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HIP HYGIENE IMPROVEMENT
PROJECT



Integrating Water Sanitation and Hygiene into HIV Home-Based Care Programs in Ethiopia

Results from the Trials of Improved Practices
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October 2008

Why Water, Sanitation, and Hygiene (WASH) Matter for PLWHA

- Most diarrhea is caused by unsafe water, inadequate sanitation and poor hygiene
- Diarrhea affects 90% of people living with HIV/AIDS (PLWHA), causing significant morbidity and mortality
- Morbidity and mortality from diarrhea is more severe in HIV+ children
- Diarrheal disease reduces absorption of antiretrovirals
- Burden on caregivers in clinics and homes
- PLWHA need more water to keep environment clean

The Evidence Base for WASH

- Hygiene improvement can reduce risk of diarrhea disease (DD) in the general population
- Hand washing with soap can reduce DD by 43%
- Safe water treatment and storage at the point of use can reduce DD by 30%-50%
- Proper disposal of feces can reduce DD by 30% or more

USAID/HIP Program

- 5-year program (2004-2009)
- At-scale hygiene activities in Ethiopia & Madagascar
- Integrate WASH into other health and non-health platforms
- Collaborate with NGOs
- Share knowledge of successful approaches

USAID/HIP in Ethiopia

- Promote water, sanitation and hygiene actions at scale in Amhara with Water and Sanitation Program/World Bank/AF, Amhara Regional Health Bureau and wide coalition of partners using “Learning by Doing” model
- Integrate safe water, hygiene and feces management into HIV/AIDS home-based care programs with PSI/Abt’s PEPFAR/safe water pilot work in Amhara
- Develop WASH guidance and tools for HIV care and support programs with Community of Practice

Integrating WASH into HIV Care and Support

USAID/HIP with PSI and Abt

- Pilot to integrate WASH into home-based care for PLWHA in Amhara, Ethiopia, with HIP/PSI/Abt
- Training and capacity building for home-based care workers

USAID/HIP with Community of Practice

- Community of practice around HIV/AIDS and hygiene
- Trials of Improved Practices to: 1) identify good practices and 2) identify practices to be improved and negotiate options with PLWHA and/or caregivers
- Developing programming guidance and tools
- Designing Kit for integrating WASH into HIV programs

Community of Practice (COP)

- COP members have home-based care (HBC) programs in Ethiopia
- Interested in integrating WASH activities into HBC

COP Members include:

Active members

- Catholic Relief Services
- Save the Children

Past and Future involvement

- Christian Children's Fund
- CARE
- FHI
- PSI
- Others



Small Doable Action (SDA)- Definition

- A behavior that, when practiced consistently and correctly, will lead to household and public health improvement
- Developed from household (audience) point of view
- Considered feasible
 - considering current practice,
 - available resources, and
 - particular social context
- While the behavior often falls short of an “ideal practice”,
 - more likely to be adopted by a broader number of households
 - Is measured for effectiveness... still makes a difference, and will be practiced by more people

Small Doable Actions

- COP members identified WASH SDAs to integrate into home-based care programs
- Three areas still needing definition examined in the TIPS
 - * Feces management
 - * Water management
 - * Hygiene practices during menstruation
- COP program members tested the feasibility of these actions through TIPS

What Do Trials of Improved Practice Do?



- Fill gaps in understanding what people are doing and what they are willing to do
- Examine current WASH practices of people in different settings (rural/urban)
- Explore the feasibility of improving practices in promoting safe drinking water and feces management
- Ask questions about areas for which no information is currently available (e.g., management of menstruation)

TIPs Objectives

- Identify current WASH practices
- Test the acceptability and feasibility of the small doable actions
- Identify perceived barriers/constraints and suggest changes
- Identify the perceived motivations/benefits

TIPs Sites/Oromo Region

Sites	Settings	Participants
Adama	Urban	13
Addis	Urban	11
Alem Tena	Urban/Rural	20
Wonji	Peri-urban/Rural	18

Urban Characteristics

High pop density
Home renters
Shared latrine/fees
Daily laborers



Rural Characteristics

Low pop. density
Homeowners
Space for latrine
Farmers

TIPs Structure

1st week visits

1st visit (Day 1)

- Identify participants and practices
- Choose improved practice to be tried

2nd visit (Day 3)

- Identify constraints and negotiate solutions

3-week follow up visit

- Identify benefits/motivations
- Identify barriers
- Suggest/negotiate solutions

6-week follow up visit:

- Identify practice adopted
- Suggest changes for feasibility and wider uptake



Data Collection

- 11 data collectors attended a three-day TIPs training
- Team of one researcher and one HBC worker conducted TIPs with participants
- Data collectors were program officers and HBC supervisors from COP HBC programs
- Information collected June-August 2008



Characteristics of 62 Participants

Age

- 50% under age 30
- 30% 30-40
- 20% over 40

Gender

- 82% women
- 17% men

Marital Status

- 30% married
- 30% divorced
- 40% widowed

Setting

- 50% peri-urban
- 40% urban
- 10% rural



Home Ownership

- 60% rented home
- 100% in rural areas owned home

Practices Tested

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- 50% tested water management practices
- 50% tested feces management practices
- Current practices regarding menstruation good; no improvement needed

Water Management

Practices to be Improved

- Drinking water not treated
- Drinking water container uncovered most of the time
- Uncovered and unclean jug used to pour water from the jerry can
- Hands of the person collecting the water often in contact with water
- Drinking water container within reach of children and animals



Water Management

Small Doable Actions Tried

- Treat drinking water with bleach/chlorine solution
- Store water in a covered 20-liter narrow neck covered jerry can
- Pour water from jerry can into clean cup or into clean pitcher
- Wash cup or pitcher every day
- Store cup upside down on clean shelf or tray
- Keep jerry can out of reach of children and animals



Water Management

Perceived Benefits

- 20 liter jerry can convenient, safe, treatment easy, no access for children
- Treated water tastes good; is healthy
- Water is not wasted
- Glass protected from contamination
- Can see dirty glass better than dirty pitcher

Water Management Barriers and Solutions

Barriers

- 20-liter narrow necked jerry can not affordable
- Loss of cover
- Access and availability of jug with cover
- Limited access to Wuha agar (Addis)
- Soap is not always affordable

Solutions

- Adapt Wuha agar measure to jerry can volume at home
- Involve in income generating activity to
 - enable 20-liter jerry can purchase
 - increase access to jug with cover
 - increase access to soap
- Teach to attach jerry can/jug cover with a string



Recommended Small Doable Actions (From Oromia and Amhara TIPs)

- Reserve and use a 20 liter jerry can or clay pot (ensara) with a proper cover attached for drinking water.
- Treat drinking water contained in the 20 liter jerry can or clay pot (ensara) with Wuha agar
- Bend and pour water from jerry can or clay pot into a clean cup or glass or jug
- When pouring don't put hands in the water

Recommended Small Doable Actions, cont'd (From Oromia and Amhara TIPs)

- Store cup/glass upside down on clean shelf or tray
- Keep the 20-liter jerry can or clay pot (ensara) and pitcher covered during day and night time
- Keep jerry can or clay pot (ensara) out of reach of children and animals.

Feces Management

Practices to be Improved

- Defecation in open fields in rural areas
- Feces in potty and from plastic bag dumped into open fields in rural areas and in drainage ditch in urban areas
- Potty washed most of the time only with water after disposing of the feces
- Hand washing with water only after defecation or washing potty. For many, no hand washing at all.



Feces Management

Small Doable Actions Tried

- Construct and use “Ecosan or Arboloo” latrine and/or construct a superstructure
- Put ash into latrine after defecation
- Wash potty with soap (or ash) after use
- Wash hands with water and soap or ash after disposing the feces from the potty or after using the latrine

Feces Management/Perceived Benefits



- Proud to own latrine; not bother neighbors
- No flies; children will not step in feces
- Can use latrine with walls anytime
- Ash easy to find/cheap; cleans potty well; no smells
- Washing hands removes contamination; will not contaminate food

Feces Management/Barriers and Solutions



Solutions

- Increase access to income generating activities
- Construct an 'Ecosan/Arboloo' latrine under a tree for the branches to provide shade

Barriers

- Limited access to latrine in urban settings
- No place to dispose of feces from potty and plastic bag
- Cannot afford to construct a superstructure

Recommended Small Doable Actions (From Oromia and Amhara Regions TIPs)

- If latrine is not available, construct an 'Ecosan/Arboloo' latrine with walls
- All family members use latrine, potty and/or plastic bag
- Put ash/sand in potty before use
- Immediately dispose of the feces from the potty or plastic bag in the latrine or trashcan
- Put used paper in a tin



Recommended Small Doable Actions

(continued)



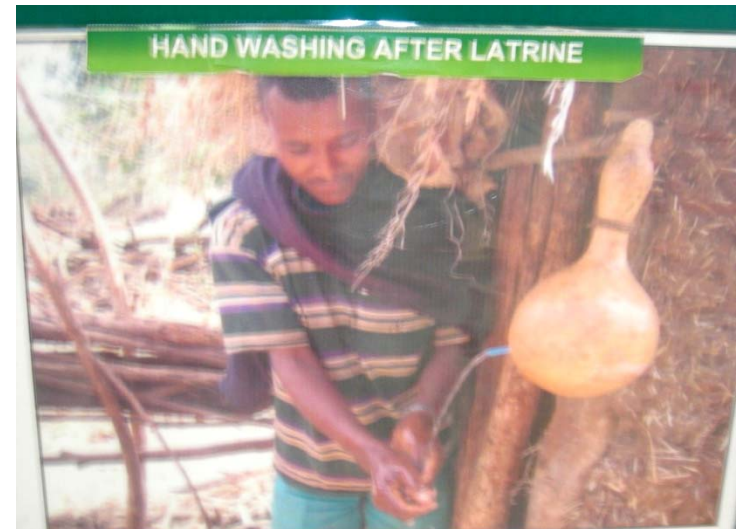
- Wash the potty with water and soap, ash or sand
- Place potty out of reach of children
- Wash hands with water and soap or ash after using latrine, disposing of feces from potty or cleaning a baby's bottom

Diarrhea Management SDA for Bedbound Clients

- Spread a plastic sheet (or opened plastic bags) on bed under the buttocks. Completely cover plastic with a cloth.
- Use gloves when caring for PLWHA with diarrhea.
- Wash feces-soiled cloth/bedsheets/clothes with water and soap; dry in sun.
- Always wash hands with water and soap after caring for PLWHA suffering from diarrhea, even when using gloves.
- If PLWHA is alone and very weak, after defecating, roll over and reposition; lean on side while waiting for help.

Recommended Hand Washing Small Doable Actions

- Make and use tippy tap. Place next to a bedbound client if possible.
- Wash hands properly with water and soap or ash. Rub the forgotten spots as well.
- Wash hands immediately after contact with patient's blood, feces, vomit, urine. Do not wait.



Key times for Washing Hands

- Before meals and cooking
- After using the toilet
- After cleaning baby's bottom
- Before and after attending to the patient
- Whenever going near animal dung (cleaning floors, fuel, etc.)
- After cleaning the potty

Menstrual Management

- Sensitize PLWHA and their families on the risk of HIV transmission associated with contact with menstrual blood.
- Caregivers always wear gloves when caring for PLWHA to avoid direct contact with body fluids such as blood.

Recommended Menstrual Management—SDA

- Use clean a piece of linen or cotton cloth or a clean pad.
- Store the used piece of cloth in a plastic bag during day time.
- Dispose of the used pad in the latrine or in the trashcan.
- Wash the used piece of cloth with soap and water at night. (Caregivers wear gloves.)
- Wash bedsheets and stained clothes with soap and water. Dry in sun.

Policy Implications



- Improve WASH practices (including the poor).
 - Strengthen WASH inputs within the overall HIV policy and national guidelines.
 - Strengthen existing guidelines, and disseminate guidance for integrating WASH into HIV programs.
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- Address WASH systems issues in both urban and rural settings
Such as access to chlorine, availability of proper disposal of feces in plastic bag
 - Highlight HIV implications for the water and sanitation sectors.

Program Implications

- Target PLWHA and families by working with home-based care workers and home caregivers
- Promote three key WASH behaviors
 - Water management
 - Feces management
 - Hand washing
 - Menstrual management
- Build capacity of HBC workers to promote WASH SDA actions
- Mobilize communities to support WASH efforts

Training of Trainers Update

- 27 trainers trained on integrating WASH into home-based care programs
- Training curriculum for HBC workers available to COP members
- List of trainers in Addis and Amhara

USAID/HIP Resources for Programs

- Trainers trained available for hire/cooperative agreement to promote WASH in HIV HBC programs
- TOT for COP members in Addis to train HBC
- Training curriculum for training home-based care workers
- Integration workshop and limited technical support to programs to integrate WASH into HBC and HIV programs
- Integration kits that includes job aids and reminder materials

Next Steps

- Encourage integrating WASH into HIV programs
- Join the Community of Practice
- Participate in a review of national guidelines to see how/where to integrate WASH
- Develop and disseminate HIV considerations for water and sanitation sectors
- Identify and implement ways to integrate WASH into your HBC/OVC/PMTCT programs (with HIP support)
- Link with others to integrate WASH
- Share your WASH integration experiences

*Technology alone is rarely sufficient to change behavior. **HIP** works at the nexus where technology and people meet.*

Thank you!!