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HIP HYGIENE IMPROVEMENT
PROJECT

WASH & HIV/AIDS INTEGRATION: TRAINING AND SUPPORT HANDWASHING

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

When this training is implemented, it will likely be necessary to also include modules on general introductory WASH material, the role of the HBC worker, etc... Such sessions, along with the entire training package from Uganda (including counseling cards, the participants' guide and training handouts, for all key WASH behaviors) 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.

TRAINERS MANUAL: Handwashing

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



Weak, But Mobile Client



Bed-Bound Client



Hand Washing



Faeces Management



Water Treatment



Menstrual Period Management

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Introduction

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

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

Background

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

People with HIV and/or AIDS are at increased risk for diarrhoeal diseases, and are far more likely to suffer severe and chronic complications, if infected. There is terrible irony in providing patients with advanced antiretroviral agents (ARVs), and asking them to wash the life-saving pills down with water that may infect them with a life-threatening illness. To add to the irony, one of the complications of diarrhoeal illness in HIV-infected patients is a reduced ability to absorb antiretroviral and other medications from the gut. This poor absorption of ARVs can contribute to the development of HIV strains that are resistant to antiretrovirals. Furthermore, even when infections in the gut are not present (e.g., bacterial infections from

unsafe water), HIV itself can erode the gut and cause diarrhoea. People living with HIV, therefore, have a paramount need for better WASH practices.

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

Evidence from CDC-sponsored research in Uganda¹ and in other areas of the world has determined the efficacy of hand washing and safe water systems in reducing diarrhoea among people living with HIV and AIDS. Home-based water treatment and safe storage have been shown to reduce the number of diarrhoea episodes users experienced by 25% in HIV-positive adults. The findings also showed that presence of soap and a latrine were associated with less diarrhoea. With the evidence base firmly established in Uganda and elsewhere, water treatment and safe storage at the point-of-use (POU), hand washing with soap, and sanitation promotion (WASH) interventions have been expanded globally.

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

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

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

Trainer Notes

Course Objectives

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

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

Course Methodology

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

Session Methodology, Structure and Length

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

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

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

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

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

Number of Participants

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

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

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

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

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

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

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

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

WHITE PAPER

1. Assessment Tool

GREEN PAPER (HAND WASHING CARDS)

2. Critical Times to Wash Hands
3. How to Wash Your Hands
4. Where to Put A Hand Washing Station
5. How to Build a Tippy Tap for Hand Washing
6. Different Kinds of Tippy Taps

Training Materials

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

Materials	Quantity
Participant's Guide	20
Workshop Agenda	20
WASH Assessment Tool	20
WASH Counselling Cards	20
Welcome sign for door or wall	1
Name tents/tags/masking tape	20
A watch/Clock (to keep track of length of sessions)	1
Easel/stand to hold flip chart paper	1-2
Flipchart (or newsprint) paper (paper should be no smaller than 2.0'x2.5' ft (or 76.2cmx61 cm).	100 pages
Pens or pencils for participant use	20
Notebooks/notepads for participants	20
Markers (4 red, 4 black, 4 blue, 4 green, if possible)	16
Roll of masking tape	3
Coffee/Tea for each break; lunch each day for each participant and trainers	20+
Bowl or Basin (large enough to collect water for hand washing)	2
Bars of Soap (small)	1
Water containers (jug, pitcher, or cup for rinsing or can use jerricans)	4
Basin or bowl of mud (soil mixed with some water to form a thick mud), large enough to be able to dip hands in it.	1
Small bowl of ash (fine powder remaining after wood or coal is burned)	1
Tippy Tap materials (list separately below so have enough per small group). <ul style="list-style-type: none"> • Stick (1 metre length for foot pedal) • Fine tip marker (to mark hole) 	5 of each item (1 set for demo; 4 sets total so that each of the 4 small groups

<ul style="list-style-type: none"> • Nail (about 6 inches [8- 11 cm] in length) • Piece of cloth • Candle • Matchbook (or lighter or any open flame) • 0.5 metre pieces of rope (for the cap) • 1 metre pieces of rope (for the foot pedal) • 3- or 5-litre jerrican container • Piece of soap • Stick or piece of wood the same length as the piece of soap • Stick, screwdriver or other tool that can make a hole through the soap 	who will build a tippy tap can have one set)
Completed Tippy Tap	1
Stick (1 meter in length, for tippy tap handle for demonstration on how to build a tippy tap)	1
Bucket or bowl large enough to catch several litres of water	2
Clean Towel	1
Additional Materials to Have Printed or Photocopied Prior to the Training	
Daily Training Evaluation form (Annex in Modules 4 & 6)	40 (20 for day 1 & 20 for day 2 of training)
Pre/Post-Training Assessment Tool (Module 1, Annex 2)	40 (20 for pre and 20 for post-assessment)
Contamination Cycle Illustrations (Module 2, Annex 1)	1
WASH and HIV Myths and Misconceptions Illustrations and Statements (Module 2, Annex 3)	4
End of Workshop Evaluation (Module 9, Annex 3)	20
Certificates of Completion (Module 9, Annex 4)	20

SESSION PLANS



Module 1, Session 1 Introduction to the Training

Session Learning Objectives

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

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

Time: 60 minutes

Prep Work

Before you teach:

1. Review the Principles of Training and Facilitation guide (see copy in the Annex 1 for this Module). This will give you some important tips and techniques to use during a training session.
2. Bring supplies:
 - Flipchart stand
 - Markers
 - Flipchart paper (or newsprint; 100 sheets)
 - 1 copy of the workshop agenda for each participant (or write the agenda on flipchart paper large enough for everyone to see it and post it at the front of the room)
 - A 'Welcome' sign to post at the door
 - 1 Participant's Guide, Training Handouts, Assessment Tool, and set of Counselling Cards (23 cards in a set) for each participant
 - 1 pencil and pad of paper for each participant
 - Name tents, name tags, or masking tape for participants to write their names and wear (or place in front of them at their table)

3. Prepare a piece of flipchart paper with the following definitions:

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

Trainer Steps: Introduction to the Training

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

1. The group should be welcomed by an official, if possible.
2. Welcome the participants and thank them for coming. Introduce yourself (if co-facilitating, introduce yourselves).
3. Briefly introduce the main aim of the training course, which is to improve the water, sanitation, and hygiene (WASH) actions of home based care (HBC) providers, their clients, and other household members with the goal of reducing diarrhoeal disease and transmission of HIV, thereby improving the quality of life of households.



Trainer Note:

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

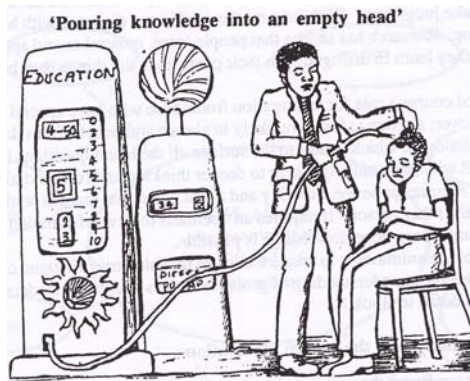
4. Have each participant greet the person sitting next to her/him. Be sure participants ask what name the other person likes to be called, where the person is from, and how long he/she has been working in home based care. Go around the group and ask each person to introduce the person s/he has just met.

B. Introductory Exercise and Discussion (10 Minutes)

Large Group Activity

1. Ensure everyone has a copy of the Participant's Guide. Introduce the guide and explain that it will serve as a technical reference during the WASH training course and will assist HBC providers as they support clients and their household members back in the participants' communities. Ask them to quickly flip through the guide so they can see that the main body of the guide is a practical review of the technical information regarding water, sanitation, and hygiene practices. The annexes include an acronym list and glossary, five general tools, one Assessment Tool, and 23 Counselling Cards. Explain that during the training, everyone will review all of the information and learn how to use all of the tools and cards.
2. Distribute a copy of the Training Handouts to each participant and explain that they will use this document during the training. The trainers (or facilitators) will let them know when they need to look at specific pages.
3. Ask participants to open the **Training Handouts to page 1**, to the **Illustration on a Teaching and Learning Method**, a person being 'filled up with education and knowledge.' Explain that this is often the way training sessions are carried out,

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



4. Explain that just as knowledge cannot be poured into HBC providers' heads, it cannot be poured into the heads of their clients or household members either. The HBC providers will need to develop and use much skill in trying to involve the community in preventing diarrhoea and other infections.
5. Tell participants that this training course will teach providers the essential skills to improve key practices. Explain that the course also will build on what providers already know and teach practical ways to prevent diarrhoea and other diseases related to water and sanitation issues.

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

1. Post the flipchart paper with definitions on the wall where everyone can see it. Explain that you want to make sure that everyone understands key words in the same way for the workshop. Briefly review the definitions:
 - **WASH** – This abbreviation stands for **W**ater, **S**anitation, and **H**ygiene.
 - **WATER** – Refers to water in the household that is used for drinking and cooking. This is often referred to as “Point of Use” (POU).
 - **SANITATION** – Refers to the proper management and disposal of faeces. The management of menstrual blood also is included for purposes of the workshop.
 - **HYGIENE** – This workshop focuses on hand washing. There are many other aspects of hygiene (such as keeping the environment/home clean; personal hygiene, including bathing/teeth brushing etc.), but those will not be covered in this workshop.

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

**Trainer Note:**

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

TRAINING OBJECTIVES

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

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

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

D. Large Group: Participant Expectations (10 Minutes)**Brainstorming**

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

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

1. If appropriate, ask the training participants to choose “class representatives” (or a ‘Cabinet,’ which may include such positions as chairperson, timekeeper, welfare organiser, energiser, chaplain, etc.).
2. Note that for any training to be a success, certain guidelines (or norms) help establish an atmosphere for learning. Ask participants what they would like to establish as norms, and record these on the flipchart.

Trainer Note:

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



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

3. Record and post the norms and ground rules in a visible spot in the room.
4. Ask participants for any comments, questions, and clarifications. Write down any larger questions on the “parking lot” flipchart.

Transition

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



Module 1, Session 2

Water, Sanitation, and Hygiene (WASH) Assessment

Session Learning Objectives

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

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

Time: 30 minutes

Prep Work

Before you teach:

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

Trainer Steps: Assessment Activity

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

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



Trainer Note:

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

2. Distribute to participants a copy of the assessment. Tell the participants that they should NOT write their names on the assessment. Each assessment has a different number and the trainers do not know which number belongs to which person. Ask participants to write down their number in a place where they will not lose it or forget it. They will need the number to get their assessment back and when they complete the assessment again at the end of the training.
3. Ask each person to fill out the assessment by writing responses on his/her paper. Tell participants to leave a question unanswered if they do not know the answer. Provide detailed instructions in case some participants are unfamiliar with answering questions in this format. Give participants 30 minutes to complete the assessment on their own.
4. After 30 minutes, call the time. Collect the completed self assessments. Explain to participants that they will get their responses back after the trainers have a chance to review them. The trainers want to look at the assessments to get an understanding of strengths and gaps so they know what to emphasise during the training. When returning the forms, a trainer will place the reviewed assessments in a pile so the participants can identify their number and collect their own assessments to refer to for future reference. If possible, facilitators should review the assessments during a break.



Trainer Note:

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

key for the assessment.

Transition

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

Annex 1

Principles of Training and Facilitation²

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

1. The importance of review

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

2. The importance of understanding the topic and activities

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

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

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

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

4. The importance of using a variety of activities

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

5. The importance of having fun

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

6. The importance of maximising participation

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

7. The importance of organising the teaching environment

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

8. The importance of understanding your local context

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

9. The importance of taking action

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

10. The importance of monitoring

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

11. The importance of recording and reporting

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

12. The importance of revisiting topics at a later date

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

Annex 2

Pre/Post-Training Assessment Tool

Number: _____

Instructions

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

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

<p>Please read all the questions carefully and answer as best as you can.</p> <p>You have 30 minutes to answer all the questions.</p>	<p>Do not write in this column</p>
<p>1. What water, sanitation, and hygiene (WASH) behaviours should an HBC worker target in home based care? [tick four boxes]</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hand washing <input type="checkbox"/> Hair combing <input type="checkbox"/> Diet <input type="checkbox"/> Drinking safe water <input type="checkbox"/> Proper handling and disposal of faeces <input type="checkbox"/> Car washing <input type="checkbox"/> Menstrual care 	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>2. The goal of WASH care for PLWHA is to: [tick one box]</p> <ul style="list-style-type: none"> <input type="checkbox"/> Prevent malaria, increase bed net use, promote the eradication of mosquito breeding areas. <input type="checkbox"/> Prevent yellow fever. <input type="checkbox"/> Prevent tuberculosis. <input type="checkbox"/> Prevent diarrhoea for family members, improve the PLWHA's quality of life, and prevent HIV transmission (to the caregiver). 	<p><input type="checkbox"/></p>
<p>3. What are the key steps to negotiate an improved behaviour? [tick one box]</p> <ul style="list-style-type: none"> <input type="checkbox"/> Educate and convince <input type="checkbox"/> Scold the household on inadequate behaviours and lecture on proper behaviours <input type="checkbox"/> Tell people what to do <input type="checkbox"/> Assess current practices, congratulate on existing "good" practices, identify needed improvement, review safer behaviour options, and come to an agreement on an improved behaviour 	<p><input type="checkbox"/></p>

<p>9. The main job of the running water when washing hands is to: (tick one box)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Help dissolve the soap <input type="checkbox"/> Make the soap softer <input type="checkbox"/> Remove/wash away the germs from the hands 	<input type="checkbox"/>
<p>10. If soap is not available, what can be used as an alternative cleanser when washing your hands? (tick one box)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Nothing <input type="checkbox"/> Hair tonic <input type="checkbox"/> Ash <input type="checkbox"/> Jik 	<input type="checkbox"/>
<p>11. One reason that safe water, sanitation and hygiene practices are important for people who are living with HIV and/or AIDS (PLWHA) is that: (tick one correct box)</p> <ul style="list-style-type: none"> <input type="checkbox"/> They are more likely to become ill or even die from the complications of diarrhoea. <input type="checkbox"/> They have a strong immune system and are at a low risk for diarrhoeal disease. <input type="checkbox"/> They have to take medications 	<input type="checkbox"/>
<p>12. The following two things can make it easier and safer for a caretaker to dispose of faeces: (tick two boxes)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bedside commode <input type="checkbox"/> A soft cotton bed sheet <input type="checkbox"/> A towel <input type="checkbox"/> Use of plastic pants <input type="checkbox"/> Wearing a soft cloth on hands 	<input type="checkbox"/> <input type="checkbox"/>
<p>13. In a rural area, the safest ways to dispose of cloth or sanitary pads soaked with menstrual blood are: (tick two boxes)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Throwing them in the trash <input type="checkbox"/> Burning them <input type="checkbox"/> Burying them <input type="checkbox"/> Putting them in the latrine 	<input type="checkbox"/> <input type="checkbox"/>
<p>Thank you!</p>	

Answer Key

Pre/Post-Training Assessment Tool

Instructions

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

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

The CORRECT ANSWERS for each question are as follows:

1. What water, sanitation, and hygiene (WASH) behaviours should an HBC worker target in home based care? [4 correct answers]
 - Hand washing
 - Drinking safe water
 - Proper handling and disposal of faeces
 - Menstrual care
2. The goal of WASH care for PLWHA is to: [one correct answer]
 - Prevent diarrhoea for family members, improve the PLWHA's quality of life, and prevent HIV transmission (to the caregiver)
3. What are the key steps to negotiate an improved behaviour? [one correct answer]
 - Assess current practices, congratulate on existing "good" practices, identify needed improvement, review safer behaviour options, and come to an agreement on an improved behaviour.
4. Select **one** phrase that encourages "open-ended questions": [one correct answer]
 - What would make it easier to ...?

5. An HBC worker's main WASH role is: [one correct answer]
- Negotiating improved WASH behaviours, providing WASH care for sick PLWHA, and teaching the caregiver how to provide WASH care for sick PLWHA
6. You can make household water safer for drinking by: [four correct answers]
- Keeping your treated water in a narrow-neck container with a lid
 - Boiling water until large bubbles appear
 - Adding chlorine solution or tablets to your water
 - Transporting your water to the house in a container with a lid
7. Four critical times in which hands should be washed to prevent diarrhoea include: [four correct answers]
- After defecating
 - Before preparing food or cooking
 - Before eating or feeding someone
 - After changing a child's nappie and cleaning a baby's bottom
8. The main job of the **soap** when washing hands with water is to: [one correct answer]
- Loosen the germs from the hands
9. The main job of the **running water** when washing hands is to: [one correct answer]
- Remove/wash away the germs from the hands
10. If soap is not available, what can be used as an alternative cleanser when washing your hands? [one correct answer]
- Ash
11. One reason that safe water, sanitation, and hygiene practices are important for people who are living with HIV and/or AIDS is that: [one correct answer]
- They are more likely to become ill or even die from the complications of diarrhoea.
12. The following two things can make it easier and safer for a caretaker to dispose of faeces: [two correct answers]
- Bedside commode
 - Use of plastic pants

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

SESSION PLANS



Module 4, Session 1: Washing Hands with Soap (or Ash) and Water

Session Learning Objectives

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

1. Describe critical times for hand washing.
2. Demonstrate correct hand washing practice using soap (or ash) and water.

Time: 60 minutes

Prep Work

Before you teach:

1. Assemble all the supplies needed for the hand washing demonstrations:
 - 1 small bar of soap
 - 2 bowls or basins (katasa large enough for hand washing)
 - 1 jerrican (or container) full of water—it is not necessary for the water to be treated
 - 1 basin or bowl of mud (soil mixed with some water to form a thick mud), large enough to be able to dip your hands in it
 - 1 small bowl of ash (the fine powder remaining after wood or coal is burned)
 - 1 clean towel
2. Write the following on a piece of flipchart paper:

Daily Evaluation:

- a. What did you find very useful in today's session?
- b. Is there anything you found to be unclear or difficult to understand?

- c. Any comments/suggestions?
3. For each participant, have one of each of the following three counselling cards: **Critical Times to Wash Hands**, **How to Wash Your Hands**, and **Where to Put a Hand Washing Station**.

Trainer Steps: Hand Washing with Soap (or Ash)

A. Introduction to the Session

Say that during this session, the participants will learn when it is most important to wash their hands, how to properly wash their hands with soap, and what to use if soap is not available.

B. Climate Setter: Passing Germs onto Our Hands

1. Invite a volunteer to the front of the room without explaining what you are going to do. Stand next to the volunteer so that everyone can see you and the volunteer face-to-face. Simulate or pretend that you have a violent coughing fit, covering your mouth with your hand. Immediately after you stop coughing, apologise to the volunteer, and
2. Shake his/her hand (with the same hand you used to cover your mouth).

Trainer Note:



If the trainer has a real cough or is sick, she/he should not participate in this demonstration. Instead, get a second volunteer to stand in for the trainer and tell her/him to do the fake coughing/sneezing and handshaking. The trainer should ensure that someone who is ill does not participate in this activity. The point behind the activity is that germs are not visible to the eye.

3. Immediately after releasing the volunteer's hand, ask the volunteer:
 - How do your hands look?
 - Do your hands look any cleaner or dirtier than when you walked up here?

Trainer Note:



In reality their hands are much dirtier.

4. Ask the other participants:
 - What did you just see?
 - What happened when I shook (*insert name of the volunteer*)'s hand?
 - What does this volunteer have on his/her hands now?

Trainer Note:

Listen carefully to the answers. If participants don't respond, explain that what they saw could put the volunteer's health at risk because of the transfer of germs from the cough (air) to the hand and then to the volunteer's hand.

5. Wash your hands and have the participant wash his/her hands. Set the water/katasa aside to measure the water later.
6. Lead a short discussion with the large group about how our hands are always dirty with germs even if we can't see or smell the germs. Explain that we transmit germs from one person to another with our hands. Hands come in contact with many germs throughout the day, including when cleansing ourselves after we defecate. No matter what material is used to clean after defecating, hands still get dirty from the faeces, even if the dirt (germs) cannot be seen or smelled. For this reason, both hands should always be washed using water and soap or ash after defecation or after going to a latrine (critical times for hand washing will be discussed in detail in the next section).
7. Explain that one very common way infections are transmitted is by hand. Studies conclude that hand washing at critical moments could reduce the risk of diarrhoeal disease by as much as 45 percent³ and also suggest that unclean hands contribute to the spread of respiratory infections.

Trainer Note:

Ensure responses include the following concepts:

- **Contact spreads contamination. When our hands touch ANY contaminated item, surface, or object (including human skin) those hands will be contaminated with germs (bacteria and viruses) from that source.**
- **Germs can be transferred directly from hand to mouth.**
- **Germs clinging to unwashed hands can easily transfer to food and**

³ V. Curtis and S. Cairncross. 2003. Effect of Washing Hands with Soap on Diarrhoea Risk in the Community: A Systematic Review. *Lancet Infectious Diseases* 3: 5 275 – 81.

from food to mouths. Germs also can transfer easily from unwashed hands to other people and surfaces.

- The number of germs on hands soars after defecating.
- Unclean hands can easily spread the germs that cause diarrhoea, especially through clients who have a weakened immune system and can more easily get an infection.

9. Re-emphasise that the most dangerous germs that enter the body are from hands that have not been cleaned after using the latrine. Then, transition to the discussion session on when we wash our hands.

C. Large Group Discussion: Critical Times to Wash Our Hands (15 minutes)

1. Tell participants that “hand washing experts,” usually list four times as “critical times” for washing hands. These times include:

“Critical” Times for Hand Washing (for anyone)	
Before preparing food/cooking	After defecation
Before eating or feeding someone	After changing a nappie/diaper and cleaning a baby’s bottom

- a. Say that these critical times were chosen because they focus on our mouths (putting food in our mouths, putting food in someone else’s mouth, getting food that will be put in our mouths ready) and handling faeces/cleaning our “private parts” (the rectal area and genital area of the perineum). The main reason that the critical times focus on our mouths and handling faeces/cleaning of the “private parts” is because getting the “germs” that are in faeces into our mouths (through our hands, food, water, etc.) is what can cause many illnesses, including diarrhoea. By washing our hands at these critical times, we can prevent getting germs.
- b. Say there are additional times that are “critical” for HBC providers and caregivers to wash their hands because of the special things they do in taking care of a client. For instance, care providers/givers need to wash their hands after cleaning the sick person’s faeces/“private part” area (to get the germs from the faeces off their hands so they do not spread them). Care providers/givers frequently handle medications and need to wash their hands before they touch them (so that they do not get germs onto the medications). Care providers/givers often also clean and dress wounds and need to wash their hands before and after because the pus in wounds can have many germs (such as viruses, including HIV) that can spread illness.

- c. Ask participants to open their **Participant's Guide to page 24, item 7. When You Wash Your Hands**, and have a participant read the "Before" and "After" list out loud.



Trainer Note:

Chart indicates the following critical times.

Critical Times for Hand Washing for HBC Providers and Household Caregivers	
Before preparing food/cooking	After defecation (cleaning your own "private parts" [perineal area])
Before eating or feeding someone	After cleaning a client's "private parts" (e.g., cleansing for urination, defecation, menstruation).
Before taking or giving medication	After changing a nappie/diaper and cleaning a baby's bottom
Before putting on gloves, cleaning wounds, or handling any blood or body fluids	After taking off gloves, plastic sheet/ wrapping when cleaning wounds, or handling any blood or body fluids

- d. **Distribute the Counselling Card** labelled **Critical Times to Wash Hands**, which is printed on **GREEN PAPER** (see copy in Module 4 Annex 1) and point out to participants that a copy of this card can be found on **page 25** of the **Participant's Guide**. Tell participants that the images on this Counselling Card were chosen especially for HBC providers and caregivers in the home since they include situations that are specific to taking care of someone who is ill. The situations on the Counselling Card were selected because research in Uganda⁴ showed that these were important times when care providers and caregivers often are not washing their hands. Point out that most of the images deal with the issue of getting germs into our mouths (through food, when eating/feeding someone/when taking or giving someone medication) and around handling faeces/urine/menstrual blood (after defecating, after a caregiver cleans a client's "private parts," after a client cleans his/her own "private parts," after cleaning a baby's bottom). Two of the images deal with

⁴ Xavier Nsabagasani and Brendon Barnes. 2008. Report on the Implementation of Small Doable Actions to Improve Hygiene Practices in the Care of People Living with HIV/AIDS. Hygiene Improvement Project. Plan Uganda; and, Xavier Nsabagasani and Brendon Barnes. 2008. Identifying Small Doable Actions to Improve Hygiene Practices in the Care of People Living with HIV/AIDS: Focus Group Discussions and In-Depth Interviews. Hygiene Improvement Project. Plan Uganda.

handling blood or other body fluids and cleaning wounds (which could spread germs, including HIV).

- e. Say, "There are many other important times to wash your hands, but we are not going to review them now since we are focusing on the critical times for hand washing for HBC providers in Uganda."
- f. Ask participants, "What do you think most influences people on whether or not to wash their hands at the critical times?"



Trainer Note:

Spend one or two minutes getting responses, including barriers to hands washing.

- g. Remind participants that hand washing should be made as easy as possible by keeping hand washing water and the cleansing agent beside the latrine, in the kitchen or food eating area, and in the area near a bedbound client. Acknowledge that lack of hand washing supplies (water and soap) is a common reason why people do not wash their hands. Now we will review the best technique for washing your hands with soap.



Trainer Note:

Ensure the bowl of mud, towel, hand washing supplies, etc. are ready before starting the next activity.

D. Large Group Activity: Demonstration and Discussion on How to Wash Your Hands with Soap or Ash (20 minutes)

Correct Hand Washing Technique

1. Invite one volunteer to participate in a demonstration (without saying in advance what is going to happen) and have he /she stand at the front so that the entire group can see him/her.
2. Have the volunteer stand next to the basin (bowl) of mud. Be sure that the volunteer is standing so that all attendees can observe his/her actions.
3. Ask the volunteer to:
 - Dip his/her hands in the mud
 - Look at his/her hands

4. Ask him/her to describe the feeling of having dirty hands.
5. Put two basins (large bowls) of water, a jug of water, and a clean towel near the volunteer. Make sure that the volunteer is standing so that everyone can observe his/her actions.
6. Tell the participants to observe closely the volunteer's actions because when he/she is finished, you are going to ask some questions about what he/she did.
7. Invite the volunteer to:
 - Wash his/her hands
 - Look at his/her hands

**Trainer Note:**

Do not volunteer to pour water/assist the volunteer unless the volunteer asks you. Given what you place on the demonstration table, it is possible that the volunteer will re-dip his/her muddy hands back in the water bowl to rinse his/her hands rather than ask someone to help him/her by pouring water with a jug to rinse with running water. It also is likely that the volunteer will reach for the towel to dry his/her hands rather than air-dry them. This observation exercise can be a good teaching opportunity if it is well planned and facilitated.

8. Ask the volunteer to describe the feeling of having his/her hands clean.
9. Ask the participants:
 - Which steps did he/she follow to wash his/her hands?
 - Which steps would they do differently?
 - Which steps were missing?
10. Ask the participants to open the **Participant's Guide** to **page 22, item 5, How to Wash Your Hands with Soap (or Ash)**. Ask a participant to read the text out loud.

Trainer Note:

The five outlined steps in the Participant's Guide include the following:

- **Step One: Wet both of your hands with water. It does not matter if the water you use is in a bowl or whether it is running water. It is important to use running water only when rinsing your hands.**



- **Step Two: Lather with soap.** (Note: if no soap is available, it can be replaced with ash, another cleansing agent).
- **Step Three: Rub your hands together thoroughly.** It is the soap (or ash) combined with the scrubbing action that helps loosen and remove germs. Be sure to clean under your nails.
- **Step Four: Rinse your hands with running water.** Rinse with water poured from a water container such as a jerrican, jug, cup, or tap to sweep away the loosened germs.
- **Step Five: Shake the excess water off your hands and allow them to air-dry.**

11. Distribute the **Counselling Card, labelled, How to Wash Your Hands**, (see copy in Module 4, Annex 1) to participants and give them a chance to look over the card. Explain that they can use this card with their clients and caregivers in the home when they are talking with them about proper hand washing. Compare how the volunteer demonstrated hand washing and discuss any steps that the volunteer did differently from the instructions on the Counselling Card. Also be sure to praise the volunteer on the things he/she performed correctly while washing his/her hands. Ask participants if they have any questions about the correct technique.
12. Discuss the following questions:

- What is the function (“job”) of the soap and rubbing?



Trainer Note:

The soap and rubbing loosen the dirt and germs (bacteria and viruses) that are stuck to the skin.

- What is the difference between rinsing your hands by dipping them in the bowl versus pouring water over your hands?



Trainer Note:

Pouring water is the preferred method because the dirt and germs that have been loosened from the skin by the soap and rubbing are “swept off” the hands by the action of the water flowing over them. You should *not* rinse your hands by dipping them into a bowl of water since the dirt and germs don’t get “swept off.”

- Should you dry your hands on a towel or air-dry them?

**Trainer Note:**

Shaking the hands and air-drying them is the preferred method. The cloth/towel/clothing that are used to dry hands are almost never truly clean (unless they have just been laundered) and by drying on a dirty cloth you can recontaminate your hands. You should *not* dry your hands on your clothes (for example, rubbing them across your thighs or bottom) because you can recontaminate your hands.

13. Explain that allowing your hands to air-dry after they are washed is an important step to hand washing. Bacteria and viruses (like any germ) grow much more rapidly in a wet or damp material (like a damp towel).
14. Ask the groups what essential elements are needed for hand washing (where soap and water are available).

**Trainer Note:**

Should include soap (or ash), a water container (e.g., jerrican, jug, cup) or tap to wet and rinse hands, a basin/bowl/sink for the dirty water to fall into, and water (note: the water does not need to be treated water).

15. Explain to participants that there is no need to use treated (chlorinated or boiled) water for hand washing. Explain that room temperature, untreated water can be effectively used to wash hands as long as there is friction (rubbing) with a cleaning agent (such as soap or ash) and the germs are rinsed from the hands under a stream of water. However, tell participants that in urban areas (such as Kampala) where there are many people living in crowded conditions, it is better if people DO NOT wash their hands with surface water, such as water collected from puddles, ponds, sewer water, etc. This water is considered to have so many germs that it is not best for hand washing.

**Trainer Note:**

In urban settlements with very high population densities and no improved sanitation or drainage infrastructure, surface water (e.g., rivulets, puddles, ponds, gutters, ditches, rivers) should be considered to be grossly contaminated. Any human contact with these waters should be avoided. This includes the use of these waters for hand washing with soap. In these environs, water from shallow wells that access unprotected aquifers should also be considered contaminated, unless proven otherwise by water quality analysis. Water from improved sources such as well-maintained rainwater catchment systems, community

tap-stands, or tanker trucks is generally suitable for hand washing.

Discussion on Using Ash as an Alternative to Soap

16. Ask participants what Ugandans would use to wash their hands if soap is not available. Write down items on flipchart.



Trainer Note:

This could include ash, pawpaw leaves, sand, instant hand sanitiser liquids/gels, or other products. This training is particularly focused on ash as an alternative to soap because the formative review/field work found that ash is a cost-effective abrasive (rough) substance that is widely available in Uganda and already used by some Ugandans,⁵ and ash has been demonstrated to be an effective cleansing agent.

17. Tell participants that although it is best to use soap when washing hands, sometimes they may need to use alternatives to soap when soap is not available.
18. Explain that ash is a cleansing agent and a good substitute for soap. Although it does not clean your hands as well as soap or smell as nice as soap, it does a very good job loosening the germs from the skin. It is a substitute that is widely available in almost every household, and it does not cost anything. Ask participants to open the **Participant's Guide to page 24, item 6, What You Need to Wash Your Hands**, and inform them that this section of the guide includes the information that was just covered on what you need to wash your hands.

⁵ Xavier Nsabagasani and Brendon Barnes. 2008. Testing Small Doable Actions to Improve Hygiene Practices in the Care of People Living With HIV/AIDS. Hygiene Improvement Project. Plan Uganda; and, Xavier Nsabagasani and Brendon Barnes. 2008. Identifying Small Doable Actions to Improve Hygiene Practices In the Care of People Living With HIV/AIDS: Focus Group Discussions and In-Depth Interviews. Hygiene Improvement Project. Plan Uganda.

**Trainer Note:**

The components of ash are very coarse (or abrasive). A coarse, abrasive substance such as ash is a material that can wear down, polish, or rub away something once it is combined with friction or rubbing. Using ash has been shown to remove dirt and germs from hands and cut down on contamination of the hands. Ash is found after a fire (e.g., wood or coal) has burnt out. The best ash to use for hand washing is like a fine powder and does not have large chunks of wood or coal debris remaining in the substance.

E. Correct Hand Washing Technique Using Ash**Small Group Practice**

1. Ensure that the following supplies are on the table at the front of the room: a bowl of ash, a water container (e.g., jerrican, jug, cup) or water tap to wet and rinse hands, and a bowl large enough to catch the water.
2. Ask for one volunteer to come to the front of the room to practise washing his/her hands with ash. Tell him/her that the exercise involves washing his/her hands as discussed in this session but he/she will replace the soap with ash. The individuals that are observing the hand washing should critique/review the technique according to the steps on their Counselling Card.

**Trainer Note:**

The participant should wash his/her hands just as he/she does with soap, but replacing the soap with ash. He/she should have enough ash on his/her hands to coat them/clean them, just as with soap.

3. Ask the volunteer:
 - What did it feel like to wash your hands with ash?
 - Do your hands feel cleaner, dirtier, or the same?
 - How do your hands feel?
4. Invite the remaining participants to try washing their hands with ash during one of the tea breaks and leave the supplies out on a table where they can easily use them.

5. Ask if there are any questions about using ash to wash your hands and respond accordingly.

Transition to the next session when participants will discuss hand washing stations.

F. Where to Keep Hand Washing Supplies

Large Group Activity

1. Explain that a hand washing station is a place that has all the supplies for hand washing in ONE place, including water, soap (or ash), a container (or water tap) that allows you to pour water over your hands when rinsing, and (if necessary) a container to catch dirty water. Tell participants that having a hand washing station increases the chance that people will actually wash their hands. It is especially important to set up a hand washing station by your latrine and/or near where food is prepared and eaten.
2. Facilitate a BRIEF discussion with participants about hand washing stations. Suggested questions include:
 - “Where do you and/or your clients usually keep the water, soap (or ash), and container(s) for hand washing in the household?” “And why did you place it in that location?”



Trainer Note:

Hand washing stations are best placed near where the “critical times” for hand washing should occur, such as near the latrine, next to the bed if the client is bedbound, or outside the kitchen or food eating area. The lack of a convenient hand washing facility, water, and soap are common reasons why people do not wash their hands.

- “Where would you place a hand washing station for a bedbound client who needed to wash his/her hands?”



Trainer Note:

Participant response should include placing a hand washing station within reaching distance of the bedbound client.

- “What would you include in a hand washing station for a bedbound client?”

**Trainer Note:**

Participant response should include placing a container of water that is easy to pour for a bedbound client, a bar of soap or bowl of ash, and a basin to catch the water.

3. Ask participants to open the **Participant's Guide** to **page 26, item 9, Hand Washing Station**, and inform them that this part of the guide includes the information on what items a hand washing station should have and where it should be located. Distribute the **Counselling Card** labelled, **Where to Put a Hand Washing Station**, (see copy in Module 4, Annex 1) and ask a participant to read the card. Tell the participants that they should use this card with their clients/caregivers in the home when discussing hand washing stations.

G. Review the Main Points of the Session

Washing Hands with Soap (or Ash) and Water

Review Summary Points

- Sometimes hands don’t appear dirty but can still spread germs. Our hands are always dirty, so we want to keep them as clean as possible.
- There are many times when we should wash our hands. However, as providers of care, we must ensure that we are always washing our hands during the following critical times:

Critical Times for Hand Washing for HBC Providers and Household Caregivers	
Before preparing food/cooking	After defecation (cleaning your own “private parts” [perineal area])
Before eating or feeding someone	After cleaning a client’s “private parts” (e.g., cleansing for urination, defecation, menstruation)
Before taking or giving medication	After changing a nappie/diaper and cleaning a baby’s bottom
Before putting on gloves, cleaning wounds, or handling any blood or body fluids	After taking off gloves, plastic sheet/ wrapping used when cleaning wounds or handling any blood or body fluids

- Rubbing hands with soap and water loosens the germs from the skin.
- While using soap is a preferred method of washing hands, rubbing hands with ash (and water) also loosens germs from the skin.
- Rinsing the hands then removes the germs from the hands.
- How hands are dried is very important. Air drying is best as towels or clothing can easily recontaminate hands.
- The steps in correct hand washing technique are (1) wet your hands with water, (2) lather with soap (or ash), (3) rub your hands together thoroughly, cleaning under your nails, (4) rinse your hands with running water, and (5) shake the excess water off your hands and allow them to air dry.

H. Daily Evaluation

Hang the piece of flipchart paper with the daily evaluation questions where all the participants can see it. Ask the participants to write the answers to the questions on a sheet of paper (without their names). After the participants complete and turn in their daily evaluations, thank them for their participation and remind them what time Day 2 will begin.

Trainer Note:

The questions for the daily evaluation should be:

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





Module 4, Session 2: Minimising Amount of Water Used for Hand Washing

Session Learning Objectives

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

1. Describe the content and importance of hand washing stations.
2. Demonstrate how to make a tippy tap (hand washing device).
3. Describe how a tippy tap conserves water in situations where not much water is available.

Time: 1 hour, 25 minutes

Prep Work

Before You Teach:

1. Assemble all the supplies needed for the tippy tap exercises:
 - 5 nails of about 6 inches length (one for demonstrating building tippy tap, four for participants to use in small groups when building the tippy tap)
 - 5 pieces of cloth (one for demonstrating building tippy tap, four for participants to use in small groups when building the tippy tap)
 - 5 candles or lighters (1 for demonstrating building tippy tap, 4 for participants to use in small groups when building the tippy tap)
 - 5 pieces of rope 0.5 metres long and five pieces 1 metre long (1 for demonstrating building tippy tap, 4 for participants to use in small groups when building the tippy tap)
 - 5 three- or five-litre jerrican containers (one for demonstrating building tippy tap, four for participants to use in small groups when building the tippy tap)
 - 5 pieces of soap (one for demonstrating building tippy tap, four for participants to use in small groups when building the tippy tap)
 - 5 sticks or pieces of wood the same length as the piece of soap

- 5 screwdrivers, knives, pieces of wood, or other tool that can make a hole through the soap
 - 5 matchbooks (for lighting candles)
 - 5 sticks about 1 metre long for foot pedal (1 for demonstrating, 4 for participants to use in small groups when building tippy taps)
 - 1 stick about 1 metre long for tippy tap handle (on tippy tap that is being built during demonstration)
 - 1 already-completed tippy tap
 - 1 water container (e.g. jerrican, jug) filled with water
 - 2 buckets/bowls large enough to catch or hold several litres of water
 - 1 Tumpeco cup
 - 1 marker (to mark hole for tippy tap)
2. Prepare a heading on a piece of flipchart paper that says “tippy tap.” List the following statements under this heading:
 - Allows a family to do hand washing with less water
 - Reduces contamination because it only requires user to touch the soap (or ash container) during hand washing
 - Is low-cost and easy to build out of locally available materials
 - Provides a place to store the soap (or ash) so it is easily available during hand washing
 3. Copy the “Water Calculation Table” (see item “C 3” below) on flipchart paper writing largely enough so that everyone will be able to see it.
 4. For each participant, have one of each of the following two Counselling Cards: **How to Build a Tippy Tap for Hand Washing** and **Different Kinds of Tippy Taps**.

Trainer Steps: Minimising Amount of Water Used for Hand Washing

A. Introduction to the Session

Explain that in this next session participants will learn more about overcoming barriers to frequent hand washing. Hand washing should be made as easy as possible by keeping hand washing water and the cleansing agent beside the latrine, outside the kitchen or food eating area, and next to a bedbound client's bed. The lack of water and soap are common reasons why people do not wash their hands, and having a hand washing station can address that issue. Another reason why people do not wash their hands is that it can use up a fair amount of water and this can be difficult for households that have limited access to water or have to pay for water. Let's start by talking about how much water is needed to wash your hands.

B. Climate Setter

1. Ask the participants to guess how much water it takes to effectively wash hands that:
 - Are really dirty from working in the fields
 - Look clean but just changed the baby's dirty diaper
2. Record participant answers on the flipchart.

C. Amount of Water Used in Hand Washing

Large Group Demonstration



Trainer Note:

Have hand washing supplies ready on a table for the demonstration and measurement: bar of soap, a water container (e.g. jerrican, jug) filled with water, and a bucket/bowl large enough to catch several litres of water. Also have available a Tumpeco cup, which holds ½ litre or 500 ml, with which to measure the wastewater.

1. Ask for one volunteer to come in front of the training room to demonstrate correct hand washing for all the participants. Ensure someone assists him/her so he/she has flowing water to rinse his/her hands. Ask the observers **to pull out the Counselling Card on How to Wash Your Hands**, and have them coach the

hand washing volunteer on correct technique as described in the Counselling Card. Ensure that all the wastewater is caught in the bucket/bowl.



Trainer Note:

Encourage the group to focus on correct technique, not on the amount of water. You do not want to try to save water in this demonstration. Pour water over the volunteer's hands, and use as much as reasonably possible. This contrasts later with the savings using the tippy tap in the next exercise.

2. Take the wastewater from the bucket and pour it from the bucket into the empty Tumpeco cup. Measure/estimate how much water was used. State, "We just used 'X' amount of water for ONE correct hand washing" (replace the 'X' with the amount that was measured). Write this amount on flipchart paper with the heading "WATER ESTIMATE" and post it on the wall. Explain that you are going to use this measurement in the next exercise.



Trainer Note:

Place the flipchart with the measured amount in a location where it can be easily seen by all participants. Toward the end of this module, you will write next to this amount the amount of water used by washing hands with a tippy tap.

3. Next, ask participants to open the **Training Handouts** to **page 12, HAND WASHING: Module 4, Session 2: Household Water Calculation Table**. Post the flipchart paper with the "Water Calculation Table" (that you prepared before the training) on the wall where everyone can see it. Explain that you will look at how many times a day a family needs to wash their hands and how much water that household would need. Say, "Let's think about a family of six, and let's figure roughly how many times a day this means they will wash their hands. Let's assume that this family of six has an infant, one toddler less than 2 years of age, two older children, one man who takes medication three times per day and is so ill he is bedbound, and one woman who currently has her menstrual period."



Trainer Note:

See completed table below.

Water Calculation Table**Example for family of six s**

(including one infant, one toddler, two older children, one man who takes medication three times per day and is bedbound, and one woman who currently has her period)

EXAMPLE	Column "A" Number of times a day/ each person	Column "B" Number of family members doing this	Total number of times a day (Multiply Column "A" with Column "B")
After defecation	2	3 (woman, 2 older children; the 2 babies don't wash THEIR hands)	6
After cleaning a client's "private parts" area	4 (1 for defecation, 3 for urination)	1 (ill bedbound man)	4
After changing a nappie/diaper and cleaning a baby's bottom	6	2	12
After changing material used to absorb menstrual blood	4 (menstrual period)	1	4
Before preparing food/cooking	3	2 (mother and daughter)	6
Before taking/giving medication	3	1 (father)	3
Before eating	3	4	12
Before feeding	3	1 (toddler that is eating solids)	3
Before breastfeeding	5	1 (baby that is still breast feeding)	5
TOTAL			55 TIMES A DAY

**Trainer Note:**

Upon completion of this exercise, most groups estimate a range of 40-80 washes are needed per day in the household. The example is just to make a point, so do not be concerned with the precise number.

4. Explain that now you have an estimate that this family of six needs to be washing their hands 'X' many times per day (replace the 'X' with the number estimated with the participants).

**Trainer Note:**

In the example table above, this would mean the family needs to wash their hands 55 times per day.

5. Tell participants that you will now multiply this number of washes a family must do per day (e.g., 55 hand washings per day in the example above) by the amount of water it takes to wash your hands. The amount of water it takes to wash your hands was measured at the beginning of this exercise in the Tumpeco cup. Locate this number again and multiply it by the number of hand washings per day.

**Trainer Note:**

For example, 55 hand washings are needed in the household per day x 1 litre needed per complete hand washing = 55 litres of water needed for the household to wash their hands each day.

6. Acknowledge to participants that it takes a lot of water for a family of six to wash their hands! Ask participants, "How many 20 litre jerricans does about 'X' litres of water represent?"

**Trainer Note:**

Again, as you are teaching, replace the 'X' with the number estimated with the participants. Get ideas from participants on how many jerricans of water this would translate to. For example, 55 litres of water would fill almost *THREE*, 20-litre jerricans full of water to meet the hand washing needs of our example household of six.

7. Ask participants to think about the average water storage containers in Uganda and to think about how many extra trips to the water source (e.g., well, tap, bore

hole, etc.) would be required each day to follow the ideal recommendation of hand washing at the eight critical times for caregivers in the home. Ask, "If a child is carrying the water in the jerrican to the household each day, how many more trips would he/she need to make to accommodate this extra water that was needed?" "What does this mean for this child's life?" (For instance, could it keep a young girl from going to school?)



Trainer Note:

A child typically can carry only one or two jerricans at a time so this added water requirement may add two or three more trips for the child to the water source each day.

8. Explain that in the next session, you are going to look at a way to use less water for hand washing by building and using a device that helps conserve water, called a tippy tap. A tippy tap is one way that families can wash their hands well without using a lot of water.

D. The Importance of Hand Washing Stations and How to Build a Tippy Tap Device with Local Materials (15 minutes)

Large Group Discussion and Demonstration

1. Explain that as demonstrated in the previous exercise, washing hands requires water, and water is often not widely available in Ugandan households. The National Hand Washing Campaign of Uganda recommends the tippy tap as a water-saving technology for hand washing.
 - "What have been some of your experiences or your client's experiences with a tippy tap?"
2. Explain to participants you will now demonstrate how to use a tippy tap to wash your hands. Ask for two volunteers to help you hold the tippy tap, one to hold the bowl/bucket to catch the wastewater, and one to wash his/her hands using the tippy tap.
3. Ask the volunteer participants to come up in front of the room. Have two volunteers hold each side of the tippy tap. Have another volunteer hold the bowl/bucket to catch the waste water.
4. Explain to the fourth volunteer how to use the tippy tap (if he/she has never used one before) and ask him/her to demonstrate how to use the tippy tap to wash his/her hands. Ensure that all the wastewater is caught in the bucket.
5. Ask the volunteer holding the bowl/bucket to pour the wastewater from the bowl/bucket into the Tumpeco cups (1/2 litre each).

6. Estimate how much water was used during the hand washing with the tippy tap by looking at how much water was collected in each Tumpeco cup (which holds ½ litre or 500ml). Write this amount on the “WATER ESTIMATE” flipchart paper (where you earlier recorded the amount that was measured in this session when a volunteer washed his/her hands without using a tippy tap).
7. Ask participants to look at the different amounts of water used and to take two minutes to discuss how many jerricans of water would be needed by the family of six from our earlier example if they were using a tippy tap to wash their hands. Ask participants to share what they learned from the exercise.



Trainer Note:

It should be clear that the tippy tap conserves more water when hand washing.

8. Ask participants, “How can the amount of water used in the household affect whether someone will or will not wash their hands at these eight critical times?” Spend two minutes gathering responses.
9. Spend another two minutes and facilitate discussion with the participants about some of the messages they might deliver to a family when the family says they don't have enough water to wash hands. Record the key messages on the flipchart. Make sure you get their ideas in their own words.
10. Review key points from this activity, including the importance of finding a way to use less water for hand washing, especially in places where there is not water nearby or available during those critical times.
11. Post the piece of prewritten flipchart paper on the wall that reads “tippy tap” with the four sub-bullets (see Prep Work at the beginning of the session). Read these four key points and tell participants they will have an opportunity to build a tippy tap and practise using a tippy tap in today's session.



Trainer Note:

The flipchart paper should include the following points:

A tippy tap:

- **Allows a family to do hand washing with less water;**
- **Reduces contamination as they only require one to touch the soap (or ash container) during hand washing;**
- **Is low-cost and easy to build out of locally available materials;**
- **Provides a place to store the soap (or ash) so it is readily available during hand washing.**

E. How to Build a Tippy Tap (10 minutes)

Large Group Activity

1. Explain that the tippy tap that will be demonstrated is like the one being promoted by Uganda's national hand washing campaign.
2. Ask participants to gather around where the demonstration is going to take place.
3. Ask participants to open the **Participant's Guide to page 28, item 10, Tippy Taps for Hand Washing**, and point out to participants that everything we are about to cover is included in this section of their guide. Distribute the **How to Build a Tippy Tap for Hand Washing Counselling Card** (see copy in Module 4 Annex 1) and instruct the participants to follow along as you build the tippy tap.

Trainer Note:

Steps from the Participant's Guide are listed below:



- **Step One: Marking the hole:** Select a clean, empty 3-litre or 5-litre plastic container for your tippy tap. Mark the location for the hole on the container, about 12 cm below the cap. If using a 3-litre jerrican, make the mark below the container's handle.
- **Step Two: Heating the nail.** Hold the nail with a pair of pliers or a cloth, and heat the nail with any flame, such as from a fire, a candle, or a lighter.
- **Step Three: Making the holes.** With the hot nail, make the hole in the container, and a second hole in the cap.
- **Step Four: Inserting the rope.** Put the longer piece of rope (1 metre) through the hole in the cap. Start by putting the end of the rope through the outside surface of the cap so that the loose end of the rope ends up on the inside of the cap.
- **Step Five: Knotting the rope.** Make a knot in the rope that rests on the inside surface of the cap. Make sure the knot is big enough that the knot cannot be pulled back through the cap. Screw the cap back on the container. The knot should now be inside the container with the remaining long, loose end of the rope hanging outside the container.
- **Step Six: Attaching the stick (foot pedal).** Tie the end of the rope to a 1 metre stick. The stick is now connected to the container with the rope. This is the foot pedal of the tippy tap.

Note – You can adjust the length of the rope, if needed, during Step Eleven.

- **Step Seven: Making the hole through the soap.** Using a tool (e.g., screwdriver, thick stick), make a hole through the soap by slowly rotating and pushing the tool through the soap.
- **Step Eight: Inserting the rope.** Put the shorter, second piece of rope (.5 metre) through the hole in the soap and tie to a short stick or piece of wood.
- **Step Nine: Filling the container.** Fill the container with water, up to the level of the hole.
- **Step Ten: Putting the poles in the ground.** Decide the best place to put your tippy tap. It should be where frequent hand washing should take place, such as near a latrine or kitchen. Using a tool to dig holes (e.g., shovel, spade), make two holes in the ground to a depth of 50 cm. Place the poles about 70 cm apart. Put the poles in the holes and pack the soil around them.
- **Step Eleven: Hanging the jerrican, the foot pedal stick, and the soap rope**
 - Put the stick through the handle of the jerrican, and put the stick between the two poles. The jerrican should now be hanging from the stick.
 - Tie the rope with the soap near the jerrican so it is hanging from the stick. (If no soap is available, a container to hold ash can be used instead.)
 - Make sure the rope for your foot pedal is adjusted so that one end of the stick/foot pedal hangs about 15cm above the ground and the other end of the stick rests on the ground.

4. Ask participants to look at Step 12 on the tippy tap Counselling Card to see the illustration with a soak pit. This keeps the tippy tap from becoming a mud hole and a mosquito breeding place.
5. Emphasise to participants that for placement, the tippy tap can be hung between two poles or placed on a shelf or on poles/sticks in the ground (put the stick through the handle of the container and put the stick between the poles/sticks). The soap can then be added by tying the rope with the soap to the stick or pole.
6. Remind participants that tippy taps are most appropriately used by clients or household members who are mobile and who can easily operate the tippy tap. However, hand washing stations can be placed near the bedside of bedbound clients who need to wash their hands. Read through the instructions as the participants follow along with the pictures.
 - Ask participants to look at their tippy tap Counselling Card again to review instructions on “How to Wash Your Hands with a Tippy Tap.”
 - Ask participants if they have any questions or clarifications on the demonstration. Respond appropriately.

Trainer Note:**Instructions on How to Wash Your Hands with a Tippy Tap**

- **Step One:** Put your foot on the pedal/lever to start the flow of water.
- **Step Two:** Release the pedal to stop the flow of water. Wet your hands with water.
- **Step Three:** Lather with soap (or ash).
- **Step Four:** Rub your hands together.
- **Step Five:** Scrub the back and front of your hands up to your wrists.
- **Step Six:** When you are ready to rinse, step on the pedal/lever again to rinse your hands well with running water.
- **Step Seven:** Shake your hands and allow them to air-dry.

- Ask participants to look at their **How to Build a Tippy Tap for Hand Washing Counselling Card** again to review instructions on “How to Maintain a Tippy Tap.”
- Ask participants if they have any questions and respond appropriately.

Trainer Note:**Instructions on how to maintain a tippy tap:**

- **Keep tippy tap full of water by refilling so it is always ready for use.**
- **Wash inside and outside of tippy tap weekly or sooner if it looks dirty.**
- **Replace soap (or ash) when used up.**
- **Replace wooden sticks over time to prevent collapse.**

F. Building and Using a Tippy Tap (30 minutes)**Small Group Practice**

1. Break the participants up into four groups for a small group practice, building one tippy tap per group. Each group will need the following:

- A stick of 1 metre length.
- A nail of 6 inches (8 to 11 cm) in length
- A piece of cloth or pair of pliers
- A lighter or matches
- Two pieces of rope (0.5 metre and 1 metre)
- A 3- or 5-litre jerrican container
- A piece of soap
- A stick or piece of wood the same length as the piece of soap
- A screwdriver, knife, or other tool that can make a hole through the soap

Small Group Practice on How to Build a Tippy Tap

2. Tell the participants they have 25 minutes to build a tippy tap. Walk from table to table to make sure they are doing the tippy tap correctly. Ensure that each participant is given a task in building the tippy tap (e.g., have one participant make the hole in the jerrican while another is preparing the ropes). A group member should be looking at and reading the steps and illustrations listed in their counselling card to make sure it is being done correctly.
3. Make sure to ask the participants if they understand the directions and explain any part they do not understand.
4. Once they have completed their tippy taps, have them return to their seats.
5. Tell participants that although we demonstrated one tippy tap model with a jerrican, they can also build other types of tippy taps by using materials available in the community. Distribute to participants the **Counselling Card** labelled, **Different Kinds of Tippy Taps** (see copy in Module 4 Annex 1; point out that there is a copy of this card in the **Participant's Guide, page 33**), which shows a collection of pictures on types of tippy taps using alternate materials or tippy taps without pedals/sticks. Review the Counselling Card with the participants and tell the participants that this gives them various types of tippy taps that they can propose to their clients if they cannot make one with a jerrican
6. Inform participants that it is up to the HBC provider to work with the client and household members to figure out where is the best place to put the household's tippy tap(s). Tell the participants that to prevent having the tippy tap stolen, some solutions may include keeping the tippy tap inside (near the door) or taking the tippy tap inside at night.
7. Ask participants for any questions they may have and respond accordingly. Invite participants to share ideas and suggestions from their personal experience or from their experience with clients about how clients and family members might be encouraged to build tippy taps in their own households.

G. Review the Main Points of the Session (5 minutes)

Hand Washing with Limited Water Resources

Review Summary Points

- Point out to the participants that all the Counselling Cards about hand washing are printed on green paper.
- Hand washing should be made as easy as possible by keeping hand washing water and the cleansing agent beside the locations where “the critical times” for hand washing most likely occur (e.g., outside the latrine, kitchen or food eating areas).
- HBC providers can help bedbound clients wash their hands by helping them place/maintain a hand washing station within reach of the client at the bedside.
- Tippy tap devices save water. It takes less water for families to wash their hands at critical times.
- Tippy taps are low-cost and easy to build out of locally available materials.
- A tippy tap also provides a place to put soap (or ash) so it is accessible during hand washing.