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WASH 
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Towards sustainability in water, sanitation and hygiene

WASH and HIV

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Overview

- Why integrate WASH into HIV/AIDS programmes? (and vice versa)
- Explore additional WASH needs of people living with HIV and AIDS
- Identify priority WASH practices to integrate into HIV/AIDS programmes
- Identify key considerations when integrating HIV into WASH programmes
- Share experiences
- Highlight some useful resources



Where do you stand on WASH and HIV?



- ...Haven't given it much thought.
- ...Have been 'watching that space'.
- ...Planning to engage, not sure where to start.
- ...Currently programming.



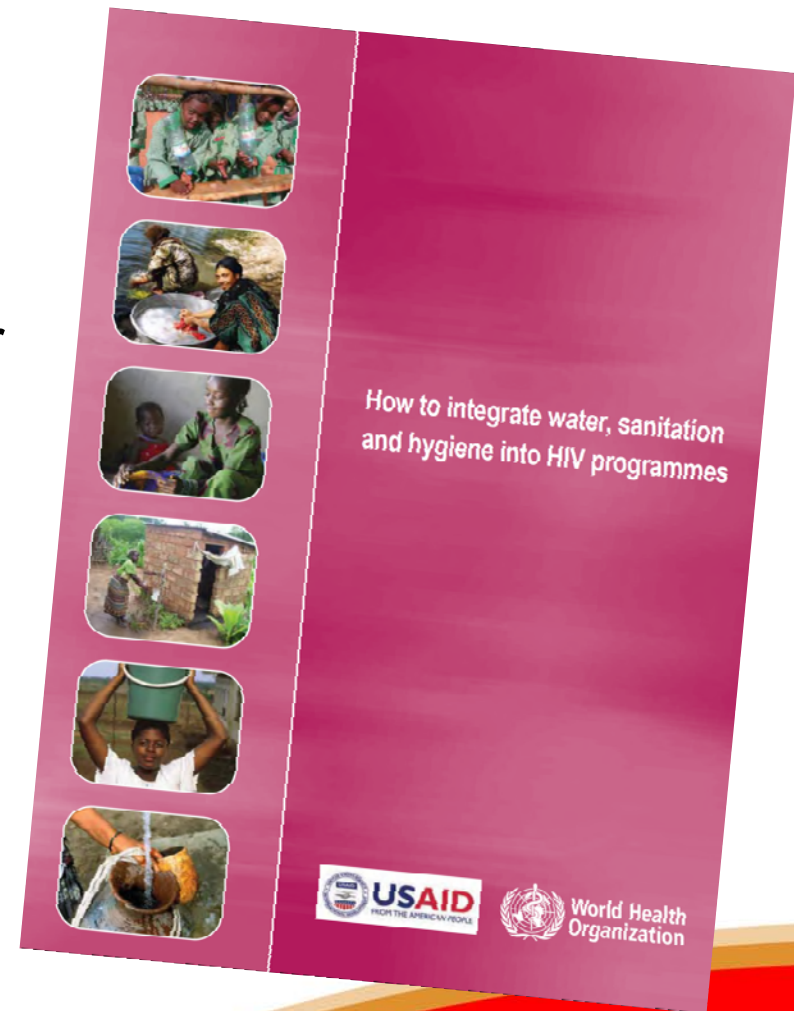
Why integrate WASH into HIV/AIDS programmes? (USAID/WHO 2010)

- Effects of ↓ access to WASH are magnified for HIV+/immune-compromised
- ↑ susceptibility to opportunistic infections such as diarrhoea (Lule et al. 2005)
- Infections reduce quality of life and can speed progression from HIV to AIDS (?)
- Diarrhoea reduces absorption of ARVs and essential nutrients (Bushen et a. 2004)
- ↑ evidence on WASH needs/health impacts of WASH interventions, for HIV+ people and their families



Why integrate WASH into HIV/AIDS programmes? (USAID/WHO 2010)

- WASH practices can
 - ↓ episodes & severity of diarrhoea among HIV+ people
 - help to protect caregivers/other household members from diarrhoeal disease (& HIV)
- A healthier/stronger household is more economically viable and resilient to the challenges of HIV



Doris lives in the western highlands of Papua New Guinea. She spends much of her time caring for her dependant husband, Fidelis.

Fidelis is chronically ill with AIDS related illnesses, and suffers from regular bouts of debilitating diarrhoea.

Doris found out she was HIV positive after being tested during an antenatal care visit early in 2010. Baby William is now six months old and is HIV negative.

What are the likely WASH needs of Doris and her family?



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ACCESS to
ADEQUATE
AMOUNTS of GOOD
QUALITY WATER for:
drinking; taking ARVs;
food preparation;
? replacement feeding;
washing clothes;
personal hygiene

ACCESS to
SANITATION for
safe handling and
disposal of faeces
and items soaked
with menstrual
blood

HYGIENE:
hand washing;
menstrual
management;
food hygiene.

WASH needs
of **Doris** and
her family



Basic water needs of people living with HIV & AIDS (USAID/WHO 2010)

1 l/day. Water for replacement feeding of infants <6 mths (w/o cleaning)

1.5 l/day. Water for taking ARVs.

2 l/day. Water for replacement feeding of infants > 6 mths (w/o cleaning)

20-80* l/day. Hygiene needs of person living with HIV, laundering clothes and bedding.

20 l/day min. Basic water for drinking, food preparation, laundering & personal hygiene



Guidelines on

HIV and infant feeding

2010

Principles and
recommendations
for infant feeding in
the context of HIV
and a summary
of evidence



World Health
Organization



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In case you are wondering....?

FLUID	KEY POINT
Urine & faeces	HIV has never been isolated in urine or faeces. (Water Environment Federation, 2000)
	Urine and faeces quickly (in 1 hr) diminish infectivity of any HIV present. (Moore BE, 1993; Water Environment Federation, 2000)
	Likely to be more virus in faeces of people with end stage AIDS. Risk to caregivers more likely to be due to other pathogens in faeces.
Menstrual blood	Menstrual blood of HIV+ women may contain virus at a higher load than regular blood (Reichelderfer PS et al, 2000)
Waste water	HIV infected blood introduced into dechlorinated tap water had no detectable virus after 5 mins. (Moore BE, 1993)

And what about the WASH needs of **other** marginalised groups whose behaviours put them at increased risk of HIV or other communicable diseases?

- Although WASH needs of HIV+ people exceed the needs of those who are uninfected, they often have less access to water and sanitation facilities than their neighbours (Magrath and Tesfu 2006).

- Stigma and discrimination is exacerbated for people who sell sex or inject drugs
- Hand washing before injecting is protective against many infections, including blood borne viruses
- Access to safe water for people who inject drugs is critical, as it reduces a range of complications



Priority WASH practices to integrate into HIV/AIDS programmes (USAID/WHO 2010)

- ✓ Treat drinking water
- ✓ Store treated drinking water safely
- ✓ Promote hand washing
- ✓ Handle and dispose of faeces safely
- ✓ Manage menstruation
- ✓ Prepare, handle and store food safely
- ✓ Promote personal cleanliness of people living with HIV and their environment



Why integrate HIV into WASH sector programmes? (USAID/WHO 2010)

- Government Ministries often work in silos
- Access to WASH is a basic human right (for everyone!); needs of HIV+ people often exceed those of general popn.
- Houses who have lost primary income earners are less able to pay for water/latrines
- Fewer able bodied people in households means fewer people able to manage and engage with water/sanitation activities (Franks & Cleaver 2002)
- Most WASH related programmes do not address HIV/AIDS (Kamminga & Wegelin-Schuringa 2005)



Key considerations for integrating HIV into water supply and sanitation activities

- Protecting sectoral human resources through HIV prevention and mitigation activities
- Considering special hardware needs of those affected by HIV in WASH programmes and activities, for example
 - lengthening pump handles to make it easier to pump water
 - building wells or latrines closer to HIV affected households
 - building ramps or platforms for easier access
- ‘GIPA’ principles



Experience of AT in PNG.....



- http://www.wateraid.org/uk/what_we_do/how_we_work/equity_and_inclusion/8321.asp
 - Studies, examples from Nepal, Tanzania, Ethiopia, India

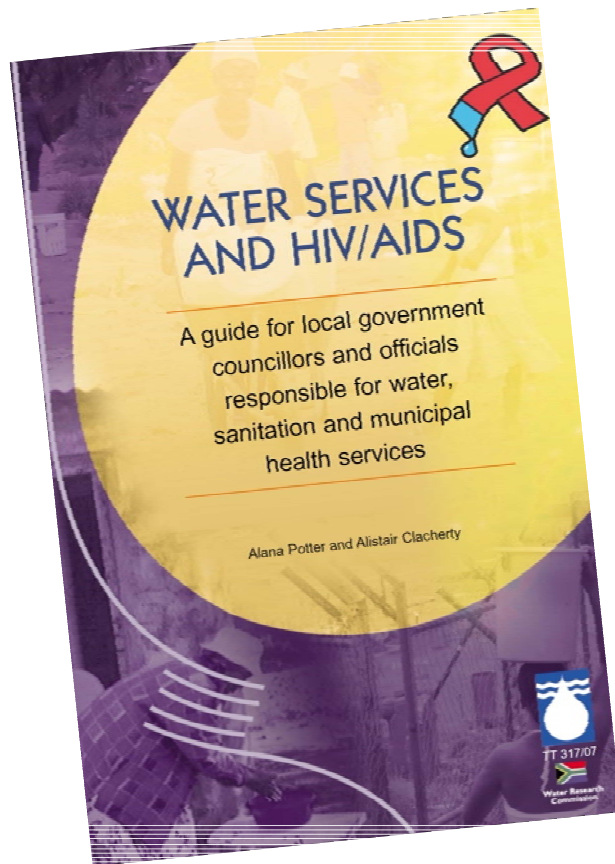


- <http://www.watercentre.org/projects/sharing-experiences-hygiene>
 - Hygiene Improvement Project, Ethiopia, Uganda, Kenya, Tanzania



Water Supply & Sanitation Collaborative Council
Inform. Engage. Enable.

<http://www.wsscc.org/topics/hot-topics/hiv/aids-and-wash>



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 WSSCC REFERENCE NOTE



HIV/AIDS & WASH


ACCORDING TO THE LATEST REPORT BY UNAIDS (1), 33.2 million people worldwide live with HIV and new infections now number 2.5 million annually. Hundreds of millions more are affected through loss of parents, children or colleagues. The HIV/AIDS pandemic is everywhere, though sub-Saharan Africa is most severely affected with 99.5 million HIV-positive adults and children. South Asia and South East Asia follow with 4.0 million infected. These regions have high levels of poverty and low access to the water supply and sanitation services critically needed to prevent and treat disease.

WHAT IS THE IMPORTANCE OF WASH FOR PEOPLE LIVING WITH HIV/AIDS?


Links between WASH and HIV/AIDS occur on several levels, affecting sick people, caregivers, families, communities and service providers. The access to improved WASH services is important for health and livelihoods in general because:

- People should not unnecessarily expose themselves to infection, since poor health increases the susceptibility to and severity of HIV/AIDS.
- The most common diseases for people suffering from HIV/AIDS are diarrhoeal and skin diseases, both of which are often waterborne and due to poor hygiene.
- When after the generally recommended six months of breastfeeding complementary foods are introduced, clean water and good hygiene are crucial for safe preparation of infant formulae or alternative food.
- The water needed for adequate care of HIV/AIDS patients exceeds normal consumption rates by two to five times [2].
- Hygiene education and awareness raising for patients and caregivers is required to support safe handling of water and excreta and to avoid false linkages between HIV/AIDS and water.
- Household plots for growing vegetables and other small-scale income generation are vital pillars in livelihood security for people affected by HIV/AIDS and require water.

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PROGRAMMING GUIDANCE FOR INTEGRATING WATER, SANITATION, AND HYGIENE IMPROVEMENT INTO HIV/AIDS PROGRAMS

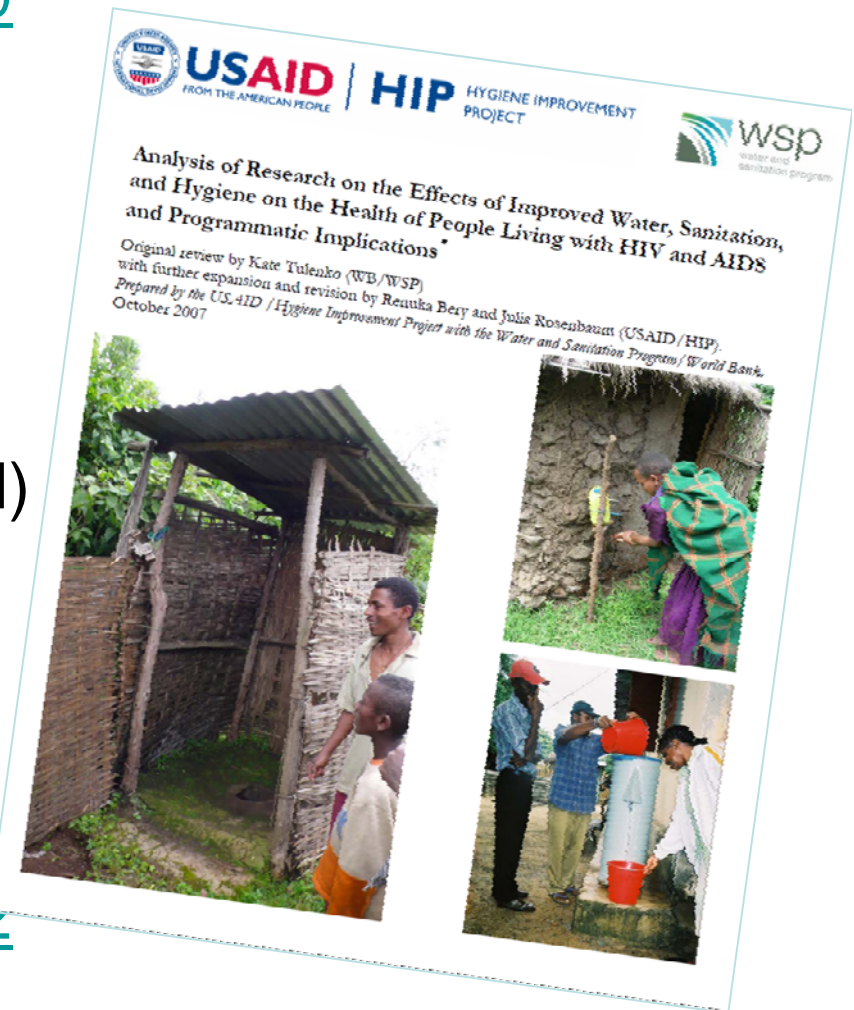


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<http://www.hip.watsan.net/page/4489>

- **WASH-HIV Integration Toolkit**
 - A collection of resources from the Hygiene Improvement Project and others to support the integration of water, sanitation, and hygiene (WASH) in HIV/AIDS programming.
- Also see publications and resources link

<http://www.hip.watsan.net/page/4142>



Need help?

- Burnet Centre for International Health can partner with you to assist integration of HIV into WASH programming:
 - Project design
 - M & E
 - Operational research
 - Training

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