



**USAID**  
FROM THE AMERICAN PEOPLE

**HIP** HYGIENE IMPROVEMENT  
PROJECT

# WASH & HIV/AIDS INTEGRATION: TRAINING AND SUPPORT SAFE WATER TREATMENT AND STORAGE

The following trainer's manual was developed as part of HIP's country programming in Ethiopia. It contains only those sections relevant to water treatment and storage.

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 Ethiopia including counseling cards and the participant's guide, are a part of HIP's WASH HIV Integration Toolkit, which can be found at <http://www.hip.watsan.net/page/4489>. To access other program documents, such as research reports, please visit: <http://www.hip.watsan.net/page/2489>

*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.*



**USAID**  
FROM THE AMERICAN PEOPLE

**HIP** HYGIENE IMPROVEMENT  
PROJECT

# TRAINER'S GUIDE: WATER TREATMENT AND STORAGE



## TRAINER'S GUIDE

INTEGRATING WATER, SANITATION, AND HYGIENE INTO HIV  
PROGRAMS IN ETHIOPIA

## **ACRONYMS**

ART	antiretroviral therapy
CHW	community health worker
COP	community of practice
CT	counseling and testing
HAPCO	HIV/ AIDS Prevention and Control Office
HBC	home-based care
HIP	Hygiene Improvement Project
PLWHA	people living with HIV and AIDS
PMTCT	prevention of mother to child transmission of HIV
SDA	small doable action
TOT	training of trainers
USAID	United States Agency for International Development
WASH	water, sanitation and hygiene

## **ACKNOWLEDGEMENTS**

**Authors:** Eleonore Fosso Seumo, Julia Rosenbaum, Renuka Bery, Academy for Educational Development; Marie Coughlan, Save the Children/US

### **Trainers of home-based care trainers**

Eleonore Fosso Seumo, Academy for Educational Development

Aberehit Girmay, HAPCSO, Addis Ababa

Endeshaw Woldesenbet, BCC Expert AED/HCP-FHAPCO Ethiopia, Addis Ababa

Mulugeta Sharew , ILRI, Addis Ababa

The WASH home-based care module training module was developed in close collaboration with the Federal HIV/ AIDS Prevention and Control Office. The module was developed with contributions from all organizations that formed the Ethiopian community of practice for Integrating water, sanitation and hygiene into HIV whose trainers participated in the training of trainers and reviewed the first draft of this training module.

The community of practice organizations includes the following:

- Save the Children,
- Management Sciences for Health (MSH),
- I-TECH,
- Organization for Social Service for People Living with HIV/AIDS (OSSA)
- Catholic Relief Services (CRS)
- CARE
- World Vision
- AMREF
- Catholic Church HIV Program, Alemtena
- HIV/AIDS Prevention, Care and Support Organization (HAPCSO)

## TABLE OF CONTENTS

INTRODUCTION .....	1
SESSION 6: NEGOTIATING IMPROVED ACCESS TO SAFE DRINKING WATER IN HOMES/MAKING AND KEEPING WATER SAFE .....	6
SESSION 8: NEGOTIATING IMPROVED WASH CARE PRACTICES WITH PLWHA AND HOUSEHOLDS WITH MULTIPLE WASH NEEDS .....	16
APPENDICES .....	22

## INTRODUCTION

### Rationale

A small but growing number of studies have demonstrated the importance of good water, sanitation, and hygiene (WASH) practices for preventing diarrhea and improving the health and quality of life for people living with HIV and AIDS (PLWHA). Despite this evidence, HIV/AIDS organizations working with PLWHA do not routinely integrate WASH into their programs.

To address this challenge, HIP engaged interested partners in Ethiopia and formed a national community of practice (COP) based in Addis Ababa that more carefully explores feasible, effective actions for water, safe feces disposal, and hygiene in the HBC context. From June to August 2008, HIP and several COP member organizations conducted a formative research process—Trials of Improved Practices (TIPs)—to identify gaps and pilot the promotion of “small doable actions” in a program context. The behaviors explored during the TIPs included water management, safe feces disposal, and menstrual management.

HIP worked with the Federal HIV/ AIDS Prevention and Control Office (HAPCO) to design and conduct the training of trainers (ToT) of the COP organizations in Addis. The ToT strengthened the capacity of trainers to train home-based care workers and equipped them with the skills to provide effective WASH care to PLWHA and to negotiate improved WASH practices with PLWHA and their families. To integrate WASH into HBC programs effectively, the trainers recommended that the WASH-HIV Integration training module be included in standard home-based care training.

### Who is this training module designed for?

This module is designed to be integrated into existing training for home-based care (HBC) workers, HIV case managers, and nurses working in counseling and testing (CT), prevention of mother to child transmission (PMTCT) and antiretroviral therapy (ART) programs. Any organization working in HIV can use this module.

Please note: If used as a stand-alone training, the session on objectives should be expanded to include participant and facilitator introductions and the reviewing ground rules.

### How is this training module organized?

The module is divided into two parts:

Part One: Contains three sessions on 1) Why WASH matters for PLWHA and their families, 2) Focusing on behaviors, and 3) Negotiating improved WASH practices. These sessions provide information on the rationale behind and how to build skills in negotiating improved behaviors.

Part Two: Contains five practical sessions on how to negotiate improved WASH practices, how to care for bedbound people with diarrhea and HIV+ bedbound women with menses. Part Two includes tools and materials such as the assessment card and job aids as listed in the table below.

**Table: Tools and materials to strengthen WASH/HIV competencies**

<i>Competencies</i>	<i>Tools materials</i>
Negotiating improved WASH practices	Checklists
Caring for bedbound PLWHA	Assessment card

Teaching HBC workers how to care for PLWHA	Job aids WASH materials and products Products and enabling technologies
--	---

A household WASH assessment card and job aids have been developed and should be distributed to HBC workers participating in the training to familiarize them with and help them to acquire WASH skills.

Before the training, the trainer should gather all products, supplies and enabling technologies required for the competency-based training as listed in the box below.

**Table: Products and enabling technologies required for the training**

<p><b>Hand washing</b> Bucket and jug, soap and water</p> <p><b>Behavior leading to ideal behavior</b> Shiro powder, cup with water, teaspoon</p> <p><b>Treating drinking water with WaterGuard</b> Sample of WaterGuard Instructions for water treatment with WaterGuard, and a 20 liter jerry can</p>	<p><b>Teaching a caregiver how to care for a bedbound person with diarrhea/or an HIV+ woman with menses</b> A big doll, a bowl with water, soap, a pair of sheets, gloves, clean piece of cloth or towel.</p>
---	---

#### How to use this training module

This is a 9 hour and 15 minute training module—just over one day. It is recommended to teach the sessions in the sequence presented in the module. If organizations decide to train on how to negotiate improved practices of **only one WASH behavior**, the first three sessions should be taught before the practical session in the second part related to the targeted WASH behavior.

The tools and materials included in the training module should be used as recommended in the module to strengthen the WASH skills as described in the table below.

<i>Tools and materials</i>	<i>How to use</i>
Observation checklist	Use in a teaching setting to observe a practical session and give feedback in a structured manner
Assessment card	HBC worker (alone) uses to assess WASH practices, identify WASH practices already implemented, and WASH practices to be improved and the set of small doable actions
Job aids	HBC worker uses to communicate with the client when negotiating improved specific WASH practices
WASH materials and products	Use enabling technology during demonstration and practical sessions

The appendix of the training module includes handouts for each session. Each handout should be presented and used during the specific session.

## WASH-HIV INTEGRATION TRAINING OBJECTIVES

Aim of the session

To share expectations and objectives of the training

---

### Learning objectives

By the end of this session participants will:

- ✓ Have shared their expectations
- ✓ Have discussed the background and the training objectives
- ✓ Be able to articulate the rationale for the training
- ✓ Be able to explain the training objectives

Time: 25 minutes

<i>Topic</i>	<i>Activity/Methodology</i>	<i>Time</i>	<i>Facilitator</i>
Pre-test		10 min	
Participants' expectations		5 min	
Rationale and training objectives	Discuss the training rationale and objectives	10 min	

Handout

Pre-test

Facilitator gives the participants the pre-test and collects it after about 5 minutes.

### 1. Brainstorming: Participants' Expectations

Facilitator gives each participant 1-2 index cards and asks them to write one expectation and one fear on each card. Facilitator reminds participants the following rules for writing on an index card listed in the box below.

---

#### Rules for writing on an index card

- Think before writing
- One idea per card
- Write with large letters so it can be read at 10 meters

No more than three lines on a card.

Facilitator gives participants 2 minutes to write on their index cards. After 2 minutes a co-facilitator collects the cards, reads aloud the expectations and fears, regroups the cards, and writes the ideas on a flip chart.

Facilitator explains that the expectations will be revisited after the presentation of the objectives.

#### **Group expectations and fears are posted on the wall of the training room.**

Facilitator asks participants to share with the group why the WASH-HIV session is integrated into their training program. Facilitator builds on participants' inputs and explains that HBC workers are expected to provide WASH care to PLWHA and



negotiate WASH improved practices with PLWHA and their families. Facilitator presents the objectives of the training.

## 2. Presentation: Objectives of the Workshop

Training objectives are to:

- Raise HBC worker awareness on the importance of improved WASH practices for PLWHA and their families.
- Enhance HBC worker skills to provide improved WASH care and negotiate improved WASH practices with PLWHA and their families.
- Strengthen HBC worker skills to teach caregivers how to provide WASH care to PLWHA at the household level.

The facilitator solicits questions on the training objectives and provides answers. Next, the facilitator does a quick round of expectations and fears.

Facilitator reviews expectations listed on the flip chart on the wall and for each expectation the facilitator asks the following question:

- ✓ *Referring to the training objectives, is this expectation going to be addressed in the training?*

Facilitator solicits answers from participants. Facilitator approves, reinforces, or corrects by providing additional information. For each expectation that will not be met, the co-facilitator will put an (X) in front of the expectation. Facilitator goes over the expectations with an (X) and explains why these expectations will not be met in this session. Facilitator also goes over participants' fears and discusses/addresses them.

Facilitator presents the content and duration of the session in the table below.

<i>Sessions</i>	<i>Time (minutes)</i>
Objectives of the training	15
Session 1: Why WASH matters for PLWHA and their families	55
Session 2: Focusing on behaviors	80
Session 3: Home-based care workers' WASH roles and tasks	25
Session 4: Negotiating improved WASH practices	80
Session 5: Improving hand washing behavior	30
Session 6: Negotiating increased access to and utilization of safe drinking water in homes	80
Session 7: Improving safe handling and disposal of feces and caring for HIV+ bedbound women with menses	120
Session 8: Negotiating WASH improved practices with PLWHA at households with multiple WASH needs	70
<b>Total</b>	<b>555 minutes = 9 h 15 min</b>

Facilitator stresses that the WASH-HIV module includes mostly practical sessions and activities to help acquire WASH care and negotiation skills.

Facilitator introduces the “parking lot.” Facilitator explains that s/he will hang out a flip chart sheet that will be used to list any extra learning/training issues and/or items that need further clarification or discussion.

---

**Note to the facilitators:****Reviewing participants WASH-HIV Integration pretest responses**

Before beginning the WASH-HIV Integration training, facilitators will review pretest responses related to WASH-HIV. Facilitators will regroup HBC workers' answers on the WASH-HIV pretest questions in the following categories

- ✓ Questions with the most correct answers – areas where knowledge is good
- ✓ Questions with the most incorrect answers – areas to be strengthened/reinforced in the training
- ✓ Facilitators will discuss strategies (techniques, methods) to help enhance participants' WASH-HIV knowledge during the WASH-HIV session. Facilitator explains to participants that the group will discuss and agree on why WASH is important for PLWHA and their families.

## SESSION 6: NEGOTIATING IMPROVED ACCESS TO SAFE DRINKING WATER IN HOMES – MAKING AND KEEPING WATER SAFE

### INTRODUCTION

#### Aim of the session

To strengthen skills to negotiate increased access to and use of safe drinking water at the household level

---

#### Learning objectives

By the end of the session participants will be able to:

- ✓ List the key elements (issues/challenges, SDA, materials/products/supplies) related to safe drinking water in homes
- ✓ Describe and demonstrate the proper use of the materials/equipment and supplies needed for safe drinking water at the household level
- ✓ Teach (learning by doing/teaching by showing or demonstrating) a caregiver/household member how to treat drinking water with WaterGuard
- ✓ Demonstrate how to negotiate improved access to and use of safe drinking water at the household level
- ✓ Discuss the constraints around access to and use of safe drinking water and problem solve

Time: 80 minutes

<i>Objectives</i>	<i>Activities/ Methodology</i>	<i>Timin g</i>	<i>Facilitato r</i>
6.1: Describe the elements (issues/challenges, SDA, materials/products/supplies) related to safe drinking water in homes	Revision	5 min	
6.2: Demonstrate how to use materials/supplies for safe drinking water at household level	Questions/answers Discussion Demonstration	35 min	
6.3: Teach (learning by doing/teaching by showing or demonstrating) a caregiver/ household member how to treat water by boiling and with WaterGuard at home	Demonstration Discussion	15 min	
6.4: Demonstrate how to negotiate how to make and keep drinking water safe at the household level	Demonstration Discussion	20 min	
6.5: Discuss the constraints for keeping drinking water safe and problem solve	Brainstorming	5 min	

## SESSION 6: STRUCTURE

Activity 6.1: Challenges related to how to make and keep drinking water safe in homes – 5 minutes

Facilitator reviews with participants earlier discussions on how water can be contaminated at several points from source to mouth. Also, facilitator reviews what happens to PLWHA and their whole family when they drink contaminated water.

Facilitator asks participants to review Handouts 2.3.b: WASH Products and Supplies, and 4.3: WASH Assessment Card, and:

- ✓ List “what makes it to difficult for PLWHA and their families to always consume safe drinking water?”
- ✓ Identify the SDA and the materials/products supplies needed

Facilitator builds on participants’ answers and explains that making and storing drinking water safely at home requires different materials/supplies, knowledge, skills and supplies as listed in the table.

Facilitator writes ideas on a flip chart making sure all these ideas are covered.

<i>Materials/supplies</i>	<i>Knowledge and skills</i>
<ul style="list-style-type: none"> <li>• WaterGuard</li> <li>• Drinking water container with proper cover</li> <li>• Appropriate material to draw drinking water from the container</li> <li>• Clean cup or glass to serve drinking water with</li> <li>• Pot for boiling water</li> <li>• Plastic bottle for SODIS treatment</li> <li>• Filter</li> </ul>	<ul style="list-style-type: none"> <li>• Treating drinking water with WaterGuard or other method</li> <li>• Attaching the drinking water container cover</li> <li>• Methods of water drawing from water container/s</li> <li>• Keeping clean cups and other containers</li> </ul>

Activity 6.2: How to use materials needed to make and keep drinking water safe in the home – 35 minutes

**Materials**

- ✓ Samples of WaterGuard
- ✓ Instructions for treating drinking water with WaterGuard
- ✓ 20 liter-jerry can, clay pot with cover, 2 liter-jug with cover, cup
- ✓ Handout 6.2: Observation Checklist

---

### Learning objectives

At the end of the session, participants will be able to:

- ✓ Describe the water treatment methods
- ✓ Demonstrate how to use WaterGuard to treat drinking water in homes

- ✓ Describe and demonstrate how to draw drinking water safely from a clay pot or jerry can, serve drinking water in a clean cup or glass, and store drinking water out of the reach of animals and children.

## 1. Brainstorming by working in pairs – 3 minutes

Facilitator asks participants to work in pairs and answer the following question:

- ✓ *Why treat drinking water?*

Co-facilitator writes participants' answers on a flip chart sheet.

Facilitator builds on participants' answers and explains:

- ✓ *Drinking water should be treated to ensure that germs (that cause disease) are killed.*
- ✓ *Even drinking water that comes from a safe source such as piped water can be contaminated when water is transported and transferred into an unclean container.*
- ✓ *It is difficult to ensure that drinking water containers such as ensera and jerry can are properly cleaned.*

**Treating drinking water at the point of use and keeping it safe are the only ways to kill germs that cause diarrhea and water borne diseases.**

## 2. Question and answer – 2 minutes

Facilitator asks participants to list the *methods of treating water* that they know. Co-facilitator writes participants' answers on a flip chart sheet. Facilitator builds on participants' answers and highlights the points in the box below.

### Methods to treat drinking water in homes

**Boiling** is a traditional and still popular method to make water safe to drink and kill disease-causing microorganisms.

**Chemical treatment** uses chemicals such as a chlorine solution (WaterGuard) to kill or inactivate most harmful, disease-causing organisms.

**Filters:** Certain types of portable water filters can also remove some harmful, disease-causing organisms from drinking water.

**Solar Disinfection (SODIS)** process is a simple technology used to improve the microbiological quality of drinking water. SODIS uses solar radiation to destroy pathogenic microorganisms that cause waterborne diseases. SODIS can treat small quantities of water. Transparent plastic bottles are filled with untreated water and exposed to full sunlight for six hours.

Facilitator explains that the group will focus on treating drinking water with WaterGuard, because it is readily available in Addis and many towns of Ethiopia. If used properly, it provides the additional benefit of “residual chlorine,” which protects the water from recontamination after it is treated. Boiling and solar treatment are effective, but water can

be easily contaminated again after it is treated. That is why we prefer WaterGuard, and focus on it in this training.

### 3. Discussion – 3 minutes

Facilitator explains to the group that boiling water is such an old tradition that no one really thinks about how to do it, or how to do it effectively. Facilitator asks one participant to describe to the group **how to boil water properly**.

Get feedback from the group.

Review that new evidence from the highest health agencies like the World Health Organization now recognize that water does not need to be at a rolling boil for any period of time to treat water.

The proper procedure for boiling water is the following:

- a. If water is chocolate brown or turbid, let it settle until it is clear and pour it into a new container, leaving the dirt behind.
- b. Boil the water until LARGE BUBBLES appear. Once you see the first large bubble, the water is ready. There is no need to burn extra fuel boiling longer.
- c. When water cools, store boiled water in a safe container (with a tight fitting lid and, if possible, a tap). Do not keep this water more than 24 hours. Be careful to store and use safely because boiled water is easy to re-contaminate.

Ask the group if anyone has questions. Emphasize that this ‘new’ recipe makes it easier to boil correctly, but that we don’t recommend this as the best method because boiled water can be easily re-contaminated.

### 4. Demonstration: Treating Water using WaterGuard – 15 minutes

Facilitator asks a volunteer to demonstrate how to use WaterGuard to treat drinking water. Facilitator shows the volunteer the range of containers and materials available to choose from to treat drinking water with WaterGuard and also the job aid on treating drinking water with WaterGuard.

Facilitator gives the volunteer 2 minutes to prepare for the demonstration.

Facilitator distributes **Handout 6.2 Observation Checklist for Treating Drinking Water with WaterGuard** and tells people to fill this out based on the demonstration.

<b><i>Handout 6.2: Observation Checklist for Treating Water with WaterGuard</i></b>			
<b><i>Did home-based care worker</i></b>	<b><i>Yes</i></b>	<b><i>No</i></b>	<b><i>Comments</i></b>
Introduce self and objective of the visit or task? Show the job aid(s) when explaining the task s/he was going to demonstrate?			
Explain the steps?			
Fill the jerry can with 20 liters of water?			
Fill the bottle cap with WaterGuard?			
Pour a capful in the 20 liters of water?			
Close the jerry can and shake?			
Wait for 30 minutes and taste?			

After 2 minutes, facilitator asks the volunteer to demonstrate how to treat water with WaterGuard and explain what s/he does and why s/he does it.

After the demonstration, facilitator congratulates the volunteer for demonstrating. Facilitator asks participants to comment, starting with what was done properly and then suggest how to improve it.

Facilitator summarizes by highlighting the key steps for treating drinking water as highlighted in the checklist. Facilitator emphasizes the following points:

Use a 20 liter-water container

The cap of the WaterGuard bottle is used to measure the amount of solution needed to treat 20 liters of water. If the water container is less than 20 liters in size, a capful of WaterGuard will be too much and the water could have a strong chlorine taste. If the water container is too large (> 20 liters), a capful of WaterGuard will not be enough to treat the water and it will not be safe to drink.

Some households use the ensera to store drinking water. In this case, the household should use a jug or container of a known volume and measure exactly 20 liters of water and pour it into the ensera before treating the water.

Cover drinking water container properly

When drinking water is treated with WaterGuard, a little bit of residual (excess) chlorine protects drinking water from contamination. If the drinking water container is not properly covered, additional protection from the residual chlorine will be lost. The drinking water container should always be properly covered to protect water from contamination.

Facilitator asks participants to explain what it means to cover a drinking water container properly. Co-facilitator writes down participants' answers on a flip chart sheet.

Facilitator concludes by saying that:

- ✓ *Drinking water container cover should fit tightly over the mouth of the container*

Facilitator asks participants to suggest ways to ensure that drinking water container remains always covered. Co-facilitator writes down participants' answers.

Facilitator concludes by saying that:

- ✓ *Attaching the cover with a string to the drinking water container will help keep the cover off the floor and over the container's mouth*

Facilitator explains that water in the container should also be protected from contamination by drawing water safely and pouring it into a clean cup or glass.

## 5. Question and Answer – 12 minutes

Facilitator asks participants the following question:

- ✓ *How often should drinking water be treated with WaterGuard?*

Co-facilitator writes participants' answers on a flip chart.

Facilitator review participants' answers and says:

- ✓ *PLWHA and family should drink water treated with WaterGuard every day to be protected from diarrhea and waterborne diseases.*

Facilitator asks participants to suggest acceptable ways to draw water from the clay pot without contaminating drinking water. Facilitator concludes by going over the information in the box below:

### **Safely drawing drinking water from the clay pot**

Any materials used to draw water from the clay pot should be:

- ✓ Cleaned – washed with soap and water every day and kept in a clean place.
- ✓ Should have a long handle prevent fingers from coming in contact with water.

The person drawing should not dip his/her hand in the cup or jug.

Facilitator asks participants how to draw water from a jerry can.

- ✓ *Tip the jerry can and pour water into clean cup or glass*

Facilitator asks participants to describe from their own experience the container most often used to serve drinking water and where that container is kept. Co-facilitator writes down participants' answers.

Facilitator concludes by saying:

- ✓ *The cup or glass used to serve drinking water should be washed with water and soap every day and kept in a clean place upside down on a clean tray.*

Facilitator asks participants to explain from their own experience where people store their drinking water container? Co-facilitator writes down participants' answers.

Facilitator concludes by saying:

- ✓ *Drinking water container should be stored out of the reach of animals and children to avoid any contamination.*

**Activity 6.3: Teaching caregivers how to treat drinking water with WaterGuard:**

**Learning by doing or teaching by demonstrating – 15 minutes**

**Materials**

- ✓ 20-liter jerry can full of water, WaterGuard
- ✓ Observation Checklist 6.3 on how to teach a caregiver to treat drinking water
- ✓ WASH assessment card
- ✓ Job aids

## 1. Teaching caregiver how to treat drinking water with WaterGuard

Facilitator tells participants that it is important to teach the caregiver how to treat drinking water. Facilitator asks for a volunteer to demonstrate how to teach a caregiver how to treat drinking water with WaterGuard. Facilitator asks a second volunteer to be the caregiver.

**Materials** to be used are 20-liter jerry can full of water and WaterGuard.



Facilitator asks the two volunteers to take 2 minutes to prepare for the demonstration. In the mean time, facilitator distributes to participants the Observation Checklist 6.3 to use while observing the demonstration.

**Observation Checklist 6.3: Teaching caregiver how to treat drinking water with WaterGuard**

<i>Did the HBC worker</i>	<i>Yes</i>	<i>No</i>	<i>Comments</i>
1. Explain the skill that s/he will teach?			
2. List the materials needed?			
3. Use the job aid(s) to explain the steps for treating water with WaterGuard?			
4. Demonstrate how to treat water with WaterGuard (measure WaterGuard, mix, close and shake, and cover water container) and then taste?			
5. Encourage caregiver to try			
6. Give feedback (congratulate caregiver for trying and highlight what needs improvement and how to improve)?			
7. Make a follow up appointment?			

Facilitator asks volunteer to demonstrate for **5 minutes** how to teach a caregiver how to treat drinking water with WaterGuard at household level.

After 5 minutes facilitator asks participants to react using the checklist provided. Participants will start with what was well done and what needs improvement and specify how to improve. Facilitator summarizes by highlighting the points on the checklist. Facilitator stresses the importance of tasting the treated water. HBC worker should appreciate the taste and realizes **that treating drinking water does not alter its taste.** Facilitator explains to participants that the group will practice how to negotiate how to keep drinking water safe in homes.

**Activity 6.4: Negotiating how to keep drinking water safe in homes**

**Time: 20 minutes**

**Materials**

- ✓ 20-liter jerry can full of water, clay pot full of water, WaterGuard, glass, cup, tray, plate, forks and spoons
- ✓ WASH assessment card
- ✓ Job aids on making and keeping drinking water safe
- ✓ Handout 6.4.a Scenario
- ✓ Handout 6.4.b Observation Checklist

---

**Learning objectives**

At the end of the session, participants will be able to:

- ✓ Assess current practices related to safe drinking water
- ✓ Identify the good practices and congratulate the head of household
- ✓ Identify the practices to be improved and the set of SDA

- ✓ Negotiate the set of SDA leading to ideal behavior
- ✓ Follow up with the household

## 1. Demonstration and feedback

Facilitator explains that s/he will demonstrate with the co-facilitator how to negotiate keeping drinking water safe at the household level using the negotiation technique. Facilitator reminds participants of the three key tools required to successfully negotiate improvement in access to and utilization of safe drinking water at household level, they are:

- Assessment card
- Negotiation techniques
- Materials/supplies/system

Facilitator distributes Handout 6.4.a to participants and reads it aloud.

**Handout 6.4.a: Scenario – HBC worker Abebe’s visit to Woizerit Yodit**  
 HBC worker visits Woizerit Yodit, 24, who has been living with HIV since 2005. Woizerit Yodit started ART last week. Woizerit Yodit was also given one bottle WaterGuard to treat drinking water. Abebe noticed that the jerry can containing drinking water was open; the jerry can cover and the drinking cup were on the floor. Abebe decided to negotiate with Woizerit Yodit to improve his safe drinking water practice.

Facilitator distributes Handout 6.4.b Observation Checklist to use when observing the demonstration. Facilitator explains that the checklist is a negotiation technique adapted to improving access to and use of safe drinking water.

### Handout 6.4.b: Observation checklist on negotiating how to keep drinking water safe in homes

<i>Did the HBC worker</i>	<i>Yes</i>	<i>No</i>	<i>Comments</i>
<b>1. Use the assessment card to assess current practices?</b> <ul style="list-style-type: none"> <li>• Type of drinking water container available – covered or not covered – type of cover</li> <li>• What is used to draw and to serve drinking water?</li> <li>• Where are drinking water container, jug, and cup stored or kept?</li> <li>• What method does the household use to treat drinking water?</li> </ul>			
<b>2. Congratulate the person on the good practices already being done?</b>  Compare the current practices to ideal practices to define the practices already being implemented and congratulate PLWHA.			
<b>3. Use the assessment card to identify the</b>			

<p><b>practice to be improved?</b></p> <ul style="list-style-type: none"> <li>• After comparing the current and the ideal practices, identify the practices to be improved and what is available at home to implement this improvement.</li> </ul>			
<p><b>4. Use the appropriate job aids to negotiate the set of SDA leading to ideal behavior?</b></p> <ul style="list-style-type: none"> <li>• Present and explain the practices to be improved:</li> </ul> <p><i>Tie the jerry can cover on the jerry can and keep the jerry can covered all the time. Wash the drinking cup or glass with water and soap every day and keep it upside down on a clean tray.</i></p> <ul style="list-style-type: none"> <li>• Explain the benefits of implementing the improved practice.</li> <li>• Ask PLWHA if s/he is willing to try to improve these practices.</li> <li>• Solicit questions and give answers.</li> </ul>			
<p><b>5. Follow up?</b></p> <ul style="list-style-type: none"> <li>• Make an appointment to follow up?</li> </ul>			

The italicized sentences in the table are the SDA to be negotiated.

Facilitator asks participants to observe the demonstration for 5 minutes.

Facilitator asks participants to react to the following steps outlined in the checklist.

Facilitator solicits and answers participants' questions. Facilitator explains that the HBC worker should refer to the assessment card when assessing and identifying practices already being implemented, and the SDA to be negotiated. The assessment card shows the items to look for. Then, use the appropriate job aid to negotiate the improvement.

Facilitator explains to participants that the group will discuss the constraints around access to and use of safe drinking water and solutions based on participants' experience.

**Activity 6.5: Constraints to keeping drinking water safe in homes**

**Time: 5 minutes**

## 1. Brainstorming

Facilitator tells participants that the group will discuss what makes it difficult for a PLWHA and her/his family to keep drinking water safe in homes and solve any problems that are mentioned. Facilitator stresses that the discussion is based on participants' experience. Facilitator asks participants the following question:

- ✓ *What makes it difficult for a PLWHA and her/his family to keep drinking water safe in homes?*

Co-facilitator writes down participants' answers.

Facilitator ensures that participants' answers include:

- Beliefs, values, attitudes
- Knowledge and awareness

- Availability of materials and supplies
- Skills, techniques, know how

Facilitator asks the group to suggest possible solutions to each constraint.

---

### **Conclusion Session 6 – Take home messages**

Facilitator concludes Session 6 by highlighting the key messages.

Key elements to address when improving access to and use of safe drinking water in homes are:

- Appropriate container and cover for drinking water
- Water treatment
- Safe drawing of drinking water
- Safe storage of drinking water

Teaching caregiver how to treat drinking water involves the following steps:

- Explain the skill to be taught and the steps involved
- List the materials needed
- Demonstrate how to treat water with WaterGuard
  - (measure a capful of WaterGuard with the cap of the WaterGuard container, pour it into a jerry can or ensera containing 20 liters of water, close and shake to mix, and cover water container, and let it sit for 30 minutes before use). It is safe for drinking after thirty minutes. Always taste the treated water
- Encourage caregiver to try this technique
- Give feedback (congratulate caregiver for trying and highlight what needs improvement and how to improve)
- Follow up

The WASH assessment card, job aids, negotiation skills, and materials/products/ supplies are needed to negotiate improved access to and use of safe drinking water.

Facilitator tells participants that in the next session, the group will discuss how to negotiate improved feces management at the household level.

**SESSION 8:  
NEGOTIATING IMPROVED WASH CARE PRACTICES WITH PLWHA AND  
HOUSEHOLDS WITH MULTIPLE WASH NEEDS**

**INTRODUCTION**

PLWHA and their families usually have more than one WASH behavior to improve.

**Purpose**

Equip participants with the skills to help PLWHA and their families improve their WASH behaviors, one behavior at a time.

---

**Learning objectives**

At the end of this session, participants will be able to:

- ✓ Demonstrate how to negotiate improved WASH practices in households with multiple WASH needs
- ✓ Describe the guiding principles for negotiating improved WASH practices with households with multiple WASH needs

**Time: 85 minutes**

<i>Objectives</i>	<i>Activities/ Methodology</i>	<i>Timin g</i>	<i>Facilitato r</i>
8.1: Demonstrate how to negotiate improved WASH practices in households with multiple WASH needs	Brainstorm Simulation Discussion and reflection	60 min	
8.2: Describe the guiding principles for negotiating improved WASH practices with households with multiple WASH needs	Presentation	10 min	
8.3: Post-test		15 min	

**Handouts**

8.1.a: Scenario: Helping People with Multiple WASH Needs

8.1.b: Wash Practices Being Implemented, WASH Practices to be Improved, Set of SDA to be Negotiated

8.2: Guiding Principles for Addressing WASH Multiple Needs at Household Level

**SESSION 8: STRUCTURE**

**Activity 8.1 Negotiating improved WASH practices with PLWHA and families with multiple WASH needs**

**Time: 55 minutes**

Facilitator explains to participants that this session will tackle the reality concerning WASH practices in households where HBC workers work.

**1. Brainstorm: Most common households WASH needs – 5 minutes**

Facilitator asks participants the following question:

- ✓ *Think about each PLWHA and family with whom you work. What are the most common WASH needs of these people?*

Co-facilitator writes down the answers.

Facilitator explains that previous sessions discussed each WASH behavior one at a time, but in reality people have multiple WASH needs. Therefore, HBC workers must discuss and reach a consensus on how to help the household address multiple WASH needs.

## 2. Simulation: Helping PLWHA and families with multiple WASH needs – 50 minutes

Facilitator explains to participants that they will work in groups and prepare a simulation on negotiating WASH multiple needs at household level.

Facilitator divides participants into four groups.

*Facilitator distributes Handout 8.1.a: Scenario: Helping People with Multiple WASH Needs and Handout 8.1.b: Wash Practices Being Implemented, WASH Practices to be Improved, Set of SDA to be Negotiated.*

Facilitator explains that groups will read the scenario and use the WASH assessment card to fill out Handout 8.1.b with the practices being already implemented, the practices to be improved, and small doable actions to try.

Each group will use the WASH assessment card and prepare the simulation on negotiating with the household the improvement of their multiple WASH practices. Facilitator emphasizes that during the simulation, the HBC worker will:

- Simulate the negotiation of improved WASH practices with Dawit for 5 minutes
- For each behavior, the HBC worker will explain what is done well and what should be improved and the set of SDA to be negotiated in each case
- Explain why s/he decided to negotiate the WASH behavior(s)

### 8.1.a Scenario: Helping People with Multiple WASH Needs

Biruk is a HBC worker who has been working with Dawit's household since last month. The community leader referred Dawit to Biruk. Today Biruk visits Dawit for the second time. During the first visit, Biruk noticed that Dawit and his household have multiple WASH needs. Biruk decided to discuss and to negotiate improving household WASH practices on the second visit. After a nice introduction Biruk assessed WASH practices of Dawit's household.

The assessment showed that:

- ✓ Drinking water is stored in a jerry can without a cover, the cup used to serve drinking water faces up on the table, and the jerry can is located at the entrance to the house. Dawit received WaterGuard last month when he went to the hospital for his ART.
- ✓ The compound where Dawit lives with his family has one shared latrine. Dawit's wife does not like to be seen going to the latrine during the day and Dawit said that the path to the latrine is very dirty and he prefers to practice open defecation or use a plastic bag for defecation. He usually dumps the plastic bag discretely anywhere in the compound. David's child, age 5, uses a potty at night and practices open defecation during the day. Feces (animal and human) is found in the compound.
- ✓ Dawit buys two jerry cans of water every day. He buys 3-4 jerry cans once a week when his wife does the laundry. Dawit has soap or ash at home all the time. Dawit and family wash their hands with water every morning, at noon and before going to bed. Dawit has plastic bottles and straws at home.

### Handout 8.1.b WASH practices being implemented , WASH practices to be improved and set of SDA to be negotiated

<i>WASH practices being implemented</i>	<i>WASH practices to be improved</i>	<i>Set of SDA to be implemented</i>
1. Safe drinking water		
2. Handling and disposal of feces at home		
3. Hand washing		

After 15 minutes, facilitator asks a group to:

- ✓ *Present how you have filled out the Handout 8.1.b. For each WASH behavior, present the good practices, the improvement needed, and the set of SDA to be negotiated.*

After the presentation, facilitator solicits input from other groups. Facilitator emphasizes that for each WASH behavior, the HBC worker should:

- Compare actual behavior to the ideal behavior on the assessment card to identify the good practices and the practices to be improved.
- Mark the good practices and congratulate the client and ask the client to maintain these practices.
- Identify the set of job aids with the SDA to be negotiated.

Do the simulation on negotiating improved WASH multiple needs with Dawit for five minutes. Explain why s/he decided to negotiate the WASH behavior(s).

After the simulation, facilitator discusses the following points:

- ✓ *Decide how to address Dawit's household multiple WASH behaviors.*

Facilitator asks volunteers to explain why they decided to negotiate the WASH behavior(s) they chose and to explain what led them select the behavior(s) to address on this visit.

Facilitator asks the group to state the criteria used to help make their decision. Co-facilitator writes down the criteria that led them to make the decision.

Facilitator asks other participants to react first to the decision the volunteer made either to address one behavior at a time or all behaviors during the same visit.

If the group decided to address all three behaviors, ask:

- ✓ *Can you learn three behaviors at the same time?*
- ✓ *Can you address all the WASH behaviors at the same time or not?*
- ✓ *How much can we negotiate?*

Facilitator builds on participants' contributions and explains that HBC worker should always tackle only one behavior at time for the following reasons:

- ✓ *It is easier, simpler, and more feasible for the household to improve one behavior at a time.*
- ✓ *It may be overwhelming and confusing for the household to try to improve several behaviors at the same time.*
- ✓ *Successfully improving one behavior will encourage/motivate the household to tackle/work on improving another behavior.*
- ✓ *Always help the household improve one behavior at a time. Help the household improve another behavior only after the household has significantly and consistently improved the first behavior.*

Criteria to help guide the decision on which behavior to tackle first

Facilitator asks participants to react to the list of criteria that guide the volunteer's decision on the behavior to tackle first.

Facilitator concludes by emphasizing the following criteria:

- ✓ *Household potential to improve the behavior successfully. This should be the first criterion. This includes mainly the availability/accessibility of materials and supplies needed for the improved behavior. Negotiating an improved behavior with a household who cannot afford or does not have access to the minimum supplies needed to improve this behavior is a waste of time and will not bring*



*about change. Frustration can lead the household to give up. Therefore, the HBC worker should be guided by what the household can implement successfully. A successful trial will motivate the household to continue to implement the behavior, maintain it, and adopt it. A successful trial also motivates the household to try another behavior.*

In the case of Dawit's household, it seems that improving **hand washing** will be easier and more successful because he has all the needed supplies. However this should be presented, discussed, and approved by the household before moving forward.

- ✓ *Approval of the head of the household. The person who will authorize practicing the SDA is very important. This is the determining factor to help make the decision, after the HBC worker notices that materials/supplies are available to negotiate improvements of two WASH behaviors.*
- ✓ *Improve another behavior only if the previous one has been successfully implemented.*
- ✓ *Ensure that the improved behavior is maintained and sustained. Even when the HBC worker is working with the household to tackle another behavior that also needs improvement, the HBC worker should follow up on the behavior that was previously improved to ensure that the practice is maintained and adopted.*

Facilitator explains to participants that they will review the guiding principles that should help them make the decision to negotiate multiple WASH needs.

**Activity 8.2: Guiding principles to help household improve multiple WASH needs**

**Time: 10 minutes**

Facilitator distributes Handout 8.2 and reads and explains each section.

## **8.2 Guiding Principles for HBC Workers on Helping PLWHA and Households Improve Multiple WASH Practices**

### **1. Assess**

- ✓ Using the assessment card, carry out a thorough assessment of all the household's WASH practices. Identify WASH practices already being implemented and congratulate the client and recommend that the client continue to maintain these practices. Then identify the practices to be improved and the set of SDA to be negotiated.

### **2. Decide and select one WASH practice to be improved using these criteria:**

- ✓ **Availability of materials/supplies** (higher probability for the family to implement)
- ✓ **Approval** of the head of household

### **3. Negotiate the first improved WASH practice – Using the appropriate job aids**

- ✓ Negotiate only one behavior at a time
- ✓ Follow up with the client until successful and consistently implements and adopts the improved WASH practice. Congratulate the client and ask her/him to continue

implement the behavior consistently

**4. Negotiate the second WASH practice to be improved – Use appropriate job aids**

- ✓ Check that the conditions are met for the second WASH practice to be negotiated; conditions include the availability of the materials/supplies, the approval of the head of the household, and whether or not the first behavior is maintained.
- ✓ Negotiate the improvement of the second WASH behavior and follow up on the previously improved practice.
- ✓ Continue to follow up on consistent implementation of the first improved WASH practice.

Facilitator solicits and answers participants' questions.

Facilitator concludes the training by going over the competencies that have been imparted in the training.

**Activity 8.3. Post-test**

Facilitator distributes the post-test and collects after 10-15 minutes.

## APPENDICES

## DESCRIPTION OF TRAINING TECHNIQUES

### 1. Buzz groups

**The purpose** is to induce a quick, organized discussion to obtain conclusions and opinions on a topic in a short time.

#### Procedure

Buzz groups are groups of two or three participants who discuss a topic without breaking up the plenary formation.

1. The facilitator visualizes and presents a clear, provoking question and allows participants a short time for coming up with answers, such as 5 to 10 minutes.
2. Participants are asked to form groups of two to three where they are sitting. The number of groups will depend on the number of participants present.
3. Groups should remain roughly where they are in the plenary, they should not shift to another location in the room or to a different room since that will take too much time.
4. The participants of each group are asked to write their answers on cards, following the rules of card writing.
5. The facilitator collects the cards and clusters them through group discussion, or asks the participants to pin their cards under preselected titles.
6. A plenary discussion on the results is held and adjustments and addition made.

### 2. Carousel

**The purpose** is to encourage participants to exchange ideas on a particular topic, warming them up for dialogue on the issues before they begin a specific session on a topic. It is both an idea generator and warming up exercise.

#### Procedure

1. The participants are divided into two equal-size groups forming an outer and an inner circle, everyone looking toward the inside.
2. The facilitator starts some music, sings or clap, and the two circles move in opposite directions
3. After 10 seconds the music is stopped and the people from the inner circle turn around to face a partner from the outer circle
4. Each person tells the other his or her opinion on the issue, perspective or problem. The participants may give advice to each other or may discuss their opinions on a theme of the workshop.
5. After several minutes the music resumes and the two circles move again.
6. This continues until you feel that participants have listened to a number of their fellow participants.

**Remark:** The technique is also useful for simulating an exchange of thoughts before card collection.

### 3. Simulation

A simulation is an enactment of a real-life situation.

## Purpose

- Allows learners to experience decision-making in « real » situations without worrying about the consequences of their decisions
- A way to apply knowledge, develop skills, and examine attitudes in the context of an everyday situation

## Process

1. Prepare the learners to take on specific roles during the simulation
2. Introduce the goals, rules, and time frame for the simulation
3. Facilitate the simulation
4. Ask learners about their reactions to the simulation
5. Ask learners what they have learned from the simulation and develop principles
6. Ask learners how the simulation relates to their own lives
7. Summarize

### 4. Small Group Discussion

A small group discussion is an activity that allows learners to share their experiences and ideas or to solve a problem.

## Purpose

- Enhances problem-solving skills
- Helps participants learn from each other
- Gives participants a greater sense of responsibility in the learning process
- Promotes team work
- Clarifies personal values

## Process

1. Arrange the learners in groups of four to seven
2. Introduce the task that describes what should be discussed
3. Ask each group to designate a discussion facilitator, a recorder, and a person to present the group's findings to the larger group
4. Check to make sure that each group understands the task
5. Give groups time to discuss—this should not require the trainer's involvement unless the learners have questions for the trainer
6. Have one person from each group summarize the findings of the group (this could be a solution to the problem, answers to a question, or a summary of ideas)
7. Identify common themes that were apparent in the groups' presentations
8. Ask the learners what they have learned from the exercise
9. Ask them how they might use what they have learned

### 5. Demonstration

A demonstration is a presentation of a method for doing something.

#### Purpose

- To teach a specific skill or technique
- To model a step-by-step approach

## Process

1. Introduce the demonstration – what is the purpose?
2. Present the material you are going to use
3. Demonstrate
4. Demonstrate again, explaining each step
5. Invite the learners to ask questions
6. Have the learners practice themselves
7. Discuss how easy/difficult it was for them – summarize

## WASH JOB AIDS

Assessment Card – front page

Reminder: WASH Practices You Can Easily Implement					
How do you store your drinking water?					
1. How to treat and keep drinking water safe					
Narrow neck container with cover	Drinking water container with cover	Treat water with WaterGuard	Pour drinking water from the container using a clean cup or glass	Cup and jug should be washed and kept clean	Keep the drinking water container out of the reach of children and animals

## Handout 2.3.b: WASH products and supplies

### *Related products and supply affecting WASH behaviors*

#### **Water treatment and safe storage**

- ✓ Treatment products (hypochlorite solution, filters, wood for boiling, plastic bottles for solar disinfection)
- ✓ Storage containers
- ✓ Lids
- ✓ Dippers
- ✓ Nails and string for hanging dippers (to keep them off dirty floors)



#### **Handout 4.1: Definition of small doable action**

A small do-able action is a behavior that, when practiced consistent and correctly, will lead to household and public health improvement.

It is considered feasible by the household, from THEIR point of view, considering their current practice, their available resources, and their particular social context.

Although the behavior falls short of an “ideal practice”, it is more likely to be adopted by a broader number of households because it is considered ‘feasible’ within the local context.

## Handout 4.2.a: Negotiating improved practices

*Negotiating Improved Practices* is an innovative strategy that combines counseling and behavior change promotion techniques. Negotiation techniques build on existing practices, beliefs, customs, and available resources to “negotiate” with householders to identify and adopt effective and feasible practices for feces disposal, hand washing and water handling and treatment practices to prevent contamination and reduce disease-causing agents in the household environment.

Negotiating improved practices is driven by a strong behavior change component that, instead of promoting only one ideal practice or approach, focuses on instituting a process of interchange and negotiation between the home based care workers and households. This process allows households to select the most appropriate options for their situations and also permits households to work with the HBC worker to confront and solve other problems they face in incorporating new practices. With this support, and because actions are selected by the households themselves, the negotiation approach makes rapid integration of new behaviors possible.

To practice the negotiation, HBCW must have a range of feasible WASH options for various contexts. They must be able to practice techniques that identify problems, possible solutions, and get commitment to try a new, effective practice that brings the household closer to consistent and correct practice of water treatment, safe water handling, sanitation, and general hygiene.

**Handout 4.2.b: Steps to follow when negotiating improved WASH behaviors (Preparing a Shiro Meal)**

<i>Negotiation steps</i>	<i>Negotiation steps applied to teaching somebody how to serve a shiro meal</i>
1. Assess	<ul style="list-style-type: none"> <li>• Find out the person’s previous experience and the equipment/materials available</li> </ul>
2. Identify good practices; show appreciation for what is already done well	<ul style="list-style-type: none"> <li>• Ask the person to practice serving a shiro meal (starting from what they know already)</li> <li>• After practicing, congratulate the person for what s/he knows already and is doing well</li> </ul>
3. Identify the practice to be improved	<ul style="list-style-type: none"> <li>• Identify what the person needs to improve and how to do it (set of small doable actions)</li> </ul>
4. Negotiate the set of small doable actions leading to the ideal behavior	<ul style="list-style-type: none"> <li>• Build on what the person knows already, demonstrate how to improve</li> <li>• Solicit questions and provide answers</li> <li>• Encourage the person to try and congratulate him/her after the first trial by highlighting what was well done and also highlight/demonstrate what needs to be improved</li> <li>• Encourage the person to continue practicing</li> </ul>
5. Follow up and provide support	<ul style="list-style-type: none"> <li>• Follow up and assess the progress</li> <li>• Encourage the person to continue practicing until s/he properly masters serving a shiro meal</li> </ul>

**Alternate Handout 4.2.b: (Running a marathon)**

<i>Negotiation steps</i>	<i>Negotiation steps applied to teaching somebody how to run a marathon</i>
1. Assess	<ul style="list-style-type: none"> <li>• Find out the person’s previous experience and the equipment/materials available</li> </ul>
2. Identify the good practices and congratulate the person – Show appreciation for what is already done well	<ul style="list-style-type: none"> <li>• Ask the person to practice a few steps in running the marathon</li> <li>• After practicing, congratulate the person for what s/he knows already and is doing well</li> </ul>
3. Identify the practice to be improved	<ul style="list-style-type: none"> <li>• Identify what the person needs to improve and how to improve (set of small doable actions)</li> </ul>
4. Negotiate the set of SDA leading to ideal behavior	<ul style="list-style-type: none"> <li>• Build on what the person knows already, demonstrate how to improve</li> <li>• Solicit questions and provide answers</li> <li>• Encourage the person to try and congratulate him/her after the first trial by highlighting what was well done and also highlight/demonstrate what needs to be improved.</li> <li>• Encourage the person to continue to practicing</li> </ul>
5. Follow up and support	<ul style="list-style-type: none"> <li>• Follow up and assess the progress</li> <li>• Encourage the person to continue practicing until the marathon</li> </ul>

### Handout 4.3: WASH Assessment and WASH job aids (12)

<i>WASH Behaviors</i>	<i>Job Aids</i>
2. Safe drinking water	<ol style="list-style-type: none"><li>1. How to treat drinking water with WaterGuard</li><li>2. keeping drinking water safe<ol style="list-style-type: none"><li>2.1 Pouring drinking water from a jerry can into a clean cup</li><li>2.2 Store the cup upside down on a clean tray</li><li>2.3 Keeping safe drinking water out of the reach of animals and children</li></ol></li></ol>

## Handout 4.4.a: Body language for listening and communicating

- Being relaxed, not appearing embarrassed or awkward or shocked – even if the listener might be feeling some of those things
- Having an open posture, e.g. arms by your sides in a comfortable position, hands in lap,
- Leaning forward, and moving position, in response to the way the client is sitting (in good listening the listener does this without even noticing – s/he “mirrors” the way the client sits and moves – this is a really good indication that communication is good)
- Eye contact, as appropriate to culture and gender, but not staring
- Sitting posture
  - sitting sideways - at a 45° angle to the person (sitting squarely, that is, fully facing the person, can be intimidating, especially if the person is feeling embarrassed about the conversation - sitting sideways, at an angle of 45° to the person gives her/him an opportunity to look elsewhere if s/he needs to at times)
  - sitting at the same level or *lower* if the same level is not possible – if the CHW sits at a higher level than the client this unconsciously demonstrates the CHW is more important
  - sitting without barriers –e.g. a clinic desk - between the client and the CHW , although sitting at a kitchen table with the client (at an angle of 45° would be a comfortable and normal way of sitting in someone’s home

## Handout 4.4.b: Types of questions and when to use them

### a. Open-ended questions

What is an open-ended question?

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

#### Examples of open-ended questions

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

#### **Open ended question should be used when:**

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

### b. Closed questions

What is a closed question?

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

#### **Examples of closed questions:**

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

### c. Checking questions

What is a checking question?

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

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

#### **Examples:**

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

#### **d. Leading questions**

What is a leading question?

**A leading question is designed (either intentionally or subconsciously) to lead the person to a particular answer.**

These types of questions do not help the person questioned to be open about their true feelings or actions.

*It is easy to fall into the trap of using leading questions – health workers and home based care workers use them a lot because they (usually subconsciously) want to hear specific information and feel they are too busy to get into a “big discussion”. However, the “big discussion” is, in reality, the health worker’s **job** in communicating and is exactly what we should be trying to achieve.*

*One of the reasons most health or HBC workers fall into this trap is because they don’t feel confident to communicate well, or don’t feel confident that they have answers to difficult questions. Asking leading questions helps the health worker or HBC worker to stay in control of the conversation, even if they don’t realize that is what they are doing.*

#### **Examples**

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

#### **e. Why? questions**

What is a why question?

**(Self-evident) – Questions that ask why something is being done, has happened etc.**

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

#### **Examples of why questions:**

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

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

- How did you manage with teaching your family hand washing? Did it go fine?
- What did he say about cleaning the latrine? Did he make a plan with the village?
- How do you know the water is clean? Do you boil it, or use a water purifier?



- What was discussed at the village meeting? Did everyone agree that a village hygiene committee needs to be formed?

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

**Handout 6.2.1: Observation Checklist**  
**How to treat drinking water with WaterGuard**

<i>Did home-based care worker</i>	<i>Yes</i>	<i>No</i>	<i>Comments</i>
✓ Introduced self and objective of the visit or task?			
✓ Show the job aid(s) when explaining the task s/he was going to demonstrate?			
✓ Explain the steps/components?			
✓ Fill the jerry can with 20 liters of water?			
✓ Fill the bottle cap with WaterGuard?			
✓ Pour a capful in the 20 liters of water?			
✓ Close the jerry can and shake?			
✓ Wait for 30 minutes and taste?			

**Handout 6.3: Observation Checklist**  
**Teaching how to treat drinking water with WaterGuard**

<i>Did the HBC worker</i>	<i>Yes</i>	<i>No</i>	<i>Comments</i>
1. Explain the skill that s/he will teach?			
2. List the materials needed?			
3. Use the job aid(s) to explain the steps for treating water with WaterGuard?			
4. Demonstrate how to treat water with WaterGuard (measure WaterGuard, mix, close and shake, and cover water container) and then taste?			
5. Encourage caregiver to try			
6. Give feedback (congratulate caregiver for trying and highlight what needs improvement and how to improve)?			
7. Make a follow up appointment?			

**Handout 6.4.a:****Scenario: HBC worker Abebe's visit to Woizerit Yodit**

HBC worker visits Woizerit Yodit, 24, who has been living with HIV since 2005. Woizerit Yodit started ART last week. Woizerit Yodit was also given one bottle WaterGuard to treat drinking water. Abebe noticed that the jerry can containing drinking water was open; the jerry can cover and the drinking cup were on the floor. Abebe decided to negotiate with Woizerit Yodit the improvement of safe drinking water.

**Handout 6.4.b: Observation Checklist**  
**Negotiating how to keep drinking water safe in homes**

<i>Did the HBC worker</i>	<i>Yes</i>	<i>No</i>	<i>Comments</i>
<p><b>1. Use the assessment card to assess the current practices?</b></p> <ul style="list-style-type: none"> <li>Type of drinking water container available – covered or not covered – type of cover</li> <li>What is used to draw and to serve drinking water?</li> <li>Where are drinking water container, jug, and cup stored or kept?</li> <li>What method does the household use to treat drinking water?</li> </ul>			
<p><b>2. Use the assessment card to identify the good practices and congratulate the person?</b></p> <p>✓ <i>Compare the current practices to ideal practices to define the practices already being implemented and congratulate PLWHA.</i></p>			
<p><b>3. Use the assessment card to identify the practice to be improved?</b></p> <ul style="list-style-type: none"> <li>After comparing the current and the ideal practices, identify the practices to be improved and what is available at home to implement this improvement.</li> </ul>			
<p><b>4. Use the appropriate job aid to negotiate the set of SDA leading to ideal behavior?</b></p> <ul style="list-style-type: none"> <li>Present and explain the practices to be improved:</li> <li>Explain the benefits of implementing the improvement.</li> <li>Ask PLWHA if s/he is willing to try to improve these practices.</li> <li>Solicit questions and give answers.</li> </ul>			
<p><b>5. Follow up?</b></p> <ul style="list-style-type: none"> <li>Make an appointment to follow up?</li> </ul>			

**Handout 7.1.a: Scenario:**  
**Negotiating improved feces disposal for mobile people**

Solomon lives in a neighborhood of Addis. He is married with 2 children, aged 3 and 6 years old. Solomon and his family own a one-bedroom house with a small yard. Solomon does not have a latrine and there are traces of feces around the house. Solomon and his wife have a popo, but it is used only by children for defecation during night time. Solomon practices open defecation during the day and at night, and his wife must hold her feces and wait until it is dark before she can practice open defecation.

**Handout 8.1.a: Scenario**  
**Helping people with multiple WASH needs**

Biruk is a HBC worker who has been working with David's household since last month. Dawit was referred to Biruk by the community leader. Today Biruk visits Dawit for the second time. During the first visit, Biruk noticed that Dawit and his household have multiple WASH needs. Biruk decided to discuss and to negotiate improvement of the household WASH practices on the second visit. After a nice introduction Biruk carried out the assessment of WASH practices of the household with David.

The results of the assessment showed that:

- Drinking water is stored in a jerry can without a cover, the cup used to serve drinking water is left facing up on the table, and the jerry can is placed at the entrance of the house. Dawit was given WaterGuard last month when he went to the hospital for his ART.
- There is one shared latrine in the compound where Dawit lives with his family. David's wife does not like to be seen going to the latrine during the day and Dawit said that the path to the latrine is very dirty and he prefers to practice open defecation or use a plastic bag for defecation. He usually dumps the plastic bag discretely anywhere in the compound. David's child, age 5, uses the potty at night and practice open defecation during the day. There are feces (animal and human) in the compound.
- Dawit buys two jerry cans of water every day. He buys 3-4 jerry cans once a week when his wife does the laundry. Dawit has soap or ash at home all the time. Dawit and family wash their hands with water every morning, at noon and before going to bed. Dawit has plastic bottles and straws at home.

**Handout 8.1.b:**

**WASH practices already being implemented, WASH practices to be improved, set of SDA to be negotiated**

<i>WASH practices being implemented</i>	<i>WASH practices to be improved</i>	<i>Set of SDA to be implemented</i>
1. Safe drinking water		



**Handout 8.2: Guiding principles for HBC workers on helping PLWHA and households to improve multiple WASH practices**

**1. Assessment**

- Using the assessment card, carry out a thorough assessment of all the WASH practices of the household - Identify the WASH practices already being implemented and congratulate the client and recommend that the client continue to maintain these practices - and identify the practices to be improved and the set of SDA to be negotiated.

**2. Decision and selection of one WASH practice to be improved according to the following criteria:**

- ✓ Availability of materials/supplies (higher probability for the family to implement).
- ✓ Approval of the head of household.

**3. Negotiating the first improved WASH practice – Using the appropriate job aids**

- Negotiate only one behavior at a time.
- Follow up with the client until successful and consistent implementation and adoption of the improved WASH practice. Congratulate the client and ask him/her to continue to implement the behavior consistently.

**4. Negotiating the second WASH practice to be improved– Using the appropriate job aids**

- ✓ Check if the conditions are met for the second WASH practice to be negotiated; conditions include the availability of the materials/supplies, the approval of the head of the household, and whether or not the first behavior is maintained.
- ✓ Negotiate the improvement of the second WASH behavior and follow up on the implementation of the improved practice by the household.
- ✓ Continue to follow up on consistent implementation of the first improved WASH practice.

**Pre & post test WASH questions to be included in the home-based care**

Some questions ask for more than one response; some questions ask for description; some questions ask for one answer.

**Please read all the questions carefully and answer as best you can.**

You have 15 minutes to answer all the questions

Do not  
write in  
this  
column

<p>1. Improving WASH in homes will benefit the: [check the boxes]</p> <p><input type="checkbox"/> The neighbors alone</p> <p><input type="checkbox"/> PLWHA, household, and community</p> <p><input type="checkbox"/> Home Based Care workers alone</p>	<input type="checkbox"/>
<p>2. What WASH behaviors should HBC worker target in HBC? [check the boxes]</p> <p><input type="checkbox"/> Hand washing</p> <p><input type="checkbox"/> Hair combing</p> <p><input type="checkbox"/> Diet</p> <p><input type="checkbox"/> Drinking safe water</p> <p><input type="checkbox"/> Proper handling and disposal of feces</p> <p><input type="checkbox"/> Car washing</p> <p><input type="checkbox"/> Menstrual care</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>3. The goal of WASH care for PLWHA is to: [check <b>one</b> box]</p> <p><input type="checkbox"/> Prevent malaria</p> <p><input type="checkbox"/> Prevent yellow fever</p> <p><input type="checkbox"/> Prevent tuberculosis</p> <p><input type="checkbox"/> Prevent diarrhea for family members, and improve the PLWHA’s quality of life, and prevent HIV transmission (caregiver)</p>	<input type="checkbox"/>
<p>4. What <b>does not</b> influence WASH behaviors? [check the boxes]</p> <p><input type="checkbox"/> Availability of product/material</p> <p><input type="checkbox"/> Purchasing power</p> <p><input type="checkbox"/> Perception of benefits/advantages</p> <p><input type="checkbox"/> Presence of road</p> <p><input type="checkbox"/> Presence of a bird</p> <p><input type="checkbox"/> Availability of water</p> <p><input type="checkbox"/> Approval of household head</p> <p><input type="checkbox"/> Tradition</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>5. How do you learn/teach an improved behavior? [check one box]</p> <p><input type="checkbox"/> Step by step</p> <p><input type="checkbox"/> All at once</p>	<input type="checkbox"/>
<p>6. What are the key steps to negotiate an improved behavior? [check <b>one</b> box]</p> <p><input type="checkbox"/> Educate</p> <p><input type="checkbox"/> Tell people what to do</p> <p><input type="checkbox"/> Assess, congratulate, identify improvement needed, and negotiate improved behavior</p>	<input type="checkbox"/>
<p>7. Select <b>one</b> the following phrases that encourage “open-ended questions”: [check the box]</p> <p><input type="checkbox"/> How many ..... ??</p> <p><input type="checkbox"/> What would make it easier to .....??</p> <p><input type="checkbox"/> Have you ever .....??</p> <p><input type="checkbox"/> You don’t usually ..... do you?</p>	<input type="checkbox"/> <input type="checkbox"/>
<p>8. Effective negotiating an improved behavior requires:</p>	

<p>[check <b>one</b> box]</p> <p><input type="checkbox"/> Convincing people about what to improve</p> <p><input type="checkbox"/> Knowledge of the small doable actions, material/product needed, and negotiation</p>	
<p>9. HBC worker's WASH role and tasks are:</p> <p>[check <b>one</b> box]</p> <p><input type="checkbox"/> Meeting with community leaders</p> <p><input type="checkbox"/> Discussing with neighbors</p> <p><input type="checkbox"/> Negotiating improved WASH behaviors, provide WASH care for sick PLWHA, and teach caregiver how to provide WASH care to sick PLWHA</p>	<p><input type="checkbox"/></p>
<p>10. Name four things you could do to make water safer for consumption:</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p>
<p>11. List 5 critical times in which hands should be washed to prevent diarrheal disease.</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p> <p>5.</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p>
<p>12. What is the primary function (the job) of the <b>soap</b> when hand washing?</p>	<p><input type="checkbox"/></p>
<p>13. What is the primary function (the job) of <b>running water</b> when hand washing?</p>	<p><input type="checkbox"/></p>
<p>14. What can be used to substitute for soap when it is not available for hand washing?</p>	<p><input type="checkbox"/></p>
<p>15. What is a tippy tap?</p>	<p><input type="checkbox"/></p>

<p>16. Name at least 2 benefits to improving the <u>quality</u> of household drinking water:</p> <p>1.</p> <p>2.</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p>
<p>17. Name 3 things that would make it easier for a caretaker to dispose of feces:</p> <p>1.</p> <p>2.</p> <p>3.</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p>
<p>18. List at least two WASH tasks HBC worker or caregiver should perform/do when caring for a bedbound person with diarrhea.</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p>
<p>19. List at least two WASH tasks HBC worker or caregiver should perform/do when caring for a bedbound HIV+ woman with menses.</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p>
<p>20. What is a “small do-able action” as it relates to WASH in home-based care?</p>	<p><input type="checkbox"/></p>
<p>Thank you! The test is finished.</p>	