

EXTENDED ABSTRACT

Water and Sanitation (WATSAN): It's Role in Enhancing the Quality of Life Among People Living with HIV/ AIDS (PLHAs)

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Introduction

AIDS has become the most devastating global epidemic. Globally, 39.5 million people were living with HIV/AIDS (UNAIDS 2006). In India, 2.5 million people were living with HIV and AIDS (NACO 2006). HIV/AIDS is not simply a health issue but a development problem that has implication for all public services including water and sanitation. Review of literature indicated that presently in India, no concerted efforts had been made towards focusing on WATSAN needs of PLHAs. However, in some African countries some initiative by UNICEF did focus on the WATSAN needs of HIV positive persons.

Perspectives of Linkages between HIV/ AIDS and WATSAN

There are various perspectives of perspectives of linkages between HIV/AIDS and Water & Sanitation. (1) Most of the opportunistic infections/diseases like diarrhea, skin diseases, malaria etc are closely associated with unsafe drinking water, sanitation and hygiene practices. With low immunity levels, people living with HIV/AIDS (PLHAs) are more susceptible to such infections. (2) Home Based Care (HBC) is now regarded as an essential component in care & support of people living with HIV/AIDS. Water and toilets facilities at home are the important ingredients of care. (3) In spite of increasing awareness, PLHAs are often discriminated in accessing various public services including water and sanitation (WAT SAN) services. Their involvement has an important role in breaking the silence that surrounds HIV/AIDS. (4) The epidemic's effect is particularly hard on women and girls as the burden of care usually falls on them. In families with HIV/AIDS patient, water collections, cleansing etc become increasingly burdensome and reduce time available for other activities. By improving water supply and sanitation, some of the women's practical needs are met. (5) HIV/AIDS has an impact on the economic condition of the HIV/AIDS affected families. Increasing financial constraints will affect the provision of water and sanitation.

Rationale

Water sector like other sectors has to address the implications of HIV/AIDS in its core policies, strategies and programs. The sector has to assess how best it can support communities to access safe water supply, sanitation and hygiene education. Provision of affordable, accessible and reliable water supply and sanitation facilities is essential in supporting the people affected by HIV/AIDS. Policy makers, program planners and managers, donors and field workers need to treat HIV as a developmental issue and plan for better water supply, sanitation and hygiene

Research Objective

With above in view, WSP-SA, New Delhi India along with ORG Centre for Social Research has conducted a study in two high prevalent states (Tamil Nadu and Andhra Pradesh) in India in 2006. The study recommendations were disseminated in National and State Level Workshop organized by

WSP-SA. New Delhi, India. The present research paper attempts to bring out the outcome of the workshops in line with the study recommendations.

Review of Literature

Linking up water and sanitation with HIV/AIDS has been initiated to quite an extent in the African countries than in India. For Zimbabwe it has been strongly suggested that the NAC (Nation Action Committee), NAC-AIDS - Water and Sanitation should establish joint committees or more appropriately, appoint representatives of each structure to sit on either committee. For example, at national level senior officials of NAC Water and Sanitation should be the anchor persons for water and sanitation issues in the NAC-AIDS and vice-versa (Action: NAC-Water and Sanitation, NAC-AIDS). It further recommends that since structures are already in place, and to help facilitate the integration process, the key steps that need to be considered are; sensitization, consultative planning, training and piloting.

A study conducted by Centre for Disease Control (CDC) in Uganda (2003), among 339 households, including 1,916 individuals, of which 23 percent were HIV positive has indicated that episodes of diarrhea had reduced by 30 percent among both HIV positive. UNICEF under its various programmes has emphasized that promoting improved hygiene practices and increasing access to water and sanitation facilities helps to reduce opportunistic infections among people living with HIV/AIDS. Better access to facilities also reduces the burden on households caring for AIDS-affected family members. Less time spent on fetching water allows caregivers – who are usually women and girls – more time and energy for coping with the disease or for working outside the home. Appropriate sanitation also helps to ensure that AIDS sufferers, many of whom experience severe bouts of diarrhea, have access to clean and private facilities. Thus in Mozambique, Zambia and elsewhere, water and sanitation efforts now form an integral part of UNICEF's programme to tackle HIV/AIDS.

The IRC published a Thematic Overview Paper (TOP) on the subject of HIV/AIDS and its links with water and sanitation. It reviews the implications of HIV/AIDS for the water sector and highlights areas of particular concern like;

- Need for physical access to water and sanitation by people infected by AIDS and their caregivers
- Need for participation of people living with HIV /AIDS and their caregivers in decision making with respect to the services.
- Need to integrate life skills – based hygiene education for people living with HIV/AIDS.
- Need to relate gender, age and poverty dimension of HIV/AIDS with water and sanitation services.

The TOP, therefore, highlights the impacts of inadequate service provision in the water sector on those living with the HIV, and calls attention to their particular needs. In India, though some attempts have been made by the local, national and international organizations on communicating the importance of safe water, sanitation and hygiene practices. Some NGOs like Vasavya Mahila Mandal (VMM) in Andhra Pradesh, PWDS in Tamil Nadu and UN agencies have made concerted efforts on linking water and sanitation and HIV/AIDS, but these attempts have not been mainstreamed. They are running programmes on rural sanitation and drinking water supply for people living with HIV/AIDS. VMM focuses on generating awareness on various issues related to healthy living; consumption of safe water / hygienic food, hand washing practices, etc. Also they have made some initiatives towards digging bore wells in some areas.

The PWDS-Alliance care and support project provides various services to people affected by HIV/AIDS: psychosocial support, health care services, voluntary counseling and testing (VCT), food and nutritional support, economic support, emergency relief, direct services to CAA, and capacity building activities. With respect to water and sanitation the focus is basically on generating awareness on consumption of safe water and hygiene practices.

Thus some of the issues that emerge from the previous attempts and review are;

- Programmes and policy makers should give higher priority for water supply, sanitation and hygiene promotion to areas with a high incidence of the disease.
- Education on hygiene needs to be integrated in the training given to home care volunteers and their trainers in order to ensure safe water handling practices.
- As most caregivers are women, their involvement in planning and implementation of service provision is more necessary than ever. Often very young and very old women take over much of the water and sanitation related tasks, both hygiene education and technology selection may have to be adapted to suit their requirements.
- Focusing on safe water, sanitation and hygiene needs of people living with HIV/AIDS helps them to remain in good health for longer span and increase their dignity.
- Mainstream HIV/AIDS into every programme delivery with the necessary budgetary provision.
- Identify groups in the community (e.g. WATSAN members, women's groups, school health coordinators, religious leaders) and strengthen their capacity to handle HIV and AIDS education in the communities effectively.
- There has been reduction in incidence of diarrhea amongst HIV positive persons with consumption of treated/ safe water

Salient Findings of Study undertaken by WSP-SA and ORGCSR

- Sample consisted of higher proportion of rural than urban sample, in case of both HIV positive persons and general public
- HIV positive persons were mostly (three-fourth) from younger age groups (25-39 years).
- Higher proportions of HIV positive persons (39%) than general public (29%) were illiterate
- Higher proportion of HIV+ than GPs appreciated the need for safe water, appropriate sanitation and hygiene practices to maintain good health – reflects NGO initiatives
- Significantly ($P < .05$) higher percentage of HIV + reported barriers in converting knowledge into practices than GPs
- Significantly ($P < .05$) lower percentage of HIV + had access to water and sanitation facilities than GPs
- Stakeholders working in the area of HIV/AIDS had not adequately addressed safe water, sanitation and hygiene needs of HIV positive persons, but did include some of these issues within their focus on “healthy living”
- WATSAN sector stakeholders at state level had not considered the WATSAN needs of HIV positive persons specifically.
- Uganda and some African countries did focus on WATSAN needs of HIV positive persons and their families.
- Overall in India, no concerted effort has been made to identify the WATSAN needs of HIV positive persons

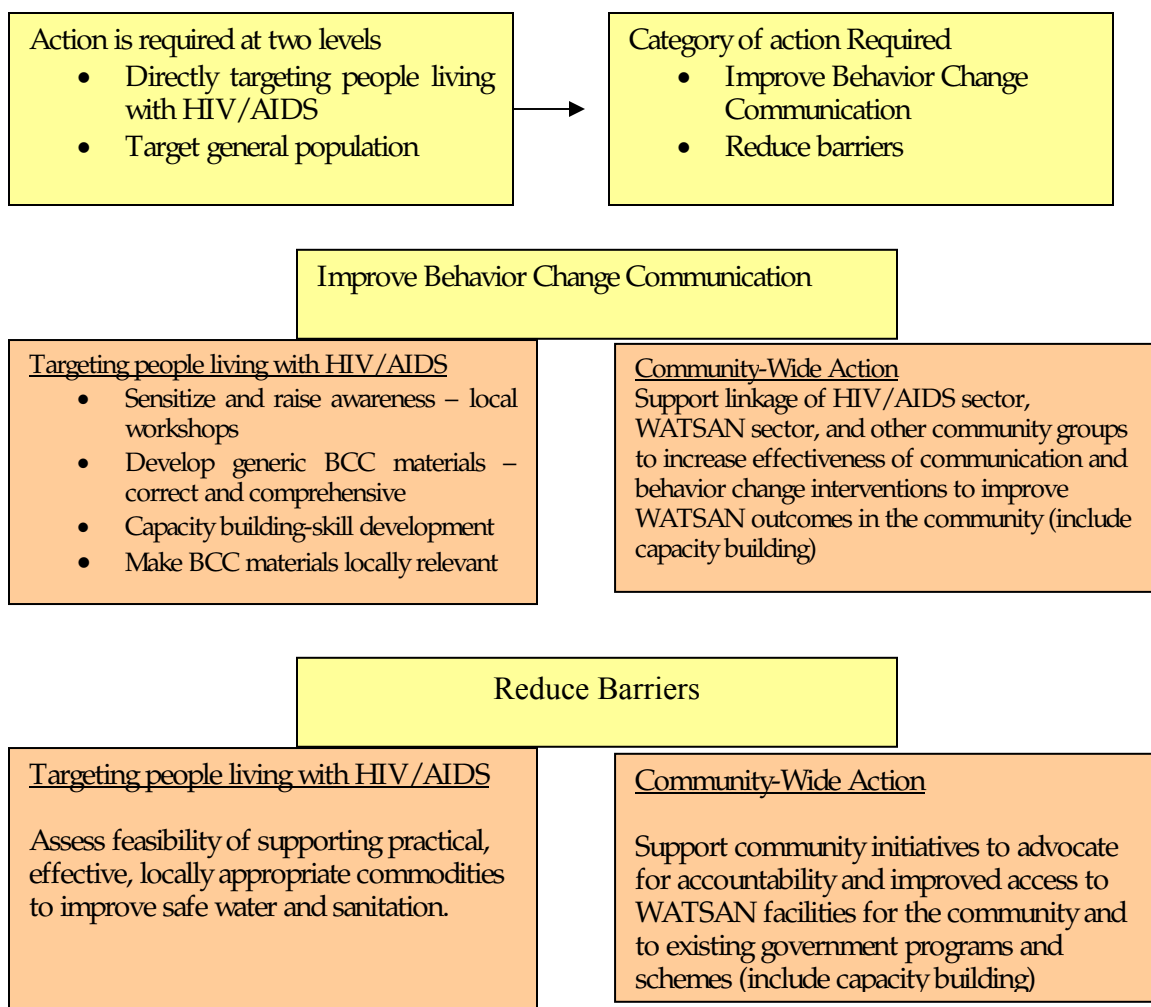
Stakeholders Participation

The finding of study conducted by WSP-SA and ORGCSR were disseminated in National and State level workshops organized by WSP-SA.

National Level Workshop: National AIDS Control Organization, UNICEF, FHI, UNAIDS, WHO, USAID, SIDA, DFID, WSP-SA, CDC, TNSACS, Engender Health and ORGCSR

State Level Workshop: TANSACS, APSACS, Positive Networks, BMGF, FHI, Government Hospitals, Missionary Hospitals, NGOs working with PLHAs, Vassvya Mahila Mandali, Polymer Workers Development Society, Care and Support Centres, Lepra Society, VHS and ORGCSR.

Study Recommendations



On-going Activities and Follow up actions by National Level Participants

As reported by National Level Participants, the current linkage between HIV/AIDS and water & sanitation is limited to the followings aspects;

- WATSAN issues are included in “Healthy living” concept of Home Based care Projects (HBC) being implemented by FHI, USAID and CDC in India- wherein (1) Home care kits comprising ORS solution, band-aids, gloves etc are provided to PLHAs. (2) Training imparted to caregivers & community Volunteers including issues related to safe water & hygiene practices
- Tamil Nadu State AIDS Control Society (TANSACS) was involved in awareness generation about important of proper WATSAN behaviors among PLHAs during counseling session
- Water and Sanitation Program-South Asia (WSP-SA) made an initiative by conducting situational analysis on Water, sanitation and hygiene behavior among PLHAs

“In view of the study recommendations the participants were interested to review available BCC material in terms of focus on WATSAN behaviors”.

The current relevant focus of other participants including UNICEF, WHO, SIDA, DFID, World Bank and Engender Health has been presented below;

- Implementation of PPTCT program and Care & Support Program in India by UNICEF. *“UNICEF was interested to make available its standard Behavioral Communication Kits to the implementers”*
- WHO focus on safe water, sanitation and hygiene in India. *“WHO was interested in helping to design BCC materials and capacity building interventions and was ready to share its water quality directory which may be useful while developing BCC material*
- SIDA has provided grants to UNICEF for implementing the Rural Water Supply and Sanitation Program and *also planning to support multilateral agencies under NACP-III.*
- DFID supports National AIDS Control Program and Water & Sanitation Program in urban areas and village hygiene and sanitation in India. *“ was willing to review the existing schemes related to care and support of PLHAs as to integrate the WATSAN issues”*
- World Bank supports NACP-III in India and already attempting to increase partnership in HIV/AIDS program and mainstreaming HIV/AIDS in to all sectoral program including WATSAN. World Bank is committed to *“integrating HIV/AIDS in to sectoral program and raising awareness of other sectors of the issues and approaches”.*
- Engender Health supports the consortium of NGOs and NACO on ARV roll out and also involved in translating a series of curriculum developed by I-Tech on healthy living in to various local languages. *Engender Health was interested to develop manuals for training of caregivers of PLHAs*

Though the activities of most of the stakeholders participating in the discussion do not focus on linkages of HIV/AIDS and WATSAN, the need to do so was appreciated.

On-going Activities and Follow up actions by State Level Participants

Current focus of State level participants included the followings;

- Construction and usage of individual sanitary latrines in rural areas
- Banning open defecation (especially women)
- Inclusion of SC, ST and OBC in sanitation program
- Award for villages free of open defecation and have toilets
- Encouraging NGO participation in sanitation program
- Chlorination of water (door to door)
- Popularizing other local material for cleansing water
- Provision of ground water testing kits to every Panchayat
- Need of taking boiled water (Positive networks and NGOs)

At state level, current focus on linkage of HIV/AIDS with WATSAN was not realized by most of stakeholders. However, some of the NGOs and Positive Networks reportedly stressed on hand washing and need of taking boiled water by PLHAs. All the participants appreciated the need to scale up IEC on WATSAN and to address the WATSAN behaviour of HIV positive persons for healthy living.

Way Forward

Implementation research is needed at PLHA and Community level

- Assess the effectiveness of various types of interventions both in the areas of BCC and Barriers in adopting safe WATSAN behaviors

Follow up Action

- Formative research for designing the locally relevant interventions.
- Implement interventions in various locations
- Conduct follow up evaluations to determine the appropriate and feasible scale up of these types of interventions in the initial areas of interventions and potential for replication in other areas

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