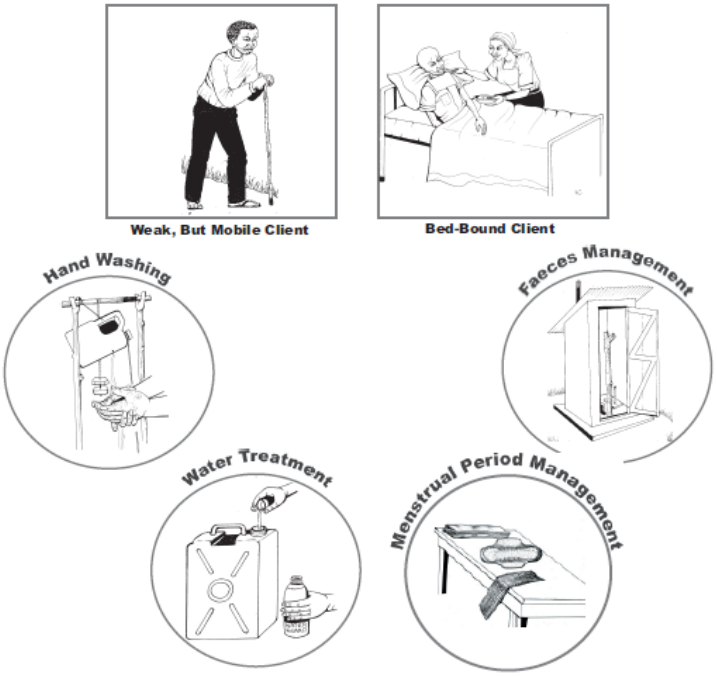
# WASH & HIV/AIDS INTEGRATION: TRAINING AND SUPPORT SAFE FECES MANAGEMENT

The following participants guide was developed as part of HIPs country programming in Uganda. It contains only those sections relevant to feces management. The entire training package from Uganda (with information on all key WASH behaviors), including counseling cards, the trainer's manual and training handouts, 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.*

# PARTICPANTS GUIDE: FECES MANAGEMENT

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



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|---|---|
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# Acknowledgements

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# Table of Contents

# Introduction

## *How to Use the Participant's Guide*

**The purpose of this guide** is to give Home Based Care (HBC) Providers the tools and information they need to improve the quality of care they provide to their clients. In particular, this Guide focuses on how to improve care related to:

1. Water: How to make water safer to drink by safely transporting, storing and serving it, and by adding chemicals (chlorinating water) or by boiling it. This is called "**treating**" water.
2. Faeces: How to properly handle and dispose of faeces, which is often called proper **sanitation**.
3. Handwashing: how to properly wash hands and when to wash hands, which is often called proper **hygiene**.

The three subject areas of **water**, **sanitation** and **hygiene** are often referred to with the initials/acronym of **WASH**.

The Guide also includes tools and information that HBC Providers can use to help their clients and their client's household members improve their WASH practises, or the way in which they customarily wash their hands; treat, transport, store and serve their drinking water; and handle and dispose of faeces and menstrual blood.

When water is treated, transported, stored and served properly, and people wash their hands and eliminate faeces and menstrual blood properly, fewer germs are spread. This results in fewer cases of diarrhoea and other illnesses, which has a positive effect on HBC providers, caregivers and other household members by improving their health. When people are healthy, they do not spend money on medicine and doctor visits, they can work without problems, and children do not miss school. All of this leads to the improvements in the home based care client's condition, the family's living conditions and the quality of the services provided by the HBC Providers.

This Guide provides practical information, illustrations and tools to help clients, family members and HBC providers make informed decisions about water,

sanitation and hygiene practises which directly impact the health of the household.

The Annexes in the back include:

- **Annex 1:** An acronym and glossary section that explains terms, basic definitions and acronyms that will be used throughout the participant's guide and training course. If you do not understand the meaning of words or abbreviations in this guide, please look for more information in this Annex.

- **Annex 2:** Tools to help improve WASH practices, including:
  - Tool 1: Interpersonal communication skills
  - Tool 2: The four "A" steps
  - Tool 3: How to use the WASH assessment tool
  - Tool 4: How to use the WASH counselling cards
  - Tool 5: Supplies for WAH in home based care

# PRACTICAL TOPICS AND TOOLS FOR HBC PROVIDERS, CLIENTS AND THEIR CAREGIVERS IN THE HOME

# Unit 5:
# Safe Handling and Disposal of Faeces

## *27. Do all faeces contaminate and spread illnesses?*

Yes, ALL faeces contaminate and spread illnesses, whether they are from adults, children, babies, or animals.

## *28.Where to Dispose of Faeces*

Safely disposing of faeces is a critical step to reducing the chance of spreading germs and greatly reducing the spread of diseases. It is important to put ALL faeces in a latrine. ALL faeces from people (babies, young children, the frail/elderly, the ill, the healthy) should be put in a latrine.

If it is impossible to put the faeces in a latrine, then you should bury the faeces (like cats bury their faeces).

Animal and people faeces that are in and around the house and near your source of water should be picked up with a shovel/hoe/broom (not by hand!) and put in the latrine or buried (the way cats bury their faeces).

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# FAECES DISPOSAL

## *29. Faeces and Urine Disposal Care for a <u>BEDBOUND</u> client*

The body must get rid of faeces and urine to remain healthy. The amount of help that a client needs to get rid of his/her faeces depends on how your client feels, how well they are able to move/walk, and whether the client can still control when he/she urinates or defecates. This section provides information for how to provide urine and faeces disposal help for clients who **CANNOT GET OUT OF BED**. Section 33 (page 101) will cover information for clients who are very weak but they can sit up with help, but cannot walk well. Section 34 (page 106), will cover information for clients who, with help, can still get to and use the latrine/toilet.

Bed-bound client's have special needs because they cannot get up from their bed to use the latrine/toilet or to use a bedside commode. Sometimes, bed bound clients are so weak that they may not be able to turn themselves in the bed or clean themselves after urinating/defecating. Following is information for how to provide help with the urine and faeces elimination needs of bed-bound clients:

## *30. How to Turn a Client and Position a Bedbound Client*

A client who cannot get out of bed must be helped to defecate in the bed and must have the bed linens changed when they get soiled. In order to do this, it is necessary to be able to safely roll the client on their side or to move them from one side of the bed to the other. Following are guidelines for how to roll or move a client in a way that does not hurt the client or injure the caregiver.

## *30A. How to Turn a Client with <u>One Caregiver</u>*

Assisting a client to turn on his/her side while still lying in bed is important so that:

4. The HBC provider or care giver can change soiled linens without having to get the client out of bed (if they are bed-bound)
5. The client can urinate and defecate in a bed pan if they cannot lift up their hips,
6. The client can keep as clean as possible while they are in the bed
7. The client can reduce his/her chance of getting bed sores (or reduce their intensity) since the client will not be in one position, without enough circulation, for too long.

Steps for turning:

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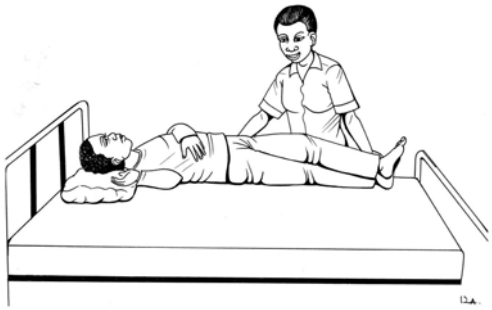
| STEP 1 | **Prepare:** Wash your hands, as taught in Unit 2, Section 5 (page 22). Come to the side of the client (stand next to the bed, or, if the client is on a mat on the floor, kneel next to the client) and communicate with the client about what you are going to do. |
| STEP 2 | Bend the client's 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 3 | Cross the client's leg that is closest to you by placing it over the client's other leg. |

| STEP 4 |  | 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 they are close to the side of the mattress that is farthest away you. The client is now lying on their side. |
|---|---|---|

| STEP 5 | To turn the client back, place one of your hands on the client's shoulder and place your other hand on the client's hip. Gently roll the client towards you on his/her side so that they come back towards your side. |
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| STEP 6 | Wash your hands. |
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## *30B. How to Turn A Client in Bed with <u>Two Caregivers</u> and a Lift Sheet*

Using a "lift sheet" with the help of another caregiver is another way of turning and lifting a client who is unable to move on their own. Using the sheet reduces the amount of friction that occurs on the client's skin and it helps lift the client more evenly. In order to make the lift sheet, take a flat sheet or large piece of cloth and place it under the client (see previous section, part A, for how to get the sheet under the client) so that it extends from the client's shoulders to above the client's knees.

Steps to use a lift sheet:

| STEP 1 | **Prepare:** Wash your hands, as taught in Unit 2, Section 5 (page 22).<br><br>Come to the side of the client and communicate with the client about what you are going to do. |
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| STEP 2 | One volunteer comes to one side of the client and the second volunteer goes to the opposite side of the client, facing the other volunteer. |

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| STEP 3 | Both caregivers stand with their feet at least hip width apart or more (a broad base of support), pointing their feet towards the head of the bed. With their hands the caregivers roll the sides of the lift sheet up close to the person and grasps the rolled up lift sheet firmly next to the client's shoulders and buttocks. |

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| STEP 4 | The caregivers bend their hips and knees and slide the client to the desired position (may be helpful on the count of 3 or another useful method to know the exact time to lift the client). The caregivers shift their weight from their rear leg to their front leg. |

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| STEP 5 | The client is now moved to the desired position and the lift sheet can be unrolled and can remain under the client. |

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| STEP 6 | Wash your hands. |

## *31. Faeces Care for A Client Who Cannot Control When they Defecate or Urinate (An "Incontinent Client") or A Bedbound Client*

People normally have the ability to control *(*or manage when they pass/let go of) their faeces and urine unless they are infants and young children who have not yet developed the control or people who are sick, frail and/or have a physical problem, causing faeces or urine to leak unexpectedly from their body. This inability to control urine or faeces is often called "*incontinence*".

Bed bound clients who cannot control when they defecate or urinate (are incontinent) have special needs because they are likely to soil their linens and, if help is not available

right away, lay in their faeces and urine for long periods of time. Incontinent bed-bound clients can also create a lot of work for the people who take care of them because they need help cleaning themselves and having their bed linens and clothes changed and washed. Following is information on using plastic sheets and plastic pants to reduce the amount of soiling of bed linens and clothing, which may increase the comfort of the client, reduce the risk of spreading illness, and reduce the amount of work for the caregivers. [Note: plastic sheets and plastic pants can also be used by mobile clients who are incontinent to protect furniture and clothes.]

## *31A. How to Use a Mackintosh, Plastic Sheet or Banana Leave(s) and Changing Soiled Bed Linens (Making an Occupied Bed)*

It is important to look at what we can do to help protect the bed linens from getting soiled and how to change them when they do get dirtied. Steps for using a Mackintosh/plastic sheet or banana leaves while changing soiled bed linens include:

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| STEP 1 | **Prepare:** Wash your hands, as taught in Unit 2, Section 5 (page 22).<br>8. Come to the side of the client and communicate with the client about what you are going to do.<br>9. Prepare the materials you need (fresh linens, gloves, plastic sheet material, other plastic material, Mackintosh, banana leaves, etc).<br>10. Ensure privacy of the client.<br>11. Position the client on their back.<br>12. Cover your hands with gloves, plastic sheeting or other plastic material. |

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| STEP 2 | 13. Loosen the top linen at the foot of the bed.<br>14. Remove any blankets.<br>15. If the linens or blankets are dirty, remove it by rolling or folding it away from you, with the side that touched the client inside the roll. Place in a container for dirty linens/clothes. If it is not soiled and will be reused, fold it over the back of a clean surface for later use.<br>16. Be sure to place a clean cloth, piece of clothing, sheet or blanket over the client to keep them covered throughout the linen changing procedure. |

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| STEP 3 | 17. Assist the client to turn to the far side of the bed, as described in Section 30 “How to Turn A Client” on page 74.<br>18. On the side closest to you, loosen the bottom sheet, plastic sheet (or Mackintosh) and/or cotton cloth which may be covering the mattress.<br>19. Fanfold the bottom linens one at a time toward the person: cotton cloth, plastic or rubber sheet/mackintosh or banana leaves, then the bottom sheet. |

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| STEP 4 | 20. 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.<br>21. Smooth the side nearest you and tuck the sheet under the mattress.<br>22. Fanfold the top part towards the person.<br>23. If a plastic/rubber sheet (or Mackintosh or banana leaves) are used, repeat the previous 2 steps with a plastic sheet, placing it where the person’s hips and thighs will lay. A plastic/rubber sheet (or Mackintosh or banana leaves) MUST be completely covered with a cotton cloth to prevent irritation and breakdown of the client’s skin.<br>24. 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). |

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| STEP 5 | 25. Go to the other side of the bed and turn the client so they are on the side of the bed away from you (so they are rolled onto the clean linens).<br>26. On the side closest to you, loosen the soiled linens, if soiled, remove them from one piece at a time by rolling or folding them away from you, with the side that touched the person inside the roll.<br>27. If a person is dirty, clean them. |

| STEP 6 | 28. Unfold the clean bottom sheet, plastic sheet (or rubber sheet, mackintosh or banana leaves), and cotton cloth towards you and tuck them in under the mattress. Do not tuck in top linens so tight that they pull or press on the client's toes or feet.<br>29. Assist the client to a comfortable position in the middle of the bed.<br>30. Replace the pillows (after changing pillow case/s where necessary) and adjust them to a comfortable place for the client. |
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| STEP 7 | **Safe Transport, Disposal and Disinfection:**<br><br>31. Remove the soiled linens carefully to avoid contaminating yourself.<br>32. Empty any blood or body fluids immediately in the latrine.<br>33. If a latrine is not available, bury faeces or urine away from the household and deep in the ground.<br>34. For any sanitary towels/napkins which may be soiled with menstrual blood, follow the disposal instructions outlined in Unit 6, Section 40 (page 116). For any soiled cloth that will be reused, follow the Steps to Disinfect a Menstrual Cloth, in Unit 6, Section 41 (page 118).<br>35. For disinfecting the bedpan, follow the Steps to Disinfect Hard Surfaces, in Unit 4, Section 20B (page 63). |
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| STEP 8 | **Hand Washing:**<br><br>36. Remove your gloves, plastic sheeting or other plastic material from your hands.<br>37. Wash your hands, as taught in Unit 2, Section 5 (page 22).<br>38. If the client cleaned him/herself or if their hands came in contact with faeces, blood, urine or other body fluids, ensure that the client washes their hands.<br>39. If the client does not have hand washing materials within their reach, place water, soap (or ash) and a basin/large bowl within reach of the client.<br>40. Ask the client to wash their hands with soap (or ash) and with rubbing motion. Offer to rinse the client's hands with running water to wash the germs from the client's hands.<br>41. Encourage the client to allow their hands to air dry. |
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# TURNING A CLIENT, 2 PAGES

## *31B. How to Use Plastic Pants*

As an alternative to using Mackintosh or plastics 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.

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| STEP 1 | Cut the plastic sheet into shape of pants that is opened up to lay flat. Refer to the Counselling Card images posted below. Cut a size appropriate for client. |

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| STEP 2 | Have a local tailor sew gathers with an elastic band on inside of edges that go between the legs (to prevent gaps that can leak). |

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| STEP 3 | Place a cotton cloth over plastic pants and put them on client making sure that only cotton cloth comes in contact with client's skin. Tie sides of the pants to hold in place. |

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# PLASTIC PANTS

## *31C. Using a Bedpan/or Basin in the Bed*

Bedpans (or a basin) can be placed under the hips of clients 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 confined to the bed often use them only to defecate and use a urinal (or clean, tall cup/can) to urinate.

It is very important to wash your hands (Unit 2, Section 5, page 22) and follow the Universal Precautions (Unit 4, Section 19 page 54) when handling bedpans and their contents. It is also 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.

To assist a client with use of a bedpan/basin, use the following steps:

| STEP 1 | **Prepare:** |
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| | 42. Wash your hands, as outlined in Unit 2, Section 5 (page 22).<br>43. Come to the side of the client and communicate with the client about what you are going to do.<br>44. Prepare the materials you need (e.g. basin, clean cloth or tissue, gloves, plastic sheet material, clean sanitary pad, etc).<br>45. If available, put a little powder or ash on the edge of the basin/bedpan to help prevent the rim sticking to the client's skin.<br>46. Ensure privacy of the client.<br>47. Put a Mackintosh, plastic sheet, fresh large banana leaf, extra cloth, towel or newspaper under the client's hips to protect the bedding.<br>48. Position the client on his/her back.<br>49. Cover your hands with gloves, plastic sheeting or other plastic material.<br>50. Put some ash in the bottom of the bedpan to prevent faeces from sticking to it. |

| STEP 2 | **Bedpan Placement for Client who is Able to Lift Hips:**<br><br>[Note: If the client is unable to lift his/her hips, skip this step and go directly to Step Three.]<br><br>51. If a client is able to lift his/her hips, slide a clean plastic basin/bedpan under the client's buttocks (helping the client into a sitting position on the bedpan) and then go to Step Four. |
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| STEP 3 | **Bedpan Placement for Client who is Unable to Lift Hips:**<br><br>52. If a client cannot lift their hips, turn the client onto his/her side.<br>53. 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 towards the direction of the client's feet.<br>54. Hold the bedpan securely and assist the client to roll onto their back.<br>55. Make sure the bedpan is centred under the client. |
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| STEP 4 | **Wait:**<br><br>56. Partially drape a sheet, blanket or piece of cloth over the client to provide privacy.<br>57. Place tissue or a clean cloth within reach of the client. Encourage the client to clean themselves with the tissue/cloth if they are able.<br>58. Agree with the client on a signal so they can let you know when they are 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.).<br>59. Give the client privacy until the client signals for you to return. Return when the client signals. |
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| STEP | **Remove Bedpan for Client who is Able to Lift Hips:** |
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| 5 | [Note: If the client is unable to lift his/her hips and raise his/her buttocks, skip this step and go directly to Step Six.]<br><br>60. Ask the client to raise his/her buttocks.<br>61. Remove the bedpan carefully to avoid spilling any faeces, urine or possible soiled sanitary towels/napkins or cloth in the bed.<br>62. If the client was able to wipe him/herself, ensure they are clean. Remind the female to wipe from front to back to avoid bringing germs into the vagina and bladder.<br>63. If the client was unable to wipe him/herself, clean the client from front to back, using a clean side of the tissue/cloth for each wipe.<br>64. Clean the genital and rectal area if necessary.<br>65. Now go to **Step Seven.** |

| STEP | **Remove Bedpan for Client who is Unable to Lift Hips:** |
|---|---|
| 6 | 66. If a client is unable to lift their hips, hold the bedpan securely (so it lays flat against the mattress) and turn the client onto the side away from you.<br>67. Remove the bedpan carefully to avoid spilling any faeces, urine or soiled sanitary towels/napkins or cloth in the bed.<br>68. Clean the genital and rectal area if necessary, from front to back, using a clean side of the tissue/cloth for each wipe.<br>69. Now go to **Step Seven**. |

| STEP | **Safe Transport and Disposal of Contents:** |
|---|---|
| 7 | 70. Cover the bedpan and/or sprinkle the contents with ash.<br>71. Immediately take the bedpan to the latrine and put the faeces or urine in the latrine.<br>72. If a latrine is not available, bury the faeces or urine away from the household deep in the ground.<br>73. For disinfecting the bedpan, follow the Steps to Disinfect Hard Surfaces, in Unit 4, Section 20B (page 63). |

| STEP 8 | **Hand Washing:** |
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| | 74. Safely remove your gloves, plastic sheeting or other plastic material from your hands.<br>75. Wash your hands, as outlined in Unit 2, Section 5 (page 22).<br>76. If the client cleaned him/herself or if their hands came in contact with faeces, blood, urine or other body fluids, ensure that the client washes their hands.<br>77. If the client does not have hand washing materials within their reach, place water, soap (or ash) and a basin/large bowl within reach of the client.<br>78. Ask the client to wash all surfaces of their hands with soap (or ash) and with the rubbing motion.<br>79. Offer to rinse the client's hands with running water to wash the germs from the client's hands.<br>80. Encourage the client to allow their hands to air dry. |

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# BEDPAN

## *31D. Using a Urinal (or clean, tall cup/can with a smooth edge):*

Clients who must urinate and defecate in bed need to use something to "catch" the urine and faeces so that it can be put in the latrine (or buried). As we learned above, a bedpan, or shallow basin, can be placed under the hips of the person who is laying on the bed to catch the faeces of men and women. A bedpan can also catch urine of women. However, for men, a urinal (or tall cup or can) can be used to catch urine. Following is a description of how to help a client use a urinal (or tall cup/can).

81. Wash your hands, as outlined in Unit 2, Section 5 (page 22).
82. Come to the side of the client and communicate with the client about what you are going to do.
83. Prepare the materials you need (e.g. basin, clean cloth or tissue, plastic sheet material, clean sanitary pad, etc).
84. Add extra protection under the client - a Mackintosh, plastic sheet, fresh large banana leaves or even an extra cloth, towel or newspaper may be placed under the person's hips.
85. Cover your hands with gloves, plastic sheeting or other plastic material.
86. Give the person the urinal. If he is unable to place it himself, place it between his legs in a position to collect the urine.
87. Place tissue or a clean cloth within reach of the client. Encourage the client to clean themselves with the tissue/cloth if they are able.
88. Agree with the client on a signal so they can let you know when they are 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.).
89. Give the client privacy until the client signals for you to return. Return when the client signals.
90. Provide for privacy.
91. If the client was able to wipe himself, ensure they he is clean and dry. If the client was unable to wipe himself, clean the penis using a clean side of the tissue/cloth for each wipe.
92. Collect the urinal and dump the contents in the toilet or latrine.
93. Wash urinal, cover and store.

## *32. How to Clean the Private Parts (also called the genital and rectal area)*

Care of the private parts (perineal care) is the washing of the genital and rectal areas of the body. It should be done at least one time a day. It is done more often when a client is incontinent (unable to control the passing of faeces or urine) or who 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 (perineal) area is very important for the health and wellbeing of clients. It also is an important part of preventing infection, odours and irritation and breakdown of the client's skin.

Private parts (perineal) 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 he or she can for him or herself (to build and maintain their dignity and self-respect).

Bedbound clients are likely to need more help in maintaining a their private parts (perineal) area clean. At a minimum, it is important for a client to have soap, water, clean rags and a plastic container within reach of their bed so they can clean him or herself each day. In addition, if an adolescent girl or woman is menstruating, it is important to make clean rags or sanitary napkins available for soaking up menstrual blood and changing when necessary.

If a client is unable to thoroughly clean his/her private parts (perineal) area, especially after defecating and urinating, then the caregiver needs to help the client. Following is information on how to properly clean the private parts (perineal) area of a woman and a man.

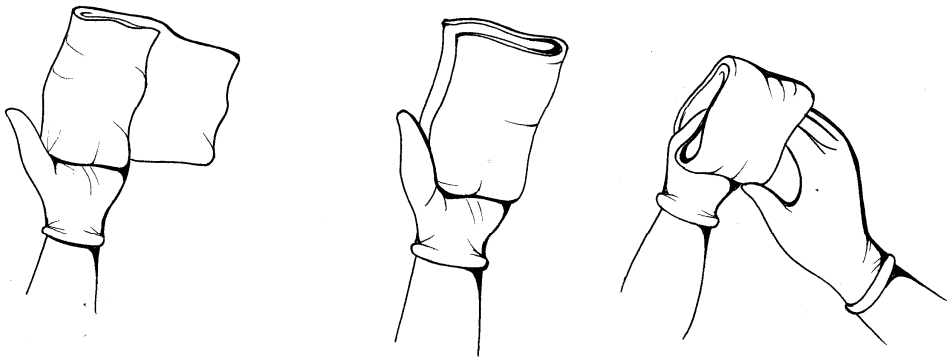
**Before Cleaning the Private Parts (Perineal) Area:**

The first step BEFORE cleaning the private parts (perineal) area (of a male or female client) is to prepare for the task.

STEP 1

**Prepare:**

94. Wash your hands, as outlined in Unit 2, Section 5 (page 22).
95. Prepare the materials you need for private parts (perineal) care (e.g. clean, cloth, soap, water, towel, cloth sheet or large cloth, plastic sheet, gloves, etc).
96. Come to the side of the client and communicate with the client on what you are going to do.
97. Ensure the privacy of the client.
98. Position the client on their back.
99. Cover your hands with gloves, plastic sheeting or other plastic material.
100. Put a protective, waterproof cover on the bed linen (e.g. plastic sheet or Mackintosh).
101. Dip a clean cotton cloth into a basin or bucket of clean, soapy water and squeeze the excess water.
102. Take the damp clean cloth and fold it over your dominant hand, so that 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 keep larger segments of the cloth clean for separate cleansing strokes. This is important to minimize contaminating one area of the private parts (perineal) area with germs cleansed from another area of the private parts (perineal) area.

## *32A. Private Parts (Perineal) Care of Females*

| STEP 1 | **Prepare:**<br><br>103. See page 93: "Before Cleaning the Private Parts (Perinieal) Area." |
|---|---|

| STEP 2 | **Separate and Hold:**<br><br>104. Separate the lips of the female genital "lips" (labia) with the non-dominant hand that does not have a mitt. |
|---|---|

| STEP 3 | **Cleanse/Protect Genital Area:**<br><br>105. Use the mitted cloth with the other (dominant) hand and wash the area with short downward strokes, cleaning from the front (the vaginal area) towards the direction of the back (rectal area).<br>106. Use a different clean side of the damp mitt for each downward stroke.<br>107. 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.<br>108. Rinse the private parts (perineal) area with a different, CLEAN cloth<br>109. Pat the area dry with a clean, dry cloth.<br>110. Apply a thin layer of Vaseline or barrier skin cream to the inner thigh area.<br>*Note: It is important that you use the "front-to-back" technique to clean from a "clean area" towards a "dirty area". This is to prevent contamination of the vaginal and urethral area with germs from the rectal area.* |
|---|---|

| STEP | **Cleanse/Protect Rectal Area:** |
|---|---|
| 4 | A side-lying position allows the rectal area to be cleaned well.<br>111. Ask the client to turn on her side. If she is unable to move on her own, turn the client on her side (as previously taught in Unit 5, Section 30, on page 74).<br>112. Use the rinsed cloth 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.<br>113. Rinse the cloth and rinse/cleanse the area. Pat the area dry with a clean, dry cloth.<br>114. Apply a thin layer of Vaseline or barrier skin cream to the buttocks and rectal area. |

| STEP | **Safe Disinfection and Disposal of Soiled Materials:** |
|---|---|
| 5 | 115. For any soiled cloth that will be re-used, follow the Steps to Disinfect a Cloth, in unit 4, section 20A (page 62).<br>116. For any cleaning material that will not be re-used, burn it, throw it in the latrine (rural areas only), or double bag it and put it in the trash. |

| STEP | **Hand Washing:** |
|---|---|
| 6 | 117. See steps listed in the section labelled "Hand Washing After Cleaning Client's Private Parts (Perineal) Area" (which can be found directly after the section below on "Private Parts (Perineal) Care for Males", page 100). |

(INSERT CC)

# CLEANING A FEMALE CLIENT

## *32B. Private Parts (Perineal) Care of Males*

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|---|---|
| STEP 1 | **Prepare:**<br>118. See page 92: “Before Cleaning the Private Parts (Perinieal) Area.” |

| | |
|---|---|
| STEP 2 | **Gently Pull and Hold Foreskin:**<br>119. Pull back the foreskin of the uncircumcised penis with the non-dominant hand that does not have a mitt. |

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| STEP 3 | **Cleanse Under Foreskin:**<br>120. Use the hand with the mitted cloth to clean the head of the penis.<br>121. Start at hole where urine comes out and cleanse from the hole.<br>122. Use a different clean side of the damp mitt for each stroke, removing any blood, faeces, urine and/or discharge.<br>123. Rinse the private parts (perineal) area with a different, CLEAN cloth<br>124. Pat the area dry with a clean, dry cloth. |

| | |
|---|---|
| STEP 4 | **Release and Cleanse Foreskin:**<br>125. Return the foreskin to its normal position.<br>126. Clean outside the foreskin with a circular motion.<br>127. Use a different clean side of the damp mitt for each stroke, removing any blood, faeces, urine and/or discharge.<br>128. Rinse the cloth and rinse/cleanse the area.<br>129. Pat the area dry with a clean, dry cloth. |

| STEP 5 | **Cleanse Shaft:** |
|---|---|
| | 130. Clean the shaft of the penis with a downward motion towards the scrotum and base of the penis.<br>131. Use a different clean side of the damp mitt for each stroke, removing any blood, faeces, urine and/or discharge.<br>132. Rinse the cloth and rinse/cleanse the area<br>133. Pat the area dry with a clean, dry cloth. Apply a thin layer of Vaseline or barrier skin cream if the client is incontinent of urine.<br>*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 6 | **Cleanse Rectal Area:** |
|---|---|
| | The side-lying position allows the rectal area to be cleaned well.<br>134. Ask the client to turn on their side. If they are unable to move on their own, turn the client on their side (as previously taught in this module). .<br>135. Use the rinsed cloth to clean around the rectum in the buttock area by wiping in the direction of "front to back" (penis to rectum), removing any faeces, blood, urine and/or other body fluid.<br>136. Rinse the cloth and rinse/cleanse the area.<br>137. Pat the area dry with a clean, dry cloth. Apply a thin layer of Vaseline or barrier skin cream to the buttocks and rectal area if the client is incontinent of urine or faeces. |

| STEP 7 | **Safe Disinfection and/or Disposal of Soiled Materials:** |
|---|---|
| | 138. For any soiled cloth that will be re-used, follow the Steps to Disinfect a Cloth, in unit 4, section 20A (page 60).<br>139. For any cleaning material that will not be re-used, burn it, throw it in the latrine (rural areas only), or double bag it and put it in the trash. |

| STEP 8 | **Hand Washing:**<br><br>140. See steps listed in the section labelled “Hand Washing After Cleaning Client’s Private Parts (Perineal) Area” (which can be found directly after the section below on “Private Parts (Perineal) Care for Males”, page 100). |
|---|---|

# (INSERT CC)
# CLEANING A MALE CLIENT

**Hand Washing After Cleaning the Client's Private Parts (Perineal) Area**

When you have finished cleaning your client's private parts (perineal) area:

141. Safely remove your gloves, plastic sheeting or other plastic material from your hands.
142. Wash your hands, as outlined in Unit 2, Section 5 (page 22).
143. If the client cleaned him/herself or if their hands came in contact with faeces, blood, urine or other body fluids, ensure that the client washes their hands.
144. If the client does not have hand washing materials within their reach, place water, soap (or ash) and a basin/large bowl within reach of the client.
145. Ask the client to wash all surfaces of their hands with soap (or ash) and with the rubbing motion.
146. Offer to rinse the client's hands with running water to wash the germs from the client's hands.
147. Encourage the client to allow their hands to air dry.

## *33. Faeces Care for A Client Who Is Able to Get Out of the Bed but Cannot Walk to the Latrine or Toilet*

## *33A. Building a Bedside Commode*

Commodes (or potty chairs) can be placed next to the clients bed or over the hole in the latrine the make it easier for a client to urinate/defecate. If possible, use a chair with arms and a seat low enough to allow the person's feet to solidly touch the floor.

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| STEP 1 | Make a wooden stool/chair, or use an existing chair which can be modified. |

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| STEP 2 | Cut an oval hole in the middle of the stool/chair that "fits" the user (not too big, not too small). Smooth the edge of the hole to avoid bruising. |

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| STEP 3 | To use commode (potty chair):<br><br>148. Put a bucket beneath the hole in the stool/chair<br>OR<br><br>149. Put the stool/chair over a hole in the latrine. |

(INSERT CC)

# MAKING COMMODE

### *33B. Getting a Client Up From A Bed to the Bedside Commode (to Urinate and Defecate)*

| STEP 1 | 150. 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 person'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.<br>151. Come to the client and communicate what you are going to do.<br>152. Wash your hands, as outlined in Unit 2, Section 5 (page 22). |
|---|---|

| STEP 2 | 153. Place the bedside commode at the head of the bed.<br>154. 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.<br>155. Help the client put on clothing, a cloth or a robe to maintain their privacy and dignity.<br>156. Have the client wear low-heeled, non-slippery shoes.<br>  |
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| STEP 3 | 157. Stand in front of the client who is sitting up on the bed.<br>158. Have them place their fists on the bed by their thighs. Make sure the client's feet are flat on the floor.<br>159. Thread your hands underneath his or her arms (between the arms and chest) and reach around to place the palm of your hands on your client's shoulder blades.<br>160. Have the client lean forward. Brace your knees against the person's knees, and block his or her feet with your feet.<br>161. Ask the client to push the fists into the bed and to stand on your count or signal that you agree upon with the client.<br>162. If they are able, instruct the client to lean forward slightly, push down on the bed with his hands, straighten his/her legs and then stand up. Or, pull them up into a standing position as you straighten your knees. Or, alternatively, you could put a belt (gait belt) around the waist of the client to help you grasp the client. |

| | |
|---|---|
| STEP 4 | 163. Support the client in the standing position.<br>164. Keep your hands around their shoulder blades. Or, alternatively, you could put a belt (gait belt) around the waist of the client to help you maintain your hold.<br>165. Continue to block the client's feet and knees with your feet and knees. This helps prevent falling. |

| | |
|---|---|
| STEP 5 | 166. Turn the client so he or she can grasp the bedside commode. Have the client grab the armrests and lower himself into the chair, leaning slightly forward as he sits down.<br>167. The back of the client's legs should touch the front edge of the seat of the chair.<br>168. Continue help the person turn into a position that allows them 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.<br>169. 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.<br>170. Cover the person's lap and legs with a cloth or blanket. |

| | |
|---|---|
| STEP 6 | 171. Place tissue or a clean cloth within reach of the client. Encourage the client to clean themselves with the tissue/cloth if they are able.<br>172. Agree with the client on a signal so they can let you know when they are finished or when help is needed (e.g. calling the provider's name loudly, knocking a spoon against a pot if the client cannot call out loudly, etc.).<br>173. Give the client privacy until the client signals for you to return.<br>174. Return when the client signals. |

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| STEP 7 | 175. When the client is finished, ensure their genital and rectal area is clean and return them back to bed by reversing the above procedure. |

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| STEP 8 | 176. Cover the bucket in the bedside commode and sprinkle some ash on top of the faeces to help reduce the odour and flies.<br>177. Immediately take the basin/bedpan 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 and deep in the ground.<br>178. For disinfecting the bedpan, follow the Steps to Disinfect Hard Surfaces, in Unit 4, Section 20B (page 63). Ash can be placed in the commode before and after it is used to control the smell. |

| STEP 9 | **Hand Washing:** |
|---|---|
| | 179. Safely remove your gloves, plastic sheeting or other plastic material from your hands.<br>180. Wash your hands, as outlined in Unit 2, Section 5 (page 22).<br>181. If the client cleaned him/herself or if their hands came in contact with faeces, blood, urine or other body fluids, ensure that the client washes their hands.<br>182. If the client does not have hand washing materials within their reach, place water, soap (or ash) and a basin/large bowl within reach of the client.<br>183. Ask the client to wash all surfaces of their hands with soap (or ash) and with the rubbing motion.<br>184. Offer to rinse the client's hands with running water to wash the germs from the client's hands.<br>185. Encourage the client to allow their hands to air dry. |

## *34. Faeces Care for a Client Who Is Weak But Able to Go to the Latrine or Toilet*

You may have clients who are weak but are able to walk to the latrine or toilet if they have some 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 more easily returns.

**There are ways you can help your client walk to the latrine or toilet, such as:**

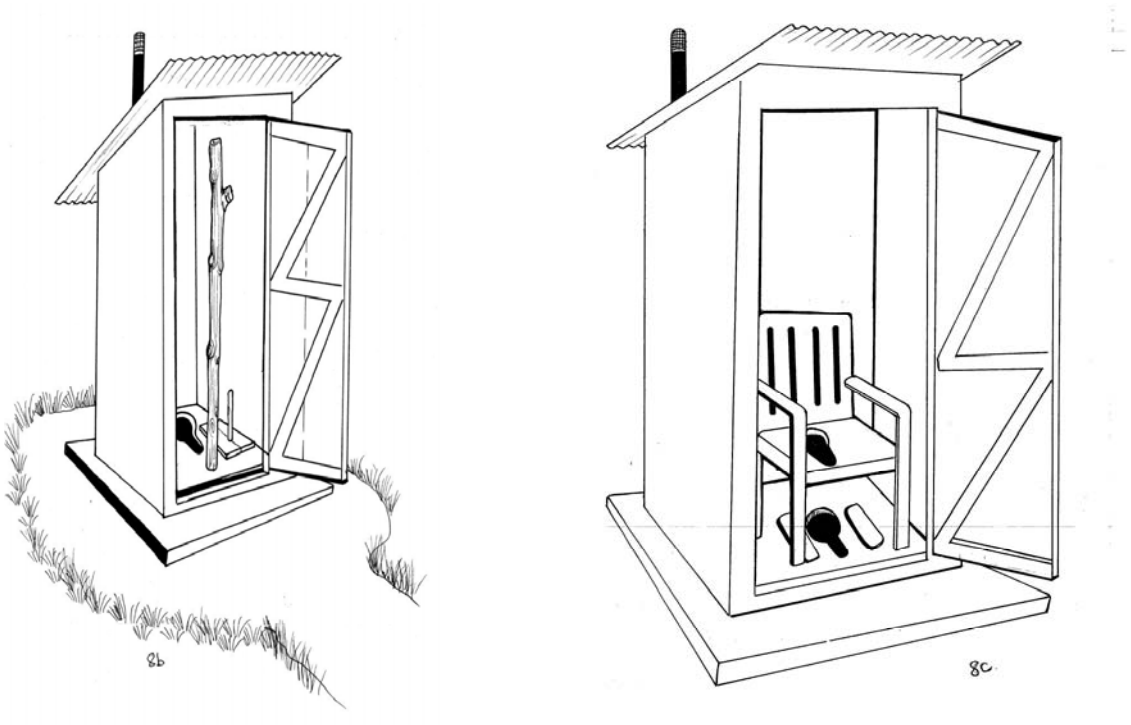
186. Carefully assess that the client is able to walk before they attempt to walk, especially if the client is beginning to walk again after spending a long time in bed.
187. Clear the path to the latrine or toilet.
188. Have the client wear low-heeled, non-slippery shoes.
189. Have the client practice shifting weight, using support to help maintain balance.

190. Walk with the client as he/she begins to walk. If they are able to support their body and stand upright on their own, have him/her wear a securely fastened belt to provide something for you to grip. This helps provide stability and if he becomes faint, he can be pulled against you for support.
191. If the client has one-sided weakness, walk on the weak side and slightly behind the client, using your hands to support the client.
192. Help the client follow his/her normal walking gait.
193. A cane, crutches, a walking stick or a walker may assist the client.


**There are ways you can help your client use the latrine or toilet, such as:**

194. Placing either a pole, handle or rope in the latrine for the client to hold onto while squatting and standing.

195. Helping the client with their balance as needed by holding them up from above as they pass faeces or urine. The provider may just need to give them an arm to lean on.
196. Putting a bedside commode over the hole of the latrine or toilet.



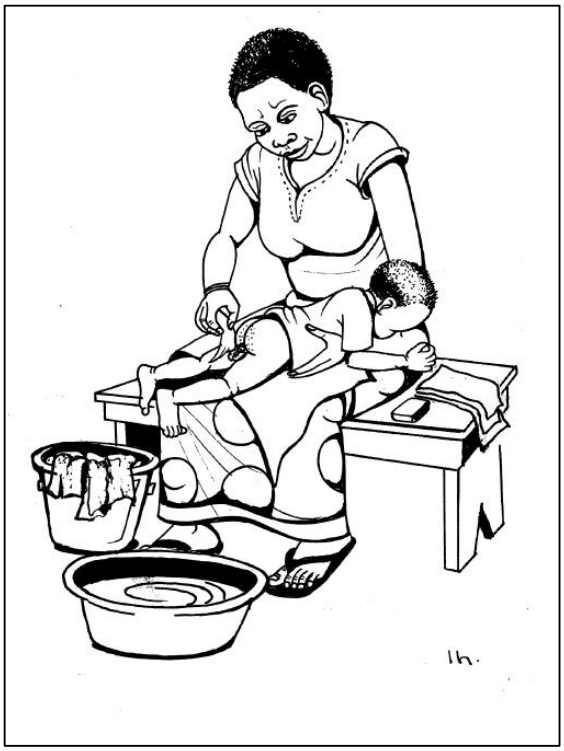

197. Ensuring that the latrine is as clean as can be, because the client can pick up more germs if it isn't clean.
   - If it is not clean, use a "1 part Jik to 9 parts water" solution to wipe the door handle, pole or seat surfaces in the latrine.
   - If there is faeces on the floor push the faeces down the hole and use a"1 part Jik to 9 parts water" solution for 20 minutes on the surface of the latrine floor.
   - If it is a dirt floor, dig up the contaminated part, put it in the latrine, and back fill the hole with new dirt.

# (INSERT CC)
# FAECES MANAGEMENT

## *35. Safe Handling and Disposal of Infant/ Children's Faeces*

ALL faeces is dangerous, including the faeces of infants and young children (0-4 years of age).Although some people may believe that infant/young child faeces are harmless, their faeces contain germs that can be easily spread to others and cause illnesses such as diarrhoea. This includes germs that can easily be picked up from changing an infant's nappie or diaper or helping a young child use a potty chair. When changing the nappies of babies or toddlers, make sure to change the nappie/diaper as soon as it has become soiled and dispose of the faeces in the latrine.

Try to create a place/space far away from the food preparation area) to change the nappie/diaper or use the potty chair to reduce the spread of harmful germs to food. It is best to pick a smooth, water-resistant surface that can be easily cleaned 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 the cloth or paper after you changed the diaper.



Also be sure to have children wash their hands after any time they could come in contact with faeces, including after having their diapers changed (an adult should wash an infant's or small child's hands).Make sure you wash your hands with soap (or ash) after helping a child use the toilet or diapering a child and before preparing, serving or eating food, as well as after handling a soiled nappie/diaper, after you use the latrine/toilet and before you prepare food or feed the infant/young child.

**Other Tips for Safe Handling and Disposal of Faeces from a <u>Cloth/Re-Usable Diaper</u> Include:**

198. Dump any faeces from the cloth diapers in the household latrine/toilet.
199. Put the soiled diapers in a covered bucket to soak in "1 part Jik to 9 parts water" solution throughout the day. Wash them at the end of each day.

200. To wash the cloth diapers, follow the “Steps to Disinfect a Cloth/Bandage Soiled with Blood or Body Fluids, including Faeces”, in Unit 4, Section 20A (page 62).
201. Try to use a separate area (far away from the food preparation area) for changing nappies/diapers to reduce spreading faecal germs to food.

**Additional Tips for Safe Handling and Disposal of Faeces from a <u>Disposal Nappie/Diaper</u> Include:**

202. Dump any faeces from the disposable diapers in the household latrine/toilet.
203. 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 the latrine as disposable diapers do not decompose in latrines.

## ANNEX 1:

## ACRONYMS AND GLOSSARY

# ACRONYMS

***(An acronym is a word that is formed from parts of several words)***

**AIDS**: Acquired Immunodeficiency Syndrome

**ART**: Antiretroviral Therapy

**ARV**: Antiretroviral

**HBC**: Home Based Care

**HIV**: Human Immunodeficiency Virus

**OI:** Opportunistic Infection

**ORS:** Oral Rehydration Salts

**PMTCT:** Prevention of Mother-to-Child Transmission (of HIV/AIDS)

**TB:** Tuberculosis

**WASH:** Water, Sanitation and/or Hygiene

# GLOSSARY

***(Words and their meanings in alphabetical order)***

***- A -***

**Acquired Immunodeficiency Syndrome (AIDS):** the name given to a group of illnesses in HIV positive people. These are illnesses that arise when people living with HIV are no longer able to fight off infections because of lowered immunity.

**Active Listening:** a counselling skill that involves paying close attention to what a client is telling you and showing the client that you are paying attention.

**Adequate:** enough, what is needed without being too much.

**Adherence:** to be conscientious in following something, in this case in taking medicate according to the doctor's prescription

**Adolescent:** young people who are no longer children, and are starting to become adults

**Advocate:** to speak out for a desired goal and strive to achieve it

**Alternative:** one or more things you can choose from, another options.

**Anti Retroviral (ARV):** drugs used to reduce the amount of HIV in a person's body

**Anti Retroviral Therapy (ART):** a term used to describe giving ARV drugs in the correct way, with adherence support

**Assumptions:** supposing things without proof

**Asymptomatic:** not having any symptoms, even though infected with a disease.

***- B -***

**Bacteria:** tiny germs that can only be seen with a microscope; some are helpful to body function, but many cause different diseases

**Bedbound Client:** client that is unable or unwilling to leave the bed.

**Bedpan/Plastic Basin:** device to place under bedridden client to collect faeces/urine.

**Bedsores:** wounds on skin that result from lying in one position for too long. Also called pressure sores, bedsores result from constant pressure on a particular part of the body.

**Bottle feeding:** feeding from a bottle (content can be: expressed breast milk, water, infant formula, or another formula or liquid)

***- C -***

**Case study:** looking carefully at a set of circumstances for the purpose of learning

**CD4:** a common name for a type of white blood cell that fights infection that is destroyed by HIV. The more CD4 cells a person has, the healthier he or she is.

**Checking Question:** questions which allow counsellors to finds out how much a client has understood and what topics need further information or explanation

**Chlorinating:** adding chlorine to water

**Chronic:** long-term or frequently recurring (compare with acute). A chronic disease is one that lasts a long time that cannot be cured. A chronically-ill client has a disease which is of long duration, without cure, but can be controlled- such as HIV, high blood pressure, diabetes, etc.

**Classified:** explained or organized in a certain way or order

**Client:** person receiving care from someone else (same as a “patient” although “client” is a more appropriate term)

**Clinical:** related to the science and practice of medicine

**Closed Question:** a type of question which requires a one-word, often ‘yes’ or ‘no’ answers only

**Cohesiveness:** sticking together

**Colleague:** a fellow worker

**Community:** a group of people living in the same village or area who have similar living conditions, interests, and problems

**Compassion:** feeling for the suffering of others

**Complications:** secondary health problems that sometimes develop in the course of a disease. For example, meningitis may result as a dangerous complication of measles

**Comprehensive:** including everything.

**Concept:** an idea

**Condom**: a thin, protective sheath that fits over the penis during vaginal, anal, or oral sex to prevent sexually transmitted disease or pregnancy. There are also female condoms that fit inside the vagina.

**Confidentiality:** the obligation owned by one person to another not to share information given by or about another or the obligation to share it only in limited circumstances. Or, to be entrusted with someone's private information and the understanding that certain information and actions will be kept private

**Consistent:** stays the same

**Constructive criticism:** a helpful and practical review/assessment/critique of a particular situation.

**Contact:** touch. Contagious diseases can be spread by a sick person coming in contact with (touching or being close to) another person

**Contagious:** easily passed from one person to another. A contagious disease is an illness that can be spread easily from one person to another.

**Contaminate/Contamination:** to dirty, stain, or infect by contact. The process of introducing harmful substances, such as germs.

**Consideration:** something that is to be kept in mind when making a decision or evaluating facts

**Conversation:** an informal talk between two or more people, a discussion.

**Counselling or counselling skills**: techniques used by counsellors or trained people to communicate well with clients who may need help on a problem(s) and necessary to develop a good counsellor/client relationship.

**Counselling Card:** a piece of paper with pictures and words to help Home Based care providers talk more easily with their clients and other client and/or their caregivers in the home around a specific topic.

**Critical times:** when washing your hands is absolutely necessary, most important and the risk of spreading germs with your hands is high

**Culture:** the beliefs, practices or values of a group of people.

***- D -***

**Decontamination:** the process of removing or destroying harmful substances such as germs

**Defecate:** to pass faeces (waste product, poop, poo, shit or stool) from the colon to the rectum through the anus

**Defecation:** process of defecating or passing faeces (waste product, poop, poo, shit or stool) from the colon to the rectum through the anus

**Dehydrated:** a term used to describe the result of losing water from the body through sweating, fever, diarrhoea or vomiting. Dehydration is a condition in which the body loses more liquid that it takes in. This lack of water is especially dangerous in babies, elderly and people with compromised immune systems.

**Describe:** explaining what someone or something is like

**Dexterity**: use or control of physical and mental power

**Diagnosis:** a medical practitioner's conclusion about what a sick person is actually suffering from

**Diarrhoea:** a condition in which watery stools are passed three or more times a day.

**Differentiating**: to make a change

**Digest:** the process the body uses to turn food into energy after a food is eaten

**Dirt or Dirty**: with visible soil, particles, rough ground, not clean

**Discard**: get rid of

**Disclosure:** the process a person goes through to tell others about their status (e.g. to disclose your HV status).

**Discrimination:** a term used to describe treating other people differently or unfairly because they are different from others in some way

**Discuss:** to talk between two or more people, a conversation or discussion.

**Disinfect:** clean something with a chemical that destroys germs

**Dominant:** stronger

**Draw Sheet:** a bed sheet, usually used with a waterproof pad, that is placed on the bed of an incontinent client to protect the other bedding or may be used to lift/ turn/position/or move a client.

***- E -***

**Elicit:** come to a conclusion by reason

**Eliminated**: taken away

**Enabling**: to make possible, able; give power, means, or ability to

**Essential:** needed, required

**Empathy:** a term used to describe trying to understand a situation from another person's point of view and showing that you care.

**Emphasize:** make it clear that something is important.

**Endorse:** to give approval, sustain or support of something

**Enhance:** improve something, make it stronger, cleaner etc.

**Equipment:** the tools or machines that are used to create or do something

**Esteem:** respect and admiration for someone.

**Eventually:** in the end, after a long time.

**Exclusively:** only, nothing else.

**Exclusive breastfeeding**: when a mother ONLY breastfeeds her child (usually recommended for the first 6 months of life).

***- F -***

**Facilitate:** to assist in the progress

**Facilitator:** a person who makes it easier for a process to happen

**Faeces:** waste product from the colon, or poop, poo, shit or stool; the waste from the body that is moved out through the bowels when someone defecates or has a bowel movement

**Faeces-to-Mouth or Faecel Oral**: spread or transmitted from the faeces, poop, poo, shit or stool of one person to his or another person's mouth, usually through food or drink, or on fingers

**Filtering:** using a cloth to pour water through in order to remove sand or dirt

**Frail, elderly Client**: older persons with poor or limited ability to function physiologically due to age and conditions of older age

***- G -***

**Gender role**: behaviours that pertain to males and females

**General Hygiene**: keeping the body and surroundings fresh and clean

**Genitals:** reproductive organs, especially external sex organs

**Germ:** a very small organism or infectious particle that can grow in the body and cause some infectious diseases

**Granule:** a very tiny grain, similar to a piece of sand

***- H -***

**HBC Providers**: a person (male or female) trained to provide physical, psychological, spiritual and social care within the home, for client and/or their caregivers in the home, often within their own community. They are often volunteers who help people with health, water, sanitation and hygiene practices, provides some simple treatments, and refers sick people to clinics/medical centres for other necessary treatment.

**Healthy Clients:** not lacking physical strength or vigour; in a state of good health or other terms to indicate people are well, up and about or are without symptoms of problems.

**HIV Exposed (infant):** a baby who was born to an HIV Positive mother, and MAY have HIV, but has not yet been tested for HIV

**HIV-Infected:** refers to people who are infected with HIV, whether or not they are aware of it

**HIV Infection**: the result of HIV transmission, where HIV is introduced into the body and starts to multiply and spread.

**HIV Negative**: showing no evidence of infection with HIV

**HIV Positive**: showing indications of infection with HIV

**HIV Related Illnesses**: illnesses that PLWHA contract as a result of lowered immunity.

**HIV status unknown:** people who either have not taken an HIV test or do not know the result of a test they have taken

**HIV Transmission**: the process of spreading or contracting HIV through one of the three modes of transmission (sexual contact, blood to blood transmission, mother-to-child transmission).

**Holistic:** dealing with or treating the whole of something or someone, not just some parts. Usually refers to the physical, psychological, spiritual and social aspects of a person or the care that is provided.

**Home-based-care**: services given at home and/or in the community by a HBC provider who is trained to provide physical, psychological, spiritual and social care for client and/or their caregivers in the home. They are often volunteers who receive no or a limited salary and some incentives to help households with health, nutrition, water, sanitation and hygiene practices, provides simple treatments, physical therapy, medication adherence and support, advise on sexual behaviours, and refers sick people to clinics/medical centres for other necessary treatment

**Household Hygiene:** keeping the surroundings, houses, compound, etc., clean

**Household or household members:** people living within the household, often family members (but not always).

**Human Immunodeficiency Virus (HIV):** the virus that causes AIDS by weakening the body's immune system. "Human" means the disease attacks people, "immunocdeficiency" means it attacks the immune system, and "virus" refers to what causes the disease

**Hurt:** cause pain, injure someone

**Hygiene:** actions or practices of personal cleanliness that lead to good health (e.g. hand washing, bathing, etc)

***- I -***

**Illustrate:** give more information or examples

**Immobile Clients:** clients with mobility problems who are not able to move about.

**Immune System:** the body's defence system, which recognizes and fights germs and infections

**Implementing:** a means of achieving an end

**Inappropriate:** not acceptable, not suitable

**Incontinent Client:** client with partial or complete loss of urine or faeces control.

**Infant:** a baby - from birth to 12 months of age

**Infection:** a sickness caused by germs. Infections may affect part of the body only or all of the body.

**Infectious disease**: a disease caused by a germ (bacteria, viruses, fungi, parasites).

**Interpersonal communication or IPC**: face-to-face interaction or communication between two or more people that is useful and effective

**Interpret:** explain or decide what you think about a particular issue

**Interrupt:** stop someone while they are talking or doing something by saying or doing something yourself

**Intervention:** actions taken to prevent something from happening, or to make something happen

**Intestinal Parasites**: worms and tiny animals that get in people's intestines and cause disease

***- J -***

**Jerrican:** a plastic container used to hold water

***- K -***

**Knowledge:** information and understanding about something

***- L -***

**Latex**: a type of rubber used to make condoms, medical gloves, and other very thin, flexible materials

**Latrine:** an outdoor structure with a hole or pit in the ground which is used as a toilet

**Leading Questions**: a type of question in which a counsellor guides (or leads) the client to five an answer that her/she wants to hear

**Lesions:** abnormal tissue (sores) usually caused by disease - they are most commonly found on the skin or in the mouth.

**Linen:** sheets, blankets, pillowcases, quilts and other bedding

**Litre:** a unit to measure volume (liquid)

***- M -***

**Malnourished:** not having enough good, healthy food to eat. Malnutrition is a term used to describe a condition where the body does not either get enough of the right foods or it cannot process foods properly to remain healthy. It is a health problem caused by not eating enough of the foods that the body needs.

**Mackintosh:** a rubber sheet that is placed under the client's hips to protect the bedding from being soiled

**Menstrual Period, menstruation**: monthly bleeding in women

**Mixed Feeding**: feeding a baby breast milk and other foods or liquids (example: water, formula, tea, dairy milk, etc. Mixed feeding increases the chance of transmission of HIV to infants.

**Mobile Client**: client that is able to move without help from another person

**Mobilize:** encourage and prepare to take action

**Mode of transmission:** the way a disease spreads from one person to another

**Module:** in this context, a specific part or section of a training curriculum.

**Mother-To-Child Transmission (MTCT):** when an HIV infected mother passes HIV to her baby through pregnancy, during childbirth, or after delivery through breastfeeding.

**Mouth Care**: ensuring the proper cleaning of the mouth (teeth and gums) to prevent infection and decay.

***- N -***

**Nausea:** stomach distress or upset; feeling like you need to vomit.

**Neglect:** fail to give someone the attention or care they need.

**Negotiation (or negotiate):** to discuss and come to mutual (or joint) agreement with another person which results in a different conclusion or effect.

**Non-Adherence**: not taking medications as they are prescribed

**Nutrients:** the substances we absorb from food that we need for growth, energy, to build our bodies and stay strong

**Nutrition:** food, feeding; providing a balanced diet. Nutritious foods are those that have the things the body needs to grow, be healthy, and fight off disease

***- O -***

**Objectives:** the object of a person's action or goal

**Opaque:** not clear – difficult to see through

**Open Questio**n: a type of question that requires more that a one-word (yes or no) answer and encourages people to explore their situation or feelings

**Opportunistic Conditions/Infections (OIs)**: infections and diseases that attack the body when the immune system is weak. They are common in clients whose immune systems are weakened by HIV

**Oral:** by mouth. An oral medication is one taken by mouth

**Oral Rehydration Salt Solution**: medicine given to people who have diarrhoea and/or vomiting to replace the lost water and salts. A drink used to help prevent or treat dehydration.

**Organism**: a living thing (animals or plants)

***- P -***

**Paraphrasing:** to restate what has been said in other words

**Parasite: a plant or animal that lives on or in another plant or animal, usually hurting its "host"**

**Participant:** group member or contributor

**Peer Support:** support for people by another person who is in the same situation or has the same disease

**Penis**: external male sex organ

**Perceived:** to recognize, discern, envision or understand

**Perception:** ability to notice something, the opinion someone has of something.

**Perhaps:** maybe, possibly

**Perineal area:** The region between the base of the penis and the anus in males, and between the vulva/vagina and the anus in females.

**Persistent:** carrying on, not giving up.

**Personal Hygiene**: in terms of food safety, involved ensuring that people who are touching and handling food take proper care to ensure that they do not pass on bacteria or viruses.

**Petroleum Jelly** (petrolatum, Vaseline): a grease like jelly used in preparing skin ointments which is petroleum (crude oil) based.

**Physical:** to do with the body or with things that can be seen and touched.

**PLHA:** people living with HIV/AIDS.

**Plenty:** a lot, more than enough.

**Pneumonia**: an infection of the lungs often producing cough, fever, and difficulty breathing. Note this is different from tuberculosis.

**Point-of-Use:** in terms of water treatment, this means treating water in the home (with chlorine for example), rather than at a water facility plant many kilometres away.

**Positive Living**: a term used to describe steps taken by people living with HIV or IADS that enhances their lives and increases their health.

**Precautions:** things that you do to prevent something bad from happening in the future.

**Pregnancy:** the time period (normally 9 months) when a woman carries a child inside her.

**Prevalence**: measure of how common or widespread a disease or infection is in the community or population at a given period of time. This measure includes existing and new cases.

**Prevention:** action taken to keep or stop germs or illness before they start.

**Preventive Care**: a term used to describe caring efforts intended to prevent discomfort in PLWHA. Examples include: mouth care, prevention of bed sores, proper bathing, prevention of pain and stiffness in muscles and joints and ensuring bedridden clients are comfortable.

**Procedure:** the specific way a thing is done.

**Product:** something you can buy that is man-made.

**Prophylaxis:** a therapy or treatment taken to prevent infections.

**Psychological:** relating to the mind or mental processes. Psychosocial support is caring for the emotional and psychological, well-being of others.

## *- Q -*

**Questioning**: a communication skill that helps the provider understand the client's situation. This skill can determine the quality of information a provider receives from the client.

## *- R -*

**Rapport**: a relationship of mutual understanding or trust and agreement between people.

**Rate:** the number of times something happens in a given amount of time.

**Recurrent:** happens or occurs again and again.

**Rectum:** the end of the large intestine close to the anus.

**Refer or a Referral:** suggest that someone go somewhere or do something; when you refer a client, you encourage them to go and follow up with them to make sure they go. In this context, a referral usually means sending someone from the home or community to a health facility (hospital, health centre, dispensary) or from the health facility to the community.

**Reference:** a note that shows where something is discussed in more detail.

**Participant's Guide:** a handbook of extra materials for people who attend the training.

**Rehydrate or Rehydration drink**: replace fluids/liquids and nutrients in the body. Consume a drink to correct dehydration, which you can make with ORS solution and treated water or with sugar and salt and treated water.

**Reluctant**: unwilling

**Replacement feeding:** feeding infants who are receiving no breast milk with a diet that provides the nutrients infants need until the age at which they can be fully fed on family foods. During the first 6 months of life, replacement feeding should be with a suitable breast milk substitute. After 6 months the suitable breast milk substitute should be complemented with other foods.

**Replenish or Replenishment:** Restock or refill (example: putting food or water in a hungry body)

**Research:** studying to discover the facts or get new information about something

**Resistance**: -the ability of something to defend itself against anything that would normally harm or kill it. Sometimes bacteria become resistant to the effects of certain antibiotics or HIV may become resistant to certain ARVs.

**Respiration:** breathing. The respiratory system includes the bronchi, lungs, and other organs

**Respiration rate**: the number of times a person breathes in one minute

**Risk:** the possibility of injury, loss, or harm. Danger

**Role-play:** a learning exercise where participants pretend or act out a part or character that may be different than themselves

***- S -***

**Sachet**: a small envelope with very small, loose dry grains

**Saliva:** spit. The fluid in the mouth

**Sanitation:** making clean

**Scrotum:** the bag between a man's legs that holds his testicles or balls

**Seldom:** not often

**Self-assessment:** checking yourself and making your own comments about how much you know about a subject or how well you performed a task

**Self-Care**: thoughts and activities that people do to take care of themselves and improve their health

**Self-Esteem**: confidence in yourself and belief in your qualities and abilities

**Self- Management**: when a client takes responsibility for his or her own health care.

**Semen**: thick, white fluid containing sperm that a male ejaculates

**Session:** in this context, a specific part or section of a training module (unit).

**Settling and Decanting:** the process of letting cleaning water by letting the "dirt" go to the bottom of the container and pouring out the clear water

**Sexually Transmitted Infections (STIs**): infections that is passed from one person to another through sexual activity

**Side Effect**: a bad reaction to a drug or other form of medical treatment

**Signs:** the things or conditions one looks for when examining a sick person, to find out what sickness he/she has

**Significant**: important, meaningful

**Shrink:** to become smaller

**Simultaneous:** happening at the same time

**Soiled Linen**: bedding that may have a substance on it such as faeces, urine, pus, blood, etc.

**Solution (liquid):** a liquid used to treat water

**Spigot**: tap, spout or other control device

**Spread:** increase or multiply

**Sputum**: a substance coughed up from the lungs

**Sterile:** completely clean, new and free from micro-organisms. Things are usually sterile by boiling or heating or purchasing a new, sterile product which has been sterilized

**Sterilize**: to kill microscopic organisms in something so that they cannot cause infection

**Stigma:** negative attitudes toward people who belong to a particular group or who have different characteristics than others. Usually attached to something that the community believes is socially unacceptable

**Stomach:** the sac-like organ in the belly where food is digested

**Straight:** without going from side to side, in a clear way, immediately

**Substance:** the material, stuff or the central part of a situation

**Sufficient**: enough

**Supplement:** an extra or added amount to something

**Supply:** to provide; or an amount of something

**Summarizing**: stating what has been said

**Sustainability:** to keep up or keep going

**Symptoms:** any aches, pains, conditions, feelings or other problems a person describes or reports to another person

***- T -***

**Tablets:** small pills

**Teaspoon**: a measuring spoon that holds 5 millilitres (ml). Three teaspoons equal 1 tablespoon

**Terminally Ill Clients**: with disease which is life-threatening or final, fatal illness which cannot be controlled or cured.

**Tippy Tap:** a simple, hygienic device for hand washing with running water. A 5 litre container with a small hole near the cap is filled with water and tipped with a stick and rope tied trough a hole in the cap.

**Tool:** an instrument or a method (way of doing something) that helps improve the process and/or end result.

**Traditional:** something that has existed for a long time without changing

**Transfusion:** the process of transferring blood from one person into the circulatory system of another

**Transmit:** to spread or pass along; how an infected person gives a disease to someone else

**Tuberculosis (TB):** a contagious disease caused by a germ that is breathed into the lungs. It is a common opportunistic infection among PLWHAs

**Tumpeco or Nice cups:** a plastic cup commonly available in Uganda, which is the size of a half-litre or 500ml

**Turbid:** cloudy or dirty (usually referring to water)

***- U -***

**Universal Precautions**: simple infection control procedures that reduce the risk of spreading germs and illness through exposure to blood, body fluids, or contaminated equipment, surfaces, or materials.

**Urinal**: a container or jar for urine, especially for use by people who cannot get out of bed

**Urine:** liquid waste from the body; piss; pee

**Utensils:** tools you use for doing jobs in the house, especially cooking

**Utilize**: make useful

***- V -***

**Vagina:** the tube or canal structure that leads from the opening of women's sex organs to the entrance of her uterus or womb

**Vaginal Secretions**: fluids that come from a woman's vagina; they help make sex smoother and protect the vagina from injury and infections

**Viral Load**: a term used to describe the amount of HIV in a person's body. The more HIV, the higher a person's viral load will be.

**Virus:** a germ smaller than bacteria, which causes infections and is easily spread from one person to another

**Vulnerable**: not well protected; weak or open to harm

***- W -***

**Weak Client**: lacking physical strength or vigour; infirm, esp. as compared what would be the normal or usual for that individual.

***- X -***

**Young Child**: a child aged from 1 to 4 years.

***- Numbers -***

**1:9 Jik solution**: a specific ratio of bleach to water mixture – one part Jik to nine parts water.

# ANNEX 2:

# TOOLS TO IMPROVE WASH PRACTICES

Part of your job as a HBC provider is to help your clients and their caregivers in the home:

- Assess and become aware of what practises they currently are or are not doing
- Identify which practises they are currently doing that might be bad for their health or their family's health
- Choose what practises, if any, they want to improve
- Identify barriers or the things that make it difficult to improve those practises and how to overcome those obstacles.

The commitment by clients and their caregivers in the home to change their practises is guided by many people (including yourself), but the final decision on what to change and how to change it should be made by the client and/or their caregivers in the home.

Assisting and guiding clients and their caregivers in the home to change their routine practises (or behaviours) is often not an easy task for a HBC provider to do. It requires knowledge, practise, skills, and ongoing support from other providers and supervisors. This tools section is designed to help the HBC provider develop the knowledge and skills they need so they can talk with their clients and their caregivers in the home and to improve the way in which they usually treat, transport, store and serve their drinking water; handle and dispose of faeces and menstrual blood; and wash their hands. It introduces five sets of tools that can provide you guidance when working with your clients and their caregivers in the home:

| | |
|---|---|
| TOOL 1 | Interpersonal Communication Skills – Using skills to talk with your client and their household effectively. |

| | |
|---|---|
| TOOL 2 | The 4 A's Steps - Learning and using a series of steps or method of talking with the client and coming to a mutual agreement on improving practise(s). |

| | |
|---|---|
| TOOL 3 | WASH Assessment Tool- Using steps and an Assessment Tool to help you assess current WASH practises in the household. |

| | |
|---|---|
| TOOL 4 | WASH Counselling Cards – Using a set of cards with pictures to help you talk with the client and/or the client's caregivers in the home about how improve their practises in the household. |

| | |
|---|---|
| TOOL 5 | Supplies to Help You Improve WASH in Home Based Care – suggestions on essential equipment |

# Tool 1:
# Interpersonal Communication Skills

To help someone change their practises (or they way they customarily do things), it is important to have good "interpersonal communication", which is direct, face-to face conversation between two or more people to exchange experiences and share ideas, beliefs, fears and doubts about a specific topic. It involves two types of communication channels:

- Verbal communication (when we use spoken language)
- Non-verbal (when we use gestures, mime, signals, etc.)

Providers must actively listen to the client and see their situation through the client's point of view to be able to adapt messages to the specific situation of their household and come to a mutual decision with the client on how they can improve or change a practise. Being sensitive to the client's culture, religion and traditions is also essential, as well as building rapport, or making the clients feel welcome and at ease.

Signs that you are or are not listening actively to you client include:

| Signs That You ARE Listening | Signs That You ARE NOT Listening |
|---|---|
| Facing the client | Looking away or around the room |
| Looking at the client when he or she speaks | Being distracted |
| Nodding | Not acknowledging what is being said |
| Smiling or frowning appropriately | Moving around too much or fidgeting |
| Being calm | Writing notes, finding papers |
| Being patient | Interrupting |
| Maintaining eye contact (if culturally appropriate) | Not allowing silent pauses in the conversation |
| Asking questions at appropriate intervals | Not directly answering or addressing the issue that the client has just raised because you are not listening |
| Using good body language – see below | Not listening actively or intently |

*Types of Questions and When To Use Them*

# Open ended questions

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

Open ended questions open up the discussion and should be used as much as possible.

**Examples** of open ended questions

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

Open ended question should be used when we want to:

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

# Closed questions

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

Closed questions do not open up the conversation and the HBC worker may then have to ask another question. These types of questions are very useful to gather specific information and predict a brief answer e.g. when you need to keep someone who talks a lot on track.

**Examples** of closed questions:

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

# Checking questions

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

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

**Examples** of checking questions**:**

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

# Leading questions

**Facilitator builds on participants' answers and state: A leading question is designed (either intentionally or subconsciously) to lead the person to a particular answer.**

Leading questions are based on the questioner's assumption/s. These types of questions do not help the person questioned to be open about their true feelings or actions.

**Examples** of leading questions:

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

# Why? Questions

**Questions that ask why something is being done, has happened etc.**

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

**Examples** of why questions:

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

# Asking 2 Questions at Once

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

**Examples** of 2 questions at once:

- **How did you manage with teaching your family hand washing? Did it go fine?**
- **What did he say about cleaning the latrine? Did he make a plan with the village?**
- **How do you know the water is clean? Do you boil it, or use a water purifier?**
- **What was discussed at the village meeting? Did everyone agree that a village hygiene committee needs to be formed?**

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

## Good Body Language

- Being relaxed, not appearing embarrassed, awkward, or shocked — even if the listener might be feeling some of those things;
- Having an open posture, e.g., arms in a comfortable position and at one's sides, not folded across chest;
- Leaning forward, and moving, shifting positions in response to the way the client is sitting. (In good listening, the listener does this without even noticing — she/he mirrors the way the client sits and moves — this is a good indication that communication is good);
- Eye contact, as appropriate to culture and gender, but not staring;
- Sitting posture:
    - Sit sideways at a 45 degree angle to the person (sitting fully facing the person can be intimidating, especially if the person is feeling embarrassed about the conversation — sitting

sideways, at an angle of 45 degrees gives the person an opportunity to look elsewhere if he/she needs to at times);

- Sitting at the same or *lower* level (if the same level is not possible) — if the provider sits higher than the client, it unconsciously suggests the provider is more important;
- Sitting without barriers (e.g., a clinic desk - between the client and the provider, although sitting at a kitchen table with the client (at a 45 degree angle) would be a comfortable and normal way of sitting in someone's home.

# Tool 2:
# The Four "A" Steps

Home Based Care providers are continuously assisting clients and caregivers in the home with their needs and helping them take on healthier practises. Experience has shown that HBC providers can provide better care if they use a systematic series of steps which structures their work and the way they go about assisting a household with their needs. This is particularly important as providers need to remember multiple steps to observe, ask, think, discuss, plan and help households improve the way they wash their hands; treat, transport, store and serve their drinking water; and handle and dispose of faeces and menstrual blood. The "4 A's" is the name of the series of steps that HBC providers can use to help them structure their interaction with clients and/or caregivers in the home.

They include the 4 steps of **ASSESS, AGREE, ASSIST** and **ARRANGE**.

| THE 4 "A'S" | | |
|---|---|---|
| **STEP:** | **GOAL:** | **TOOL:** |
| **1. ASSESS** | • Identify current practices<br>• Congratulate on "good" practices<br>• Discuss practices that need to be improved | Assessment Tool |
| **2. AGREE** | • Mutually agree on ONE practice to improve (water treatment and/or handling, hand washing, faeces management, or menstrual period/cloth management)<br>• If ideal behaviour is not possible, mutually agree on appropriate small doable action(s) to implement | Assessment Tool<br><br>Counselling Cards |
| **3. ASSIST** | • Demonstrate new practise, if appropriate<br>• Identify potential problems/barriers and how to solve them<br>• Develop a "plan of action"<br>• Guide client where they can get help or materials needed within community | |

| | | |
|---|---|---|
| **4. ARRANGE follow up support** | • Set date and time for next visit<br>• Write down in your notebook current WASH practises and new, improved WASH practises client/caregiver will implement | Notebook or record keeping instrument |

Key elements of each of the steps are outlined below:

1. **ASSESS** what is *currently* happening in the household around hand washing, water treatment and faeces/menstrual period management. In other words, check out, find out, question, or look into the water, sanitation and hygiene situation of the household. This includes:
   - Collecting specific information by asking, listening and observing;
   - Making a decision together about whether the client and/or household member is doing a WASH practise correctly or incorrectly based on your training in this course; and
   - Exploring with the client and/or household member which practise(s) need(s) to be improved or changed.

2. **AGREE:** Discuss and come to a mutual **agree**ment with the client or household member on what change is going to occur. Mutually come to a decision based on what is realistic and feasible for the household. This includes:
   - Reviewing options for changing a WASH practise in your dialogue with the client and/or family member.
   - Asking the client and/or family member to indicate their highest priority for what practise they feel they could change.
   - Encouraging them to make even a small change that could benefit the household, even if it is not the "ideal practise." At least, a small step can still bring about a benefit.
   - Repeating in your own words the new practise that the client or family member wants to adopt to make sure that you and the client or family member are clear on the selected practise.

3. **ASSIST** or help clients and family members overcome barriers so they can make and sustain the changed WASH practise. Explain to participants that in order for a change in practise to become a reality, it is important to assist a client and/or family member in the following ways:
   - Encouraging the client and/or family member in identifying what problems may occur exist when beginning to change the practise.
   - Identifying who in the household may be able to help them with the new practise, what household items they need to support the practise, how to get needed items and demonstrating practises that may seem difficult to households.

- Repeat the plan of action with the client or household member in your own words to make sure you understand it clearly. Be sure to state what new "improved" practise will be implemented and how he/she/they will overcome any obstacles while improving the practise.
- If appropriate, guide the client regarding there in their community they can get help or supplies to help them implement their new practice.

4. **ARRANGE** follow-up support to the client and/or household member and document the changes or decisions to make changes in the household.

   - Return to the household on a regular basis to encourage the client or household member to achieve his/her goal, especially when the client begins to put a new behaviour into practise.
   - Document (write down) in your notebook or record keeping instrument the current WASH practise(s) and the new, improved practise(s) that will be adopted by the client and/or household member.

During a future visit, evaluate progress made by the client and/or household member in adopting the change. This can be assisted by Tool #3, the WASH Assessment Tool.

# Tool 3:
# How to Use the WASH Assessment Tool

## *Overview*

Looking carefully at the water, sanitation and hygiene (WASH) needs of your clients and their caregivers in the home is a very important aspect of your role as a HBC provider. As you learned in the "4 A's steps," the first thing you do when you want to help a client or their household with their WASH needs is to first ASSESS, or check out, find out, question, or look carefully at the WASH practises of the client and other household members.

To help you do this task, a pictorially based WASH Assessment Tool was produced to help you ASSESS (the 1st of the 4 A's) a household's current practises in hand washing; treatment of drinking water; faeces disposal; and cleaning of rags used for menstrual blood (that will be reused). Assessing these practises includes your collecting specific information by asking, listening and observing and making a decision about whether the client or family member is doing a WASH practise correctly or not correctly. Using the WASH Assessment Tool, you, your clients and/or their caregivers in the home can identify the following important information:

**Handwashing**

1. If they wash their hands
2. What substance they use to scrub the germs off the hands (soap or ash)
3. How they rinse their hands during hand washing
4. If there is a need to be choosing a new and improved practice for hand washing (which will be discussed further in the next step, *AGREE*)

**Safe Drinking Water**

1. If they treat their water

2. How they treat their water

3. If there is a need to be choosing a new and improved practice for safe drinking water (which will be discussed further in the next step, AGREE)

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

1. If they dispose of faeces or leave it out in the open

2. Where they dispose of their faeces

3. If there is a need to be choosing a new and improved practice for faeces disposal (which will be discussed further in the next step, *AGREE*)

**Menstrual Cloth Cleaning for Re-Use**

1. If they clean cloth that is used for soaking up menstrual blood

2. What they use to wash the cloth

3. If they use bleach to soak the cloth

4. If they dry the cloth in sunshine.

5. If there is a need to be choosing a new and improved practice for handling and cleaning menstrual cloth (which will be discussed further in the next step, AGREE)

***How to Use the WASH Assessment Tool for the First Time With A Client or Household Member***

**How to Use the Assessment Tool**

- **Explain** to the client and/or the client's caregiver in the home that you want to talk with them about WASH practises you are trained in and how they do some things in the household.

- Ask the 4 questions on the Assessment Tool
  **Ask the client or the client's caregiver in the home the 4 questions written on the Assessment Tool to understand how they are currently doing each**

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

- Show the WASH Assessment Tool **to the client and/or their caregivers in the home and tell them that you are now going to review the Tool together line-by-line.**
- Review the Assessment Tool Line-by-Line. **For each line of the Tool, you want to <u>identify current practises</u> on each of the lines on the tool. You should do this by:**
  - Look at the Assessment Tool with the client or the client's caregiver in the home
  - Read the text beneath each picture out loud so that you are sure that the client/caregiver is clear on what the picture is meant to represent.
  - Ask the client/care giver to point to the picture that is most similar to what they do in the home. (If the client/caregiver is having trouble figuring out which picture to choose, then you can suggest to them which choice might be appropriate according to the description they gave you in step 2, above.)
  - Repeat this process for each line of the Assessment Tool.

- **Discuss which current practices are "good/ideal" and which need to be improved.**

Once all of the Assessment Tool is reviewed the HBC provider points out to the client/household member which practices they are doing that **provide better protection** against illnesses such as diarrhoea. These are the practices on the **RIGHT side** of the Assessment Tool. **Congratulate** the person on the **practices they are doing well** because it shows that you have noticed and are acknowledging that they have done some things well and will make them more receptive to suggestions for improvement. It is extremely important to let the person know what is well done and explain that the practice should be maintained.

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

- Choose ONE practise to improve.
  **Discuss with the client and/or caregiver which of the four topics (either hand washing, water treatment, faeces disposal or menstrual blood management) they would like to improve before you return for the next home visit. Remember that they should choose one practise for which they are not currently doing the "ideal behaviour."**
  - Let the client and/or household member know that it is hard to change many things at once and that they are likely to be much more successful if they focus on one topic at a time. If they want to choose more than one, ask them "what you feel is most important topic for you to work on" and begin with the one they choose.

- **Review Counselling Cards and Identify Small Doable Actions.**
  - Discuss the selected topic with the family member and decide if they are going to be able to achieve the "ideal" practice represented on the right hand side of the Assessment Tool. **If they cannot achieve the "ideal practise,"** then discuss some of the **"small doable steps"** that the family may be able to achieve (and which still bring about some health gains). These small doable steps are found on the Assessment Tool (as you move from left to right) and on the counselling cards, so it is useful to **review the counselling cards** for the topic that your client selected.

- **Once the family has identified the practices they want to improve,** repeat back **to the client/household member what the** improved practice **is to make sure that both of you are clear on the selected practise.**

**Assessment tool "ideal practises" achieved:**

If a client is already doing the "ideal practises" for all the categories on the assessment tool, then move on to using the Counselling Cards (in Tool #4) to help them identify other behaviours they might improve.

**Client/caregiver does not want to improve their behaviour:**

If the client or caregiver does not want to try a new practise, ask them to tell you about their desire to not change anything. Encourage them to make even a small change that could benefit the household (e.g. reduce diarrhoea; reduce money spent on diarrhoea medicines, keep children or grandchildren healthy, etc).

Ask them once again if they are willing to improve one of the items on the Assessment Tool and emphasise that it does not need to be the "ideal practise," but rather, at least, a small step which can still bring about a benefit. If they continue to insist that they do not want to change anything (even though you explain again why it is important to make a change and have given them options for "small" and "big" changes), then it is possible that they are not ready to make any changes and that you cannot motivate them at this time. However, if they change their minds and decide that they want to make a change, congratulate them on wanting to improve the situation.

## *How to Use the WASH Assessment Tool During Repeat Home Visits with a Client*

During follow-up home visits, information will be gathered on the client and the client's household member's progress regarding water, sanitation and/or hygiene improvements.

- **Review with the client/household member the progress they made in accomplishing the new practise they elected during your previous visit.**
  - **New practise is SUCCESSFUL:** If the new practise is now being used correctly (was "successfully" implemented), congratulate them and determine what additional new practise they would like to improve. You can determine the additional new practise by looking at your notes from the first time you used the Assessment Tool with the client/family to refresh your memory about where they needed to improve. (Or: you can repeat the step of using the Assessment Tool to determine what practises need to be improved.) Discuss the practises that need improvement with the client and/or their caregivers in the home and agree on a new "improved" practise they want to try.

  - **New practise is UNSUCCESSFUL:** If the new practise they chose during your previous visit was not adopted (they were not "successful" with the new

practise), discuss what the problems were and try to help the family figure out how to overcome them. With the client and/or their caregivers in the home, brainstorm ways to overcome the problems they had. This will help the family decide if they want to continue trying the practise they chose during your previous visit (which was unsuccessful) or if they want to choose a different, “improved” practise to try. If they cannot overcome the problems they had, then help them choose a completely different practise.

# Tool 4:
# How to Use the WASH Counselling Cards

## *Overview*

The WASH Counselling Cards are designed for HBC providers to help them talk with their clients and households. Using this WASH Counselling Cards as a guide, the HBC provider can show the client and/or their caregivers in the home illustrations of important water, sanitation and hygiene practises and can better explain how those practises can be improved. HBC providers can use these cards to help clients and their caregivers in the home:

- **Make informed choices for improving the way they wash their hands; treat, transport, store and serve their drinking water; and handle and dispose of faeces and menstrual blood;**
- **Identify and use locally available supplies and materials to meet their needs; and**
- **Understand and adopt practises that promote improved hand washing, safe drinking water, and safe handling and disposal of faeces and menstrual blood.**

## *When to Use the Counselling Cards*

There are 23 WASH Counselling Cards available to help you assist the client and the client's household with certain WASH practises. All of the practises were discussed in the training, however, the counselling cards are an easy tool for you to keep or carry with you after the training to help remind you of what you learned in the training.

The 23 Counselling cards are grouped into 6 sets which include the following:

| | |
|---|---|
| SET 1 | **Handwashing** to show pictures and give you key messages on the critical times to wash your hands, where to place a handwriting station, how to wash your hands, how to build a hand washing water saving device called a tippy tap, and alternative designs for tippy taps. These cards are printed on GREEN paper. |

| | |
|---|---|
| SET 2 | **Treat, Transport, Store and Serve Water** to show pictures and give you key messages about how to safely treat your water by boiling and with 3 chlorination methods, and how to safely transport, store and serve drinking water. These cards are printed on BLUE paper. |

| | |
|---|---|
| SET 3 | **Faeces Management** to show pictures and give you key messages to describe how to safely handle faeces with a weak, mobile client and a bedbound client; what faeces should be placed in the latrine; how to use a bedpan and plastic pants; how to modify a chair to be used as a bedside commode and how to provide private parts (perineal) care. These cards are printed on YELLOW paper. |

| | |
|---|---|
| SET 4 | **Turning Immobile Clients; Changing Bed Linens** to show pictures and give you key messages about how to turn immobile clients in bed and change bed linens. This card is printed on YELLOW paper. |

| | |
|---|---|
| SET 5 | **Period Management** to show pictures and give you key messages about the materials that can be used to soak up menstrual blood, how to make menstrual pads from banana fibre and how to safely dispose of materials soaked with menstrual blood or clean them for reuse. These cards are printed on PINK paper. |

| | |
|---|---|
| SET 6 | **Universal Precautions** show pictures on how to prevent spreading germs. This card is printed on YELLOW paper. |

## *How to Use the WASH Counselling Cards*

HBC providers can use the counselling cards to talk with individual clients and/or with the entire household. It is important to not overwhelm the client or their caregivers with too many topics.

To use the cards with your clients and their caregivers in the home:

- **Decide which topic you will focus on (through using the Assessment Tools described in Tool # 3, above)**

- **Select the appropriate card(s) to review**

- **Let the client or household member hold the card while you review all of the images on the card**
  - Point to each image as you talk about it
  - Read the text out loud (that way, if your client/household member cannot read well or cannot see well, you are sure that they have received the written message)

- **Discuss the images and messages with the client and/or their caregivers in the home as you go through them. Allow time after each message for the client to ask questions or make observations, if appropriate.**

- **When you have completed going through all the messages on the card, ask the client and/or their caregivers in the home if they have any questions or observations on what you have just reviewed.**

- **After reviewing all the counselling cards that are appropriate to review during this household visit, thank your client and/or their caregivers in the home for their time and willingness to improve their practises.**

- **Additional Step: If the client already does the "ideal practise" for all four Assessment Tool categories (water treatment, faeces sanitation, menstrual sanitation and hand washing), then move on to the remaining counselling cards that have not yet been used to see if there are any other practises they can improve.**

Some other important things to think about when using the cards include:

- **All cards should not be used in each client session. Select cards to use according to the individual client's or household's needs, but try not to introduce more than one topic (water treatment/handling, hand washing, faeces management, menstrual blood management) per home visit.**

- **During the discussion, maintain eye contact when talking with the client or the client's caregiver in the household.**

- **Build on what the client or the client's caregiver already knows. Use the key messages in the cards to reinforce or correct the responses, as needed.**

- **Review with your client or the caregiver in the home the key points discussed on each card to ensure they have understood the discussion correctly.**

- **If you choose to show the client or the client's caregiver a picture, show the images in a way that gives a clear view the pictures. You may read the statements beneath the images, but focus on showing the illustrations.**

- **Remember that every client and household member is unique. How he or she responds to information may be different from person to person.**

**1. First Time Using a Card/Reviewing a Topic:**

The first time you are talking with the client and/or household about a particular topic:

- **Read through the entire card.**
- **If he/she needs time to decide, revisit the topic/card during the next visit.**
- **If they are ready to implement a new practise, follow the steps in the "4 A's" to help your client decide what practis(es) he/she wants to try to change and discuss how he/she will achieve this change (see Tool # 3: The 4 A's Steps for more details)**

**2. Using a Card/Reviewing a Topic During a Repeat Visit:**
If you have already talked with the client or household (using the counselling card as a guide), but they have not yet learned how to do the practise:

- **Review key points of the card.**
- **Review what the client/household has already done**
- **If he/she needs time to decide, revisit the topic/card during the next visit.**
- **If they are ready to follow the steps in the "4 A's", help your client decide what practises they want to try to change and discuss how they will achieve this change (see Tool # 3: The 4 A's Steps for more details)**

**3. If you have already reviewed the counselling card and this is just a follow-up visit after the household has already made the change in the practise**

- **Assess how the client or household now does the practise.**

## *Example: Henry, a HBC Provider, Uses the "4 A's," Assessment Tool, and Counselling Cards*

### Henry Works With Dan (Client) to Improve What He Does to Make His Drinking Water Safe

Example of a possible conversation between a HBC provider (whom we shall call Henry) and his client (whom we shall call Dan):

[Note: Henry and Dan will cover all of the lines of the Assessment Tool, but for the sake of our example, we are only going to review what happens when they look at the line about water treatment.]

Henry explains to Dan that, "One of the goals of this discussion is to help you improve the quality of the water that you drink so that you do not get sick with illnesses like diarrhoea. Let's talk to see if there are some things that we can identify together that you can change to reduce your and your family's risk of getting sick."

Henry asks Dan how he treats his water (before he shows him the Assessment Tool) and Dan tells him that he does not treat his drinking water.

Henry shows Dan the Water Treatment" line (second row) of the Assessment Tool and Henry reads the text out loud that is below each picture. Henry asks Dan to point out the picture that most resembles his family's situation and Dan decides that it is the picture that says, "Do not treat [water]" on the far left.

Henry explains to Dan that drinking "raw" water that has not been treated can be very dangerous because the water can have things in it that can make him and his family sick. Henry encourages Dan to start treating his water and to choose a water treatment method (on the right hand side of the Assessment Tool) that is most appropriate for him and his family.

Henry explains to Dan that treating water by boiling it or with chlorine are the "ideal" practises since both ways to treat the water kill the germs in the water. Henry also explains that chlorinating your water has one additional advantage because the chlorine that is in the water can help "protect" the water from getting re-contaminated as easily.

Dan and Henry discuss the different options of boiling and chlorination and Henry asks him to pick the method that is most appropriate for him and his family and that he feels he and his family will be able to do. Dan points to the boiling water picture and explains that it is the new “improved" (or better) practise he is willing to try, as he is not able to get chlorine tablets or solution right now. Henry repeats to Dan that he has agreed to start filtering and boiling his drinking water. Henry pulls out his laminated counselling card on “How to Boil Water”. He shows Dan the pictures and discusses steps that are outlined on the card, including how to filter or settle/decant the water before boiling if it is “dirty” (muddy, cloudy, turbid).

Henry asks Dan, “What may keep you from making the change to boiling your drinking water?” Dan explains that his wife is the person in the household who is in charge of the household water that is used for drinking and cooking. He further explains that he does not know if his wife would be willing or able boil the drinking water as she is very busy with her household duties. Dan asks if Henry would be willing to talk with his wife about how to treat their drinking water. Henry agrees to return to the house when Dan’s wife is there to talk about water treatment and agrees to return to the house the following day. He also thanks Dan for his time and openness to talking about safe water.

On the following day, Henry returns to the household and discusses water treatment with Dan and his wife, Sara. Henry explains to Sara the importance of treating their water and shows her the counselling card on how to properly boil water. Sara agrees that she is willing to try boiling their water. Henry then reviews the “How to Take Care of Drinking Water” counselling card with Dan and Sara so that they understand what they need to do to keep their water from getting contaminated/recontaminated during transportation, storage and serving and the importance of having everyone in the family drink the treated water. Henry, Dan and Sara make a household plan to begin boiling their drinking water and handling it properly to keep it from getting recontaminated. The kids will help gather the extra firewood that will be needed and their oldest daughter will be in charge of putting the pot on to boil every day before she leaves for school. Sara will be in charge of putting the water into a jerrican with a lid after it has cooled.

Both Sara and Dan are encouraged to make this change so they can help prevent diarrhoea in their home and Sara is very happy that she will not be the only one responsible for all the work to make the change possible. Henry congratulates Dan and Sara on their decision because it is a big achievement and the first step in the process of behaviour change.

Immediately after leaving the house, Henry writes down notes in his HBC notebook that Dan and Sara did not treat their water before and that they are going to start boiling their drinking water. Henry also writes down the changes that Sara and Dan agreed to in how they are going to transport, store, and serve their treated water to keep it from getting recontaminated. He also puts a reminder in his notebook to follow up with Dan and Sara about how they are doing with their improved practises on the next home visit.

On the next visit, Henry checks to see how Dan and Sara are doing with the improved practises of boiling their drinking water and properly transporting, storing and serving their drinking water.

# Tool 5:
# Supplies for WASH in Home Based Care

The supplies (products, material, hardware or equipment) you are able to use to improve WASH practises varies greatly between HBC providers and between the house's location. The supplies used depends on what is available in the community, what is provided by your HBC organization, the cost of each supply, and how acceptable the use of that supply is to the clients and households where you work.

## *How to Improve Access to Supplies for Improved WASH Practises*

It is very important that you, as a HBC provider, help your client and/or their caregivers in the home find the supplies (products, material, hardware or equipment) that they need to improve how they may routinely or customarily wash their hands; treat and store, handle and serve drinking water; handle and dispose of faeces; and handle and dispose of menstrual blood.

You need to always keep in mind and know the different places where you could find, request, or recycle supplies, including the following channels:

- *Buy in Shops*: **If you or your client and/or their caregivers in the home have money, many items can be bought from local shops, such as soap, latex rubber medical gloves or thick heavy-duty plastic gloves, buckets, jerricans, etc.**

- *Request from NGOs:* **There are also several NGOs in Uganda who hand out supplies to community members, chronically-ill households and HBC providers (e.g. PSI-Uganda, Reach Out Mbuya, PLAN-Uganda, Hospice Africa Uganda). Go to them for more water treatment products and storage jerricans, soap, gloves, Mackintosh, etc.**

- *Find in Public Places*: **Sometimes, the Government of Uganda or NGOs may sell supplies at a low cost or handout supplies and information at no cost to community members through local health centres, village health teams or village health days. To learn more about the building of latrines in your community, talk to your Health Inspector at the Sub-County**

**level or the Local Council One (LC 1) Chairman at the village level.**

- *Locate Materials in or Around the Household:* **Many supplies are already available to you in your home or outside in your local environment. This may include (but are not limited to) the following items:**
  - *Banana leaves* – to handle items soiled with blood or body fluids (when gloves, plastic sheet material, Mackintosh or other plastic material are not available).
  - *Ash* (fine powder remaining after wood or coal is burned) – to use as an alternative when no soap is available. The ash helps lift the germs off your hands when you rub them together. The ash can also be sprinkled on the bottom of a bed pan/basin (so that the faeces will not stick) and on top of faeces (to reduce the smell and flies).
  - *Banana fibre* – to absorb menstrual blood (when sanitary pads or menstrual rags are not available).

- *Recycle from Used Materials*: **There are many items that can be made from used or recycled items that may already be in the household or out in your community, such as unused jerricans that can be disinfected and given to other households for water storage or to create a Tippy Tap hand washing station; unused chairs that can be converted into bedside commode by cutting a smooth, large hole in the centre of the seat and placing a bucket underneath; unused plastic basins that can be disinfected and used as bedpans.**

## *When You Have Problems Getting Supplies*

If you are not able to gather, buy, create or find any supplies (products, material, hardware or equipment) through the above mentioned channels, it is important for you to speak up and talk with your HBC organization, a client and/or their caregivers in the home or other family members, community leaders, local clinics, or others to bring their attention to the problems you are facing. Explain to them how important it is to have the basic, necessary supplies in order for people to do basic WASH practises that can make your client and their household much healthier.

See if others can help you overcome these challenges….and no matter how hard you try...**Don't Give Up!**

It is also sometimes helpful to talk with other HBC providers and community members and join with them together to advocate for improved availability of supplies. Sometimes people may take you more seriously if they realize this is a bigger problem that affects many people/households that just your clients/households.

## *After You Have the Supplies*

Once you gather, buy, create or find supplies for your client and/or their caregivers in the home:

- Encourage and Discuss: **It is important to encourage the client and/or their caregivers in the home to identify who in the household may be able to help them with the new supply, what other household items need to be used to support use of the supply, talk through how they are going to use it, etc. For example, if you are able to gather a water treatment chlorine product for your households, you likely need to work with other members of the household to see if there is a clean jerrican available to safely store the water and discuss why the product is important, how the household can use the product and why it is important for everyone in the household to drink the treated water.**

- You also may need to demonstrate **and practise with client and/or their caregivers in the home how to use that supply which may seem difficult but can be easily learned (e.g. teaching them how to use the water treatment chlorine product).**

- Don't forget to always try to link your client and their household **to individuals and organizations in the community who can assist them with improved access to WASH supplies, information and other supports for improved WASH practises.**

- Follow Up**: it is important for the HBC provider to provide continuous follow-up to encourage proper use of the supply, especially when the client begins to put a new behaviour into practise.**

## *The Importance of Replenishment*

**IT IS CRITICAL** that you always think about whether a particular supply (products, material, hardware or equipment) will need to be **REPLENISHED** (refilled, replaced or stocked up again) and follow up with your clients and the client's household to help them replenish that particular item **BEFORE IT RUNS OUT!** For example, it does little good to give your

households one bottle of WaterGuard chlorine water treatment solution without thinking through with them on how they will replenish this bottle when it is finished. If you learn that it would not be possible to replenish this supply (e.g. due to unavailability or cost), then you would need to work with that household to prepare for boiling their water, which is an appropriate alternative water treatment method to chlorination (after their WaterGuard supply runs out).