Meeting the WASH Needs of Families Affected by HIV/AIDS

Presenters: Renuka Bery, Eleonore Seumo, Elizabeth Younger

With Julia Rosenbaum and Merri Weinger

HIP End of Project Meeting
August 3, 2010
Diarrhea Affects PLHIV & their Families:

- Increased morbidity and mortality in 90% of PLHIV (Katabira 1999, Monkenmuller & Wilcox 2000)
- Increased susceptibility of PLHIV contracting diarrhea
- Decreased nutrient absorption
- Decreased absorption of ARVs (Bushen et al, 2004); (= possible ARV resistant strains)
- Increased burden on caregivers
- Increased water needs for people with HIV
- More severe in HIV+ children
Pulled Together Existing Evidence Base

- Literature Review and Programmatic Implications
- Integration Meeting in Malawi (CRS, WHO, USAID/HIP)
Guidance for How to Integrate

- Policy
- Programming
Integration at different levels

• Global
• USG
• WASH-HIV Countries
  – Ethiopia
  – Uganda
  – Kenya
  – Tanzania
Country-level Integration points

- Home-based Care (in Ethiopia, Uganda, Kenya)
- Orphans and Vulnerable Children
- Counseling and Testing
- Prevention of Maternal to Child Transmission
- Nutrition and HIV
- HIV considerations into WASH
Country WASH - HIV Integration Roll Out

- Review guidance on WASH within HIV policies and guidelines at all levels
- Form a Community of Practice with existing implementing partners
- Identify country-specific Small Doable Actions to help improve WASH practices
- Provide tools & training to enable WASH-HIV integration into HIV programs
- Built capacity for WASH-HIV integration
Critical WASH behaviors
Sanitation

Safe disposal of feces

Bed Bound Client

Weak Client

Mobile Client
Plastic Pants

Bedpan

Bedside Commode
Menstrual Blood Management

- Clean a bedbound woman using universal precautions to protect from HIV transmission
- Dispose or cleans blood soaked material
- Use adequate material to absorb blood
Capacity Building

Different levels of capacity

• National
• Institutional
• HBC worker
• Caregiver
WASH-HIV Integration Toolkit

Five components:

- Training Manual & Handouts
- Participant’s Guide
- Assessment Tool
- Counseling Cards
- WASH-HIV Integration Indicators
Training Manual Content

- Module 1: Introductory Activities
- Module 2: WASH Intro, Link to HIV
- Module 3: Intro WASH Behavior Change
- Module 4: Hand Washing
- Module 5: Making Water Safe to Drink
- Module 6: Handling Feces
- Module 7: Menstrual Blood Management
- Module 8: Negotiating Behaviors
- Module 9: Action Planning; Tracking Progress
Tools:
Negotiating small doable actions using pictorially based assessment and counseling tools
WASH & HIV Training Numbers

Uganda
• 23 HBC orgs – 4 with intensive follow up
• 73 master trainers
• 214 outreach workers
• HBC org sub-group seeking funding

Ethiopia
• 12 organizations
• 78 master trainers
• 400+ outreach workers
• 125 facility workers
Lessons Learned

• Small doable actions are common among countries
• Building a COP is critical but requires a driving, committed champion
• Partnering with existing programs allows for true integration even with limited resources
• Improving WASH practices requires attention to enabling technologies, particularly hand washing and sanitation hardware
• Placing WASH in a broader context reduces stigma
Challenges for the Future

• WASH should be incorporated more systematically into other areas of HIV as noted
• Water and sanitation programs need more support to incorporate HIV considerations
• Water collection is risky…and can facilitate HIV transmission among women
• Urban sanitation is a huge problem and is exacerbated in the HIV context
• Financing for WASH – HIV integration is limited