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HIP HYGIENE IMPROVEMENT
PROJECT

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

The following handouts pertain only to feces management and were developed as part of HIP's country programming in Uganda. They should be used to support the training of home-based care workers, in conjunction with the trainer's manual for HBC from Uganda. The entire training package from Uganda (with information all key WASH behaviors), including counseling cards, the trainer's manual and the participant's guide, are a part of HIP's WASH HIV Integration Toolkit, which can be found at <http://www.hip.watsan.net/page/4489>. To access other program documents, such as research reports, please visit: <http://www.hip.watsan.net/page/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.

TRAINING HANDOUTS: FECES MANAGEMENT

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



Weak, But Mobile Client



Bed-Bound Client



Hand Washing



Faeces Management



Water Treatment



Menstrual Period Management

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

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

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



Handouts for Module 6

Small Group Exercise: Feces Case Studies

Case Studies

Group 1

You are a Home Based Care 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 episodes 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 worried that when you are not there she is not able to clean herself and has to lie in her faeces.

Small Group #1 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 a Home Based Care 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 is also worried that he may pick up an infection from using the field.

Small Group #2 Question: Since your client is not able to use 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 a Home Based Care 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), one day she comes to see you 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 and asks you to 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 the baby on the small commode. After the baby has sat on the small commode, your neighbour cleans his bottom with water from a cup 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, still is 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.

Small Group #3 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 a HBC provider, so you will need to use your communication skills very carefully).*

Group 4

You are a Home Based Care 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 by 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 will see him using the latrine. He has started to use a bedside commode in the house but can't empty it himself.

Small Group #4 Question: What are some small, realistic actions you could work on with your neighbour to improve his ability to use the latrine?



Handouts Module 9: Self-Reflection Tool

Client's Name: _____

Self-assessment objective: To assess how well I am improving water, sanitation and hygiene practices during each household visit.

Instructions:

- a. Write the client's name in the space above.
- b. Read each question and place an "X" in the box that corresponds with your answer.
 - I have yet to be successful
 - Yes, I was successful
- c. For questions that were answered "I have yet to be successful," think about how you can reach your objectives and discuss the problem with your colleagues in your organisation or with your fellow HBC providers.
- d. Repeat the same process every time you visit the household.

QUESTIONS		MEETING 1		MEETING 2		MEETING 3		MEETING 4	
		I have yet to be successful	Yes, I was successful	I have yet to be successful	Yes, I was successful	I have yet to be successful	Yes, I was successful	I have yet to be successful	Yes, I was successful
1	Did I help the family identify at least one practice (water treatment, hand washing, faeces care, or menstrual care) to improve?								
2	Did the family commit to trying at least one improved WASH practice?								
3	Did I ensure that all of the household members actively participated?								
4	Did I use the Assessment Tool to identify the current behaviours ?								
5	Did I use the Counselling Cards?								
6	Did I use the Assessment Tool and/or Counselling Cards to help the client/household members identify at least one improved behaviour to try?								
7	Did I write down the client's current practice and new practice goals in my notebook?								
8	Did the clients and/or household members ask questions?								
9	Did I set up a day and time for my next household visits?								