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PROJECT

WASH & HIV/AIDS INTEGRATION: TRAINING AND SUPPORT MENSTRUAL BLOOD MANAGEMENT

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

When this training is implemented, it will likely be necessary to also include modules on general introductory WASH material, the role of the HBC worker, etc... Such sessions, along with the entire training package from Uganda (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.

TRAINER'S MANUAL: MENSTRUAL BLOOD MANAGEMENT

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



Weak, But Mobile Client



Bed-Bound Client



Hand Washing



Faeces Management



Water Treatment



Menstrual Period Management

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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:

PINK PAPER (MENSTRUAL PERIOD CARDS)

1. Menstrual Period Management
2. Making Sanitary Pads from Banana Fibers
3. Disposal or Cleaning of Menstrual Blood Soaked Material

YELLOW PAPER (FAECES & UNIVERSAL PRECAUTIONS CARDS)

4. Faeces Disposal
5. Faeces Management
6. How to Stop Spreading Germs
7. Making a Commode (Potty Chair)
8. How to Use a Bed Pan
9. Plastic Pants

10. Turning Bed-Bound Client, Changing Bed Linens
11. Cleaning Female Client
12. Cleaning Male Client

Training Materials

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

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

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

SESSION PLANS



Module 1, Session 1 Introduction to the Training

Session Learning Objectives

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

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

Time: 60 minutes

Prep Work

Before you teach:

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

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

- **WASH** – This abbreviation stands for **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.

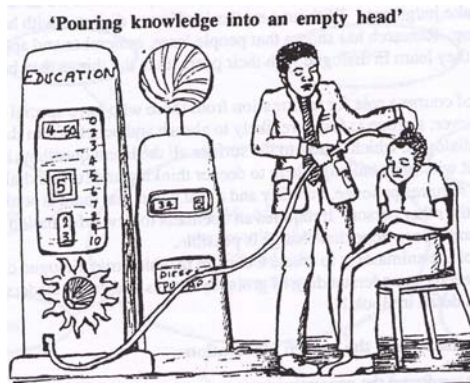
4. Have each participant greet the person sitting next to her/him. Be sure participants ask what name the other person likes to be called, where the person is from, and how long he/she has been working in home based care. Go around the group and ask each person to introduce the person s/he has just met.

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

<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 7, Session 1: Safe Handling and Disposal of Menstrual Blood

Session Learning Objectives

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

1. Describe additional care needs when female clients have a menstrual period, especially those who are bedbound.
2. Identify ways that HBC providers and household members can protect themselves from spreading HIV when handling menstrual blood.
3. Identify the supplies available in Uganda that are useful in handling menstrual blood.
4. Identify how to safely dispose of materials soiled with menstrual blood that will not be re-used and identify how to properly clean cloth soiled with menstrual blood so that the cloth can be safely re-used.

Time: 1 hour

Prep Work

Before you teach:

1. Ensure that the flipchart paper with the Universal Precautions statement from the previous session is posted in the training room.
2. Assemble the following supplies: one sample sanitary pad/towel and one rag/towel/cloth which can be used to soak up menstrual blood.
3. For each participant, have one of each of the following three **Counselling Cards: Menstrual Period Management, Disposal or Cleaning of Menstrual Blood Soaked Material, and Making Sanitary Pads from Banana Fibres.**
4. Have one copy of the **Counselling Card** labelled **Cleaning Female Client.**

Trainer Steps: Safe Handling and Disposal of Menstrual Blood

A. Introduction

Explain that this session will cover the importance of caring for clients who have their menstrual period.

B. Climate Setter: (15 minutes)

1. Ask participants about any challenges they have faced while handling or managing menstrual blood, in their own household, with a client, or with their household caregiver. Specific questions you can ask include:
 - Have any of you had to deal with a client who had a menstrual period? How did you deal with it?
 - What challenges have you as an **HBC provider** faced while handling menstrual blood with a client who was very sick, frail, or bedbound?
 - How is it different for a **family member** who has to handle the menstrual blood of a woman in the household who is sick, frail, or bedbound?
 - How can you bring up the subject of menstrual blood management with a client or caregiver?



Trainer Note:

If not already mentioned by participants, be sure to include the following challenges HBC providers and household members may face in the handling and disposal of menstrual blood:

- **Privacy – No latrine or no privacy around the latrine.**
- **Getting a frail woman out of bed and to a latrine.**
- **Cleaning a woman in bed while she has her menstrual period.**
- **Having no available personal hygiene supplies to soak up the menstrual blood, especially sanitary pads, clean cloth, and banana fibres.**
- **Having no available gloves to protect the hands of caregivers or providers when they handle menstrual blood.**
- **Helping a woman who is too weak to get out of bed to change the sanitary pad, cloth, rag, or banana leaves, used to soak up the menstrual blood.**
- **Having no place to dispose of soiled cloth, rags, sanitary napkins, or banana fibres (e.g. in settings where clients have no latrine).**

- Having no soap and water to clean a woman who is menstruating (in bed or not).
- Having no clean or alternate linens, bedding.
- Having a female client who is menstruating and who is uncomfortable with anyone else helping her during her menstrual period or handling her menstrual blood.
- Having a caregiver who is unable to disinfect bloody cloth, clothing, or linens.

2. Explain that field research in Uganda has shown that clients, caregivers, and HBC providers need more support so they can know how to safely handle and dispose of menstrual blood³. Supplies needed to safely handle the blood often are unavailable. Many people do not realise that female clients who are ill can still have menstrual periods, although many who are severely ill do stop menstruating. Most women do not like to talk about their menstrual periods and are unclear that HIV (and other illnesses/infections) can be transmitted by unsafe exposure to menstrual blood. Female clients who may be very sick and/or bedbound require sensitive and practical care during their menstrual periods from household caregivers and HBC providers. It is essential to provide care in a way that helps the female client maintain her dignity so she can feel confident and in-control of managing her menstrual period.

C. Discussion and Demonstration of Materials Which Can Be Used for Menstrual Periods — Sanitary Pads, Cloth, and Banana Fibres (10 minutes)

1. Ask participants, “What products or materials do women use to help soak up menstrual blood and keep female clients clean?” Record responses on the flipchart.
2. Ask participants to turn to the **Participant’s Guide, page 112, Unit 6, Menstrual Period Management**, and inform them that everything that you are about to cover will be included in this section of the guide. Encourage them to review this later, then ask them to turn to **page 114, item 39, What Materials Can Girls and Women Use to Manage Their Menstrual Period?**. Ask a volunteer to read this section while you pass around materials that can be used for soaking up menstrual blood, allowing participants to see and handle the samples.

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

Trainer Note:



Materials to soak up menstrual blood include:

- **Sanitary pad (preferred) – These are bought at a store or market, used once, and thrown away;**
- **Rags, towels or cloth – These can be made from old clothes or material and can be washed and re-used;**
- **Banana fibre pads – These can be bought in the market or made at home.**

3. Distribute the **Counselling Card on Menstrual Period Management** (see copy Module 7 Annex 1) to the participants and point out that the image on the top, left side shows three materials that are used for soaking up menstrual blood. Explain that they can use this card when talking with clients/caregivers about menstrual period management.
4. Tell participants that formative research has found that some women in Uganda use banana fibre pads to soak up their menstrual blood. Distribute the **Counselling Card on Making Sanitary Pads from Banana Fibres** (see copy in Module 7 Annex 1). Tell participants they can read this card later (do not take the time to go through it now).
5. Clarify any questions participants may have.

D. Keeping Clean: Discussion on Menstrual Care of the Bedbound Female Client (30 minutes)

Part 1: Cleaning the Client

1. Explain that assisting female clients with their personal hygiene, ensuring they are clean, and safely handling their menstrual blood is very important for their health and wellbeing. The HBC provider should always encourage the client to do as much of her own care as possible to build and maintain her dignity and self-respect.
2. Cleaning the woman's "private parts" (the genitalia and rectum), is a sensitive issue and should be kept as simple as possible. The provider should do only what is necessary in this area, allowing the client to do as much as she can for herself.
3. Remind participants that in the previous session on faeces care, they learned how to clean the "private parts" area of a female client. Show participants a copy of the **Counselling Card** with the label, **Cleaning Female Client**. Point out that you would follow the same process when cleaning blood from the "private parts" area of a woman.

4. Ask participants if they have any questions about caring for the “private parts” (perineal area) of a female client who is having her menstrual period.



Trainer Note:

For additional information, refer participants to **Module 6 on Safe Handling of Faeces, Blood, and Other Body Fluids, or to the Participant’s Guide, page 94, item 32A, Private Parts (Perineal) Care of Females**.

5. Explain to participants that menstrual blood of HIV-positive female clients can contain the HIV virus. However, there is an extremely low risk of getting HIV through caregiving activities if one follows universal precautions (such as using gloves or Jik to clean blood spills). Remind participants that maintaining universal precautions is an important role of HBC providers. Explain that it is important that HBC providers take universal precautions with ALL clients, whether they are HIV-positive or not. Universal precautions are meant not only to protect HBC providers and family members, but also the clients from unnecessary infection.



Trainer Note:

Ensure the **Universal Precautions flipchart** is posted on the wall to further emphasise the message on **Universal Precautions**. Refer to **Module 2** for other questions on how to transmit HIV through caregiving activities. For more information on universal precautions, refer to **Module 6 and the Participant’s Guide, page 54, item 19, Universal Precautions (Blood and Body Fluid Contact)**.

6. Have participants look again at the **Counselling Card on Menstrual Period Management**. Review the rest of the card with participants and be sure to explain that:
 - If the client cleans herself or if her hands come in contact with blood or other body fluids, she should wash her hands. The caregiver should place water, soap (or ash), and a basin/large bowl within the client’s reach. The client should wash her hands with soap (or ash) as outlined in Module 4 of the training manual or in the Participant’s Guide, page 22.
 - It is important that clients and household members dispose of used cloth or rags, otherwise they will leave a bad odour, attract flies and other insects, and potentially spread diseases in the home.
 - The caregiver should always cover his/her hands with gloves/plastic material before touching anything soiled with menstrual blood. The caregiver also should wash his/her hands immediately afterward.

Part 2: Disposal or Cleaning of Menstrual Blood-Soaked Material

7. Remind participants that it is important to ensure that the bedding, linens, cloth, mattress, and other materials used by bedbound clients are kept clean and free of menstrual blood. Distribute to participants the **Counselling Card on Disposal or Cleaning of Menstrual Blood-Soaked Material** (see copy in Module 7 Annex 1), and ask them to turn to the **Participant's Guide, page 118, item 40, How to Dispose of Rags, Linens, Clothes, Banana Fibres, or Cloth Soiled with Menstrual Blood.**
8. Explain that soiled/used disposable sanitary napkins and banana fibres that are soaked with menstrual blood cannot be re-used, nor can they be thrown or discarded just anywhere. It is important that ANY soiled materials be handled with gloves plastic material and be disposed in the right location. Ask a participant to read the item on how to dispose of blood-soiled items in an urban area (Participant's Guide, page 116) and in a rural area (page 117). Explain that putting blood-soaked items in the latrine in urban areas is not an option in Uganda because many urban latrines are periodically cleaned by trucks that "suck" the solids out and rags/cloth/banana fibres/etc. can clog the trucks. Point out that the first line in the **Disposal or Cleaning of Menstrual Blood Soaked Materials Counselling Card** summarises the information on how to get rid of blood-soaked items that will not be re-used.

Trainer Note:



Key steps include:

- **For disposal of rags/linens, cloth, or banana fibre soiled with menstrual blood in an URBAN setting:**
 - **Option One (preferred): Burn the soiled material;**
 - **Option Two: Put the soiled material in a bag, tie the top, then put it inside another bag and tie its top before putting the sealed bag in the garbage.**
- **For disposal of rags/linens, cloth, or banana fibre soiled with menstrual blood in a RURAL setting:**
 - **Option One (preferred): Drop the material into the latrine hole;**
 - **Option Two: Burn the soiled material;**
 - **Option Three: Put the soiled material in a bag, tie the top, then put it inside another bag and tie its top before putting the sealed bag in the garbage.**

9. Ask the participants to turn to the **Participant's Guide, page 120, item 41, Cleaning Rags, Clothes, Linens, and Cloth Stained with Menstrual Blood so They Can Be Re-Used.** Have a participant read the steps on how to clean the materials. Ask if there are any questions, then have participants look at the

second row on the **Counselling Card, Disposal or Cleaning of Menstrual Blood Soaked Material** and point out that a copy of this card can be found on **page 121** of the **Participant's Guide**. Review it with the participants and answer any questions.

Trainer Note:



To re-use any cloth/linens/clothes soiled with menstrual blood, follow these steps:

- **Step One:** Put on gloves or plastic material to protect your hands before touching the soiled material.
- **Step Two:** Soak soiled cloth/linen/clothes in a “1 part Jik to 9 parts water” solution for at least 20 minutes (as described in Module 6 of the training manual and in the Participant’s Guide, page 62, Unit 4, item 20). If there is no Jik available, then a less preferable method is to soak the material in soapy water for 20 minutes. To ensure there is enough soap in the water, make sure there are a lot of bubbles when you stir and shake the water with your hand.
- **Step Three:** While wearing gloves, plastic sheeting, or other plastic material, wash the cloth/linens/clothes as you normally would wash (with soap and water and rinse well).
- **Step Four:** Allow the cloth/linens/clothes to air dry in the sun. To throw out the soaking water, dig a hole to dump the water in.
- **Step Five:** Remove gloves, plastic sheeting, or plastic material from your hands.
- **Step Six:** Wash your hands, as outlined on in Module 4 of the training manual or in the Participant’s Guide, page 22, in Unit 2, Section 5.

10. Ask participants if they have any questions at this time and respond accordingly.

E. Review Summary Points (5 minutes)

- Point out to the participants that all of the Counselling Cards about menstrual blood are printed on pink paper.
- Menstrual blood of HIV-positive female clients contains the HIV virus. However, there is an extremely low risk of getting HIV through caregiving activities if universal precautions are taken.
- Gloves or polyurethane should only be worn when the HBC provider is handling any type of body fluid or waste or when the client or HBC provider

has open sores or cuts that will come in direct physical contact with the other person.

Transition

Thank the participants for their participation.