FACTSHEET > WASH and HIV

This factsheet sets out to explain the connection between water, sanitation and hygiene (WASH) and HIV and AIDS, and provides recommendations on how HIV interventions can integrate WASH into their programming.

WHAT IS WASH?

WASH interventions aim to improve access to safe water, sanitation facilities and hygiene practices. Access to clean water and sanitation are basic human rights, yet 768 million people lack access to an improved supply of clean water – over 40% live in sub-Saharan Africa – and 2.6 billion people lack access to adequate sanitation globally. [1]

Without access to sanitation people frequently practice defecation in the open or rivers. This, as well as a lack of access to a safe supply of water and poor hygiene practices, has severe consequences for human health, wellbeing and dignity. Diarrhoea caused by poor WASH remains a leading cause of death – particularly for children under five years old.

WHY IS WASH IMPORTANT FOR PEOPLE LIVING WITH HIV?

WASH is essential for ensuring that people living with HIV (PLHIV) live healthy and productive lives.

Prevention of opportunistic infections and diarrhoea:
People living with HIV are more susceptible[2] to WASH related illnesses such as typhoid and skin diseases. People living with HIV are also six times more likely to acquire a diarrhoeal disease[3] with 90% of people living with HIV experiencing diarrhoea at least once[4]. In addition, babies born to mothers living with HIV are three times more likely to have diarrhoea.[5]

Diarrhoea leads to dehydration and malnutrition, putting further strain on the health of people living with HIV. Illness due to diarrhoea and other WASH related illnesses may also exacerbate the loss of earnings that families affected by HIV and AIDS already face.

People living with HIV need 2 ½ times the amount of water than someone not living with the virus[6], and also need improved hygiene and sanitation to help prevent opportunistic infections by keeping the environment of the house and toilet clean. An adequate supply of water is essential for home-based care of PLHIV. Diarrhoea and other opportunistic infections also lead to depleted energy levels, resulting in the need for close and easily accessible toilet facilities and water for handwashing.

Prevention of mother-to-child transmission (PMTCT):
If a mother living with HIV decides to use formula or replacement feeding rather than breast milk, access to clean water is essential to ensure it is safe for consumption.

Effective HIV treatment:
Anti-retroviral drugs (ARVs) are essential to enable PLHIV to lead healthy and productive lives. To take ARVs approximately 1.5 litres of safe water is needed daily.[7] The need for effective WASH to prevent opportunistic infections is vital as diarrhoea may reduce the effectiveness of ARVs.

The physical burden of fetching water is also a strain for people living with HIV when they experience reduced energy levels, side effects from HIV medication or symptoms of opportunistic infections.

STIGMA AND DISCRIMINATION OF PEOPLE LIVING WITH HIV

It is well documented that people living with HIV face high levels of stigma and discrimination because of their HIV status. A lack of knowledge and education regarding the routes of transmission of HIV result in PLHIV being excluded from accessing basic services including safe water and sanitation. In a study in Ethiopia, more than a third of participants living with HIV had experienced discrimination when trying to access water and sanitation.[8]

Access to water and sanitation are human rights. These essential services underpin human development and transform lives, enabling people to overcome poverty. Inclusive WASH programmes promote inclusivity and ensure all are able to participate fully, irrespective of any differences including HIV status.[9] They are a way of including people living with HIV into the community and in turn may help to reduce stigma and discrimination.

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PRIORITY WASH PRACTICES TO INTEGRATE INTO HIV AND AIDS PROGRAMMES

This checklist is based on recommendations from WaterAid programming experiences.[10]

FOCUS OF PROGRAMME	WASH ACTION
Global coordination	• Improve coordination between UNAIDS, WHO and UN Water on strategies and approaches to integrate WASH and HIV
Gaps and needs assessments	• Carry out an audit, or KAPB Survey to assess which approaches to take and develop action plans in communities and the workplace to address challenges in practice and policies • Collect baseline data on the WASH needs of PLHIV. If staff from HIV organisations and WASH organisations collect the data it will increase their knowledge on WASH and HIV • WASH sector should revisit their policies and programmes, carry out a gap analysis and include HIV and AIDS into their work • HIV and AIDS sector should revisit their policies and programmes, carry out a gap analysis, and include WASH into their work • This should happen at all levels from donors and national government policy to NGOs and CBOs
Programme planning	• Ensure WASH programmes for PLHIV are part of a whole-community targeted project • Ensure the needs of PLHIV are addressed throughout WASH programmes by including people living with HIV in the planning, implementation and evaluation of the WASH programme • Focus programmes on integrated approaches at local authority level. Build on existing successes of cross-sector integration of HIV and AIDS at local and national levels • Consider the issue of gender and violence in WASH and HIV, especially at the household level. Ensure that all new WASH sites are safe for use by women and girls
Advocacy	• Use experience at local levels to influence national policy on importance of WASH for HIV and AIDS, recognising increasing decentralisation of decision-making • Advocacy is needed for HIV and AIDS programmes and interventions to increase the provision of water treatment agents as part of medical treatment support packages. These should also maximise behaviour change communication programmes to include hygiene and HIV messages together, where appropriate • Stories of good practice from the perspective of PLHIV are needed as evidence to advocate for integrating WASH for PLHIV • Further rigorous research and evidence is needed to support the link between WASH and HIV and AIDS • Use good practice to prove the need for cross-sector integration of HIV and AIDS and WASH at a local level • Scale-up local level good practice by advocating for more and better cross-sector integration of HIV and AIDS and WASH at the national level
Training and BCC	• Carry out joint training on WASH and HIV and AIDS related care and treatment for programme staff and communities • Maximise behaviour change communication (BCC) programmes to include hygiene and HIV messages together
PMTCT	• Use safe water, sanitation, and hygiene practices during delivery • Ensure safe infant feeding: use treated water for replacement feeding and complementary feeding and wash hands with soap before preparing food or feeding
Adult care and treatment	• Treat and safely store water for drinking • Wash hands with soap • Promote hygienic latrines and labour saving water and sanitation technologies or modifications for the mobility impaired • Home based care guidelines should include a WASH component and WASH programmes should emphasise sensitising and training communities on sharing WASH facilities with people living with HIV

FOCUS OF PROGRAMME	WASH ACTION
Paediatric care and treatment	• Use treated water for drinking, feeding, and safe reconstitution of medicines • Wash hands with soap • Safely handle and dispose of children's nappies/faeces and promote a hygienic potty or latrine
Nutritional care and support	• Use treated water for drinking, food preparation, and taking medicines • Wash hands with soap • Prepare food safely
Orphans and vulnerable children	• Treat and safely store drinking water for children • Wash hands with soap • Promote hygienic latrine use • Prepare food safely
Counselling	• Educate and support clients to: – Wash hands with soap – Treat and safely store drinking water – Use a latrine and safely dispose of faeces – Wash surfaces used to prepare and eat foods

CASE STUDY 1

"Before we had the hand pump I was given containers and chlorine by the hospital to keep boiled water because it is so important. I got the water from the well, it was a long way, I don't know how long it would take me, there was no need to keep the time. I'd get up at 3am because if you were late the water would be gone, you would just have to wait until the water came again.

The hand pump has been very good but the best thing was that the education came first so realised the error of our ways in using dirty water and throwing things around. So as a result the diseases have gone down and we have been able to embrace the hand pump when it came. We had a big celebration, people were so happy.

It was been particularly beneficial for me as now I don't have diarrhoea, because with the diarrhoea it would reduce my high immunity. Diarrhoea used to re-occur about every six months. It didn't make me feel good but we didn't know why we felt that way, was it the water or was it the toilets. I would go to the hospital to get the medicine to help me cope. I would walk, it would be 18 km. We would leave at 7am and get there at 4pm, I would stay overnight.

Because the water is now near I don't have to walk that far so that when I am ill I can manage or I can send the young ones. When I speak to others I tell them to clean water so that the diseases that arise from dirty water can be kept at bay. Things are positive for me now. I am not scared and the children don't think about the future of when I am not here."

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Regis Sicheunga collecting clean water with other women from the water point, Hambale, Chipenbele, Zambia.

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Regis Sicheunga, who has HIV, taking her medication, Hambale, Chipenbele, Zambia.

CASE STUDY 2

"I used to use a traditional pit latrine, there were many flies. When the pit latrine was full we have to abandon it and build another. It would cost 3,000 Kwacha to build it. I would have to get a new toilet every four years. I chose this toilet as it produces manure, so it is not just to get rid of waste. With the new latrine I will be using the manure in the garden, I currently grow vegetables for eating. I will grow tomato, cabbages and other vegetables. I will sell the vegetables to the nearby market or people will come to buy it, people from the community. It will be my only source of income. My son also helps me as I'm a widow. My husband died of AIDS. I also have HIV. I have one son, he is 28. Three of my children died, they died from diseases, they also died because of AIDS.

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Marion Chavulu, washing her hands outside her latrine, Chikompulazi village, Mzuzu, Malawi.

I will be able to grow more vegetables and have more income from this. I am not able to buy fertilizer as it is too expensive, I don't have much income. I used to get diarrhoea using the old toilet. I've been sick so many times. I never used to wash my hands, it was after the messages I started to do this. The health worker told me about this. I was told of breaking the path of pathogens. I will stop the occurrence of diseases. I just started to wash my hands a week ago. I paid 850 Kwacha for my new toilet, for the slab and digging the hole. Within one week I will have the toilet finished with bricks and a roof. I will pay 2,000 Kwacha for this. I will employ someone to do this, he lives close by. I will change, my status will change, diseases will be less, people will be looking at me and saying I have changed from old habits. My status will be higher. The new one will have no flies, so people will think well of me. Also the new latrine will not smell. I'm very proud of my new latrine and I know it will help me with manure. Things will be ok for my future. I'm very proud."

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8. **Equal access for all? Meeting the needs for water and sanitation of PLWHA (Ethiopia)**, Priscilla Magrath, WaterAid in Ethiopia (2006).
9. WaterAid (2010) **Equity and Inclusion Framework**.
10. These have been informed also by USAID (2010) Programming guidance for integrating water, sanitation, and hygiene improvement into HIV/AIDS programmes to reduce diarrhoea morbidity.

FURTHER INFORMATION

WaterAid

www.wateraid.org/uk

Inclusive WASH

www.inclusivewash.org.au/resource-library-HIV-AIDS-and-Chronic-Illness

USAID Hygiene Improvement Programme

www.hip.watsan.net/page/4489

CAFOD

www.cafod.org.uk/Campaign/Get-clued-up/HIV-and-AIDS

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