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PROGRAMMING TIPS FOR INTEGRATION OF SAFE WATER, HYGIENE AND SANITATION INTO HIV/AIDS ACTIVITIES

People with HIV/AIDS are at increased risk for diarrheal diseases, and are far more likely to suffer severe and chronic complications if infected. There is terrible irony in providing patients with advanced antiretroviral agents, and asking them to wash the life-saving pills down with a glass of water that may infect them with a life-threatening illness. To add to the irony, one of the complications of diarrheal illness in HIV-infected patients is a reduced ability to absorb antiretroviral and other medications from the gut. This poor absorption of antiretrovirals (ARVs) can contribute to the development of HIV strains that are resistant to antiretroviral agents.

In addition to the negative impact on life expectancy and quality of life that diarrheal illnesses cause in HIV-infected patients, they also add significantly to the burden on caregivers in clinics and at home, and put them and other family members at risk for infection.

Recent evidence from CDC-sponsored research in Uganda and in other areas of the world has already determined the efficacy of hand washing and safe water systems in reducing diarrhea among people living with HIV/AIDS (PLWHA). Home-based water treatment and safe storage have been shown to reduce the number of diarrhea episodes experienced by users by 25% in HIV-positive adults. The findings also showed that presence of soap and a latrine were associated with less diarrhea. With the evidence base established, water treatment and safe storage at the point-of-use (POU), hand washing with soap, and sanitation promotion have been included in the “Basic Preventive Care Package” for the USG PEPFAR Program.

Several USAID Missions have begun to integrate safe water and hygiene into their Country Operating Plans (COPS) to help mitigate the impact of diarrhea on PLWHA and their families and improve their quality of life. This document highlights discrete hygiene improvement activities that can be incorporated into HIV/AIDS programs, tips for effective integration and programming strategies. Investment in these public health fundamentals pays “prevention dividends” for healthcare workers, family members and others in the community who lack adequate access to safe water and hygiene tools and education.

Mechanisms for integrating safe water, hygiene and sanitation in HIV/AIDS programming

There are several ways for Missions to support hygiene improvement programming, including the following:

1. Directly fund a partner to promote household water treatment options, social marketing and distribution of a product(s) in conjunction with handwashing instruction through hospitals, clinics (including pre- and post-natal clinics), home and community-based HIV/AIDS programs.
2. Directly fund a partner to provide POU commodities and handwashing promotion as part of a preventive care package or as a specific intervention.
3. Fund partners that are implementing OVC support, PMTCT programs, HIV/AIDS care and treatment programs to include promotion of/support for safe water and hygiene as a part of a package of preventive services.
4. Promote sanitation improvement by establishing linkages with national programs that increase access to latrines and sufficient quantities of water for washing. National programs may include Ministries of Health or Environment; World Bank/Water and Sanitation Program (or other bank programs, e.g. African Development Bank); UNICEF; bilateral donors (e.g. DFID, DANIDA, SIDA, etc.).

Tips for effective programming

Safe water interventions

- Ensure that POU products are proven to be effective, locally available, accessible, affordable, desirable and sustainable.
- Include educational/promotional activities and materials, reinforcement and follow-up along with distribution of products in order to achieve maximum impact. A promotional strategy may include a variety of modalities—clinic and community based approaches as well as home-based counseling and care.
- Design training programs on hygiene improvement for home- and community-based care providers, outreach workers and volunteers in addition to clinicians. Many PLWHA have infrequent contact, if any, with clinics, especially those not receiving ARVs. Basic care packages can serve as an incentive to motivate PLWHA to visit the clinic to receive care. Outreach workers can promote clinic based programs.
- Include a handwashing promotion component in safe water interventions focusing on critical times for handwashing and proper technique.
- Consider “generalized approaches” to marketing safe water and hygiene. Stigma may be perpetuated by targeted distribution of safe water products and identifiable containers only to PLWHA. Some countries have opted for use of water containers that are typically used (e.g., gerry cans or clay pots). Treatment products can be distributed through clinic and community outlets and purchased, if accessible through local vendors.
- Foster linkages with the business community/private sector to explore creative partnerships for increasing access to POU products, etc.
- Include assessment and revision of existing home care manuals and teaching materials. When necessary, design new safe water and hygiene promotion modules to integrate into patient education at facilities, home and community outreach. A repository for materials developed to date will be established at the USAID Environmental Health web-site (www.ehproject.org).

Handwashing promotion

- Include guidance on critical times for washing hands and proper technique, at a minimum.
- Presence of “handwashing stations” (designated place for washing hands) with soap (or soap-substitute, such as ash) in the household are associated with increased handwashing. Include promotion of handwashing stations and soap and handwashing instruction as part of home care guidelines. Concrete guidance on washing hands in water scarce situations may include construction of a “tippy-tap.” Often made from a plastic jug, gourd or other local material, a tippy-tap regulates the flow to allow for handwashing with a very small quantity of water.

Safe disposal of feces

- Provide referrals to national programs that increase access to latrines and sufficient quantities of water for washing bedding. Latrines may need to be supplemented by potties to facilitate safe disposal of feces as part of home care and support poles or ropes to enable safe use of the latrine. Some countries include potties as part of the home-based care package.

USG resources

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