

Summary of WaterAid's work on HIV/AIDS

Equity and inclusion – key lessons (July 2011)

Introduction¹

Globally, around 33 million people are living with HIV/AIDS. In addition to facing the physical effects of the illness, these people often find it difficult to support themselves economically and require care from family and community members. In many cases they are stigmatised and discriminated against, marginalising them further. The HIV/AIDS epidemic has also resulted in a huge number of orphans and vulnerable children having to look after themselves or be cared for by elderly grandparents.

Access to safe water, sanitation and hygiene (WASH) is essential for people living with HIV and AIDS²; women in particular are affected by both. Studies have shown that improved hygiene practices can reduce the risk of diarrhoea by 30% or more, improving health and protecting livelihoods. Antiretroviral (ARV) drugs, which can help people live better and longer lives, rely on adequate food and at least 1.5l of safe water a day to be effective³.

Despite people living with HIV and AIDS having an increased need of access to WASH, limited progress has been made in terms of research, integrated programming and joint-advocacy regarding the crossover between WASH and HIV/AIDS. There is a clear need to investigate this link further. This briefing note summarises WaterAid's work in this area, the key lessons learned and recommendations for the future.

Summary of WaterAid's work on HIV/AIDS

WaterAid is currently documenting and reviewing its work with people living with HIV and AIDS to develop its practices and advocate for the rights of this group to water and sanitation. We have carried out both quantitative and qualitative research, using methods including close-ended survey questionnaires, semi-structured interviews and case study collection:

¹ Adapted from WaterAid (2010) *Equity and inclusion framework*

² USAID/ Hygiene Improvement Project (2008) *Programming guidance for integrating water, sanitation and hygiene improvement in HIV/AIDS programmes to prevent diarrhoea morbidity* www.hip.watsan.net

³ USAID/Hygiene Improvement Project and WB/Water and Sanitation Programme (2007) *Research and resources linking water, sanitation and hygiene with HIV/AIDS home-based care*

Publication	Country	Author(s)	Year
Making the links: Mapping the relationship between water, hygiene and sanitation and HIV/AIDS	Ethiopia	WaterAid and Prognyst	2004
Equal access for all? Meeting the needs for water and sanitation of people living with HIV/AIDS	Ethiopia	Priscilla Magrath, WaterAid in Ethiopia	2006
Access to water and sanitation for people living with HIV and AIDS: An exploratory study (full report)	Tanzania	Diana Nkongo and Christian Chonya, WaterAid in Tanzania and Amref in Tanzania	2009
Access to water and sanitation for people living with HIV and AIDS: An exploratory study (briefing paper)	Tanzania	Diana Nkongo and Christian Chonya, WaterAid in Tanzania and Amref in Tanzania	2009
Equity and inclusion assessment in Madagascar	Madagascar	WaterAid in Madagascar	2010
Access to WASH for people living with HIV and AIDS, Nepal	Nepal	WaterAid in Nepal	2010
India, Uttar Pradesh: Transforming lives of people with HIV/AIDS through WASH services	India	WaterAid India	2010

Key lessons learned from WaterAid's research

Increased need and access

- People living with HIV and AIDS are more susceptible to WASH-related illnesses, such as diarrhoea, typhoid and skin diseases.
- People living with HIV and AIDS need more water: for taking medication, washing to help prevent infections and drinking to help recover from illnesses.
- HIV/AIDS-related illnesses can increase the time and effort needed to collect water when it is not easily accessible.

- People living with HIV and AIDS can be stigmatised and marginalised, resulting in limited access to safe water and sanitation (more pronounced in rural than urban areas).
- Increasing access to WASH for people living with HIV and AIDS should be achieved by increasing access for the whole community. Attempts to target those with HIV/AIDS specifically can increase stigma and discrimination.
- The sustainability of WASH services is even more important for people living with HIV and AIDS due to their acute and ongoing needs.
- HIV-positive mothers who do not breastfeed in order to reduce the risk

of mother-to-child transmission need safe drinking water to prepare formula to prevent the risk of waterborne infections to babies.

- ARV therapy is better absorbed if patients use safe (treated) drinking water.

Support and hygiene education needs

- There is limited evidence that community support mechanisms exist to ensure people living with HIV and AIDS can access safe water.
- People living with HIV and AIDS and their caregivers need accurate and adequate information on water treatment and storage, sanitary use of toilets, effective personal hygiene, hand-washing and menstrual hygiene.
- Information-sharing is a key part of working with people living with HIV and AIDS, and a range of communication formats should be employed, including print, audio, video, and individual and group counselling.

Stigma and discrimination

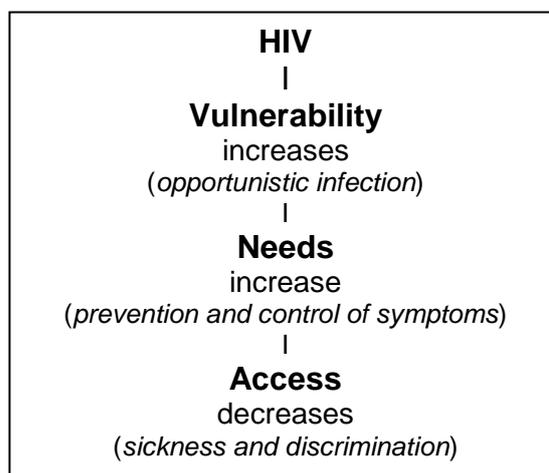
- Stigma and discrimination is a persistent issue, with examples of community members, healthcare workers and WASH service providers being unwilling to share water supplies and sanitation facilities with people living with HIV and AIDS for fear of infection.
- The level of discrimination and stigmatisation often increases with the severity of the illness and the support needed.

Cross-sector coordination

- Although there are areas of overlap between the WASH and health sectors, there is little cooperation or harmonisation between the two and funding streams are separate.

- It is fundamental that WASH and HIV/AIDS programmes are linked to avoid duplication and ensure efforts are as effective as possible.

Figure 1: People living with HIV and AIDS and WASH⁴



Recommendations from WaterAid’s research

- As HIV/AIDS is a multi-sectoral issue, we advise the following actions are taken:
 - 1 Stakeholders in the WASH sector should revisit their policies and programmes to mainstream HIV/AIDS. Government and stakeholders in the HIV/AIDS sector should reciprocate by mainstreaming WASH in their work. A thorough gap analysis of these sectors in relation to each other’s issues could be a useful first step towards mainstreaming both HIV/AIDS and WASH.
 - 2 Joint programming between the HIV/AIDS and WASH sectors should include training on water, sanitation and hygiene and

⁴ Taken from WaterAid in Ethiopia (2006) *Equal Access for All? Meeting the needs for water and sanitation of people living with HIV/AIDS*

- HIV/AIDS-related care and treatment respectively. For example, home-based care guidelines should include a component of water, sanitation and hygiene and water and sanitation programmes should emphasise sensitising and training communities on sharing WASH facilities with people living with HIV and AIDS.
- 3 Advocacy needs to be carried out with decision-makers in the sanitation sector to address the potentially increased sanitation needs of people living with HIV and AIDS due to the higher frequency of diarrhoeal illnesses.
- Advocacy is needed for HIV/AIDS programmes and interventions to increase the provision of water treatment agents as part of medical treatment support packages.
 - The needs of people living with HIV and AIDS should be addressed throughout WASH programmes including the planning, monitoring and evaluation stages. People living with HIV and AIDS should be included at each stage of these processes.
 - Media such as radio should be used to spread hygiene messages and accurate medical information in accessible format.

Further research needed

- Assess who is being excluded from access to WASH where projects have been implemented to give a clearer picture of the extent and pattern of excluding people living with HIV and AIDS.
- Undertake quantitative surveys to monitor how many people living with HIV and AIDS are contracting (and eventually dying from) WASH-related diseases to

emphasise the need for joint programming and cross-sectoral messages.

- Explore the different needs and concerns of people living with HIV and AIDS, recognising they are not a homogenous group.
- Assess the importance of WASH for people living with HIV and AIDS and compared it to the importance of nutrition and medicinal care in treatment.
- Achieve a better understanding of the relationships between WASH, poverty and HIV/AIDS.

Highlights of WaterAid's future plans for work on HIV/AIDS

- All country programmes in East Africa will be focusing on mainstreaming HIV/AIDS in their programming.
- In West Africa, reporting will be broken down to give the numbers of people living with HIV and AIDS with access to WASH. This will be done using our equity and inclusion framework, taking into account local context, reviewing policy research at the country and regional levels, and through a regional equity and inclusion group.
- In India, partnerships are planned with the Ministry of Health and Family Welfare, specifically the National AIDS Control Organisation, as well as continuing to build on the existing partnership with the Uttar Pradesh State AIDS Control Society and the state minister himself.
- In Nepal, a strategic partnership will be developed with Family Health International (FHI) and

other specialised organisations working in HIV/AIDS.

- WaterAid in Tanzania plans to work with AMREF and Engender Health, which provide services to people living with HIV and AIDS, to strengthen the WASH component in their work.

Case studies

1

Abera is 14 years old. His father died two years ago and his mother last year, both due to AIDS. He is now living with his stepmother, brother and sister. While his parents were ill, it was he and his older brother, along with their stepmother, who looked after them. Like all the other families in the neighbourhood, except one, his does not have its own latrine so he has to walk 15 minutes to the public latrine every time he needs to use the toilet.

“My stepmother would wash my father and do all the cooking but she easily and frequently got sick for she is HIV positive. Therefore my brother and I had to fetch water and clean the house. Every day it would take us over two hours to fetch two buckets of water [about 30 litres], care for our little sister [5], and clean and carry out all the household tasks.

“Even though my brother and I didn’t stop going to school, our educational performance dramatically declined. This was because I always had nightmares about my father that caused me to worry all day. My brother and I can’t play with our friends in the village because now they insult us and say that we are orphans of AIDS. We are also worried because the ex-owner of our house is asking us to give his house back. If we do this, we will be out on the street because there is nobody around to help us.”

Taken from WaterAid in Ethiopia and Prognyst (2004) *Making the links: Mapping the relationship between water, hygiene and sanitation, and HIV/AIDS*

2

In Yombo Vituka, Nuru PTC is doing voluntary work to support seriously sick people living with HIV and AIDS. The group acknowledges water is a serious problem, especially for people living with HIV and AIDS who cannot afford it. In the area there is a community water project but those with HIV/AIDS are not allowed free access. However, in a neighbouring ward, the ward executive officer has allowed a person living with HIV and AIDS to fetch water free of charge. In this case, some community members disagreed with the arrangement, pointing out that the person is no less capable of paying for the water service than they are.

Taken from WaterAid in Tanzania and Amref (2009) *Water and Sanitation for People Living with HIV and AIDS: Exploring the Challenges*

3

Mr Singh is a driver in Chandauli district of Uttar Pradesh state in India. He was always known for his fearlessness and his well-built body. After experiencing a rapid deterioration of his health with increasingly frequent episodes of diarrhoea, he went for tests that revealed he was HIV positive. He then discovered that his wife and three children had also contracted the disease. In October 2009, his wife died of HIV leaving him to take care of his three children alone.

WaterAid in India has entered into a partnership with the Uttar Pradesh State AIDS Control Society to help improve the quality of life for people living with HIV/AIDS by providing access to water and sanitation. Through the project, information centres with safe water and sanitation facilities have been set up

where people like Mr Singh can learn about key hygiene messages and receive counselling. As well as learning about hand-washing, diarrhoea management, safe water handling and the need to use boiled water for his medicines, Mr Singh received a hygiene kit containing soap, chlorine tablets, Dettol, a towel and a pamphlet.

Since changing his lifestyle and adopting more hygienic behaviour, Mr Singh has witnessed a steady improvement in his health, “Before, I was very ill because I had frequent bouts of diarrhoea,” he said. “I suffer from diarrhoea less and

less now and am able to manage it on my own and recover from it quickly. I now look forward to going back to work and earning the money I need to take care of my family.”

Taken from WaterAid in India (2010) *Making a difference to people living with HIV/AIDS in India: Mr Singh's story*



WaterAid transforms lives by improving access to safe water, hygiene and sanitation in the world's poorest communities. We work with partners and influence decision-makers to maximise our impact.

WaterAid
47-49 Durham Street
London, SE11 5JD
Tel: +44 (0)20 7793 4500
www.wateraid.org

Contact for this paper:
Shamila Jansz
Tel: +44 (0)20 7793 4596
Email: shamilajansz@wateraid.org