

# Dignity for All: Sanitation, Hygiene and HIV/AIDS

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AfricaSan 2008



# This presentation will:

- Highlight the linkages between WSH and PLWHA
- Describe the evidence base for integration
- Review global and country-based implementation models
- Recommend key actions for implementers

# Diarrhea affects PLWHA and their families

- Most diarrhea is caused by unsafe water, inadequate sanitation and poor hygiene
- Diarrhea affects 90% of PLWHA causing significant morbidity and mortality
- Morbidity and mortality from diarrhea more severe in HIV+ children
- Diarrheal disease reduces absorption of ARVs
- Burden on caregivers in clinics and at home



# Hygiene Improvement can Reduce Diarrhea in PLWHA

- Hygiene Improvement- a comprehensive approach to reducing diarrheal disease by promoting improvements in 3 key hygiene practices
  - Handwashing with soap
  - Household water treatment and safe storage
  - Safe disposal of feces
- In combination with hardware, and ensuring an enabling environment





Safe Feces Disposal



Handwashing



Safe Storage & Treatment of Water



# Where's the Evidence?

## Disease Prevention in PLWHA

- Uganda (Lule, 2005)
  - Use of Safe Water System (SWS) reduced diarrhea risk by 25% and number of days ill by 33%
  - Presence of latrine reduced diarrhea risk by 31% and number of days ill by 37%
  - Presence of soap reduced number of days ill by 42%
- Kenya (2003)
  - Use of SWS or PUR (in a population with high HIV prevalence) reduced risk of death by 42%
- Nigeria (2005)
  - Use of SWS reduced diarrhea risk by 39%

# Global Experience with WSH and HIV/AIDS Integration

## USG PEPFAR Basic Preventive Care Package

- Specific language in both adult and pediatric care packages
- PEPFAR funds can support :
  - home-based safe drinking water interventions for PLWHA
  - soap and HW instructions
- Latrine construction should be considered with outside support

# Stakeholders Workshop, Malawi

## November, 2007

- Forum for WSH and HIV/AIDS implementers
- Draft country specific policy and program recommendations
- Inputs invited to policy and strategy documents on Health, HBC, Water and Sanitation
- Representation of WSH and HIV on national and interministerial committees



# Implementation Models: Uganda BCP Program

- PEPFAR funded
- PSI distributes Basic Preventive Care Package free to PLWHA through clinics
- Collateral benefits for family



# Safe Water and AIDS Project in Kenya (CDC)

- Identify and orient support groups
- Program implementation
  - Health and business training
  - Products offered wholesale
  - Access to microfinance
  - Groups sell products at retail and keep profit
  - Free product distribution for HBC

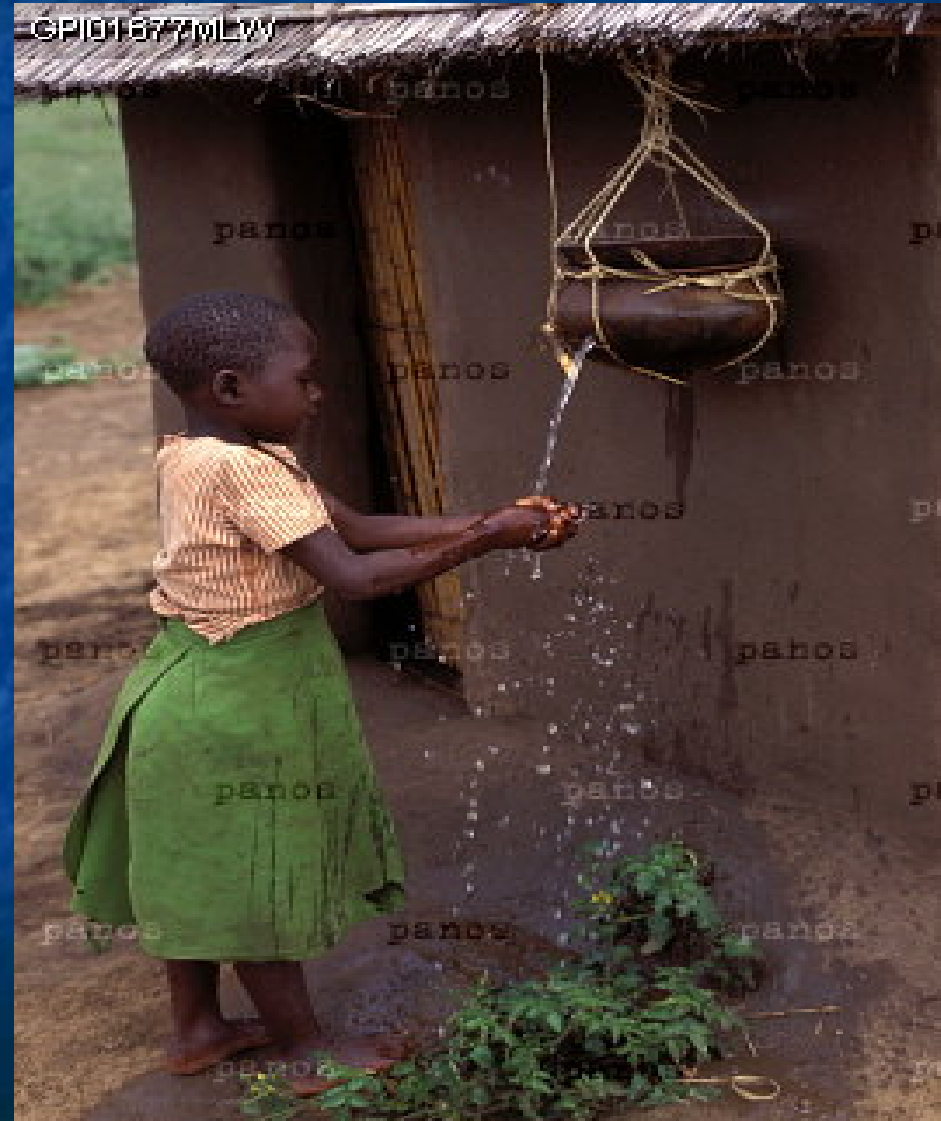


# Hygiene Improvement Project: Home-based Care

- Participatory research with PLWHA to identify best practices for HBC
- Identify feasible, “small doable actions”
- Ensure products/ Train providers
- Implement in Ethiopia and Uganda
  - Community of practice
- Comprehensive, aimed at developing programming guidance and tools

# Use of Appropriate Technologies

- Water-saving “tippy tap” for handwashing
- Soap substitutes
- Use of larger construction, potties, stools, poles, for sanitation





# ... Making Headway on the Role of Water, Hygiene and Sanitation for PLWHA



# Key Actions for Implementers for WSH and PLWHA

- Guidance on best practices for WSH for PLWHA
- Integration of best practices into national policy and manuals/tools of HBC providers
- Training of wat/san implementers, HBC managers, providers and PLWHA
- Implement “small doable actions”
  - Promote water treatment at the point- of-use
  - Identify water saving technologies
  - Patient-friendly latrines



For further information:

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Side Meeting on:  
Sanitation, Hygiene and HIV/AIDS

Wednesday, February 20, 2008

8:00 – 9:00 AM

Meeting Room 12:AB,  
next to main plenary hall