



Mainstreaming HIV in the Water and Sanitation Sector

Since 2003, it is a policy of the German Federal Ministry for Economic Cooperation and Development (BMZ) that all German Development Cooperation (GDC) programmes and projects in sub-Saharan Africa mainstream HIV, at least in countries with generalized epidemics¹ and especially in countries where HIV prevalence is five percent or more. Any mainstreaming HIV interventions must be planned and conducted jointly with GDC's partner organisations and be aligned with the partner country's sectoral strategies and national HIV strategy, thus adhering to the "Three Ones" principles. These require development partners to work through one national HIV strategy, one national HIV coordinating body and one national HIV Monitoring and Evaluation (M&E) system.

This guidance note discusses the *intersection of HIV and the water and sanitation sector* and suggests ways in which programmes and projects in this sector can mainstream HIV.

What is the impact of the HIV epidemic on the sector?

Some facts...

People living with HIV (PLHIV) have greater need for clean water and basic sanitation:

Their suppressed immune systems make PLHIV highly vulnerable to any disease that may be carried by unclean water and sewage. In addition, they need more than average amounts of clean water for purposes of hydration, taking their medicines, maintaining their personal hygiene and washing their personal articles to ensure that those are hygienic too. HIV-positive mothers need clean water for the preparation of formula milk for their babies (USAID, 2008). Evidence shows that HIV-affected



households require more than the "basic access" to 20 litres of water per capita daily, including 1.5 litres of safe drinking water (Ngwenya and Kgathi, 2006). They also need nearby, private and hygienic toilet facilities.

Yet PLHIV often have reduced access to clean water and basic sanitation:

Despite their greater need, PLHIV are often subject to stigma and discrimination that limits their access to the most readily available clean water and sanitation facilities (Magrath, 2006).

Women and girls carry the burden of taking care of HIV patients:

In sub-Saharan Africa, women and girls carry out almost all water-related activities (UN Secretariat, 2007). Additionally, they bear the brunt of caring for family members with HIV-related illnesses – often while HIV-infected themselves (GCWA, 2006). Inadequate water and sanitation make home-based HIV care extremely burdensome and time consuming. This means carers have less time to fetch water at the same time as they need more water to take care of their patients (Wegelin-Schuringa and Kamminga, 2006).

¹In a generalized epidemic, HIV is firmly established in the general population. Although sub-populations at high risk may continue to contribute disproportionately to the spread of HIV, sexual networking in the general population is sufficient to sustain an epidemic.

Further possibilities to consider in countries with very high HIV prevalence²

HIV-related loss of trained human resources could undermine the effectiveness of countries' water and sanitation systems: The human capacity and the institutional memory needed to provide water and sanitation services at central and community levels may be threatened (ILO, 2004). For example, a decline in the number of trained operators at water and sewage treatment works due to HIV-related morbidity and mortality may cause periodic deterioration in the quality of water supplied to urban and rural centres.

An unforeseen increase in the costs of maintaining the system due to high staff turnover and medical health expenditures could lead to services becoming less affordable. The sustainability of the water and sanitation projects could be threatened, if clients cannot manage to pay their bills (IRC, 2003).

Water and sanitation systems could fail to respond to the demand of clients with special needs:

Access to clean and affordable water and basic sanitation services could be jeopardized for everyone, regardless of their HIV status. In countries with severe HIV epidemics, there is danger that systems may not be able to cope up with unexpectedly increased demand for services due to the high number of consumers with special needs (UN-Habitat, 2006).

Trekking long distances to access water sources or sanitation facilities could put women and girls in danger of HIV infection: Where water distribution and sanitation facilities are located far away from community centres, women and girls fetching water could become victims of sexual violence (UN General Assembly, 2006), which puts them at serious risk of HIV infection.

How could the activities of the sector inadvertently contribute to the spread of HIV?

Water and sanitation workers could become vulnerable to HIV infection and put others at risk while doing their jobs: Workers in the water and sanitation sector are often required to spend considerable time on construction sites away from their families while they perform such tasks as drilling boreholes. Time away from home increases the chance of them engaging in risky sexual behaviours and acquiring or transmitting HIV.

In what way could the sector contribute to curbing the spread of the HIV epidemic or to mitigating its impacts?

Sensitizing the community by integrating an HIV component into the hygiene education activities of the programme/project: Water and sanitation programmes/projects can use their hygiene education component as an entry point for HIV-prevention information, advice on positive living and messages against HIV-related stigma and discrimination. In **Guinea**, in addition to supporting water and sanitation education for the community, German Development Bank (KfW) supported community sensitization through HIV-related drama and media campaigns, as well as HIV-education of focal persons and contractors. For these campaigns, the programme cooperated with the Social Marketing programme supported by Financial Cooperation (FC) and it has continued to cooperate directly with the former FC partner, Population Services International (PSI). In **Zambia**, German Technical Cooperation Agency (GTZ), KfW and German Development Service (DED) supported HIV activities at Water Kiosks and drilling sites, including distribution of HIV information and condoms. One kiosk serves from 1000 to 1500 people, so HIV-related activities in ten kiosks can reach up to 15 000 people.

²HIV prevalence is considered „very high“ in countries where it exceeds 10 percent in the sexually active age group (15-49 years) of the general population.

Only in countries with generalized HIV epidemics and especially in countries with very high HIV prevalence

Ensuring nearby access to quality water and sanitation services as a means to mitigate the impact of HIV:

Nearby access to clean water and adequate sanitation can reduce the impact of HIV. Women and girls can save time to fetch water. PLHIV can be given support that enables them to live and work in hygienic environments and have access to safe water and sanitation and thus have less chance of suffering from water- and sewage-born disease (WSSCC, 2009).

For example in **Zambia**, the German Water Programme has been supporting the Devolution Trust Fund to reach places where there are high densities of vulnerable households when it extends water points.

Creating an enabling environment to address HIV within the mandate of the water and sanitation sector:

Advocating for the development and operationalization of sectoral policies that adequately address HIV can lead to appropriate HIV interventions within the sector's core business. Capacity building on water and sanitation issues and their link to HIV infection can play a crucial role in increasing understanding and reducing the impact of HIV on the sector.

Advising partner institutions on the development and implementation of its HIV workplace policy:

The loss of staff of water and sanitation institutions due to HIV-infection can be avoided through implementation of HIV workplace policies. Such policies can cover prevention, treatment and impact mitigation and can require a working environment free from stigma and discrimination against PLHIV and their families. In **Zambia**, in the context of the Rural Water Supply Programme, construction workers and project employees were sensitized around HIV. Also GDC introduced an HIV Workplace Policy for the National Water Supply and Sanitation Council (NWASCO) and for the Devolution Trust Fund (a pro-poor Water and Sanitation Basket Fund).

A GDC Example from Cameroon

In Cameroon's Central Province, the Pro-village water-well Programme establishes artesian wells to provide reliable supplies of clean and safe water to a

number of villages. KfW provides financing, DED provides management and GTZ's HIV Focal Point has assisted with the establishment of an HIV workplace programme for the crew of 84 men and women. When a GTZ mission met with the crew in September 2006, the men joked about the many "water-well babies" they used to make with women in the villages where they were building wells, before they had been sensitized to issues surrounding HIV. When asked if they had any inhibitions talking about sex, they laughed and said, "No, we like talking about sex but we used to be very afraid of AIDS and of HIV-positive people, so we did not like talking about those things" (GDC, 2008).

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Further Reading

A selection of articles on mainstreaming HIV in the water and sanitation sector can be found on the GDC Mainstreaming HIV internet platform at <http://sites.google.com/a/ms-hiv-gdc.org/mainstreaming-hiv-in-german-development-cooperation/Home/sectors-priority-areas/water-sanitation>. To join the Group, visit <http://ms.hiv.aids.googlepages.com/home>.

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