academy for Educational Development 1825 Connecticut Avenue, NW Washington, DC 20009-5721 Tel. 202-884-8000; Fax: 202-884-8454 hip@aed.org - www.hip.watsan.net	Plan – Uganda Plot 126 Luthuli Avenue, Bugolobi, P.O. Box 12075 Kampala, Uganda www.plan-international.org Office Telephone: + 256-414-305-000


International HIV/AIDS
Alliance
in Uganda

Hospice Africa
Uganda

MILDMAY
Transforming AIDS Care


HOME CARE

Reach Out

Table of Contents

Acknowledgements

The primary authors of this document were: Julie Chitty (International HIV/AIDS Consultant, HIP), Elizabeth Younger (Senior Behaviour Change Advisor, HIP), Lucy Korukiiko (HIP HIV/AIDS Consultant, Uganda), Carol Nabalema (HIP Coordinator, Uganda), Judith Rukirande (HIP Training Consultant, Uganda), and Justin Igala (illustrator, Uganda).

Development of this training program required extensive collaboration of various organisations, agencies, and individuals and could not have been done without their continuous contribution and tireless work. The Ugandan Ministry of Health, the USAID Hygiene Improvement Project, Plan International - Uganda, the Uganda Water and Sanitation NGO Network (UWASNET) and the National Working Group on WASH Integration into Home Based Care in Uganda, wish to acknowledge the various organisations and their key staff members who contributed time, expertise, hard work and experience to produce this document. They include: Barbara Mukasa from the Mildmay Centre, Charlotte Komunda from Hospice Africa Uganda, Jacinta Magero from the National Community of Women Living with HIV/AIDS (NACWOLA), Phoebe Kansinga from Nsambya Home Care, Mary Amony and Joseph Ssali from Reach Out Mbuya, Esther Karamagi from PSI, Hannart Nalweyiso and Dennis Alioni from The National Handwashing Campaign, and Domitilla Aginya Odongo from the Ministry of Health.

We greatly appreciate efforts of individuals from the previously mentioned organisations and the International HIV/AIDS Alliance (IHAA) who actively participated in piloting the developed tools at household and community levels and continually gave feedback to the HIP team. HIP will always appreciate their enormous contribution and assistance. They included; Francis Ssozi, Namazzi Josephine, Kiwanuka Edson, Acenge Eunice, Nandita Daisy, Nazziwa Yudaya, Namugerwa Rose, Ndagiire Sarah, Hajat Kakoma, Dorcus Achom, Edward Kato, Christine Achire, Amony Grace, Byamukama Charles, Richard Sserunjogi, Beatrice Juru Bungu, Martha Rabwoni, Nsiimenta Rosemary, Kamonyo Eddie, and Aloysius Nkangi.

Special thanks go to the field assistants who pre-tested the images, communities and families in Uganda for their support and cooperation during the initial phase of this work, which made the production of these materials possible. The Ugandan Ministry of Health, the USAID Hygiene Improvement Project, Plan International - Uganda, UWASNET, and the National Working Group on WASH Integration into Home Based Care in Uganda would also like to thank USAID for providing funding and technical assistance during the development process.

Introduction

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

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

Background

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

People with HIV and/or AIDS are at increased risk for diarrhoeal diseases, and are far more likely to suffer severe and chronic complications, if infected. There is terrible irony in providing patients with advanced antiretroviral agents (ARVs), and asking them to wash the life-saving pills down with water that may infect them with a life-threatening illness. To add to the irony, one of the complications of diarrhoeal illness in HIV-infected patients is a reduced ability to absorb antiretroviral and other medications from the gut. This poor absorption of ARVs can contribute to the development of HIV strains that are resistant to antiretrovirals.

Furthermore, even when infections in the gut are not present (e.g., bacterial infections from unsafe water), HIV itself can erode the gut and cause diarrhoea. People living with HIV, therefore, have a paramount need for better WASH practices.

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

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

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

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

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

Trainer Notes

Course Objectives

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

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

Course Methodology

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

Session Methodology, Structure and Length

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

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

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

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

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

Number of Participants

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

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

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

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

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

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

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

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

WHITE PAPER

1. Assessment Tool

YELLOW PAPER (FAECES & UNIVERSAL PRECAUTIONS CARDS)

2. Faeces Disposal
3. Faeces Management
4. How to Stop Spreading Germs
5. Making a Commode (Potty Chair)
6. How to Use a Bed Pan
7. Plastic Pants
8. Turning Bed-Bound Client, Changing Bed Linens
9. Cleaning Female Client
10. Cleaning Male Client

Training Materials

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

Materials	Quantity
Participant's Guide	20
Workshop Agenda	20
WASH Assessment Tool	20
WASH Counselling Cards	20
Welcome sign for door or wall	1
Name tents/tags/masking tape	20
A watch/Clock (to keep track of length of sessions)	1
Easel/stand to hold flip chart paper	1-2
Flipchart (or newsprint) paper (paper should be no smaller than 2.0'x2.5' ft (or 76.2cmx61 cm).	100 pages
Pens or pencils for participant use	20
Notebooks/notepads for participants	20
Markers (4 red, 4 black, 4 blue, 4 green, if possible)	16
Roll of masking tape	3
Coffee/Tea for each break; lunch each day for each participant and trainers	20+
Gloves, or other plastic materials to protect hands (for "To Use or Not to Use" game)	20
Rubber bands (to demonstrate how to hold plastic material in place on hands)	2
Pair of medical (latex) gloves	5
Pair of heavy duty ("kitchen"/rubber) gloves	1
Plastic sheeting material (like that used for deliveries) cut 20 X 20 inches (50 X 50 cm; for demonstration of how to cover hands when don't have gloves)	2
Mackintosh or plastic sheet like those used for deliveries (both used in linen changing demonstration and one reused to cover table when working	1

with Jik to protect table from spills)	
Piece of cloth (same size as Mackintosh or plastic sheet used to protect bed)	1
Bed sheets (one to cover the "mattress" and the other to cover the client)	2
Bottle of Jik bleach (enough Jik to fill one Tumpeco cup, ½ litre)	1
1 bucket	1
Water (for Jik demonstration where ½ litre Jik, which is already accounted for in the row above, will be mixed with 5 litres of water)	5 litres
Cloth stained/soiled with dirt (for demonstration of how to soak body fluid soaked rag in Jik solution)	1
Bedpan or small plastic basin	1
Sample bedside commode (a chair with a hole cut in the centre and a bucket placed underneath)	1
Sample plastic pants	1
Sample sanitary napkin/towel	1
Sample cloth or rag for soaking up menstrual blood	1
Additional Materials to Have Printed or Photocopied Prior to the Training	
Daily Training Evaluation form (Annex in Modules 4 & 6)	40 (20 for day 1 & 20 for day 2 of training)
Pre/Post-Training Assessment Tool (Module 1, Annex 2)	40 (20 for pre and 20 for post-assessment)
Contamination Cycle Illustrations (Module 2, Annex 1)	1
WASH and HIV Myths and Misconceptions Illustrations and Statements (Module 2, Annex 3)	4
End of Workshop Evaluation (Module 9, Annex 3)	20
Certificates of Completion (Module 9, Annex 4)	20

SESSION PLANS

Module 1, Session 1
Introduction to the Training

Session Learning Objectives

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

1. Make their expectations for the course known.
2. State the purpose of the training.
3. Establish workshop norms.

Time: 60 minutes

Prep Work

Before you teach:

1. Review the Principles of Training and Facilitation guide (see copy in the Annex 1 for this Module). This will give you some important tips and techniques to use during a training session.
2. Bring supplies:

    - Flipchart stand
    - Markers
    - Flipchart paper (or newsprint; 100 sheets)
    - 1 copy of the workshop agenda for each participant (or write the agenda on flipchart paper large enough for everyone to see it and post it at the front of the room)
    - A 'Welcome' sign to post at the door
    - 1 Participant's Guide, Training Handouts, Assessment Tool, and set of Counselling Cards (23 cards in a set) for each participant
    - 1 pencil and pad of paper for each participant
    - Name tents, name tags, or masking tape for participants to write their names and wear (or place in front of them at their table)

3. Prepare a piece of flipchart paper with the following definitions:
    - **WASH** – This abbreviation stands for **Wa**ter, **S**anitation, and **H**ygiene.
    - **WATER** – Refers to water in the household that is used for drinking and cooking. This is often referred to as Point of Use (POU).
    - **SANITATION** – Refers to the proper management and disposal of faeces. The management of menstrual blood also is included for purposes of the workshop.
    - **HYGIENE** – This workshop focuses on hand washing. There are many other aspects of hygiene (such as keeping the environment/home clean; personal hygiene, including bathing/teeth brushing etc.), but those will not be covered.

Trainer Steps: Introduction to the Training

A. Large Group Welcome and Introductions: (15 Minutes)

1. The group should be welcomed by an official, if possible.

2. Welcome the participants and thank them for coming. Introduce yourself (if co-facilitating, introduce yourselves).

3. Briefly introduce the main aim of the training course, which is to improve the water, sanitation, and hygiene (WASH) actions of home based care (HBC) providers, their clients, and other household members with the goal of reducing diarrhoeal disease and transmission of HIV, thereby improving the quality of life of households.

Trainer Note:

The detailed training objectives are presented later in this session. This statement is a general overview.

4. Have each participant greet the person sitting next to her/him. Be sure participants ask what name the other person likes to be called, where the person is from, and how long he/she has been working in home based care. Go around the group and ask each person to introduce the person s/he has just met.

B. Introductory Exercise and Discussion (10 Minutes)

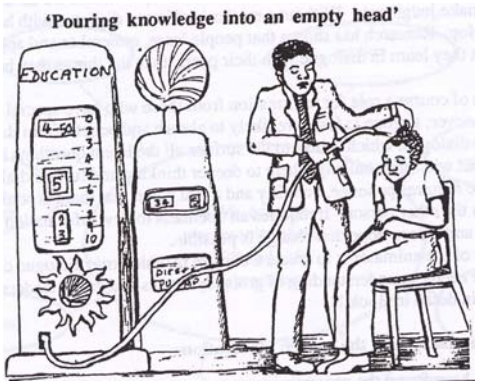
Large Group Activity

1. Ensure everyone has a copy of the Participant's Guide. Introduce the guide and explain that it will serve as a technical reference during the WASH training course and will assist HBC providers as they support clients and their household members back in the participants' communities. Ask them to quickly flip through the guide so they can see that the main body of the guide is a practical review of the technical information regarding water, sanitation, and hygiene practices. The annexes include an acronym list and glossary, five general tools, one Assessment Tool, and 23 Counselling Cards. Explain that during the training, everyone will review all of the information and learn how to use all of the tools and cards.

2. Distribute a copy of the Training Handouts to each participant and explain that they will use this document during the training. The trainers (or facilitators) will let them know when they need to look at specific pages.

3. Ask participants to open the **Training Handouts** to **page 1,** to the **Illustration on a Teaching and Learning Method,** a person being 'filled up with education and knowledge.' Explain that this is often the way training sessions are carried out,

but this approach often does not work very well. Explain that in this course, you will learn through role plays, case studies, group participation, etc., which will be guided by the facilitator. To have open discussion, it is important that everyone gets to know each other and that everyone feels comfortable giving his/her point of view on a subject.



4. Explain that just as knowledge cannot be poured into HBC providers' heads, it cannot be poured into the heads of their clients or household members either. The HBC providers will need to develop and use much skill in trying to involve the community in preventing diarrhoea and other infections.

5. Tell participants that this training course will teach providers the essential skills to improve key practices. Explain that the course also will build on what providers already know and teach practical ways to prevent diarrhoea and other diseases related to water and sanitation issues.

C. Large Group Discussion: Training Programme Overview (10 minutes)

1. Post the flipchart paper with definitions on the wall where everyone can see it. Explain that you want to make sure that everyone understands key words in the same way for the workshop. Briefly review the definitions:

   - **WASH** – This abbreviation stands for **Wa**ter, **S**anitation, and **H**ygiene.

   - **WATER** – Refers to water in the household that is used for drinking and cooking. This is often referred to as "Point of Use" (POU).

   - **SANITATION** – Refers to the proper management and disposal of faeces. The management of menstrual blood also is included for purposes of the workshop.

   - **HYGIENE** – This workshop focuses on hand washing. There are many other aspects of hygiene (such as keeping the environment/home clean; personal hygiene, including bathing/teeth brushing etc.), but those will not be covered in this workshop.

2. Ask participants to open the **Training Handouts** to page 2, **Training Objectives,** and ask a participant to read them out loud.

Trainer Note:

There is no need to go into too many details as each session will have specific learning objectives. These will be presented at the beginning of each session.

TRAINING OBJECTIVES

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

- **Describe the role and responsibilities of an HBC provider in the provision of WASH care.**
- **Describe the four key water, sanitation, and hygiene (WASH) practices, including: treating, safely transporting, storing, and serving drinking water; safe handling and disposal of faeces; safe handling and disposal of menstrual blood; and hand washing with soap (or ash) and water and demonstrate actions required to implement the WASH practices in Home Based Care (HBC).**
- **Describe alternative methods of implementing the four key WASH practices and demonstrate the actions required to implement the practices.**
- **Assist HBC clients and their household members to adopt improved WASH practices.**
- **Demonstrate effective communication skills and steps needed to improve WASH practices, including use of the WASH assessment tools and Counselling Cards.**

3. Distribute to participants a copy of the **workshop agenda** (or post the agenda written on flipchart paper where everyone can see it). Review the agenda of the training course, point out the breaks, lunch, and ending times.

D. Large Group: Participant Expectations (10 Minutes)

Brainstorming

1. Explain that although participants do not know a lot of the course details yet, you would like them to tell you why they are taking the training and what they expect to know and do once they complete the course (do not spend more than two or three minutes on this). Write the main points on flipchart paper.

E. Norms and Ground Rules for the Training Programme (15 minutes)

1. If appropriate, ask the training participants to choose "class representatives" (or a 'Cabinet,' which may include such positions as chairperson, timekeeper, welfare organiser, energiser, chaplain, etc.).

2. Note that for any training to be a success, certain guidelines (or norms) help establish an atmosphere for learning. Ask participants what they would like to establish as norms, and record these on the flipchart.

Trainer Note:

You may need to "jump start" this exercise with a few norms of your own. Make sure participants explore some of the less obvious ones, such as active listening. Be sure they include:

- **Confidentiality of personal disclosures. Everything discussed in the training room stays in the training room.**
- **Full participation is expected of all members.**
- **All contributions are valid.**
- **Be courteous and respectful, especially if there are differences of opinions.**
- **Let each person finish talking.**
- **Be on time.**
- **Keep mobile phones on vibrate or silent. Step outside if you must take an urgent call.**
- **The facilitator reserves the right to modify, shorten, or lengthen any session or discussion, according to group needs.**
- **The group defines and agrees on penalty for breaking ground rules.**
- **Recognise the need for a "parking lot."**

3. Record and post the norms and ground rules in a visible spot in the room.

4. Ask participants for any comments, questions, and clarifications. Write down any larger questions on the "parking lot" flipchart.

Transition

Thank the attendees for their participation and mention that in the next session, they will assess their own level of knowledge in water, sanitation, and hygiene care.

Module 1, Session 2
Water, Sanitation, and Hygiene (WASH) Assessment

Session Learning Objectives

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

1. Hand in to the trainer a completed copy of the workshop Pre/Post-Training Assessment Tool.

Time: 30 minutes

Prep Work

Before you teach:

1. Make enough photocopies of the Pre/Post-Training Assessment Tool (see Module 1, Annex 2) so each participant has one copy.
2. Number each photocopy of the self assessment in sequential order in the space labelled 'Number:___' at the top right corner. (So the first photocopy will be 'Number: 1', the second will be 'Number 2', and so forth.)

Trainer Steps: Assessment Activity

A. Assessment Instructions and Completion of the Questions (30 minutes)

1. Introduce the Assessment Tool and make clear to participants that this is not a test, but a way for them to discover where they might want to focus their skill building in the training.

Trainer Note:

Make sure you emphasise the fact that this is an assessment and results will not be shared with others. The purpose is not to judge the participants, but rather to better understand what the participants know and do not know to make sure the training addresses their needs. The questions also will help assess the effectiveness of the training and improve it for future trainings.

2. Distribute to participants a copy of the assessment. Tell the participants that they should NOT write their names on the assessment. Each assessment has a different number and the trainers do not know which number belongs to which person. Ask participants to write down their number in a place where they will not lose it or forget it. They will need the number to get their assessment back and when they complete the assessment again at the end of the training.

3. Ask each person to fill out the assessment by writing responses on his/her paper. Tell participants to leave a question unanswered if they do not know the answer. Provide detailed instructions in case some participants are unfamiliar with answering questions in this format. Give participants 30 minutes to complete the assessment on their own.

4. After 30 minutes, call the time. Collect the completed self assessments. Explain to participants that they will get their responses back after the trainers have a chance to review them. The trainers want to look at the assessments to get an understanding of strengths and gaps so they know what to emphasise during the training. When returning the forms, a trainer will place the reviewed assessments in a pile so the participants can identify their number and collect their own assessments to refer to for future reference. If possible, facilitators should review the assessments during a break.

Trainer Note:

You will need to look at the assessment results early in the training course to understand the strengths and gaps indicated in the responses. This will help you know what to emphasise during the training. Module 1, Annex 2 has a copy of the answer

key for the assessment.

Transition

Ask participants if they have any questions and respond appropriately. Link to the next session. Thank attendees for their participation.

Annex 1

Principles of Training and Facilitation[2]

This section provides an overview of the important principles that trainers should consider when carrying out training courses for HBC providers. With increased familiarisation of the training process, many of these principles will become second nature.

1. The importance of review

- ☑ The first session for each day's training aims to review the knowledge and ideas of the participants, based on the previous day's training.
- ☑ The review process helps the participants to recall the knowledge and skills developed in this area and to continue to build on this.
- ☑ Review is a useful tool for the facilitator to gauge the effectiveness of the previous day's training and to adjust accordingly.

2. The importance of understanding the topic and activities

- ☑ Adults need to know why a topic or session is important. They will come to the training session with some knowledge of the topic; it is important to find out what they know and build on that.
- ☑ Providing too much information or providing complicated information about a topic may reduce the participant's understanding. This could lead them to convey confused or unclear messages to their communities. Keep to simple key messages and build the understanding of the participants gradually (don't expect them to become WASH experts after one training).
- ☑ Use a variety of techniques to repeatedly check the understanding of the participants (Questions and answers, quizzes, drama, and role play, etc.).

3. The importance of introducing topic activities and developing skills to teach the activity

- ☑ A key aspect of training is to train by example, teaching by demonstrating each activity, not just explaining how to do it, and involving the participants in the process. Trainers should be modelling the desired training and communication skills that they want the participants to use subsequently.
- ☑ Giving participants an opportunity to do what has just been demonstrated is critical. Carrying out an action (through practise, role plays, and by doing the practice), cements the knowledge.
- ☑ Participants' knowledge and skills could be reinforced with subsequent refresher trainings to review activities. Facilitators also should encourage participants to practise leading the activity. This will reinforce activity methods, identify areas of misunderstanding, and provide the participants with practice leading the activity.
- ☑ When conducting repeat training or refresher training, invite a participant to demonstrate the activity first. If additions or adjustments need to be made, encourage group feedback before providing advice yourself.

[2] Adapted from: Tearfund (2006) Child Health Club Trainers Guide.

4. The importance of using a variety of activities

- ☑ Everyone has a way in which they best learn. In a group, there will be a mix of people with different learning styles. By undertaking a variety of participatory methods during a teaching session, you will facilitate and stimulate learning for the whole group.
- ☑ Each activity should involve trainee participation and involvement as much as possible. Presentations that require minimal involvement from the participants should be kept short (maximum 10 minutes).

5. The importance of having fun

- ☑ Facilitating a fun training session can increase motivation of the group to learn and also share that learning.
- ☑ A lot can be learned by having fun! Fun can help with memory creation and retention of information, and laughing strengthens the immune system. People who laugh a lot tend to stay healthier and deal with stress more effectively.

6. The importance of maximising participation

- ☑ Adults learn best in an atmosphere of active involvement and participation when they can learn at their own pace. This suggests that the process of learning often matters as much (if not more) than the topic that is studied.

7. The importance of organising the teaching environment

- ☑ Face the participants while leading the session. Do not have your back to them.
- ☑ Limit the size of the groups and the number of participants or community members taking part in each activity.
- ☑ If the participants have limited literacy skills, try to avoid writing on the board or flipchart. If necessary, use pictures or symbols, although you may need to explain pictures.

8. The importance of understanding your local context

- ☑ Training participants and facilitators may be used to more traditional methods of teaching. You may need to explain why these methods are less effective and why you are using more interactive methods.
- ☑ Greater learning will be achieved if the topics can be linked with examples of the local context so the participants can apply their knowledge to their everyday experiences in the community.
- ☑ Only the most relevant aspects and topics should be taught. For example, there is no point talking about water taps if water taps are not available in the community/settlement.

9. The importance of taking action

- ☑ The participants need to be encouraged to practise their new knowledge and skills in their own homes and with their own families so they set an example to others.
- ☑ Participants will need support in conducting home visits and group meetings after the training.

10. The importance of monitoring

- ☑ Participants need to be involved in monitoring their work so they can better understand their own communities.
- ☑ Monitoring is a useful tool for participants to see the impact of their work on the health and environmental status of the community.
- ☑ Regular meetings should be held with participants so they can share this information and support each other.

11. The importance of recording and reporting

- ☑ The accurate recording and reporting of work carried out with and by the participants are necessary to facilitate monitoring and evaluation of the project.
- ☑ Some participants may not have had a formal education and may find forms (even pictorial ones) difficult to complete. They may need extra support and could be coupled with someone who has more confidence in completing the forms or who has more advanced literacy skills.

12. The importance of revisiting topics at a later date

- ☑ It is useful to revisit topics to refresh participants' memory on important topics and to help create links between the topics (e.g., hand washing is important to mention in other topics, like diarrhoea and dehydration and the safe use of latrines).

Annex 2

Pre/Post-Training Assessment Tool

Number:_____

Instructions

Please complete the following questions by marking the correct answer(s) with a tick (✓) mark. **Do not worry** if you do not know all the answers. Answer as many questions as you can. Some questions ask for one answer, others for more than one answer. Some questions involve giving a description.

Participants will complete another copy of this same assessment at the end of the training so they can see areas of improvement in their knowledge and skills involving water, sanitation, and hygiene care.

Please read all the questions carefully and answer as best as you can. You have 30 minutes to answer all the questions.	Do not write in this column
1. What water, sanitation, and hygiene (WASH) behaviours should an HBC worker target in home based care? [tick **four** boxes] ☐ Hand washing ☐ Hair combing ☐ Diet ☐ Drinking safe water ☐ Proper handling and disposal of faeces ☐ Car washing ☐ Menstrual care	☐ ☐ ☐ ☐
2. The goal of WASH care for PLWHA is to: [tick **one** box] ☐ Prevent malaria, increase bed net use, promote the eradication of mosquito breeding areas. ☐ Prevent yellow fever. ☐ Prevent tuberculosis. ☐ Prevent diarrhoea for family members, improve the PLWHA's quality of life, and prevent HIV transmission (to the caregiver).	☐
3. What are the key steps to negotiate an improved behaviour? [tick **one** box] ☐ Educate and convince ☐ Scold the household on inadequate behaviours and lecture on proper behaviours ☐ Tell people what to do ☐ Assess current practices, congratulate on existing "good" practices, identify needed improvement, review safer behaviour options, and come to an agreement on an improved behaviour	☐

4. Select **one** phrase that encourages "open-ended questions": [tick **one** box] ☐ How many … ? ☐ What would make it easier to …? ☐ Have you ever …? ☐ You don't usually …do you?	☐
5. An HBC worker's main WASH role is: [tick **one** box] ☐ Meeting with community leaders. ☐ Discussing with neighbours. ☐ Negotiating improved WASH behaviours, providing WASH care for sick PLWHA, and teaching the caregiver how to provide WASH care to a sick PLWHA.	☐
6. You can make household water safer for drinking by: (tick **four** boxes) ☐ Having one big open container for animals, kids and the whole family. ☐ Serving your water by dipping a bowl or cup into the container water. ☐ Keeping your treated water in a narrow-neck container with a lid. ☐ Boiling water until large bubbles appear. ☐ Keeping the container of treated water on the floor so that children can serve themselves. ☐ Adding chlorine solution or tablets to your water. ☐ Transporting your water to the house in a container with a lid.	☐ ☐ ☐ ☐
7. Four critical times in which hands should be washed to prevent diarrhoea include. (tick **four** boxes) ☐ After defecating ☐ Before preparing food or cooking ☐ Before washing clothes ☐ Before eating or feeding someone ☐ After changing a child's nappie and cleaning a baby's bottom; ☐ After working in the garden	☐ ☐ ☐ ☐
8. The main job of the **soap** when washing hands with water is to: (tick **one** box) ☐ Make the water clean ☐ Loosen the germs from the hands ☐ Make the hands softer	☐

9. The main job of the **running water** when washing hands is to: (tick **one** box) ☐ Help dissolve the soap ☐ Make the soap softer ☐ Remove/wash away the germs from the hands	☐
10. If soap is not available, what can be used as an alternative cleanser when washing your hands? (tick **one** box) ☐ Nothing ☐ Hair tonic ☐ Ash ☐ Jik	☐
11. One reason that safe water, sanitation and hygiene practices are important for people who are living with HIV and/or AIDS (PLWHA) is that: (tick **one** correct box) ☐ They are more likely to become ill or even die from the complications of diarrhoea. ☐ They have a strong immune system and are at a low risk for diarrhoeal disease. ☐ They have to take medications	☐
12. The following two things can make it easier and safer for a caretaker to dispose of faeces: (tick **two** boxes) ☐ Bedside commode ☐ A soft cotton bed sheet ☐ A towel ☐ Use of plastic pants ☐ Wearing a soft cloth on hands	☐ ☐
13. In a rural area, the safest ways to dispose of cloth or sanitary pads soaked with menstrual blood are: (tick **two** boxes) ☐ Throwing them in the trash ☐ Burning them ☐ Burying them ☐ Putting them in the latrine	☐ ☐
Thank you!	

Answer Key

Pre/Post-Training Assessment Tool

Instructions

The CORRECT response(s) for each question on the Pre/Post-Training Assessment Tool are shown below.

To score, put a tick (✓) for each correct answer in the box in the far right column. For example, for a question that has four possible correct answers, there are four boxes in the column on the right (on the participant's copy of the assessment tool.) If the participant got three answers correct, put a tick in each of three boxes and leave the fourth box empty. To score the assessment, add up the number of boxes that have tick marks in the entire test. The participant's score then can be compared on the assessment he/she took before and after the workshop. Use the number in the top, right corner of the participant's copy of the assessment tool to match each individual's pre/post-training assessment.

The CORRECT ANSWERS for each question are as follows:

1. What water, sanitation, and hygiene (WASH) behaviours should an HBC worker target in home based care? [4 correct answers]

   ☑ Hand washing
   ☑ Drinking safe water
   ☑ Proper handling and disposal of faeces
   ☑ Menstrual care

2. The goal of WASH care for PLWHA is to: [one correct answer]

   ☑ Prevent diarrhoea for family members, improve the PLWHA's quality of life, and prevent HIV transmission (to the caregiver)

3. What are the key steps to negotiate an improved behaviour? [one correct answer]

   ☑ Assess current practices, congratulate on existing "good" practices, identify needed improvement, review safer behaviour options, and come to an agreement on an improved behaviour.

4. Select **one** phrase that encourages "open-ended questions": [one correct answer]

   ☑ What would make it easier to …?

5. An HBC worker's main WASH role is: [one correct answer]

   ☑ Negotiating improved WASH behaviours, providing WASH care for sick PLWHA, and teaching the caregiver how to provide WASH care for sick PLWHA

6. You can make household water safer for drinking by: [four correct answers]

   ☑ Keeping your treated water in a narrow-neck container with a lid
   ☑ Boiling water until large bubbles appear
   ☑ Adding chlorine solution or tablets to your water
   ☑ Transporting your water to the house in a container with a lid

7. Four critical times in which hands should be washed to prevent diarrhoea include: [four correct answers]

   ☑ After defecating
   ☑ Before preparing food or cooking
   ☑ Before eating or feeding someone
   ☑ After changing a child's nappie and cleaning a baby's bottom

8. The main job of the **soap** when washing hands with water is to: [one correct answer]

   ☑ Loosen the germs from the hands

9. The main job of the **running water** when washing hands is to: [one correct answer]

   ☑ Remove/wash away the germs from the hands

10. If soap is not available, what can be used as an alternative cleanser when washing your hands? [one correct answer]

    ☑ Ash

11. One reason that safe water, sanitation, and hygiene practices are important for people who are living with HIV and/or AIDS is that: [one correct answer]

    ☑ They are more likely to become ill or even die from the complications of diarrhoea.

12. The following two things can make it easier and safer for a caretaker to dispose of faeces: [two correct answers]

    ☑ Bedside commode
    ☑ Use of plastic pants

13. In a rural area, the safest ways to dispose of cloth or sanitary pads soaked with menstrual blood are: [two correct answers]
    - ☑ Burning them
    - ☑ Putting them in the latrine

SESSION PLANS

Module 6, Session 1: Safe Handling of Faeces, Blood, and Other Body Fluids

Session Learning Objectives

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

1. Describe when it is necessary to cover hands with plastic material or gloves while caring for clients.
2. Describe how to safely handle faeces, blood, and other body fluids in the context of the bedbound/immobile client, the client who is able to get up in a chair, and the client who needs assistance to get to the latrine.
3. Identify when it is necessary to take precautions to safely disinfect materials or surfaces.
4. Identify how to take precautions to safely disinfect materials or surfaces soiled with faeces, blood, and other body fluids.

Time: 3 hours, 45 minutes

Prep Work

Before You Teach

1. Assemble all the supplies needed for the sessions, including:
    - 1 pair of heavy duty ("kitchen"/rubber) gloves
    - 5 pair of medical gloves
    - 2 piece of 20x20 inch (50x50 cm) plastic material like that used for deliveries (for demonstration on how to put plastic material on hands as a substitute for gloves)
    - 2 rubber bands or lengths of string that are long enough to tie around your wrist
    - 1 bottle of Jik (1/2 litre, 500 ml or larger)
    - 1 bucket
    - 1 Tumpeco cup (500 ml or ½ litre)
    - At least 5 litres of water (in a jerrican or some other container)

- 1 piece of cloth stained/soiled with dirt (or something brown)
- 2 bed sheets (one to cover the "mattress" and the other to cover the client
- 2 pieces of plastic material (Macintosh) like that used for deliveries (both used in linen changing demonstration and one re-used to cover table when using Jik to protect the table if there is a spill)
- 2 pieces of cotton cloth to cover the Mackintosh
- 1 plastic pant
- 1 piece of cotton cloth cut to same size as plastic pant
- 1 bedpan or katasa/bowl
- 1 bedside commode (prefer to demonstrate locally made with a bucket, or if bedside commode is not available, cut circle out of paper to put on chair to pretend it is a hole for a commode)

2. For each participant, have one of each of the following nine Counselling Cards: **Faeces Disposal, How to Stop Spreading Germs, Turning Bed-Bound Client/Changing Bed Linens, Cleaning Female Client, Cleaning Male Client, Plastic Pants, How to Use a Bedpan, Making a Commode (Potty Chair), and Faeces Management.**
3. Write the following on a piece of flipchart paper:

   Daily Evaluation:

   a. What did you find very useful in today's sessions?

   b. Is there anything you found to be unclear or difficult to understand?

   c. Any comment/suggestion?

Trainer Steps: Safe Handling of Faeces, Blood, and Other Body Fluids

A. Introduction to the Session

Explain to participants that this session will focus on the safe handling of faeces, blood, and other body fluids. Emphasis will be placed on faeces in this module and menstrual blood will be addressed in detail in Module 7.

B. Climate Setter: Introduction to Faeces Care

Ask participants about any challenges they or the caregivers in their households have faced while handling or managing a client's faeces, including diarrhoea.

Trainer Note:

Possible responses include:

1. **Lack of privacy – there is no latrine, no privacy around the latrine, or no privacy to use bucket, or bedside commode.**
2. **Assisting a frail person from the bed to the latrine so they can urinate or defecate.**
3. **Helping a bedbound person (who is too weak to get up) to sit on a container in the bed to defecate and/or urinate while in the bed.**
4. **Changing and cleaning bed linens (soiled with faeces) from a bed that is occupied by someone who is bedbound.**
5. **Lack of bucket, basin, or bedside commode for clients who are too weak to go to the latrine.**
6. **No place to dispose of faeces (e.g., in settings where there is no latrine).**
7. **No one is available to empty the bedside commode and/or latrine which become full so people don't want to use.**
8. **Latrine is smelly and household members do not want to use it.**
9. **Lack of soap and water to clean a person who has had an episode of diarrhoea (in bed or not).**
10. **Lack of clean or alternate linens and bedding.**
11. **Lack of household knowledge and skill to prevent bedding from getting soiled or to clean and change bedding that is soiled.**
12. **Assisting clients who are unconscious, unable to talk, or otherwise cannot help themselves.**
13. **Assisting bedbound clients who have frequent diarrhoea and may**

be left to sit in their own faeces because household members are unable to manage frequent episodes of diarrhoea.

C. Large Group Discussion: The Linkage Between Faeces Management and Illness

1. Remind participants that sanitation is far more than building latrines. It is about keeping people and the environment clean. One very important element of sanitation is the safe collection, storage, handling, and disposal of human faeces.

2. Explain that many common diseases associated with diarrhoea can spread from one person to another when people defecate in the open air. Safe handling and disposal of faeces, keeping flies and other insects away from faeces, and preventing faeces contamination of water can greatly reduce the spread of diseases.

3. Ask participants, "What have you heard about the faeces of children or faeces of the frail/elderly? Are faeces dangerous? Can faeces spread diseases?" "When a bedbound patient has a bowel movement in a bedpan, commode, or directly on the linens, is that considered "defecating in the open air?" Spend one or two minutes gathering responses.

4. Explain that open defecation is linked to diarrhoeal disease. Formative research in Uganda[3] revealed that some Ugandans believe that faeces of children and the frail/elderly are harmless and do not cause disease. This belief varies in different parts of Uganda. However, the belief that the faeces of children and the frail/elderly are not harmful is NOT true. If participants believe this is true, it is very important to discuss how faeces of infants, children, and the frail/elderly contain as many germs as adult faeces contains. Explain that faeces of infants and children often have more germs than that of adults. It is very important to collect and dispose of ALL faeces quickly and safely. Defecating anywhere other than in a diaper, toilet, latrine, or hole that is immediately covered, is considered defecating in the open air.

5. Ask participants to turn in **the Participant's Guide, page 16,** to look at the **Contamination Cycle Diagram**. Note how this diagram shows that the germs that cause diarrhoea mainly reach people including through fingers, flies (insects), fields (defecation outdoors), and fluids or food. When people defecate in the open, there are many ways that germs can spread.

[3] Xavier Nsabagasani and Brendon Barnes (2008). Report on the Implementation of Small Doable Actions to Improve Hygiene Practices In the Care of People Living With HIV/AIDS. Hygiene Improvement Project. Plan Uganda; and Xavier Nsabagasani and Brendon Barnes (2008). Identifying Small Doable Actions to Improve Hygiene Practices In the Care of People Living With HIV/AIDS: Focus Group Discussions and In-Depth Interviews. Hygiene Improvement Project. Plan Uganda.

6. Distribute the **Counselling Card on Faeces Disposal** and give the participants a moment to look at this card; inform them that they can find a copy of this card on **page 73** of the **Participant's Guide**. Ask them how they can use this card when speaking with their clients/caregivers in the home to educate them about what to do with faeces. Take one minute to gather responses. Explain that when a client is sick, the illness affects the amount of faeces and its consistency. These factors affect a person's ability to control how they pass their faeces. A healthy body that is free of illness produces soft, formed stool, which is delivered to the rectum usually once or twice a day. A healthy nervous system and rectum allow the body to recognise whether the rectum is full of stool and allow you to control the sphincter muscles to hold the stool until you get to a latrine. When someone is very sick or frail, they are unable to control the passing of liquid and/or faeces. Sometimes it is loss of an entire movement/motion or at times it may be the loss of a small amount of liquid waste.

7. Transition now to the next session on safe handling and disposal of gloves, other protective materials, and blood and other body fluids.

D. Safe Handling and Disposal of Gloves and Other Protective Materials

Part 1 of 7: 'To Use or Not to Use Gloves' Game and Discussion

1. Begin this session by asking the participants an open-ended question, such as: "What do you do to protect yourself and your clients when you handle faeces (including diarrhoea) in the home?" Take one or two minutes to gather responses.

2. Say, "As HBC providers, you have learned that it is possible to get sick from an illness your client has. You also can get your client sick with an illness that you may have. When you handle faeces, blood, or other body fluids, you can spread harmful germs. One way to protect yourself from your client's germs (and to protect your client from any germs you may have from cuts on your hands) is to wear gloves, plastic sheeting, or other plastic material to protect your hands when you handle any blood or body fluid." Covering your hands with gloves to prevent contamination has been proven to be the best way of protecting your hands in many studies.[4]

3. Explain to the participants they will participate in a group activity to learn more about when they do and do not need to put on gloves when caring for a client. Give each participant a glove or a piece of plastic material, depending on what is available.

[4] Centers for Disease Control and Prevention. Guideline for Hand Hygiene in Health-Care Settings: Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force. MMWR 2002;51(No. RR- 16):pgs. 1-34.

4. Explain that if gloves are not available in the household, other plastic material (like pieces of the plastic material that is used to protect the mattress during delivery) can be used to protect their hands. Because some plastic materials are strong and some are thin and weak, it is important that HBC providers use strong plastic material (with no holes) so it does not break easily. The material can be tied at the wrist.

5. Ask participants to raise their hand when they agree that their hands should be protected in a particular situation that you will read aloud.

6. Read the scenarios below without giving the answer (answers are marked with an X in the columns). As you read the statements and participants raise their hands, ask one or two participants (per statement) to explain why they think gloves/plastic material are needed. Do the same for one or two who did not raise his/her hand. Before moving on to the next statement, correct any misinformation about appropriate use or misuse of gloves or plastic material.

Statement	**Gloves Needed** (*DO NOT READ THIS OUT LOUD*)	**Gloves NOT Needed** (*DO NOT READ THIS OUT LOUD*)
Washing the face of a client		X
Taking care of a client's nosebleed	X	
Cleaning and treating bedsores	X	
Changing a dry sheet of a client		X
Doing laundry with wet, blood-stained sheets	X	
Sitting next to a person and giving them a hug		X
Anytime the HBC provider has sores or cuts on his/her hands	X	
Disposing of faeces	X	
Giving a client medication		X
Feeding a client		X
Disposing of cloth, sanitary towels, or banana fibre used by the client during her menstruation	X	

7. Transition into a discussion on the safe use and disposal of gloves and plastic material.

Part 2 of 7: Why Should I Protect My Hands with a Liquid-Resistant Material Like a Glove?

8. Ask participants, "*Why is it important to protect your hands when caring for your clients*?" Spend one or two minutes discussing this question.

Trainer Note:

Hands should be protected to: (ensure responses include the following points):

- **Reduce the risk of getting an infection from a client;**
- **Prevent giving an infection to the client;**
- **Reduce cross- contamination by passing germs from one client to another client.**

Part 3 of 7: What Is the Best Type of Gloves or the Best Substitute for Gloves?

9. Ask participants to turn to the **Participant's Guide, page 65, item 22, What is the Best Type of Material for Gloves or as Substitute for Gloves?** Spend one or two minutes discussing/reviewing the following:

   - Show thin "medical" gloves made of natural rubber latex and synthetic non-latex materials (e.g., vinyl, nitrile, and neoprene). Note that they are comfortable to wear, allowing good movement of fingers and hands. These thinner gloves ideally should be used one pair at a time for one task and then thrown away.

   - Show thicker, household rubber gloves. Note how they are not as pliable and easy to use for cleaning a client. However they are best for cleaning blood or bloody fluids from floors, equipment, beds, etc. and can be used to clean a client when there is no other kind of glove available.

   - Demonstrate how plastic sheet material (like that used for deliveries) can be cut and put over hands and tied at the wrist. Show how to use a rubber band or piece of string at the wrist to hold the plastic in place on the hands. If the plastic material is thin, putting one piece on top of another (two pieces per hand) can provide more protection.

   - Review that you should not use paper or cloth if anything moist is to be touched because the plastic/cloth will get soaked and contaminated. The gloves or material should be liquid and tear resistant to protect against fluids.

   - Review that it is important to always wash your hands after using gloves to prevent irritation on your hands and remove any germs that got on your hands.

Part 4 of 7: What Are Some Participant Experiences While Using Gloves and Other Plastic Materials? And How Can You Keep Them Waterproof?

10. Ask participants the following questions (spend one or two minutes gathering responses to each question.)

    - "What are some of the advantages and disadvantages of using gloves? Of using plastic material?"
    - "What should you do to make sure your gloves/plastic material remain water-proof?"

Trainer Note:

Ensure responses include the following points:

- **Gloves/material should not be peeling, cracked, or have holes.**
- **Sharp objects can puncture medical gloves or other plastic material.**
- **Do not wear artificial fingernails and keep natural fingernails short (nail tips less than 1/4-inch long) to help keep gloves/plastic material from tearing.**
- **The thicker the glove or plastic material, the more protection provided and resistance to punctures and tears. However, thicker gloves/plastic material also may be stiffer and reduce manual dexterity and grasping ability.**
- **Always change gloves or plastic material if they rip or tear.**

Part 5 of 7: How Do I Talk About Using Gloves/Plastic Material Without Offending Household Members?

11. Ask participants the following questions (spend one or two minutes gathering responses to each question.)

    - "What should you say to your client or household members about using gloves or plastic material to protect themselves or others in their household? How would you introduce the subject?"
    - "What can you say to help the caregiver(s) and client realise that glove/plastic material use does not imply that you are stigmatising the client (by making the client feel that the caregiver does not want to touch him/her with bare hands), but it is about helping to keep everyone in the household healthier?"

Trainer Note:

It is important that gloves/plastic material be used for ALL handling of blood, body fluids, and contaminated medical equipment or materials, regardless whether the client is HIV-positive. If a participant mentions wearing gloves with only someone living with HIV, remind the participants that germs (viruses, bacteria, etc.) can be "caught" from any client (or "given" to any client), no matter what their illness. Reinforce that providers can easily stigmatise clients when they wear gloves, plastic material, or other plastic material on their hands during caregiving activities for someone living with HIV where there is NO chance of faeces, blood, or fluid contact.

Part 6 of 7: Putting on Gloves or Plastic Material: Large Group Activity

Putting on Gloves

12. Ask for a volunteer to come to the front of the room to help you demonstrate how to put on gloves. Tell the volunteer that you are a "blind" person who has never put on gloves and that you want them to describe for you how to put on gloves as you (the blind person) try them on for the first time. Hand a pair of thick plastic (household use) gloves that have a right and left hand to the volunteer and stand facing the audience so that everyone can see you. Close your eyes and ask the volunteer to "talk you through the process." While you are trying on the gloves, pretend you have never done it before, so you do not know there is a left or right glove. The volunteer has to help you figure that out. Likewise, manage to get several of your fingers in one of the glove's fingers so the volunteer has to talk you through how to get your fingers in the correct holes. Do not pull the glove on all the way unless the volunteer instructs you to do so. Thank the volunteer when you are done.

13. Once the demonstration is over, ask the participants to turn to **page 66** in the **Participant's Guide, item 23A, How to Put on Gloves, Plastic Sheeting or Other Plastic Material,** and ask a volunteer to read out loud the steps for putting on gloves. Ask the participants to identify what, if anything, you did or did not do correctly during the glove demonstration.

Trainer Note:

Suggested steps for putting on gloves include:

- **Step One: Wash your hands before touching the gloves. Check for any holes or tears before putting the gloves on your hands.**
- **Step Two: Determine which direction the gloves go on and which is left and right. Hold them up and look at which way the thumbs go.**

- **Step Three: Insert your hand into the hole at the end of the glove, the one found farthest away from the glove's fingers.**
- **Step Four: Slide your fingers into the finger openings that are meant for each finger.**
- **Step Five: Pull the glove as far up over your wrist and forearm as possible so that the tips of your fingers are touching the inside tip of the glove's fingers.**

You should NOT use two latex medical gloves on one hand (one glove on top of the other), because it may cause the gloves to tear.

14. Say, "Clearly, as HBC providers, you already know how to put on gloves. However, it is possible that your clients or the caregivers in the home do not know how to put on gloves or how to put on thin medical gloves without tearing them. It is your job to help them learn how to do it, just like [insert the name of the volunteer] just helped me."

Putting on Plastic Material

15. Ask the participants to turn to the **Participant's Guide, top of page 67, Suggested Steps for Putting on Plastic Sheeting or Other Plastic Material.** Ask for a different volunteer to read out loud the instructions for putting plastic material on your hands.

Trainer Note:

Suggested steps for putting on plastic material include:

- **Step One: Wash your hands before touching the plastic material. Check for any holes or tears.**
- **Step Two: If starting with a large plastic sheet, cut a square approximately 20x20 inches (50x50 cm), or large enough to cover your hands and wrist.**
- **Step Three: Place the tip of your fingers in the middle of the square and, with your other hand (or with someone else helping you), gather the rest of the plastic so it covers your hand. Then gather it around your wrist.**
- **Step Four: Secure the plastic around your wrist by tying with string or a rubber band.**

16. Explain that if the plastic material is very thin and might break easily, then you should use two layers (one over the other) on each hand. This also allows for removal and replacement of the outer plastic material if it gets contaminated, while still keeping the skin protected with the plastic that is inside and closest to the skin.

Part 7 of 7: Preventing Cross-Contamination by the Removal and Disposal of Gloves or Plastic Material

17. Ask participants, "Is it necessary to wash your hands before or after putting on gloves or plastic material? Why or Why not?" Spend one or two minutes to discuss.

Trainer Note:

Ensure responses include the following points:

- **Using gloves or plastic material is not a replacement for hand washing.**
- **Even while using protective material, your hands can be contaminated as a result of rips or small, undetected holes in the gloves or plastic material.**
- **Unwashed hands can easily contaminate the surface of gloves or plastic material which touch and potentially contaminate the client.**
- **Hands often become contaminated during removal of the gloves or plastic material. See the directions below for how to properly remove gloves.**

18. Ask participants, "How often should you change your gloves/plastic material?" Spend one or two minutes discussing this question.

Trainer Note:

Ensure answers include the following responses:

- **When gloves/plastic material get holes or tears, immediately change to a new, fresh set.**
- **When they get soiled on the outside, when you are cleaning from a contaminated body part to a clean body part.**
- **If you need to temporarily stop work (e.g., to tend to a child who may need your immediate help or to answer a phone), remove and discard the gloves (if they are thin, medical gloves) or plastic material you are wearing. Heavy-duty re-usable gloves should be soaked in a Jik solution for 20 minutes (see directions below for re-using gloves). When you restart your work, use a new pair of thin, medical gloves or plastic bags — or, use a disinfected pair of heavy-duty reusable gloves.**

19. Explain to the participants it is important to always remove gloves or plastic material immediately after caring for a client. Failure to remove them after caring for a client may spread germs from one client to another. Explain the following:

- It is best if thin gloves are thrown away after one use since they tear easily.
- A fresh pair of gloves or plastic material should be worn for each new client or when they become soiled. Remove them after caring for the client and do not re-use them for a different client. Failure to remove them after caring for a client may lead to transmission of germs from one client to another, which is why it is important to either dispose of the gloves or plastic material properly after use, or disinfect before re-using gloves.

Removing Disposable (Thin Medical) Gloves and Plastic Material

20. Ask the participants to turn to the **Participant's Guide, page 67, item 23B, How to Safely Remove Gloves, Plastic Sheeting or Other Plastic Material.** Ask for a different volunteer to read out loud the instructions for removing disposable (thin medical) gloves and for a second volunteer to demonstrate how to remove a glove as the first volunteer reads the steps.

Trainer Note:

Trainer note: Suggested steps for taking off (thin medical) gloves include:

- **Step One: Hold the glove by the opening at the wrist**
- **Step Two: Peel them down over your hand, which turns them inside out. This will keep the wet side on the inside, away from your skin and other people.**
- **Step Three: Throw them away**
- **Step Four: Wash your hands with soap (or ash) and water.**

21. Ask another volunteer to read the instructions on how to safely take off plastic sheeting or plastic material (on **page 68** of **the Participant's Guide,** item **23, How to Safely Remove Gloves, Plastic Sheeting or Other Plastic Material**.) Ask a second volunteer to demonstrate how to remove the plastic sheeting/material as the first volunteer reads the steps.

Trainer Note:

Suggested steps for taking off plastic material include:

- **Step One: Hold one hand so that the fingers are pointing up and, with the other hand, untie the string or remove the rubber band carefully so that the now loosened plastic material does not fall off your hand.**
- **Step Two: Grasp one corner (at the edge) of the loosened plastic**

material and draw it up towards the fingers of your upheld hand. Secure it between your thumb and forefinger. Repeat this process with the remaining three corners, so the soiled surface of the plastic material is "inside" the folded material.

- Step Three: Gently clasp the fingers of your bare hand around the wrist of your hand holding the folded plastic material and draw your fingers (still encircling your wrists) up toward the cloth, so you can scoop the cloth up, touching only the clean surface that was originally against your skin.
- Step Four: Wash your hands with soap (or ash) and water.

22. Ask the participants to turn to the **Participant's Guide, page 68,** section **24, Can I Re-use Gloves, Plastic Sheeting or Other Plastic Material?** Ask for a different volunteer to read out loud the instructions for removing re-usable thick household gloves while a second volunteer demonstrates the actions that the first volunteer is reading.

Removing Re-Usable Thick Household Gloves

Trainer Note:

[Note: explain to participants that the trainers will review later how to make the Jik and water solution mentioned in Steps Three and Four, below.]

Suggested steps for taking off thick household gloves for re-use include:

- Step One: Inspect for any holes or tears. If they are damaged, dispose of gloves and do not re-use them.
- Step Two: Pull the first glove off by grabbing the fingertips and gently pulling it off the hand, keeping the wet side on the outside, away from your skin and away from other people.
- Step Three: Hang the gloves immediately in a bucket of 1 part Jik to 9 parts water solution. The gloves should have the soiled area immersed in the solution and the opening at the wrist should be hanging over the edge of the container so that solution does not get inside the gloves and get the inside wet.
- Step Four: To take off the second glove, grab a clean piece of plastic/banana leaf or other water-resistant material to pull the second glove off the same way — by grabbing the fingertips with the banana leaf (or plastic) and pull off, keeping the wet side on the outside. Hang the glove immediately in the bucket of 1 part Jik to 9 parts water solution.

- **Step Five: Cover the bucket, throw away the banana leaves (or disinfect the cloth), and wash your hands with soap (or ash) and water right away.**
- **Step Six: Soak them in the 1 part Jik to 9 parts water solution for at least 20 minutes.**

23. Ask participants to turn to the **Participant's Guide, page 70**, item **25, Where Do I Throw Away (Dispose of) Gloves, Plastic Sheeting or Other Plastic Material After They Are Used?** Ask the participants, "How should you dispose of gloves?" Spend one or two minutes discussing this question. Explain that answers should include:

    If disposing of gloves, plastic sheeting, and/or other plastic material in an URBAN setting:
    - **Option One:** Burn the soiled material (preferred method).
    - **Option Two: '**Double bag' it by putting the soiled material in a bag and tying the top. Then put it inside another bag, tie the top, and throw away the sealed bag in the garbage.

    If disposing of gloves, plastic sheeting, and/or other plastic material in a RURAL setting:
    - **Option One:** Drop the material into the latrine hole (preferred method).
    - **Option Two:** Burn the soiled material in a safe area.
    - **Option Three: '**Double Bag' it by putting the soiled material in a bag and tying the top. Then put it inside another bag, tie the top, and throw away the sealed bag in the garbage.

24. Ask participants to turn to the **Participant's Guide, page 71,** item **26, Skin Care While Using Gloves, Plastic Sheeting or Other Plastic Material on Your Hands**. Ask a volunteer to read the text and afterward, ask if there are any questions.

25. Remind participants that as discussed in Module 2, one of the HBC provider's roles is to help fight stigma and make people living with HIV feel more accepted. Therefore, gloves should only be worn when the HBC provider is handling any type of body fluid or waste (e.g., blood, pus, fluid, faeces, vomit, sputum, urine, and waste from childbirth) or when the HBC provider or client has open sores or cuts that will come in direct physical contact with the other person.

Trainer Note:

Place the Universal Precautions flipchart paper with this statement on the wall to reinforce this point. Transition from this topic into explaining universal precautions.

E. Introduction to Universal Precautions (30 minutes)

Trainer Note:

It is important for trainers to understand that the terms, 'universal precautions' and 'standard precautions' often are used interchangeably. Both refer to a set of infection control guidelines to prevent transmission of organisms, as defined by the U.S. Centers for Disease Control. However, CDC expanded 'universal precautions' to include other aspects of infection control, which are important in facility-based, hospital settings and re-named the expanded guidelines for hospital settings, 'standard precautions' (CDC)[5],[6]. The terminology and principles of 'universal precautions' are most appropriate for the household setting and will be utilised for the purposes of this training. It is not necessary to explain this to the participants. But if one of the participants brings up 'standard' precautions, it is then appropriate to explain the difference.

1. Explain to participants that:

   - Universal precautions are simple infection control procedures that reduce the risk of transmitting infectious germs through the exposure to blood, body fluids, sores, contaminated medical, or other types of equipment and materials.
   - Universal precautions are meant not only to protect HBC providers and family members, but also to protect clients from unnecessary infection.
   - HBC providers should use universal precautions with ALL of their clients, whether they know if a client is HIV-positive or not.

2. Explain to participants that there is an extremely low risk of getting HIV through caregiving activities if universal precautions are taken.

Trainer Note:

Refer to Module 2 if participants have any additional concerns about the risk of getting HIV through caregiving activities.

[5] CDC (downloaded February 15, 2009) http://www.cdc.gov/ncidod/dhqp/bp_universal_precautions.html

[6] CDC (downloaded February 15, 2009) http://www.cdc.gov/ncidod/dhqp/gl_isolation_standard.html

3. Acknowledge that participants already have learned an important universal precaution, which is using gloves or plastic material to cover their hands.

4. Take one or two minutes for participants to share other important universal precautions that reduce the risk of exposure to blood, body fluids, and contaminated medical or other types of equipment and materials. The trainer should write the suggested actions on a piece of flipchart paper.

5. Ask participants to turn in the **Participant's Guide, page 54, item 19, Universal Precautions (Blood and Body Fluid Contact)** and distribute the **How to Stop Spreading Germs** Counselling Card to the participants. Compare the list of universal precautions generated by the participants with the list of universal precautions in the Participant's Guide. Note that the actions listed in the Participant's Guide are "key" universal precautions, but that there are other actions that can also reduce the risk of exposure to blood, body fluids, and contaminated medical or other types of equipment and materials. Discuss the actions on the participants' list on the flipchart paper that are not included in the Participant's Guide list to ensure that all would actually reduce the risk of germ transmission.

Trainer Note:

Ensure the following actions, which also are listed in the Participant's Guide, are included in the list of "key" universal precautions:

Universal Precautions

Universal precautions are simple, infection-control principles when any household members or HBC providers handle body fluids (such as blood, pus, fluid, faeces, vomit, sputum, urine, and waste from childbirth), or if the client or provider has open sores or cuts that will come in direct contact with the other person.

- **Wash your hands with water and soap (or ash) at critical times, especially after any contact with blood or other body fluids. Remind participants of the eight critical times which were covered in Module 4.**

- **Always wear gloves, plastic sheeting or other plastic material on your hands to handle soiled items and to prevent direct contact with any blood or other body fluids. If gloves, plastic material, or other plastic material are not available, you can use big, thick (liquid resistant) leaves (like banana leaves), a spring clothes pin or some other utensil to pick up soiled items. Clean up spills of blood, faeces, or other body fluids with household 1 part Jik to 9 parts water solution while wearing gloves, plastic material, or**

other plastic material to protect your hands.

- **Cover your hands with gloves or other plastic material when cleaning someone else's wounds or when you have a wound on your own hand. If it is not possible for you to protect your hands, be sure to cover any exposed wounds on your hands or on your client with a liquid-resistant (waterproof) bandage/covering to prevent direct contact.**
- **Clean up spills of blood, faeces, or other body fluids with a mixture of 1 part household Jik to 9 parts water solution (see the next section for instructions on how to prepare the Jik solution). While cleaning, wear gloves, plastic material, or other plastic material to protect your hands. Protect your feet when cleaning body fluids spilled on floors.**
- **Clean items that are shared between people (like plates, drinking glasses, eating utensils, etc.) with soap and water before you share them with others. This will help stop the spread of diarrhoea.**
- **Keep clothing and sheets that are stained with blood, faeces or other body fluids separate from other household laundry before they are washed.**
- **In <u>urban areas,</u> dispose of items used for cleaning up blood/body fluids by either burning the bloody material (preferred method); or "double bagging" it (putting the soiled material in a plastic bag, tying the top, then putting it inside another plastic bag and tying the top) and putting the sealed bag in the garbage.**
- **In <u>rural areas,</u> dispose of items used for cleaning up blood/body fluids by either (1) dropping the material into the latrine hole (preferred method, use in rural areas only); or (2) burning the blood-soiled material (preferred method, urban areas); or (3) "double bagging" it (putting the soiled material in a plastic bag and tying the top, then putting it inside another plastic bag and tying the top) and disposing of the sealed bag in the garbage.**
- **Do not share anything sharp that can pierce the skin and come in contact with blood or other body fluids such as toothbrushes or chewing sticks, razors, knives, syringes, needles, or other sharp instruments.**

6. Explain that it is important to educate households that following the precautions are a routine standard of care for all HBC clients, not just those who may be living with an infectious disease, such as HIV. HBC providers could state the following to their clients and their families:

"There are some things in your blood, pus, faeces, urine, sputum or vomit that could make me sick. More importantly, I sometimes might have a cut or sore on my hands which could pass something to you that will make you sick. Because of this, I will wear gloves, plastic material, or plastic/polyurethane bags on my hands any time I clean up body fluids. I do this for ALL clients, both to protect you and to protect me. It is important that everyone in your family also follows these precautions to prevent illness."

F. Large Group Activity: Disinfecting Surfaces and Materials Demonstration (20 minutes)

Part 1 of 4: Making Jik Solution (1 Part Jik to 9 Parts Water)

1. Explain to participants that any materials (clothing, bedding, towels, and cloth used for bandages) which have come into contact with blood or body fluids (blood, pus, faeces, vomit, sputum, urine, and waste from childbirth) that caregivers or clients want to keep and re-use should be disinfected (to kill bacteria) and cleaned (to remove the blood or body fluids). Items soiled with bodily fluids have many germs (viruses and bacteria) that need to be killed to make them safe to touch again. One of the best things for killing germs is Jik bleach.

2. Ask participants to turn to the **Participant's Guide, page 61, item 20, Mixing and Using Jik (Household Bleach) Solution to Kill Germs,** under the subheading, **How Do I Mix a "1 Part Jik to 9 Parts Water Solution?"**

3. Ask a volunteer to read the directions out loud in the Participant's Guide while a second volunteer comes to the front of the room to demonstrate how to make a Jik solution. Provide the volunteer all the supplies needed (water, container/bucket for solution, measuring cup/spoon, and Jik). When the demonstration is completed, thank the volunteer.

Trainer Note:

If possible, cover the table or surface used for demonstration with a plastic sheet so that if any of the Jik or Jik and water solution gets spilled, it will not discolour the table/surface.

The steps for making a 1 part Jik to 9 parts water solution include:

- **Step One: Get a cup, a bucket (or large bowl), Jik and water. Remove the cap from the Jik solution. Fill the cup (or whatever container you have available) once with Jik liquid and pour it into a bucket (or large bowl/container).**

- **Step Two: Using the same cup (or whatever container you used to measure the Jik), fill 9 times with water, pouring it into the bucket or**

large bowl/container that has the Jik in it. Stir the water and Jik mixture (called a solution) with a stick or spoon. This solution is the 1 part Jik to 9 parts water solution.

- **Step Three: To dispose of Jik solution, dig a hole and pour the leftover solution in the hole. Fill the hole with dirt. Tell participants to make sure not to dispose of Jik solution near plants, drinking water sources, or near places where children play.**

NOTE: The amount of Jik to water in this solution is appropriate for household use and not hospital/clinical settings.

4. Explain that you can easily make any quantity of 1 part water to 9 parts Jik solution by using different size measuring instruments. For instance, if you only need a small amount, you can use a spoon to measure your Jik and water (1 spoonful of Jik to 9 spoons of water), if you need a larger amount, you can use a cup or Tumpeco/Nice cup or any measuring implement. The important thing is to be sure that for every time you fill your measuring implement with Jik, you fill it nine times with water.

5. Never dispose of Jik solution in a latrine or near plants. To dispose of a Jik solution, dig a hole, pour the solution in the hole, and then refill the hole with soil.

6. Say, "Household members and HBC providers may be tempted to re-use the solution rather than dumping the solution from the container before a new batch of disinfectant solution is mixed. Jik solution should NOT be re-used because too many germs added will make the Jik solution ineffective."

7. Explain to participants that it is important they look at the disinfection needs of the household and help the household set up a system that works best for their situation. For example, if the client has frequent episodes of diarrhoea and is soiling pieces of cloth throughout the day, the household could place a covered bucket of 1 part Jik to 9 parts water solution in the household for use throughout the day. Whenever something is soiled, it can be placed in the bucket that is disinfected and changed by the household at the end of each day.

8. Say, "Care should always be taken when working with chemicals. Do not allow the chemicals to come into contact with the eyes. Chemicals should be stored out of reach from children in a dry place out of direct sunlight."

Part 2 of 4: Disinfecting of a Cloth/Rag/Bandage Soiled with Blood, Menstrual Blood, or Body Fluids, Including Faeces

Disinfecting Cloth/Rags/Bandages

9. Ask participants to turn to the **Participant's Guide, page 62, item 20A, How to Disinfect a <u>Cloth/Rag/Bandage</u> Soiled with Blood or Body Fluids, Including Faeces.** Explain and demonstrate Step 1 to participants and simply describe (but

do not demonstrate the remaining steps) on how to disinfect a soiled cloth, rag, or bandage (of any size) with a solution of 1 part Jik to 9 parts water. Explain that the demonstration will include a sample piece of cloth that is stained/soiled with dirt.

10. Remind participants that if a cloth/rag has any body fluids (blood, pus, fluid, faeces, vomit, sputum, and waste from childbirth) follow the next set of directions, where you use the Jik solution.

Trainer Note:

The steps for disinfecting a cloth/rag/bandage with one part Jik to nine parts water solution include:

- **Step One: [Demonstrate this step only.] Cover your hands with gloves, or plastic material. Pick up the soiled cloth (soiled for the training with dirt but would be soiled with blood or other body fluid in normal circumstances) and put it in a bucket, large bowl, or container that has with the Jik solution in it [prepared in the previous demonstration]. Allow it to soak for at least 20 minutes. You may want to set a timer to remind you when the time is up.**
- **Step Two: [Describe, but do not demonstrate this step.] Wash the cloth as you normally would wash, with water and lots of soap/detergent so there are lots bubbles when you scrub the cloths/rags together well. Then rinse well.**
- **Step Three: [Describe, but do not demonstrate this step.] Allow materials to dry in the sun.**
- **Step Four: [Describe, but do not demonstrate this step.] Dispose of solution as instructed (under the instructions for making the Jik solution). Soak the bucket, bowl, or container that was used for disinfection in a 1 part Jik to 9 parts water solution for 10 minutes. After 10 minutes, throw out the used solution and wash the bucket with soap and water, rinse well, and air dry in the sun. Remove your gloves, plastic sheeting, or other plastic material, and wash your hands.**

Part 3 of 4: Disinfecting Hard Surfaces and Floors (e.g., concrete floor, table, etc.) Contaminated With Spilled Blood and Body Fluids

11. Ask participants to turn to the **Participant's Guide, page 63, item 20B, How to Disinfect <u>Hard Surfaces and Floors</u> Soiled With Blood or Body Fluids.** Ask a volunteer to read the text and then discuss it, making sure that all the participants' questions are addressed.

Trainer Note:

The steps for disinfecting a hard surface or floor with 1 part Jik to 9 parts water solution include:

- **Step One: Make a 1 part Jik to 9 parts water solution (see steps previously listed for instructions).**
- **Step Two: Pour the Jik solution on the spilled fluid and leave it for 20 minutes.**
- **Step Three: Cover your hands with gloves, plastic sheeting, or other plastic material. Clean up the spilled blood and/or body fluids from the floor using a cloth/rag/banana leaf/paper towels. Leave the surface to air dry.**
- **Step Four: Either disinfect the cloth/rag as outlined in Part 2 of 3, or dispose of it. Remove your gloves, plastic sheeting, or other plastic material and wash your hands.**

Part 4 of 4: Disinfecting Soft Surfaces (e.g., Dirt or Sand Floors) with Spilled Blood and Body Fluids

12. Explain to participants that soft surfaces (e.g., dirt or sand floors) soiled with blood or body fluids must be cleaned carefully using Jik solution. Ask participants to turn to the **Participant's Guide, page 64, item 20C, How to Clean <u>Soft Surfaces</u> (e.g., Dirt or Sand Floors) Soiled with Blood or Body Fluids.** Ask a volunteer to read the text and then discuss it, making sure that all the participants' questions are addressed.

Trainer Note:

The steps for cleaning a soft surface:

- **Step One: Cover your hands with gloves, plastic sheeting or other plastic material.**
- **Step Two: Dig up/remove the soft soiled surface (dirt or sand). Dispose of the soiled material either in the latrine or by burying it deep in the ground and away from the household so that people and animals cannot come in contact with the material.**
- **Step Three: Replace the area you dug up with fresh mud and waddle. Remove your gloves, plastic sheeting or other plastic material, and wash your hands.**

G. Large Group Activity: Ways to Assist Bedbound Clients (Conscious and Non-Conscious) with Their Defecation and Urination Needs (2 hours)

(This includes turning a client, placing a Mackintosh/rubber sheet, "private parts" (perineal) care, use of plastic pants/care for baby faeces, use of a bedpan and commode, and case studies.)

1. Explain that in this next section, you will look at the assistance with urination and defecation (or "elimination needs") that may be needed by clients who are bedbound and weak with different levels of ability to move themselves.

2. Ask participants, "When you think about the urination and defection (or elimination) needs of your clients and their family members, what questions should you ask yourself that would help you know how you, as a HBC provider, can best help that client or their family?" Gather responses from participants.

Trainer Note:

If you need to probe further, ask participants, "Would you want to see if the client could get up from the bed easily? Can the client walk to a latrine easily? Is your client strong enough to clean his/her buttocks after defecating?"

3. Explain that the amount of assistance needed by the client to urinate or defecate largely depends on how conscious (alert), weak (or strong) the client may be and how mobile (or immobile) the client is. Explain that later in this session, participants are going to learn about various urine and faeces handling and disposal steps, which are based on the client's functional abilities.

4. Tell participants that when a client is bedbound and unconscious, there are many faeces care needs. For clients who are unconscious and bedridden, participants will learn how to:

   - Turn a client with only one caregiver to perform many faeces care tasks;
   - Use a Mackintosh, plastic sheet, or banana leaves to protect bed linens;
   - Make and use plastic pants;
   - Clean the "private parts" (genital and rectal area of clients, also called "perineal care").

5. Ask, "What can an HBC provider and household member do in the situation when a client must defecate but he/she is unconscious (not alert) and is completely bedbound, weak and unable to follow commands, unable to get up into a chair or commode, etc.?"

   Brainstorm for one minute and note the responses on the flipchart.

6. Explain to participants that since this client is unable to follow commands and is too weak to move or get out of bed, it makes sense to first learn how to shift the client so that you can clean them and change the linens when they get soiled. It is important to learn how to shift the client in a way that does not hurt the client or the caregiver/provider.

Part 1 of 5: Turning a Client with One Caregiver – Steps and a Demonstration

7. Explain that assisting a client to turn on the side while still lying in bed is important so that:

   - The HBC provider or caregiver can change soiled linens without having to get the client out of bed (if bedbound);
   - The client can urinate and defecate in a bedpan if the client cannot lift up his/her hips;
   - The client can keep as clean as possible while in the bed;
   - The care giver can help reduce the chance of the client getting bedsores (or reduce the intensity of bedsores) since the client will not be in one position, without enough circulation, for too long.

8. Explain that the first thing you should do before turning a client is wash your hands (as taught in Module 4) and come to the side of the client (next to the bed, or, if the client is on a mat on the floor, kneel next to the client) and communicate with the client about what you are going to do. Then ask participants to turn to the **Participant's Guide, page 75**, **item 30A, How to Turn a Client with <u>One Caregiver</u>**, and ask a volunteer to read steps 1-6.

Trainer Note:

The steps to turn a client with one caregiver are as follows:

- **Step One: Wash your hands, as instructed on page 22 of the Participant's Guide, and if the linens are soiled, cover your hands with gloves/plastic sheet material. Come to the side of the client (stand next to the bed, or if the client is on a mat on the floor, kneel next to the client) and communicate with the client about what you are going to do.**
- **Step Two: Bend the client's arm that is farthest away from you up and next to the client's head. Then bend the client's other arm across his/her chest.**
- **Step Three: Cross the client's leg that is closest to you by placing it over the client's other leg.**
- **Step Four: Place one hand on the client's shoulder and the other hand on the client's hip. Gently roll the client away from you on**

his/her side so that he/she is close to the side of the mattress that is farthest from you. The client is now on his/her side.

- **Step Five: To turn the client back to the original position, place one of your hands on the client's shoulder and your other hand on the client's hip. Gently roll the client toward you on his/her side so that they come back toward your side.**

Trainer Note:

When turning a client in a bed, the provider should spread his or her own feet and bend the knees to roll the client. This is the best method for reducing back strain for the HBC provider. However, clients who are 'bedbound' in Uganda often are lying on the floor rather than in an actual bed.

9. Ask for two volunteers to come up front to demonstrate how to turn an unconscious client, using the steps listed above. One volunteer will play the unconscious client and will get into position by lying on a table (which will serve as the bed). The other will be the HBC provider who will take a position next to the client volunteer. Have the rest of the participants provide guidance based on the written instructions.

Part 2 of 5: Changing the Linens, Mackintosh, or Plastic Sheet in the Bed for the Incontinent, Bedbound Client

10. Distribute the **Counselling Card** labelled, **Turning Bedbound Client in Bed, Changing Bed Linens** (see copy in the Module 6, Annex 1). Point out that the steps for rolling a client (just reviewed) are Steps 1 and 2 on this card. Ask the participants to turn to the **Participant's Guide, page 78,** item **31A, How to Use a Mackintosh, Plastic Sheet, or Banana Leave(s) and Changing Soiled Bed Linens (Making an Occupied Bed).**

11. Explain to participants that clients who are NOT conscious or who are conscious but unable to control when they urinate and defecate, will need to use some protection on their bed linens to keep them clean and need to have their linens changed when they do get soiled. For this, HBC providers will learn how to use a Mackintosh plastic sheet and how to change the bed linens while someone is lying in the bed. As one volunteer reads out loud from the Participant's Guide, demonstrate the processes with one trainer playing the role of the provider and one trainer playing the role of the unconscious patient (who is lying on soiled linens--sheet, Mackintosh, cotton cloth covering the Mackintosh).

Trainer Note:

The steps for placing a plastic sheet under a client and changing the bed linens are as follows:

- **Step One: Prepare**
  - **Wash your hands, as taught in Module 4 (refer to Module 4 for questions).**
  - **Come to the side of the client and communicate with the client about what you are going to do.**
  - **Prepare the materials you need (e.g., Mackintosh, two clean sheets, container to put soiled linens, gloves/plastic material to cover hands).**
  - **Cover your hands with gloves or plastic material.**
- **Step Two**
  - **Loosen the top linen at the foot of the bed.**
  - **Remove any blankets.**
  - **If the linens or blankets are dirty, remove by rolling or folding them away from you, with the side that touched the client inside the roll. Place in a container for dirty linens/clothes. If the linen is not soiled and will be re-used, fold it over the back of a clean surface for later use.**
  - **Be sure to place a clean cloth, piece of clothing, sheet, or blanket over the client to keep the client covered throughout the linen-changing procedure.**
- **Step Three**
  - **Assist the client to turn to the far side of the bed, as previously instructed.**
  - **On the side nearest you, loosen the bottom sheet, plastic sheet (or Mackintosh), and/or cotton cloth that may be covering the mattress. (Note: the volunteers demonstrating this step will have to pretend to loosen the linens since they will not actually be tucked in when demonstrating on a table.)**
  - **Fanfold the bottom linens one at a time toward the person: cotton cloth, plastic sheet, bottom sheet.**
- **Step Four**
  - **Place the prepared clean bottom sheet on the exposed side of the bed by folding it lengthwise with centre crease in the middle of the bed.**

- Smooth the side nearest you and tuck the sheet under the mattress.
- Fanfold the top part toward the person.
- If a plastic/rubber sheet or Mackintosh or banana leaves are used, repeat the previous two steps with a plastic sheet, placing it where the person's hips and thighs will lay. A plastic/rubber sheet or Mackintosh or banana leaf MUST be completely covered with a cotton cloth to prevent irritation and breakdown of the client's skin.
- Place the cotton cloth on top of the plastic/rubber sheet or Mackintosh or banana leaf and repeat the same steps followed for the bottom and plastic/rubber sheet or Mackintosh or banana leaves.

- **Step Five**
  - Go to the other side of the bed and turn the client so the client is on the side of the bed away from you (now rolled onto the clean linens).
  - On the side closest to you, loosen the soiled linens, and remove them one piece at a time by rolling or folding them away from you, with the side that touched the client inside the roll.
  - If a person is dirty, clean him/her (this will be instructed later in the session).
- **Step Six**
  - Unfold the clean bottom sheet, plastic sheet, and cotton cloth toward you, and tuck them in under the mattress.
  - Assist client to a comfortable position in the middle of the bed.
  - Replace the pillows (after changing pillow case/s where necessary) and adjust place the pillows to a comfortable position for the client.
- **Step Seven: Safe Transport, Disposal, and Disinfection**
  - Remove the soiled bed linens carefully so as to avoid contaminating yourself.
  - Empty any blood or body fluids immediately in the latrine.
  - If a latrine is not available, bury faeces or urine away from the household and deep in the ground. For any sanitary towels/napkins that may be soiled with menstrual blood, follow the disposal instructions outlined in Unit 6, Section 40 (Participant's Guide, page 116).
  - For any soiled cloth, follow the instructions under Disinfecting

and Disposing of a Cloth/Rag/Bandage Soiled with Blood or Body Fluids, Including Faeces in Unit 6, Section 41 (Participant's Guide, page 118).

- **For any spilled blood or body fluids on hard or soft surfaces, follow the Steps to Disinfect Hard and Soft Surfaces, in Unit 4, Section 20B, (Participant's Guide, page 63).**

- **Step Eight: Hand Washing**
  - **Remove the plastic material, gloves or polyurethane bags/plastic from your hands by following the instructions under Preventing Cross-Contamination by Removing and Disposing of Gloves, Plastic Material, or Other Material, in Section D above.**
  - **Wash your hands, as taught (refer to Module 4 for instructions and questions).**
  - **If the client cleaned him/herself, or if the client's hands came in contact with faeces, blood, urine, or other body fluids, ensure that the client washes his/her hands.**
  - **If the client doesn't have hand-washing materials within reach, place water, soap (ash), and a basin/bowl so he/she can reach it.**
  - **Ask the client to wash hands with soap (or ash), using a rubbing motion. Offer to rinse the client's hands with running water to wash the germs from the client's hands.**
  - **Encourage client to allow the hands to air dry.**

12. Ask for three volunteers to come up front to demonstrate how to place a plastic sheet under an unconscious client and how to change the bed linens with someone lying in the bed. The volunteers will follow the steps listed on the **Counselling Card, Turning Bedbound Client, Changing Bed Linens.** One volunteer will play the unconscious client and will get into position by lying on a table (which will serve as the bed) that already has been covered by all the necessary linens. The second volunteer will be the HBC provider who is placing the plastic sheet, and the third volunteer will read the instructions for how to place the plastic sheet under the client so that the HBC provider can do it. All the participants who are observing should follow along using their Counselling Card and by correcting or guiding the HBC provider if he/she is having trouble.

Part 3 of 5: Cleaning a Client's "Private Parts" (the Genital and Rectal Area, or "Perineal Care")

13. Explain to participants that when a client is bedbound and especially when he/she is not conscious, careful cleaning of the "private parts" is very important to keep the body clean. Cleaning the "private parts" means washing of the genital and rectal areas of the body (also called the perineal area). It should be done at least once a day. It is done more often when a client is incontinent (unable to control the passing of faeces or urine) or has to use a bedpan (basin) or urinal for

faeces and urine disposal. Assisting clients with their personal hygiene care and ensuring they are free of faeces, blood, urine in their "private parts" area is very important for the health and wellbeing of clients. It also is an important part of preventing infection, odours, irritation, and breakdown of the skin.

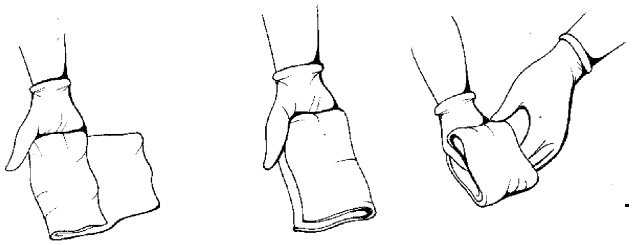
14. Say to participants: "'Private parts' care is a sensitive issue and should be kept as simple as possible, doing only what is necessary for the client and allowing the client to do as much as he or she can do independently (to build and maintain their dignity and self-respect.) Bedbound clients are likely to need more help in keeping their 'private parts' area clean. At a minimum, it is important for a client to have soap, water, clean rags, and a plastic container within reach so the client can wash independently each day. In addition, if an adolescent girl or woman is menstruating, it is important to make clean cloths or sanitary napkins available for soaking up menstrual blood and for changing when necessary. If a client is unable to thoroughly clean his or her 'private parts' — especially after defecating and urinating — the caregiver needs to help the client. Following is information on how to properly clean the 'private parts' of a woman and a man."

Before Cleaning the "Private Parts" (Perineal Area)

15. Ask participants to turn to **the Participant's Guide, page 93, item 32, Before Cleaning the Private Parts (Perineal) Area.** Review the steps BEFORE cleaning the perineal area (of a male or female client) to prepare for the task:

    - Wash your hands, as outlined on page 22 of the Participant's Guide. Prepare the materials you need for cleaning the "private parts" (e.g., clean cloth, soap, water, towel, cloth, sheet (or large cloth), plastic sheet, plastic material, etc).
    - Come to the side of the client and communicate what you are going to do.
    - Ensure privacy of the client.
    - Position the client on his/her back.
    - Cover your hands with gloves, plastic sheeting, or plastic material.
    - Put a protective, waterproof cover on the bed linen (e.g., plastic sheet or Mackintosh).
    - Dip a clean cotton cloth into a basin or bucket of clean, soapy water, and squeeze the excess water.
    - Take the damp clean cloth and fold it over your dominant hand, so the ends of the cloth are turned inward and around your hand like a mitt. This mitt is used to clean the client.

Note: Folding the cloth like a mitt around the hand helps keep larger segments of the cloth clean for



separate cleansing strokes. This is important to minimise contaminating one area of the perineal area with germs cleansed from another part of the perineal area.

16. Demonstrate how to make a cloth into a mitt. Ask a volunteer to come up and try it, and have the other participants help correct the volunteer if he/she is having difficulty making the mitt.

17. Explain that you are now going to review how to properly clean a woman's genitals and anal area. Then review how to clean a man's penis and anal area.

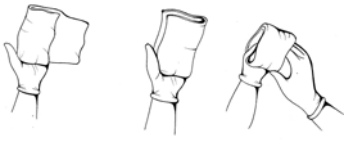
"Private Parts" (Perineal Care) of Female Clients

18. Ask participants to turn to **the Participant's Guide, page 94, item 32A, Private Parts (Perineal) Care of Females.** Distribute the **Counselling Card** with the label, **Cleaning Female Client** (see copy in Module 9, Annex 1). Ask participants to follow along as YOU read the card out loud.

Trainer Note:

The steps for cleaning a woman's "private parts" (perennial) area are as follows.

- **Step One: Prepare**
  - **Wash your hands, as outlined on page 22 of the Participant's Guide. Prepare the materials you need for perineal care (e.g., clean cloth, soap, water, towel, cloth sheet or large cloth, plastic sheet, plastic material, etc).**
  - **Come to the side of the client and communicate what you are going to do.**
  - **Ensure privacy of the client.**
  - **Position the client on her back.**
  - **Cover your hands with gloves, plastic sheeting, or plastic material.**
  - **Put a protective, waterproof cover on the bed linen (e.g., plastic sheet or Mackintosh).**
  - **Dip a clean cotton cloth into a basin or bucket of clean, soapy water, and squeeze out the excess water.**
  - **Fold the damp clean cloth over your dominant hand, so the ends of the cloth are turned inward and around your hand like a mitt (see image). This mitt is used to clean the client.**



Note: Folding the cloth like a mitt around the hand helps to keep larger segments of the cloth clean for separate cleansing strokes. This is important to minimise contaminating one area of the perineal area with germs cleansed from another part of the perineal area.

- **Step Two: Separate and Hold**

  Separate the lips of the labia with the non-dominant hand that does not have a mitt.

- **Step Three: Cleanse/Protect the Genital Area**
  - **Use the mitted cloth with the other hand and wash the area with short downward strokes, cleaning from the vaginal area toward the rectal area.**
  - **Use a different, clean part of the damp mitt for each downward stroke.**
  - **First clean the inside lips, and then move from "in to out" to clean the larger, outside lips and groin/inner thigh area, removing any blood, faeces, urine, and/or vaginal discharge.**
  - **Rinse the "private parts" (perineal) area with a different, CLEAN cloth.**
  - **Pat the area dry with a clean, dry cloth.**
  - **Apply a thin layer of Vaseline or a barrier skin cream to the inner thigh area.**

    Note: It is important to use the "front to back" technique to clean from a "clean area" toward a "dirty area." This is to prevent contamination of the vaginal and urethral area with germs from the rectal area.

- **Step Four: Cleanse/Protect Rectal Area**
  - **A side-lying position allows the rectal area to be cleansed well.**
  - **Ask the client to turn on one side. If she is unable to move on her own, turn her on her side (as previously taught in this module).**
  - **Rinse and use the cloth (from Step Three) to clean around the rectum in the buttock area by wiping in the direction of "front to back" (vagina to rectum), removing any faeces, blood, urine, and/or other body fluid.**
  - **Rinse the cloth again to wipe/rinse the rectum.**
  - **Pat the area dry with a clean, dry cloth.**
  - **Apply a thin layer of Vaseline or a barrier skin cream to the buttocks and rectal area.**

- **Step Five: Safe Disinfection and Disposal of Soiled Materials**
  - **For any soiled cloth that will be re-used, follow the Steps to Disinfect a Cloth, in the Participant's Guide, page 62, unit 4, section 20A.**
  - **For any cleaning material that will not be re-used, burn, dispose in the latrine (rural areas only), or double bag it, and put in the trash.**
- **Step Six: Hand Washing**
  - **See steps listed in the section labelled Hand Washing After Cleaning Client's Private Parts (Perineal Area). It can be found directly after the section below on Perineal Care for Males.**

19. Ask participants if they have any questions about how to clean a woman's perineal area. Clarify if necessary.

20. Explain that next you will review how to clean the "private parts" area of a male.

"Private Parts" Care of Male Clients

21. Ask participants to turn to the **Participant's Guide, page 97**, item **32B, Private Parts (Perineal) Care of Males.** Distribute the **Counselling Card** with the label, **Cleaning Male Client** (see copy in the Annex for this Module). Ask participants to follow along as YOU read the card out loud.

Trainer Note:

The steps for cleaning a man's perineal area are as follows:

- **Step One: Prepare**

See section labelled, Before Cleaning the Perineal Area, listed before the previous description of perineal care of females.

- **Step Two: Gently Pull and Hold the Foreskin**

Pull back the foreskin of the uncircumcised penis with the non-dominant hand that does not have a mitt.

- **Step Three: Cleanse Under the Foreskin**
  - **Use the hand with the mitted cloth to clean the head of the penis.**
  - **Start at the opening where urine comes out, and sweep out and away from hole.**
  - **Use a different, clean part of the damp mitt for each stroke, removing any blood, faeces, urine, and/or discharge.**
  - **Rinse the "private parts" (perineal) area with a different, CLEAN cloth.**

- Pat the area dry with a clean, dry cloth.

- **Step Four: Release and Cleanse the Foreskin**
  - Return the foreskin to its normal position.
  - Clean outside the foreskin with a circular motion.
  - Use a different, clean part of the damp mitt for each stroke, removing any blood, faeces, urine, and/or discharge.
  - Rinse the cloth and rinse/cleanse the area.
  - Pat the area dry with a clean, dry cloth.
- **Step Five: Cleanse the shaft**
  - Clean the shaft of the penis with a downward motion toward the scrotum and base of the penis.
  - Use a different clean part of the damp mitt for each stroke, removing any blood, faeces, urine, and/or discharge.
  - Rinse the cloth and rinse/cleanse the area.
  - Pat the area dry with a clean, dry cloth. Apply a thin layer of Vaseline or a barrier skin cream if the client is incontinent of urine.

  Note: The technique of cleaning by starting to clean from the tip of the penis down the shaft of the penis is intended to prevent contamination of the urethral area with germs from the rectal area.
- **Step Six: Cleanse the rectal area**
  - The side-lying position allows the rectal area to be cleaned well.
  - Ask the client to turn on one side. If he is unable to move on his own, turn him on his side (as previously taught in this module).
  - Use the rinsed cloth to clean around the rectum area by wiping in the direction of "front to back" (penis to rectum), removing any faeces, blood, urine, and/or other body fluid.
  - Rinse the cloth, then rinse/cleanse the rectal area.
  - Pat the area dry with a clean, dry cloth. Apply a thin layer of Vaseline or a barrier skin cream to the buttocks and rectal area if the client is incontinent of urine or faeces.
- **Step Seven: Safely disinfect and/or dispose of soiled materials.**
  - For any soiled cloth that will be re-used, follow Steps to Disinfect a Cloth, in the Participant's Guide, page 60, unit 4, item 20A.
  - For any cleaning material that will not be re-used, burn, throw it in the latrine (rural areas only), or double bag and put it in the trash.

- **Step Eight: Hand Washing (from the Participant's Guide, page 100)**

When you have finished cleaning your client's perineal area:

- **Safely remove the gloves, plastic sheeting, or plastic material from your hands.**
- **Wash your hands, as outlined in the Participant's Guide, page 22, unit 2, item 5.**
- **If the client cleaned him/herself, or if the client's hands came in contact with faeces, blood, urine, or other body fluids, ensure that the client washes his/her hands.**
- **If the client does not have hand-washing materials within reach, place water, soap (or ash), and a basin/large bowl within reach of the client.**
- **Ask the client to wash all surfaces of his/her hands with soap (or ash), using a rubbing motion.**
- **Offer to rinse the client's hands with running water to wash any germs from the client's hands.**
- **Encourage the client to allow hands to air dry.**

22. Ask participants to describe how they teach caregivers in the home to clean the client's private parts. Brainstorm on how the HBC provider can begin the conversation about proper "private parts" care with the caregiver in the home and how the provider can show the caregiver to do it in a way that maintains the client's dignity. (One option is to have the HBC provider clean the client's "private parts" and describe what they are doing while the caregiver watches. Another possibility is to show the caregiver the Counselling Card on "private parts" care, and describe what to do as they review the pictures together.)

Part 4 of 5: Building and Using Plastic Pants for a Client Who Is Bedbound

23. Explain that as an alternative to using Mackintosh or plastic sheets (or as an additional precaution), clients who cannot control when they urinate and defecate can benefit from using plastic pants, which are made from medium-weight plastic. The pants will fit to the client's shape so any faeces or other body fluids are contained inside the pants. Show the participants some plastic pants and pass them around so everyone can look at them closely.

24. Ask participants to turn to the **Participant's Guide, page 84, item 31B, How to Use Plastic Pants.** Distribute the **Counselling Card** labelled, **Plastic Pants** (see copy Module 6, Annex 1), and ask a volunteer to read it out loud while everyone else follows along.

Trainer Note:

Following are the instructions for how to construct and use plastic pants:

- **Step One: Cut plastic sheet into the shape of a pant (that is opened up to lay flat). Cut a size appropriate for client.**
- **Step Two: Have a local tailor sew "gathers" with an elastic band on inside edges that go between the legs (to prevent gaps that can leak).**
- **Step Three: Place a cotton cloth over the plastic pants and put them on the client, making sure that only the cotton cloth comes in contact with the client's skin. Tie sides of the pants to hold in place.**

Ask if any participants have questions and clarify them.

Safe Handling and Disposal of Infant and Young Children's Faeces

25. Explain to participants that ALL faeces are dangerous, including the faeces of infants and young children (0-4 years of age). Say that although some people may believe that infant/young child faeces are harmless, their faeces contain germs which can be spread easily to others and cause illnesses, such as diarrhoea. Germs, then, can be picked up easily from changing an infant's nappie or diaper, or while helping a young child use a potty chair.

26. Ask participants to take two minutes to share any challenges they or caregivers in their homes have faced while handling or disposing of faeces of infants and young children.

Trainer Note:

Be sure to elicit the following responses:

- **Many infants and young children have not yet developed the ability to control (or determine when to release) their faeces and urine.**
- **Many toilets and latrines are too big for infants and young children, which may result in infants/young children defecating or urinating in the open.**
- **Infants and young children require others to help handle and dispose of their faeces and urine, presenting many opportunities to spread germs.**
- **Household members or other people in the community do not take seriously the threat of faecal contamination by infants/young children. They may believe that infants/young children are "too**

pure" or young to have germs in their faeces.

- **Lack of a designated place/space to change the nappie/diaper.**
- **Few supplies to clean/disinfect cloth diapers or lack of disposable diapers (due to limited access, cost, etc.).**
- **Limited options to safely dispose of faeces from cloth diapers, disposable diapers, a potty chair, etc.**
- **Limited options to safely dispose of diapers.**

28. Ask participants to take another two minutes to share ways to safely handle faeces and soiled nappies/diapers from infants or young children. Tell them they will have an opportunity to talk about the disposal of faeces and soiled nappies/diaper and cleaning cloth diapers in the next part. Now is an opportunity to share ways to cut down on spreading germs while changing nappies/diapers or helping a young child use a potty chair.

Trainer Note:

Be sure to elicit the following responses:

- **Change a nappie/diaper as soon as it becomes soiled.**
- **Empty faeces from the nappie/diaper or the potty chair into a latrine/toilet.**
- **Create or use a designated place/space (far from the food preparation area) to change the nappie/diaper or use the potty chair to reduce the spread of harmful germs throughout the household.**
- **Have children wash their hands any time they could come in contact with faeces, including after a diaper change (an adult should wash an infant's or small child's hands). Young children should always wash their hands before eating snacks or meals.**
- **Wash your hands with soap (or ash) after diapering or helping a child use the toilet, and before preparing, serving, or eating food.**
- **Wash your hands after handling a soiled nappie/diaper, after you use the latrine/toilet and before you prepare food or feed the infant/young child.**

29. Remind participants that frequent hand washing is the best defence against the spread of germs because the germs that cause diarrhoea are easily passed from hand to mouth. Say that handling a soiled diaper, for instance, can transfer these germs to your hands before you wipe the infant's mouth. The infant also can catch a diarrhoea-causing infection from putting his/her fingers in the mouth after

touching toys or other objects that have been contaminated with the stool of an infected child or adult.

30. Tell participants you are now going to talk about ways to safely dispose of faeces and nappies/diapers or to clean cloth nappies/diapers. Say you will give them two examples of an infant/young child faeces disposal situation they may find in their households. Explain that you would like them to share what they think they would do or say in response to the following situation as the HBC provider of that household.

31. Give participants the first situation/question: Say, "One of your clients is a mother of a 3-month-old infant. She asks you for advice on the best way to wash her infant's cloth diapers so she can re-use them. What advice would you give, knowing that the cloth diapers are frequently soiled with faeces and urine?"

    Spend one or two minutes taking responses and record them on the flipchart.

Trainer Note:

Ensure the following points are discussed:

- **The mother (and other household members) should dump any faeces from the cloth diapers in the household latrine/toilet.**
- **The mother (and other household members) can put the soiled diapers in a covered bucket to soak in "1 part Jik to 9 parts water" solution throughout the day. They should wash them at the end of each day.**
- **To wash the cloth diapers, follow the instructions in the Participant's Guide, page 62, section 20a, How to Disinfect and Dispose of Cloth/Rag/Bandage Soiled with Blood or Body Fluids, Including Faeces.**
- **Try to use a separate area (far from the food preparation area) for changing nappies/diapers to reduce spreading faecal germs to other areas of the home. It is best to pick a smooth, water-resistant surface that can be cleaned easily with soap and water after each nappie/diaper change. Use a piece of cloth or paper to cover the area where you change the infant's diaper. Dispose of the cloth or paper after you have changed the diaper.**
- **Always wash your hands with soap (or ash) after handling faeces or a soiled nappie/diaper.**

- Ask participants if they have any questions about cleaning cloth diapers so they can be re-used. Answer questions appropriately.

- Explain you are going to give another example of an infant/young child faeces disposal situation they may face in their households. Explain you would like them to share what they think they would do or say in response to the following situation as the HBC provider of that household.

- Give participants the second situation/question:

Say, "One of your clients is a 2-year-old boy named Dennis who is cared for by his granny. His mother and father are no longer living. On your home visit late one afternoon, you notice the granny has changed Dennis' plastic (disposable) diaper only once that day. You also notice old, wet/soiled disposable diapers in the corner of the room and a terrible odour coming from that place. Granny tells you that she doesn't know what to do with the old diapers after Dennis is changed. What advice would you give Granny?"

Spend one or two minutes taking responses and record on the flipchart.

Trainer Note:

Ensure the following points are discussed.

- **Dump any faeces from the disposable diapers in the household latrine/toilet.**
- **Dispose of the old diaper by wrapping tabs all the way around (folding the soiled diaper surface inward), put the disposable diaper in plastic bag, tie the ends of the bag and put it in the trash/garbage. *DO NOT* put it in a latrine as disposable diapers do not decompose in latrines.**
- **Always wash your hands with soap (or ash) after handling faeces or a soiled nappie/diaper.**
- **Try to use a separate area (far from the food preparation area) for changing nappies/diapers to reduce the spread of faecal germs to other areas of the home. It is best to pick a smooth, water-resistant surface that can be cleaned easily with soap and water after each nappie/diaper change. Use a piece of cloth or paper over the area where you change the infant's diaper. Dispose of the cloth or paper after you change the diaper.**

- Ask participants if they have any questions about disposing of disposable diapers so they can be re-used. Answer their questions appropriately.

Part 5 of 5: Use of a Bedpan

- Ask, "What should a HBC provider, client, or household member do in the situation when a client must defecate and he/she is conscious (alert), but very weak and bedbound and unable to get into a chair or commode?" Write the

participants ideas on the flipchart. (Spend no more than one or two minutes on this discussion).

Tell participants that you now are going to review how to use a bedpan.

Using a Bedpan

- Ask participants to turn to the **Participant's Guide, page 86,** item **31C, Using a Bedpan/or Basin in the Bed,** and inform them that everything you are about to cover is in this part of the guide. Distribute the **Counselling Card** labelled, **How to Use a Bedpan.** Show participants a bedpan (basin) and pass it around for everyone to see.
- Explain that a bedpan (or a basin) can be placed under the hips of a client who cannot get out of the bed to collect urine and faeces. Women and girls confined to the bed often use bedpans to urinate and defecate. However, men and boys who are bedbound often use them only to defecate and use a urinal (or clean, tall container) to urinate.
- Remind participants that it is very important to wash their hands (page 22 in the Participant's Guide) and follow the Universal Precautions (page 54 in the Participant's Guide) when handling bedpans and their contents. It also is important that the bedpan is covered after use and is taken immediately to the latrine or toilet. After being emptied and rinsed, it needs to be cleaned and returned to the client's bedside.
- Ask for a volunteer to read the bedpan Counselling Card.

Trainer Note:

Steps to assist a client with use of a bedpan (or a basin/bowl) include:

- **Step One: Prepare**
  - **Wash your hands (as taught in Module 4, page 22 of the Participant's Guide).**
  - **Come to the side of the client and communicate what you are going to do.**
  - **Prepare the materials you need (e.g., basin, clean cloth or tissue, plastic materials, clean sanitary pad, etc).**
  - **If available, put a little powder or ash on the edge of the basin/bedpan to help prevent the rim from sticking to the client's skin.**
  - **Put some ash in the bottom of the bedpan to prevent faeces from sticking to it.**
  - **Ensure privacy of the client.**

- Put a Mackintosh, plastic sheet, fresh large banana leaf, extra cloth, towel or newspaper under the client's hips to protect the bedding.
- Position the client on his/her back.
- Cover your hands with plastic sheeting, gloves or other plastic material.

- **Step Two: Bedpan Placement for Client Who Is Able to Lift Hips**

  [Note: If the client is unable to lift the hips, skip this step and go directly to Step Three.]

  - If a client is able to lift the hips, slide a clean plastic basin under the client's buttocks (helping the client into a sitting position on the bedpan), then go to Step Four.

- **Step Three: Bedpan Placement for Client Who Is Unable to Lift Hips**
  - If a client cannot lift the hips, turn the client onto one side.
  - Place the bedpan against the client's buttocks. If you are using a bedpan and not a bowl/basin, make sure you put the open end of the bedpan toward the direction of the client's feet.
  - Hold the bedpan securely and assist the client to roll onto their back.
  - Make sure the bedpan is centred under the client.
- **Step Four: Wait**
  - Partially drape a sheet, blanket, or piece of cloth over the client to provide privacy.
  - Place tissue or a clean cloth within the client's reach. Encourage the client to clean him/herself with the tissue/cloth if able.
  - Agree with the client on a signal so the client can let you know when he/she is finished or when help is needed (e.g., calling the provider's name loudly, making a noise by hitting a spoon against a metal pan if the person cannot call out loudly, etc.).
  - Give the client privacy until the client is ready for you. Then, return when the client signals.
- **Step Five: Remove Bedpan for Client Who Is Able to Lift Hips**

  [Note: If the client is unable to lift the hips and raise the buttocks, skip this step and go directly to Step Six.]

  - Ask the client to raise his/her buttocks.
  - Remove the bedpan carefully to avoid spilling any faeces, urine, or possible soiled sanitary towels/napkins or cloth in the bed.

- If the client is able to wipe her/himself, ensure the client is clean. Remind the female to wipe from front to back to avoid spreading germs to the vagina and bladder.
- If the client is unable to wipe him/herself, clean the client from front to back, using a clean part of the tissue/cloth for each wipe.
- Clean the genital and rectal area if necessary. Go to Step Seven.

- **Step Six: Remove Bedpan for Client Who Is Unable to Lift Hips**
  - If a client is unable to lift the hips, hold the bedpan securely (so it lays flat against the mattress), then turn the client onto the side away from you.
  - Remove the bedpan carefully to avoid any spills on the bed.
  - Clean the genital and rectal area if necessary, from front to back, using a clean side of the tissue/cloth for each wipe.
  - Then go to Step Seven.
- **Step Seven: Safe Transport and Disposal of Contents**
  - Cover the bedpan and/or sprinkle the contents with ash.
  - Immediately take the bedpan to the latrine and put the faeces, urine, or menstrual blood in the latrine.
  - If a latrine is not available, bury the faeces or urine away from the household, deep in the ground.
  - For disinfecting the bedpan, follow the Steps to Disinfect Hard Surfaces, in Unit 4, Section 20B, page 63 of the Participant's Guide.
- **Step Eight: Hand Washing**
  - Safely remove the plastic sheeting, gloves, or plastic material from your hands.
  - Wash your hands (as outlined in Module 4, page 22 of the Participant's Guide).
  - If the client cleaned him/herself or if the client's hands came in contact with faeces, blood, urine, or other body fluids, ensure that the client washes his/her hands.
  - If the client does not have hand-washing materials within reach, place water, soap (or ash) and a basin/large bowl where the client can reach them.
  - Ask the client to wash all surfaces of the hands with soap (or ash), using the rubbing motion.
  - Offer to rinse the client's hands with running water to wash the germs from the client's hands. Encourage the client to allow

hands to air dry.

H. Faeces Care for a Client Who Can Get Up in a Chair but Cannot Walk to the Latrine

(Construction of bedside potty chair and use of bedside potty chair)

1. Ask participants, "What should a HBC provider, client, or household member do when the client is able to get up into a chair but he/she cannot walk to the latrine?"

2. Ask participants to turn to the **Participant's Guide, page 101, 33A. Building a Bedside Commode,** and inform them that everything you are about to cover is included in this section of the guide. Distribute the **Counselling Card** with the label, **Making a Bedside Commode (Potty Chair),** (example can be found in the Annex to this Module). Show participants a commode, if possible. If no commode is available, ask the participants to look at the pictures on the Counselling Card.

3. Explain that bedside commodes can be placed next to a client's bed or over the hole in a latrine to make it easier for a client to urinate/defecate.

4. Remind participants that it is very important to wash your hands (Participant's Guide, page 22) and follow the Universal Precautions (Participant's Guide, page 54) when handling a commode and the contents of the bucket placed under the commode when it is used by the bed. It also is important that the bucket is covered after use and is taken immediately to the latrine or toilet. After being emptied and rinsed, it needs to be cleaned with "1 part Jik to 9 parts water" solution (section 20B, page 63 from the Participant's Guide) and returned to the client's bedside.

5. Ask for a volunteer to read the Counselling Card with the label, Making a Bedside Commode (Potty Chair). When done, ask if there are any questions.

Trainer Note:

Instructions for building a bedside commode (potty chair) include:

- **Step One: Make a wooden stool or chair.**
- **Step Two: Cut an oval hole in the middle of the stool that fits the user (not too big, not too small). Smooth the edge of the hole to avoid bruising.**
- **Step Three: To use commode (potty chair), put a bucket beneath the hole in the stool/chair, or put the stool/chair over the hole in the latrine.**

Transferring a Client from a Bed to a Chair or Bedside Commode

6. Explain that it is important to transfer the client from the bed to the commode in such a way that it does not injure the client or the caregiver's back. Ask participants to turn to **the Participant's Guide, page 103, item 33B, Getting a Client Up From A Bed to the Bedside Commode (to Urinate and Defecate)** where there are instructions on how to transfer a client from a bed to a commode. Tell the participants that the steps that the workshop facilitators are about to demonstrate are covered in this section of the guide.

7. Have two of the trainers demonstrate how to transfer a client to a bedside commode. One trainer will play the role of the client, the second will play the role of the caregiver. The trainer playing the role of a client should start by laying down on a table (which can substitute for a bed). Next to the table, place a chair, which will substitute for the commode. The trainers should demonstrate the proper actions.

Trainer Note:

Following are the instructions for how to transfer a client from a bed to a commode:

- **Step One**
  - **Prepare the materials you need (chair, pillow, tissue or clean cloth for cleansing the perineum, etc). If possible, use a commode with arms and a seat low enough to allow the client's feet to solidly touch the floor. If you are going to use a bucket with the commode, put some ash in the bottom of the bucket to help prevent the faeces from sticking.**
  - **Come to the client and communicate what you are going to do.**
  - **Wash your hands, as taught in the Participant's Guide, page 22.**

- **Step Two**
  - **Place the bedside commode at the head of the bed.**
  - **Help the client sit up and swing his/her legs 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 privacy and dignity.**
  - **Have the client wear low-heeled, non-slippery shoes.**
- **Step Three**
  - **Stand in front of the client who is sitting on the bed.**
  - **Have the client place his/her fists on the bed by the thighs. Make sure the client's feet are flat on the floor.**
  - **Thread your hands underneath the client's arms (between the arms and chest) and reach around to place the palm of your hands on your client's 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 on a signal that you have agreed to use.**
  - **If the client is able, instruct him/her to lean forward slightly, push down on the bed with his hands, straighten the legs, and then stand. Or, pull the client into a standing position as you straighten your knees. Alternatively, you could put a belt (gait belt) around the waist of the client to help you grasp the client.**
- **Step Four**
  - **Support the client in the standing position.**
  - **Keep your hands around the client's 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.**
- **Step Five**
  - **Turn the client so he or she can grasp the bedside commode. Have the client grab the armrests and lower self into the chair, leaning slightly forward as he sits down.**
  - **The back of the client's legs should touch the front edge of the seat of the chair.**
  - **Continue to help the person turn into a position that allows him/her to grasp the chair with both hands. Lower the client into**

the chair as you bend your hips and knees. The client should assist by leaning forward and bending the elbows and knees.

- Make sure the buttocks are on the back of the bedside commode. Have him/her slide his hips back into the chair and sit squarely.
- Cover the person's lap and legs with a cloth or blanket.

- **Step Six**
  - Place tissue or a clean cloth within reach of the client. Have the client to clean him/herself with the tissue/cloth, if possible.
  - Agree with the client on a signal so the client can let you know when he/she is finished, or when help is needed (e.g., calling the provider's name loudly or knocking a spoon against a pot, if the client is able).
  - Give the client privacy until the client is ready for you to return.
  - Return when the client signals.
- **Step Seven**
  - When the client is finished, ensure that the genital and rectal area is clean, then return the client to bed by reversing the above procedure.
- **Step Eight**
  - Cover the bucket in the bedside commode and sprinkle some ash on top of the faeces to help reduce the odour and flies.
  - Immediately take the bucket to the latrine and put the faeces, blood, urine, or other body fluid in the latrine. If a latrine is not available, bury the faeces and urine away from the household, deep in the ground.
  - For disinfecting the bedpan, follow the Steps to Disinfect Hard Surfaces, on page 63 of the Participant's Guide. Ash can be placed in the commode before and after it is used to control the smell.
- **Step Nine: Hand Washing**
  - Safely remove plastic material or gloves from your hands.
  - Wash your hands, as outlined on page 22 of the Participant's Guide.
  - If the client cleaned him/herself, or if the client's hands came in contact with faeces, blood, urine, or other body fluids, ensure that the client's hands are washed.
  - If the client does not have hand-washing materials within reach, place water, soap (or ash), and a basin/large bowl where the

client can reach them.

- Ask the client to wash all surfaces of the hands with soap (or ash), using the rubbing motion.
- Offer to rinse the client's hands with running water to wash the germs from the client's hands.
- Encourage the client to allow hands to air dry.

I. Faeces Care for Mobile but Weak Clients Who Can Get Up to the Toilet/Latrine with Assistance

1. Explain to participants that sometimes they may have clients who are mobile but who are weak and only able to walk to the latrine or toilet if they have help. Assisting clients to walk to the latrine or toilet and/or helping them balance themselves while they are in the latrine or toilet is an important task for the client's HBC provider and household members. Often, with just a little help, the client may feel that he/she has much more control over what is happening to him/her. The HBC providers and household caregivers may notice that, with walking, the client's ability to defecate often improves, and their appetite returns more easily.

2. Ask participants for ways they can help their clients walk to the latrine or toilet. Gather responses and record on the flipchart.

Trainer Note:

Ensure responses include the following:

- Carefully assess that the client is able to walk before the client attempts to walk, especially if he/she is beginning to walk after spending a long time in bed.
- Clear the path to the latrine or toilet.
- Have the client wear low-heeled, non-slippery shoes.
- Have the client practise shifting weight, using support to help maintain balance.
- Walk with the client as he/she begins to walk. If the client is able to support the body and stand independently, have him/her wear a securely fastened belt to provide something for you to grip. This helps provide stability, and if the client becomes faint, he/she can be pulled against you for support.
- If the client has one-sided weakness, walk on the weak side and slightly behind the client, using your hands to provide support.

- **Help the client follow his/her normal gait.**
- **A cane, crutches, walking stick, or walker may be used for support.**

3. Explain that there also are ways to help clients use the latrine or toilet. Ask participants to turn to the **Participant's Guide, page 106, item 34, Faeces Care for a Client Who Is Weak But Able to Go to the Latrine or Toilet,** and inform them that everything that you are about to review is covered in this part of the guide. Review the following points on how to help clients use the latrine or toilet:

   - Place a pole, handle, or rope in the latrine for the client to hold onto while squatting and standing.
   - Help clients with their balance as needed by holding them up from above as they pass faeces or urine. The provider may just need to give an arm to lean on.
   - Put a bedside commode over the hole of the latrine or toilet.
   - Ensure that the latrine is as clean as possible so the client does not pick up germs unnecessarily.
     - If the latrine is not clean, the provider can use "1 part jik to 9 parts water" solution to wipe the door handle, pole, or seat.
     - If there are faeces on the floor, the provider can push the faeces down the hole and use the "1 part jik to 9 parts water" solution for 20 minutes on the surface of the latrine floor.
     - If it is a dirt floor, the provider can dig up the contaminated part in the dirt, put it in the latrine, and back fill the hole with new dirt.

4. Ask participants if they have any questions about assisting mobile but weak clients with the latrine or toilet. Respond appropriately to any questions.

5. Distribute the **Faeces Management Counselling Card** and inform the participants that this card summarises the key ways that you can help a weak, but mobile client and a bedbound client with faeces management. Say that they can find a copy of the Faeces Management Counselling Card on **page 109** of the **Participant's Guide.** Ask a volunteer to read the Counselling Card and answer any questions. Ask participants to describe how they could use this card when speaking with their clients or caregivers in the home. Spend one minute gathering ideas.

J. Small Group Exercise: Faeces Case Studies

1. Explain that in the next session, participants will have an opportunity to discuss some of the challenges of the handling and disposal of faeces. They will work in small groups to try to find solutions to these problems. Ask participants to turn to **page 13** in the **Training Handouts** to find the **Small Group Exercise: Faeces Case Studies** section.

2. Divide participants into four small groups and assign each group ONE case study from the Small Group Exercise: Faeces Case Studies section. Supply the groups with flipchart paper and markers.

3. Tell the small groups to read through their case study, discussing and answering the questions at the end of the case study. The aim of the exercise is for the groups to come up with some small, practical, and realistic answers to the problem/s in the case scenarios. Group members should think about what realistic, small, and feasible actions they can help the client to do that would improve faeces management in the home and that would be acceptable to the household. Each group will have 15 minutes to work on a case scenario, and then will be given five minutes to report back to the larger group.

4. Ask each group to work through the case scenario it has been assigned and to make notes on each of the solutions to the client scenarios on the flipchart for report back. The facilitator will ask each group's appointed reporter to present the notes/summary of discussions on each of the case scenarios. Each group is given five minutes to report back.

Trainer Note:

Information from the *Faeces Case Scenarios* section from the Participant's Guide is pasted below:

Small Group Exercise

Faeces Case Studies

Group 1

You are an HBC provider and you have been looking after a young woman with late stages of AIDS for many months. Although she was on antiretroviral therapy for some months, the treatment started to fail about three months ago, and now she is very sick and bedbound. She lives alone – her husband and young child died two years ago.

Now your client has developed diarrhoea – she is having diarrhoea at least five times a day. You are only able to visit once a day for about an hour. Otherwise she is alone. When you are at her house, you wash her, and change and wash the bed

sheets. You are concerned that when you are not there she is not able to clean herself and has to lie in her faeces.

Question: What small practical changes can you make in the client's household and the management of your client's diarrhoea that will improve the handling and disposal of her faeces, as well as improve her quality of life?

Group 2
You are an HBC provider looking after people living with HIV and AIDS in a rural area. One of your clients, a young man, is on antiretroviral therapy and you visit him to support him in adherence to his medicines. His health is now improving and he is becoming stronger. This young man is not well accepted by his neighbours and is socially isolated. Lately, he says that the local community leader has told him he is not allowed to use the village latrine anymore because people have been saying that he will spread HIV to the whole village. He is very upset and tells you that now he has to use an open field where many animals also defecate. He also is worried that he may pick up an infection from using the field.

Question: Since your client is not able to use the village latrine right now (the "IDEAL" way of disposing faeces), what are OTHER faeces disposal alternatives your client could try (less than "IDEAL" practices)? What could you encourage your client to do that would help him more safely handle his faeces, and better protect him against infection?

Group 3
You are an HBC provider and also the neighbour of a young woman who everyone in the neighbourhood knows has been living with HIV for some time. This young woman also has an 18-month-old son. Although you have never had much to do with your neighbour (as there is another HBC provider who supports her on her antiretroviral treatment), she comes to see you one day to ask for your help. She says she has to fill in a form for the clinic, and she knows that you can read and write very well. She wants to know if you will help her complete the form.

You go to her house, and while you are helping her complete the form, she says she has to help her son on the small commode. After the boy has sat on the small commode, your neighbour cleans his bottom with some water from a cup lying on the ground next to an open jerrican of water. She then comes back to you to continue completing the form. She hasn't washed her hands after cleaning the infant's bottom, and the commode — full of faeces — is still sitting on the floor next to the jerrican of water. You know that she needs to improve her faeces handling and disposal practices for her own and her own son's health.

Question: What are some small, realistic actions you could work on with your neighbour to improve the household's faeces handling and disposal situation? *(Remember that she did not invite you to her house as an HBC provider, so you will need to use your communication skills very carefully.)*

Group 4

You are an HBC provider visiting a new client for the first time. Your client is a 40-year-old man who has been living with AIDS for some time. You have been told by the nurse supervisor that, until recently, your new client was well but has now developed diarrhoea, which has made him weak. The nurse supervisor has told you that the clinic has not found any infection, and the doctor at the clinic suggested that the diarrhoea might be due to the HIV itself and its effect on the lining of the stomach, or gut. When you visit the client, you find that he is able to get around his small house if he leans on the pieces of furniture. He tells you that it is getting harder and harder for him to get to the latrine (which is quite close to his house) as his balance isn't very good and he has nothing to hold onto to support him on the path to the latrine or to use the latrine when he is inside. He also is not able to close the latrine door after entering and is embarrassed that someone may see him using the latrine. He has started to use a bedside commode in the house but cannot empty it himself.

Question: What are some small, realistic actions you could work on with your neighbour to improve his ability to use the latrine?

5. Ask the groups for any questions and respond accordingly.

K. Review Summary Points

Safe Handling of Faeces, Blood, and Other Body Fluids

- Point out to the participants that the Counselling Cards about faeces and universal precautions are printed on yellow paper.
- Many common diseases associated with diarrhoea can spread from one person to another when people defecate in the open air. Safe handling and disposal of faeces, keeping faeces away from flies and other insects, and preventing faeces contamination of water can greatly reduce spread of diseases.
- Gloves, plastic sheeting, or other plastic material should be worn only when the HBC provider is handling any faeces, blood, other body fluid or when the client or HBC provider has open sores or cuts that will come in direct physical contact with the other person.
- The type of faeces care that a client needs depends on how weak and how mobile the client is. HBC providers have an important role in assisting bedbound clients and weak clients with their faeces handling and disposal needs.

L. Daily Evaluation

Hang the piece of flipchart paper with the daily evaluation questions where all the participants can see it. Ask the participants to write the answers to these questions on a sheet of paper (without their names). After the participants complete and turn in

their daily evaluations, thank them for their participation and remind them what time Day 3 will begin.

Trainer Note:

The questions for the daily evaluation should be:

1. **What did you find very useful in today's sessions?**
2. **Is there anything you found to be unclear or difficult (to understand)?**
3. **Any comment/suggestion?**

Transition

Thank the participants for their participation.