

## **Blood: Water Technical eUpdate Vol. 2 - WASH and HIV Integration to Address the Needs of PLWHA**

Access to WASH services is a human right, and key determinant of health, nutrition, and education outcomes. WASH services underpin all international development goals, are critical to economic growth, and fundamental to human dignity.<sup>1</sup> While 2.3 billion people were reached with improved drinking water between 1995 and 2015, a total of 768 million people still do not have access, and existing indicators do not address the safety and reliability of water. The MDG target for sanitation will be missed by over half a billion people, with 2.5 billion people currently lacking access to improved sanitation and over 1 billion still practicing open defecation.<sup>2</sup>

It was not a coincidence that Blood: Water was founded upon a joint mission to end these two crises on the continent – the two have very critical synergies that extend and improve livelihoods for vulnerable communities, particularly those heavily burdened by HIV/AIDS. We all understand the general link around health outcomes and quality of life. But do you know the **specifics** as to why?

People living with HIV/AIDS (PLWHA) and their households have a substantially greater need for WASH services. Evidence indicates that HIV-affected households require far greater than the 20 liters of water per capita daily.<sup>3</sup> PLWHA experience periods of illness and relative weakness requiring close access to water and sanitation facilities.<sup>8</sup> Increased access to water also helps PLWHA and their families maintain kitchen gardens or engage in income-generating activities that will help ensure food security, improved nutrition, and provide additional income for the household.

In addition, the compromised immune status of PLWHA increases susceptibility to opportunistic infections including skin and diarrheal infections that are waterborne or linked to poor sanitation and hygiene. In advanced stages of AIDS, PLWHA often have mouth sores, which affect one's ability to eat, reducing nutritional intake. Documented evidence has shown that softening food with water helps PLWHA ingest the food needed to maintain good nutrition.<sup>4</sup> Further, when infants are weaned from HIV-positive mothers, a safe water source must be used to mix formula or the babies will be at greater risk for dying from diarrheal diseases. In the first two months, a child who receives replacement feeding is six times more likely to die than a breastfed child.<sup>5</sup>

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<sup>1</sup> WHO/UNICEF (2013). Towards a Post-2015 Development Agenda. Joint Monitoring Programme.

<sup>2</sup> WHO/UNICEF. (2014). Progress on Sanitation and Drinking Water 2014 Update. Joint Monitoring Programme.

<sup>3</sup> WSP “Water, Sanitation, and Hygiene for People Living with HIV and AIDS” Field Note, June 2007.

<sup>4</sup> The HIV/AIDS Millennium Development Goals. ‘What water, sanitation, and hygiene can do—Briefing Note 5.’ WELL ([www.lboro.ac.uk/well/](http://www.lboro.ac.uk/well/)).

<sup>5</sup> UNICEF 2002 Report.

People on antiretroviral treatment (ART) require greater amounts of water for drinking (at least 1.5 liters per day).<sup>8</sup> It is important to maximize the effectiveness of these medicines by using safe water for ingesting them, since a side effect of many ARTs is diarrhea. Further, diarrheal illness in PLWHA can interfere with and compromise the absorption of these ARTs and can even contribute to developing HIV strains that are resistant to antiviral agents.<sup>8</sup> Thus, safe drinking water becomes that much more compulsory in the context of ART.

The case is powerful and remains urgent even in a time where ART is available, WASH is a critical need in areas where the burden of disease is highest. For many of you, your programs operate in WASH or in HIV/AIDS, the integration of the two is sometimes there but not necessarily deliberate. This edition of the Technical eUpdate is dedicated to provide the basis for and resources to help your programs strengthen its relationship in HIV and WASH. As an HIV-implementing partner, these resources will support reviewing current programs to integrate WASH to improve the health of PLWHA and their families. If you are already working in WASH, this update will also support the reverse: to identify opportunities where household and community WASH activities can meaningfully and deliberately respond to and serve PLWHA at a household level.

**Programming Guidance for Integrating Water Sanitation and Hygiene Improvement into HIV/AIDS Programs:** This document was prepared by the USAID Hygiene Improvement Project (HIP), a five-year (2004-2009). This document synthesizes learning, best practices and recommendations for WASH-HIV integration which can be adopted by programs at community or partner level.

**NGO Code of Good Practice: Self-Assessment Checklist Mainstreaming HIV:** This self-assessment can serve as a useful tool to gauge how if your organization is on the right track mainstreaming HIV/AIDS into its operations. This is not a programmatic measure. Rather, it is a learning process that requires NGO's to Understand how HIV changes the context of programming, whether your programs work to reduce vulnerability and lastly the extent to which it responds to the issues directly. This is an excellent tool for WASH organizations who desire to better respond to HIV/AIDS without changing core identify and operations.

**How to Integrate Water, Sanitation and Hygiene into HIV Programs:** This document, developed in 2010, is the first to systematically bring together information on integrating WASH and HIV to assist country-level programming. Using the successes of HIV and WASH integration in Ethiopia, Uganda and Malawi, this document provides overarching guidance and examples of specific language that can be used to modify HIV/AIDS policies and related materials to better integrate WASH as a deliberate part of programming for PLWHA, from a national perspective.