

**Programming**

**Water, Sanitation and Hygiene (WASH)**

**Activities in U.S. Government**

**Country Operational Plans (COPs)**

**A Toolkit for FY2012 Planning**

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## INTRODUCTION

This toolkit was written by USAID and CDC professionals working in water, sanitation, hygiene, and HIV/AIDS. Working with several US Government (USG) country teams and staff, they explored programming challenges of **Water, Sanitation and Hygiene (WASH)** and designed the following materials to assist USG teams in countries with funding from the President’s Emergency Plan for Aids Relief (PEPFAR) in developing their Country Operational Plans (COPs).

### ***What is the Toolkit?***

The toolkit is a collection of resource materials to assist PEPFAR country teams program for essential WASH activities. USG teams can select activities and illustrative budget information to adapt to their own settings. This will enable teams to plan programs for different target groups at varied levels of service delivery—facilities, schools, communities, and homes.

### ***Why was the Toolkit Developed?***

The toolkit was developed to provide people working in the HIV/AIDS field—especially USG PEPFAR Coordinators and USAID HIV field staff—with a set of flexible materials to raise their own understanding and help them facilitate better programming for WASH in PEPFAR Country Operational Plans. The aim is to help people at all levels to more effectively prevent diarrheal disease and other unnecessary illnesses, using simple, effective, low-input strategies that may have not been addressed by PEPFAR programs in the past.

### ***Integrate Elements of WASH in Programs, Even with Limited Funds***

The emphasis of this programming guidance is to “mainstream” water, sanitation, and hygiene interventions—to make them a regular part of all behavior change and education activities in your HIV/AIDS programs. Many WASH programs are relatively inexpensive and easy to implement. In many cases, pre-existing WASH interventions can be adapted to HIV/AIDS activities. Such adaptations have the dual advantages of relatively low start-up costs and increasing programmatic scale.

## HOW TO USE THIS TOOLKIT

### ***Use the Toolkit for Discussion and Planning with Partners***

USG teams are encouraged to understand the essential WASH actions for diarrheal disease prevention; to use this information to determine what types of water, sanitation, and hygiene approaches already exist in their programs (HIV or otherwise); to examine the types of potential WASH approaches, the cost of these approaches, and which programs might fit best into HIV/AIDS programming in your country; and to prioritize these activities for integration into FY2010 Country Operational Plans.

### ***Choose Priority WASH Activities for Your Country***

The toolkit is not a standardized package for a single program. Instead, it describes various activities, with examples from different countries, to help you identify those that suit the needs of your country, program, and population. It also offers ideas for how you might get started, and should be thought of as a menu of program options from which to choose the most “effective” items given the country context.

### ***Budget and Plan for Required Program Inputs***

The toolkit is designed to build awareness about the required inputs, mechanisms, commodities, and funds that may be required to implement WASH activities. The estimated costs provided in this document will, of course, vary by country, but will give an idea of the relative cost of different approaches. The toolkit also provides links to instructional materials that exist. Finally, this document notes how you can access technical assistance to implement these activities in your country.

## **WHY SHOULD I INCLUDE WASH IN MY COP?**

A key objective of the President's Emergency Plan for AIDS Relief is to reduce HIV-related morbidity and mortality rates and to slow the progression of HIV disease in affected communities. It is necessary to identify and implement interventions targeted at the primary causes of HIV-related illness and death. The use of anti-retroviral treatment (ART) is one approach to slowing disease progression in people living with HIV and AIDS (PLHIV). However, providing adults and children with interventions that prevent the onset of conditions such as diarrheal disease, and others, regardless of HIV disease or eligibility for antiretroviral treatment is equally important.

Many life-threatening opportunistic infections are caused by exposure to unsafe drinking water, inadequate sanitation, and poor hygiene. Diarrhea, a very common symptom, which can occur throughout the course of HIV and AIDS, affects 90 percent of PLHIV and results in significant morbidity and mortality, especially in HIV-positive children. Diarrheal illness in PLHIV can interfere with and compromise the absorption of anti-retroviral (ARV) drugs and can even contribute to developing HIV strains that are resistant to antiviral agents. Programming for orphans and vulnerable children (OVC) is also essential, as poor hygiene and lack of access to sanitation together contribute to 88 percent of deaths from diarrheal diseases, accounting for 1.5 million diarrhea-related-deaths each year in under-five children in the general population.<sup>1</sup> Evidence suggests that diarrheal disease reduces the absorption of essential nutrients further exacerbating the consequences of HIV and AIDS.<sup>2</sup> The linkage between malnutrition and HIV is clear, although the evidence base is just building. Anecdotally, OVC are often identified through their poor nutritional status.

A significant proportion of diarrheal diseases could be prevented by integrating WASH approaches (e.g. treatment and safe storage of drinking water, hand washing with soap, and sanitation promotion) into existing HIV/AIDS programs. These interventions are central to PEPFAR's Adult and Pediatric Basic Preventive Care Packages, with a strong evidence base supporting behavior change activities, reinforcement and follow-up, and coupled with product distribution to achieve a positive health impact.

## WHAT ARE THE PRIORITY WASH ACTIONS?

- 1. *Treat and Safely Store Drinking Water at the Point of Use.*** In a review of 144 studies, drinking water treatment and safe storage at the point of use (typically the household) were effective in reducing diarrheal prevalence by 39 percent.<sup>3</sup> In another review, Gundry et al. estimated a 65 percent reduction in diarrhea from such household-level interventions.<sup>4</sup> Use of a safe water supply was shown to reduce diarrhea by 20 percent in children in a study in Malawi.<sup>5</sup> A study of HIV-infected persons and their families in Uganda showed that use of a simple, home-based water treatment and storage intervention reduced the incidence of diarrheal episodes by 25 percent, the number of days with diarrhea by 33 percent, the frequency of diarrhea with visible blood or pus in stool, and, when combined with cotrimoxizole prophylaxis, reduced diarrheal episodes by 67 percent.<sup>6</sup> The intervention cost less than US\$5 per family per year. A similar intervention used in a Kenyan school showed reduction in diarrheal episodes,<sup>7</sup> and decreased absenteeism by 33 percent.<sup>8</sup>
- 2. *Wash Hands at Critical Times and with Proper Technique.*** Although hand washing studies of HIV-positive clients are limited, data support the benefits of hand washing in the general population, sometimes showing a reduction in diarrhea in adults by 62 percent in Bangladesh<sup>9</sup> and by 53 percent in a randomized controlled trial of children in Pakistan.<sup>10</sup> A recent review showed that hand washing with soap was associated with a 43 percent reduction in diarrheal disease.<sup>11</sup> The Uganda study cited above found that the presence of soap (a proxy for hand washing) in the HIV-affected household was associated with fewer days of diarrhea (IRR 0.58) and fewer lost days of work or school due to diarrhea (IRR 0.56)<sup>12</sup>. Programs have also demonstrated reduction in diarrhea by placing convenient, dedicated areas for hand washing, equipped with soap or soap substitute (e.g., ash).<sup>13 14</sup> Programs should, therefore, recommend proper hand washing with soap or a substitute such as ash or sand, giving clear instruction about proper technique and critical times for washing (after defecation or cleaning a child's feces, before food preparation, before and after caring for PLHIV, and before eating or breastfeeding).
- 3. *Safely Handle and Dispose of Feces.*** Most countries have poor access to a range of basic sanitation systems; therefore focusing on simple efforts, like safe handling and disposal of feces, can have the largest positive health implications. An average person produces about 150 grams of feces per day, and open defecation around the world results in enormous volumes of human excreta deposited in and around communities, creating an infectious disease environment for HIV-affected households.<sup>15</sup> Research in Uganda has shown the presence of a latrine in the family compound was associated with fewer episodes of diarrhea, fewer days with diarrhea, and fewer days of work or school lost due to diarrhea in PLHIV.<sup>16</sup> Although PEPFAR has traditionally been unable to fund the construction of simple, on-site waste disposal systems like latrines, PEPFAR programs can promote using and upgrading existing latrines and wrap-around support for latrine construction for clients and family members who are mobile and able to access latrines. Programs should also consider safe feces handling and disposal methods for infants, young children, and incontinent adults who are unable to control the passage of stool and/or easily access a latrine.
- 4. *Safely Prepare, Handle, and Store Food.*** Global estimations show that each year 1.8 million people die as a result of diarrheal diseases and most of these

cases can be attributed to contaminated food or water. Proper food storage, combined with food and water management, is vital for maintaining a hygienic atmosphere and preventing illness. World Health Organization principles for food safety include: (1) keep clean (wash hands before handling food and often during food preparation, and sanitize all surfaces and equipment used in food preparation), and cover foods to avoid contact with flies (editors addition); (2) separate raw and cooked foods; (3) cook food thoroughly; (4) keep food at safe temperatures; (5) use safe water to wash raw materials and mix with food. The five key principles will achieve a positive health impact on societies that employ these methods.<sup>17</sup> In addition, they can help reduce the risk of diarrhea for replacement and complementary feeding of infants.

**5. *Ensure Personal Cleanliness of PLHIV and OVCs and a Clean Environment.***

Ample evidence exists that improved body hygiene (daily bathing) and regular laundering of clothing and bed linen decrease skin infections and skin parasites in the general population, and are even more important for people with compromised immune systems.<sup>18</sup> Hygiene care for menstruating girls, safely cleaning or disposing of items used for hygiene care, and personal hygiene for infants, young children and adults, who do not have control of their bowels or who may be bedridden, are other priority strategies. Ensuring a hygienic environment (in the facility, school, and home) is also essential to infection control<sup>19</sup> and can lead to reduced diarrhea in HIV-affected households.<sup>20</sup>

## WHAT ARE PROGRAMMING APPROACHES THAT WILL PROMOTE WASH ACTIONS?

Comprehensive water, sanitation, and hygiene strategies include a wide range of interventions to improve the quality of life for the individual and family. These interventions are not specific to any one setting or location and are generally delivered through the home, community, school, and/or facility. Recognizing that water, sanitation, and hygiene interventions can not be standardized for all situations and countries, specific methods of implementing WASH are likely to vary within regions, and even within countries, depending on the setting and the capacity of the partners who are implementing such programs. Thus, a “menu” of interventions that could be considered is presented here. Prioritizing and selecting WASH components must be performed locally, and should be consistent with national guidelines.

### Illustrative Program Approaches

<i>Program Approaches</i>	<i>Examples/Links</i>
<p><b>Integrate/ mainstream WASH as a cross-cutting issue across all intervention areas (OVC, Prevention of Mother-to-Child Transmission (PMTCT), TB-HIV, etc.),</b></p>	<p>Integrate WASH into existing community-based approaches (e.g., home-based care, post test clubs, PMTCT/HBC support groups, behavior change communication strategies and campaigns, etc.). Mainstreaming can be facilitated into home-based and community care through distributing a WASH household assessment tool for all who do home visits to quickly identify existing WASH conditions and recommendations for practical "small doable actions" based on assessment and resources/support in the community; integrate WASH into training for all HIV/AIDS service delivery areas for providers, caregivers, community health workers, etc.; make available appropriate curriculum for adaptation/integration and job aids that can be adapted.</p> <ul style="list-style-type: none"> <li>• Draft Training of Trainers and Training for Integrating WASH into Home-based Care Work. (Available in September 2009) <a href="http://www.hip.watsan.net/page/2708">http://www.hip.watsan.net/page/2708</a></li> <li>• Pictorial tool/counseling cards for home-based care (HBC) providers in Ethiopia to counsel community and family members on WASH actions. (Available in July 2009) <a href="http://www.hip.watsan.net/page/2708">http://www.hip.watsan.net/page/2708</a></li> </ul>
<p><b>Build NGO and government capacity</b></p>	<p>Build the capacity of water, sanitation, health, and HIV/AIDS programs to deliver in-country technical assistance, supervision, planning, and training. The USAID/Hygiene Improvement Project was implementing this approach in Ethiopia, Kenya and Uganda across the sectors to facilitate improved WASH and HIV/AIDS programming. See Annex 1 for program resources. The USAID-supported Safe Water and AIDS Project in Kenya trains HIV self-help groups in household water treatment, safe water storage, and improved hygiene, after which the groups distribute soap and water treatment products to people in their communities as an income-generating activity. The WASH-HIV Integration activity (first under HIP and now under the C-Change project) is integrating small doable WASH actions into Kenya’s Community Strategy so that community health workers can negotiate with households to improve water, sanitation and hygiene practices in all settings.</p>

<p><b>Integrate WASH training into all HIV/AIDS service delivery trainings</b></p>	<p>The following CDC training resources have been developed. Training manuals can be locally adapted.</p> <ul style="list-style-type: none"> <li>• Safe Water Treatment and Storage (at least 4 hours of training)</li> <li>• Hand washing at critical times and with proper technique and other personal hygiene measures (at least 4 hours of training)</li> </ul> <p><a href="http://www.cdc.gov/safewater/publications_pages/fact_sheets/SWSTrainingGuidNurses.pdf">http://www.cdc.gov/safewater/publications_pages/fact_sheets/SWSTrainingGuidNurses.pdf</a>  <a href="http://www.cdc.gov/safewater/publications_pages/fact_sheets/SWSCurriculumNurses.pdf">http://www.cdc.gov/safewater/publications_pages/fact_sheets/SWSCurriculumNurses.pdf</a>  <a href="http://www.shea-online.org/Assets/files/IHI_Hand_Hygiene.pdf">http://www.shea-online.org/Assets/files/IHI_Hand_Hygiene.pdf</a></p> <p>Training is also essential in other aspects of WASH:</p> <ul style="list-style-type: none"> <li>• Promoting improved sanitation</li> <li>• Food hygiene</li> <li>• Personal and environmental cleanliness</li> </ul>
<p><b>Develop &amp; implement curricula, behavior change communication and counseling tools/materials</b></p>	<p>Develop supplements or integrate WASH themes into:</p> <ul style="list-style-type: none"> <li>• Participant manuals, trainer manuals, flipcharts</li> <li>• IEC materials, especially reminder materials for PLHIV homes</li> <li>• Pocket cards for health workers to remember key points and something similar for PLHIV to use at home as a reminder</li> </ul> <p>Examples of available professional training and school-based curricula are found under separated headings in Annex 1.</p>
<p><b>Implement a basic care package through the clinic system</b></p>	<p>Include a bleach/hypochlorite product, (commonly available) container, and soap in a Basic Care Package for PLHIV, with accompanying hygiene education, reinforcement, and follow up. USAID/AIDSTAR has developed a WASH-HIV training manual for health facilities. This is currently being tested in Ethiopia and Kenya and will be available soon.</p>
<p><b>Include a comprehensive WASH package for adult PLHIV and their families in the home setting</b></p>	<p>As with the Basic Care Package, include a bleach/hypochlorite product, (commonly available) container, and soap, with accompanying hygiene education, instructions on making home-made devices for hand washing with limited water; home made potties for facilitating safe feces disposal; tips for making latrine use easier for PLHIV with limited mobility; gloves; plastic sheeting.</p>



<p><b>Procure, distribute and/or sell essential hygiene commodities</b></p> <p><b>With appropriate behavior change communication and counseling</b></p>	<p><b>Safe Water Treatment and Storage Commodities</b></p> <ul style="list-style-type: none"> <li>• Treatment products (bleach/hypochlorite in solution or tablets (Aquatabs); Pur (for water that is particularly turbid, murky and contains large particles for water disinfection)</li> <li>• 1- to 2-liter transparent plastic bottles appropriate for solar treatment of water (SODIS)</li> <li>• Safe water storage containers (clay pot, jerry can, or container with a spigot), lids, and dippers</li> </ul> <p><a href="http://www.cdc.gov/safewater/publications_pages/proven.pdf">http://www.cdc.gov/safewater/publications_pages/proven.pdf</a></p> <p><a href="http://www.cdc.gov/safewater/publications_pages/options-sodis.pdf">http://www.cdc.gov/safewater/publications_pages/options-sodis.pdf</a></p> <p><a href="http://www.cdc.gov/safewater/publications_pages/fact_sheets/SWSCurriculumNurses.pdf">http://www.cdc.gov/safewater/publications_pages/fact_sheets/SWSCurriculumNurses.pdf</a></p> <p><b>Hand Washing Commodities</b></p> <ul style="list-style-type: none"> <li>• Soap and other local products such as ash or sand</li> <li>• Materials for making a water-saving device to facilitate hand washing or “tippy tap.” These include: plastic container, jug, gourd or local material with spigot or opening to provide slow stream of water and rope to suspend the jug or gourd.</li> </ul> <p><a href="http://www.cdc.gov/safewater/publications_pages/tippy-tap.pdf">http://www.cdc.gov/safewater/publications_pages/tippy-tap.pdf</a></p> <ul style="list-style-type: none"> <li>• Hand washing stations in health facilities or schools <sup>21 22</sup></li> </ul> <p><b>Safe Feces Handling and Disposal Commodities</b></p> <ul style="list-style-type: none"> <li>• Rubber or mackintosh sheets to protect linen, mattresses, and skin</li> <li>• Potties, bedpan, and/or commode (bedside structure) to assist clients who are unable to get to a latrine or toilet (can be created with local materials – for both infants and adults)</li> <li>• Clean cloth, nappies, or diapers for incontinent clients (infants and adults)</li> <li>• Gloves for safe handling of feces and body fluids</li> <li>• Hygiene stations (for hand washing with soap) – can create a tippy tap</li> <li>• Sanitation platforms (SanPlats) for latrines (can be produced at low cost by local masons)</li> </ul> <p><b>Food Hygiene Commodities</b></p> <ul style="list-style-type: none"> <li>• Water treatment solution to ensure that treated water is used to prepare nutrition products (complementary foods, formula), sanitize food or formula preparation vessels, and wash produce</li> <li>• Hand washing with soap – can create a tippy tap</li> <li>• Use soap and water or hypochlorite solution to clean food preparation surfaces</li> </ul> <p><b>Personal Cleanliness and Environmental Hygiene Commodities</b></p> <ul style="list-style-type: none"> <li>• Clean cloth for daily bathing, hygiene, etc.</li> <li>• Bags for collecting and disposing of waste</li> <li>• Hygiene stations (for hand washing with soap) – can create a tippy tap</li> </ul> <p><b>Behavior Change Communication and Counseling</b></p> <p>Ensure that adequate education, follow-up, reinforcement, and monitoring accompanies all commodity distribution. This may include clinic-based education, home visits, peer support groups, etc. Commodities are only effective if they are used correctly and consistently.</p>
<p><b>Review/develop or adapt policies and/or guidelines</b></p>	<p>Provide a framework for integrating water, sanitation, and hygiene activities within HIV/AIDS programs that support PLHIV, OVC, and their families. This includes integrating evidence-based WASH approaches in HIV/AIDS policies and guidelines and creating linkages with “wrap-around” programs that address access to water and sanitation infrastructure for vulnerable populations.</p>
<p><b>Develop Standards of Practice (SOPs)</b></p>	<p>Develop and implement SOPs that delineate the essentials of delivering WASH in HIV/AIDS settings at various practice levels and settings. This may include performance expectations for the practice of individuals responsible for WASH or HIV programming (e.g. nurses, volunteers, teachers), professional standards, etc.</p>

<b>Support supervision</b>	Follow-up with providers or teachers, staff, etc. to reinforce improved WASH behaviors. Add to or develop and use supervision checklists and tools to enhance the performance monitoring of providers, teachers, etc. Include items such as the following in job aids and supervision checklists to provide supportive WASH integration supervision: presence of hand washing station with signs of use, latrine with signs of use, presence of soap in home-based care provider checklists, and distribution of “how to” sheets on how to make a tippy tap as part of activity monitoring, etc.
<b>Recruit and fund coordinator</b>	Support a local WASH integration coordinator embedded in a PEPFAR partner organization who could work with PEPFAR partners to integrate hygiene and sanitation across HIV/AIDS programs.
<b>Explore options for increasing access to water and sanitation infrastructure</b>	Within the local country context, identify existing partners already working in water and sanitation and explore possibilities for leveraging water and sanitation infrastructure. Start by examining UNICEF and World Bank operations. In some cases, PEPFAR will support water and sanitation infrastructure as PEPFAR already allows construction of clinics, etc.
<b>Fund short term technical assistance (TA) provision</b>	Support short-term technical inputs that enhance WASH and HIV/AIDS. This may include TA for program planning, capacity building, and skills training on WASH, monitoring and evaluation, etc.
<b>Develop and expand pilot programs</b>	Support pilot programs that promote an expanded range of hygiene activities in HIV/AIDS programs and can be monitored and brought to scale for program success. Home-based care programs in Uganda and Ethiopia are piloting an expanded menu of WASH actions. Kenya is integrating WASH-HIV programming into its community strategy through USAID’s Hygiene Improvement Project and in 2011, through the C-CHANGE project. AIDSTAR is testing the WASH-HIV curriculum for facilities and it should be available soon.
<b>Support national committees on WASH and HIV/AIDS</b>	Form national steering committees to improve programming and leadership on WASH and HIV/AIDS. With technical assistance from the USAID/Hygiene Improvement Project, USG/Uganda and the Government of Uganda have formed a National Working Group on Hygiene Improvement and HIV/AIDS to guide technical mainstreaming of WASH and HIV.

## **WHAT ARE PROGRAM EXAMPLES FROM OTHER COUNTRIES?**

Several countries have effectively combined various WASH program approaches with HIV/AIDS interventions in their PEPFAR program. A few examples from Africa and Asia that benefit both PLHIV and orphans and vulnerable children include:

### **KENYA: Safe Water Systems and Hand Washing Stations in Schools**

Program experiences in Kenya demonstrate that unsafe water, sanitation, and hygiene conditions not only have a detrimental effect on the health of children under age five, but also have an impact on the health, attendance, and learning capacities of school-age children, including OVCs. A USG-supported program in western Kenya placed safe water systems and hand washing stations next to primary school kitchens and latrines. Primary school teachers and students were taught correct hand washing and water treatment and storage and students were encouraged to teach their parents improved WASH behaviors. CARE/Kenya, PSI/Kenya and CDC facilitated technical assistance, training, and commodity distribution (water treatment with bleach, safe storage, and behavior change communication). An evaluation of this program documented a 35 percent decrease in student absentee rates.<sup>23</sup> Other program examples include developing WASH friendly school guidelines, teacher and student

trainings, integrating WASH into youth clubs, etc., and other strategies available on [www.PEPFAR.net](http://www.PEPFAR.net) that can be used in schools and with OVC groups. UNICEF guidelines promote that all schools have child friendly water and sanitation facilities, along with hygiene education programs. For more information, see [http://www.cdc.gov/safewater/publications\\_pages/fact\\_sheets/Kenya.pdf](http://www.cdc.gov/safewater/publications_pages/fact_sheets/Kenya.pdf)

### **NAMIBIA: Safe Water, Sanitation and Hygiene in the National Guidelines and Standards for Community and Home-Based Care**

USG/Namibia supported the Government of the Republic of Namibia, Ministry of Health and Social Services (MOHSS), to review and update national guidelines and performance standards in community and home-based care. Strong policy support is essential to integrating WASH and HIV/AIDS and improving access to quality HIV prevention, care, and treatment services for HIV-infected and affected populations. Through PACT/Namibia, the USG provided technical assistance to the MOHSS throughout this process to ensure that evidence-based care and support strategies were included in the guidelines and standards, including water treatment options, safe storage, hand washing with soap, promotion of a hygienic latrine, and food, personal, and household hygiene. These activities are aimed at preventing mother-to-child HIV transmission (effective maternal nutrition and safe infant feeding), extending and optimizing quality of life throughout the continuum of illness for HIV-infected adults and children, and improving the lives of orphans and other vulnerable children affected by HIV/AIDS. For more information, contact PACT/Namibia at [sposner@pactnamibia.org](mailto:sposner@pactnamibia.org).

### **SOUTH AFRICA: Leveraging External Resources for Water and Sanitation Infrastructure**

The Coca-Cola Company and USAID/South Africa have created a unique Global Development Alliance to address community water needs in Africa. With support from the Global Environment and Technology Foundation, the “Water and Development Alliance” contributes to improving water use efficiency through targeted interventions, increasing access to water supply and sanitation services, and enhancing productive uses of water. In South Africa, implementing agents, are targeting youth and HIV-infected and affected using an approach involving expanded water reticulation (piped water) in especially deep rural areas jointly with hygiene and sanitation behavior change programming and training. PEPFAR funding is being leveraged to reach up to 25,000 residents in 10 rural villages in Amathole District of the Eastern Cape where HIV antenatal prevalence is 21 percent and where 30 percent of the province has no access to piped water. For more information, please contact Malik Jaffer: [mjaffer@usaid.gov](mailto:mjaffer@usaid.gov).

### **UGANDA: WASH Commodities, Training and Technical Assistance**

PSI/Uganda is improving water treatment and safe storage, hand washing with soap through delivering the basic preventive care package (BCP) for PLHIV and their families. The program helps to reduce morbidity and mortality caused by opportunistic infections (OIs) in PLHIV and to reduce HIV transmission to unborn children and sexual partners. Currently, the BCP components include identifying PLHIV through

family based counseling and testing, prolonging and improving the quality of their lives by preventing OIs, and prevention with positives interventions (PWP). The BCP combines key informational messages, training and provision of affordable health commodities. The health commodities include free distribution of a starter kit with:

- two long lasting insecticide treated bednets (ITNs);
- household water treatment chlorine solution, a filter cloth, and water vessel;
- condoms; and
- health information on how to prevent HIV transmission.

A multi-channel communication campaign supports program implementation by educating PLHIV on how to prevent OIs, live longer and healthier lives through cotrimoxazole prophylaxis, prevent diarrheal diseases using household water treatment and safe storage, prevent malaria by using ITNs, and PWP interventions. The expanded campaign will include palliative care, TB/HIV and nutrition communication and will produce education materials (posters, brochures, positive living client guides and stickers) for PLHIV, health care providers, and counselors in eight local languages. In partnership with MOH and Straight Talk Foundation (STF), PSI is producing radio spots and “parent talk” programs. PSI has trained service providers, and peer educators who are now implementing community activities that reinforce these messages.

PSI now works with 30 HIV care and support organizational partners who have a total of 102 BCP implementing sites across Uganda reaching 250,000 people. Of these, 45 sites have adult clients and distribute condoms, while 8 FBOs work with young infected children. Of the 163,735 kits that have been distributed, nearly 11,000 have been given to children. For more information, contact Cecilia Kwak, [ckwak@psi.org](mailto:ckwak@psi.org).

### **VIETNAM: Integrating Safe Water Systems and Health Communications in Care and Support Services**

PSI is working closely with CARE and CBO partners to improve and increase access among OVC and PLHIV to the SafeWat safe water system and behavior change communications to promote correct and consistent household water treatment and good hygiene practices among PLHIV, OVCs, and their affected households. Safe water and hygiene promotion activities are integrated into existing care and support services in provinces particularly affected by cholera to reduce the incidence of diarrheal diseases among immuno-compromised and otherwise vulnerable populations in Hanoi, HCMC, Quang Ninh, Can Tho, and An Giang.

#### ***Specific activities:***

The project integrates SafeWat promotion and hygiene awareness into existing community outreach events with PLHIV/OVCs and their families. This has increased the acceptability of targeted communications messages. The project has trained local CBO partners on the link between unsafe drinking water and health and recommended good hygiene practices. Nutrition training in the South and North provinces also included this WASH component. On-going interpersonal communication sessions and product demonstrations have built self-efficacy among potential users, demonstrated effectiveness of SafeWat and encouraged initial trial of SafeWat. Findings from program implementation monitoring and research into current safe water practices, user experiences and reasons some users lapsed will inform the 2009 phase 2 design of the SafeWat project.

**Results:**

- Since project launched in August 2008, 20,030 SafeWat bottles were distributed to HIV affected households. Over 14,000 leaflets, 3,100 posters and 855 flipcharts were distributed through 23 local partner organizations.
- Program activities reached 4,875 PLHIV, 4,025 OVC and 9,315 family members/caretakers.

For more information, contact Cecilia Kwak, [ckwak@psi.org](mailto:ckwak@psi.org).

**Example Costs of Common WASH Commodities**

<b>Commodity</b>	<b>Cost (in USD)</b>
<b>One month supply of bleach for water treatment</b>	\$0.25
<b>One month supply of PUR for water disinfection</b>	\$6.00
<b>One month supply of Aquatabs for water treatment</b>	\$0.60
<b>Safe water storage containers</b>	\$3.00-\$4.00
<b>Soap (one bar)</b>	\$0.10-\$0.20
<b>Hygiene stations (for hand washing and drinking water), a year's supply of water treatment solution, and a year's supply of soap for a 400-student school</b>	\$200 to start, recurring costs of \$40-80 per year (from Kenya)
<b>Hygiene stations, a year's supply of water treatment solution, and a year's supply of soap for a rural clinic</b>	\$100 to start, recurring costs of \$20 to \$40 per year (from Kenya)

## HOW DO I BEGIN THINKING ABOUT INTEGRATING WASH INTO HIV/AIDS PROGRAMS?

**Step One: Sensitize.** Increase awareness of the USG team on the importance of and evidence for key WASH actions. Headquarters staff are available to provide technical sessions and information to your team. Please contact USG headquarters staff, Merri Weinger, USAID/Washington ([mweinger@usaid.gov](mailto:mweinger@usaid.gov)) and Dr. Rob Quick, CDC/Atlanta ([rquick@cdc.gov](mailto:rquick@cdc.gov)) for further information. Several key resource materials can be shared with your USG team. See Annex 1.

**Step Two: Assess.** Assess the opportunities that exist for integrating practical, low-cost WASH activities in your COP. Here are some ideas for how you might begin:

- Pull USG partners together to increase awareness and understanding of opportunities and to generate ideas for future integration. See Annex 2 for a sample agenda and available resources.
- If time and resources do not allow a partners meeting, consider using a consultant or team member to assess options with activity managers and/or key implementing partners in exploring opportunities for integrating WASH into the HIV/AIDS portfolio. Explore which small doable WASH actions [simple programming options] could be integrated in this year's COP (e.g. training, commodity procurement, communication materials, etc.).
- Assess availability of technical resources for your USG team. In many countries, professionals with water and sanitation expertise may sit in other sector offices. For example, USAID Missions may have water and sanitation expertise in the democracy and governance or agriculture sector. CDC/Atlanta has WASH technical expertise outside the HIV/AIDS sector. The U.S. Peace Corps has volunteers who support community-based water, sanitation, and hygiene approaches. The Department of Defense may be able to construct safe water sources or latrines. Assess potential for leveraging support and consultation for water and sanitation infrastructure from local government and WASH partners outside the USG (e.g., Water and Sanitation Program, UNICEF, PLAN, CARE, etc.)

**Step Three: Draft Partner Narratives and Budgets.** Ensure WASH is integrated in partner COP narratives and budgets. Activity managers/CTOs can provide information to their partners. If you know of WASH activities happening, ensure they are reflected in your COP narratives.

**Step Four: Review COP.** Consider using a consultant or team member to review for priority WASH activities in the following COP sections: PMTCT, Pediatric Care and Support, Adult Care and Support, TB/HIV, OVC, Adult Treatment and Policy/Systems Strengthening.

**Step Five: Include in Current Implementation.** Determine what you can do now to promote the priority WASH actions in your current programs at a minimal cost. This may include reviewing work plans for WASH elements and discussing WASH in your annual program review. Consider adding one or two simple WASH program activities. For example, add hand washing, household water treatment and safe storage to your current home-based care training or ART training, or conduct a pilot hand washing project in a clinic- or school-based program in which hand washing stations and education are provided for health workers and clients. If necessary, identify and support WASH infrastructure needs through PEPFAR funding or by leveraging external funds.

## **WHAT DO I NEED TO INCLUDE IN MY COP TO ADDRESS THE WATER CONGRESSIONAL EARMARK?**

In FY2008, the U.S. Congress brought increased attention to the importance of safe drinking water, sanitation, and hygiene by appropriating \$300 million to “provide affordable and equitable access to safe drinking water and sanitation in developing countries” ([www.state.gov/g/oes/water](http://www.state.gov/g/oes/water)) in support of the recent *Senator Paul Simon Water for the Poor Act of 2005*. A similar earmark will be specified for FY2012. All safe water, sanitation, and hygiene interventions should be explicitly stated and marked in your COP so that OGAC can effectively respond to this anticipated legislative requirement and related Congressional inquiries. For example, safe water treatment and storage and hand washing should no longer be encompassed under “food and nutrition.” Rather, water, sanitation, or hygiene actions essential to safe food and nutrition should be stated as a WASH activity. Beginning in FY2009, OGAC requested that USG teams mark a secondary cross-cutting budget attribution for all “safe water” activities. This attribution field is designed to capture all funding associated with cross-cutting safe water, sanitation, and hygiene interventions, regardless of the primary program budget area. This attribution is not double counting, but simply tracks funding towards safe water that is embedded in other budget allocations. Secondary cross-cutting budget attributions may, for example, capture funding for safe water treatment and storage that is captured under ART Treatment, PMTCT, and TB/HIV. See the FY2012 COP Guidance and Appendices for more information.

As stated on page 114 in the FY2009 COP Guidance:

*Countries should estimate the total amount of funding from their country budgets, not including central funds, which can be attributed to safe water. Activities include support for availability, access, and use of products to treat and properly store drinking water at the household level or other point-of-use, and promotion of hand washing with soap.*

## WHERE CAN I PUT WASH ACTIVITIES IN MY COP?

Water, sanitation, and hygiene and HIV/AIDS interventions are delivered in home, community, school, and facility settings to benefit HIV-exposed, HIV-positive, and HIV-affected populations. Program approaches may occur in PMTCT, ART, TB, OVC, support group, home-based care, or educational settings and can include constructing WASH infrastructure such as access to water (pumps, pipes, etc), hand washing stations, and latrines. They may also include strategic information, systems strengthening, and human capacity development activities that monitor or promote priority WASH actions, including information systems, national policies, and guidelines. See the following table for more information on relevant COP program areas and program area budget codes.

<b>Program Area</b>	<b>Budget Name and Code</b>	<b>Description</b>
<b>PMTCT</b>	01-MTCT Prevention: PMTCT	WASH activities aimed at preventing mother-to-child HIV transmission, including safe water, sanitation and hygiene practices for effective maternal nutrition and safe infant feeding (e.g. water treatment and safe storage, hand washing with soap, food preparation and storage for safe replacement feeding and complementary feeding).
<b>Adult Care and Treatment</b>	08-HBHC Care: Adult Care and Support 09-HTXS Treatment: Adult Treatment	WASH activities for HIV-infected adults and their families aimed at extending and optimizing quality of life throughout the continuum of illness (e.g. water treatment options and safe storage, hand washing with soap, promotion of a hygienic latrine, and/or safe feces disposal etc.).
<b>Pediatric Care and Treatment</b>	10-PDCS Care: Pediatric Care and Support 11-PDTX Treatment: Pediatric Treatment	WASH activities for HIV-exposed and HIV-positive infants and children (e.g. safe water treatment and storage for drinking, feeding, and safe reconstitution of medications, hand washing with soap, safe handling of nappies/feces, promotion of hygienic potty or latrine, etc.).
<b>TB/HIV</b>	12-HVTB Care: TB/HIV	WASH activities in TB/HIV program settings (e.g. safe water treatment and storage for drinking, feeding, and safe reconstitution of medications, hand washing with soap, promotion of a hygienic potty or latrine, etc.).
<b>OVC</b>	13-HKID Care: OVC	WASH activities aimed at improving the lives of orphans and other vulnerable children affected by HIV/AIDS (e.g. water treatment options and safe storage, hand washing with soap, promotion of a hygienic latrine, etc.).
<b>Strategic Information</b>	17-HVSI Strategic Information	Activities that support evidence-based WASH and HIV/AIDS planning and decision making (e.g. monitoring partner results in WASH and HIV/AIDS, surveys, assisting countries and partners to establish WASH and HIV/AIDS information systems, disseminating data and information, etc).
<b>Health Systems Strengthening</b>	18-OHSS Health Systems Strengthening	WASH activities aimed at ensuring sustainability of services such as building organizations' capacity to manage WASH activities, policy reform efforts, and system-wide approaches (e.g. national procurement and logistics systems, stigma reduction approaches).



## **WHAT USG MECHANISMS COULD I CONSIDER USING TO PROGRAM WASH IN MY COP?**

A variety of acquisition and assistance instruments (mechanisms) can be used by USG teams to allocate money towards programming WASH into HIV/AIDS program approaches, commodities, and technical assistance. USG teams have many options and are encouraged to consider the following questions:

- Could your existing HIV/AIDS implementing partner receive funds and implement the WASH activity through the current mechanism?
- Could your existing HIV/AIDS implementing partner sub-contract with another partner who could more easily provide WASH technical assistance or commodities?
- Which USG Agency would best manage a WASH and HIV/AIDS activity?
- What mechanisms has your team used to program technical assistance in the past? Could you put funds into this mechanism to buy WASH technical assistance from either in-country sources or from WASH and HIV/AIDS technical assistance providers who have experience in other countries? (See suggestions on providers below.)
- What mechanisms has your team used to purchase commodities in the past? Could this mechanism also purchase essential WASH commodities such as soap, water purification and storage supplies, etc?
- Does your Agency have mechanisms to fund WASH assistance through other sectors? For example, in-country USAID democracy and governance offices may support local government water and sanitation schemes with expertise that your HIV/AIDS program could access.
- Would your WASH and HIV/AIDS program needs be best met by creating a new local procurement?

Below are specific ways that CDC and USAID have programmed WASH and HIV/AIDS and provided technical assistance in the past:

### **U.S. Centers for Disease Control**

CDC programs can allocate funds for activities within current CDC mechanisms and partners in the country. CDC/Atlanta staff can also provide technical assistance in the implementation and evaluation of WASH programs, particularly related to point-of-use water treatment and hygiene promotion. This assistance can take several forms, including (but not limited to):

- Information about partner organizations that are currently implementing point-of-use water treatment and hygiene promotion programs.
- Information about point-of-use water treatment technologies being implemented in different countries.
- Design of clinic-, community-, or school-based WASH programs.
- Implementation manuals that can be adapted to local conditions.
- Monitoring and evaluating WASH programs that target HIV-infected and affected populations.

Technical assistance support from CDC staff can be paid for by CDC/Atlanta on a very limited basis with an existing USAID-CDC Interagency Agreement. A USAID Mission interested in buying CDC technical assistance can place money in an interagency agreement between USAID and CDC. Alternatively, if money is not from USG sources, an implementing partner can reimburse CDC directly for technical assistance. To facilitate technical assistance from CDC, a scope of work and timeline should be developed well in advance. CDC can help develop the scope of work and timeline. For more information contact Rob Quick, CDC/NCZVED/DFBMD/EDEB, Atlanta, GA, 30333, tel. (404) 639-2208, e-mail [rxq1@cdc.gov](mailto:rxq1@cdc.gov)

CDC is able to fund WASH and HIV/AIDS approaches in many countries through Population Services International (PSI), a nonprofit organization that utilizes the private sector to address the health problems of low-income and vulnerable populations. Products and services are sold at subsidized prices rather than given away to motivate commercial sector involvement. In countries such as Botswana, Kenya, Nigeria, Uganda, and Vietnam, PSI uses social marketing to distribute safe water products that allow families to treat drinking water at home. Using these products, in combination with behavior change communication campaigns, USG and PSI help to avert millions of cases of diarrheal disease. For more information, see <http://www.psi.org/> and the following links: [http://www.cdc.gov/safewater/publications\\_pages/fact\\_sheets/SWS\\_HIV.pdf](http://www.cdc.gov/safewater/publications_pages/fact_sheets/SWS_HIV.pdf) and [http://www.cdc.gov/safewater/publications\\_pages/fact\\_sheets/Kenya.pdf](http://www.cdc.gov/safewater/publications_pages/fact_sheets/Kenya.pdf)

### **United States Agency for International Development (USAID)**

USAID programs can allocate funds for activities within current USAID mechanisms and partners in the country. USAID can also fund WASH and HIV/AIDS technical assistance via CDC (see above) or via USAID mechanisms. Some USAID mechanisms include:

1. *USAID's WASHplus Project.* The project is tasked with integrating water, sanitation and hygiene programming into HIV/AIDS care and support programs and developing tools and materials that can be adapted by other countries. Examples of other USAID/WASHplus technical support might include:
  - Developing a strategy to integrate water, sanitation, and hygiene interventions into existing programs.
  - Revising current policy and program guidance, providing specific language inserts to update and integrate WASH.
  - Customizing the existing HIV-WASH Integration Toolkit to create country-specific tools to help integrate water, sanitation, and hygiene interventions into programs.
  - Building the national capacity of a cadre of trainers to train clinic and home-based care providers in WASH aspects of care and support; teachers and school personnel to include WASH in standard school curricula and OVC programs.
  - Conducting training on integrating water, sanitation, and hygiene interventions into HIV/AIDS programs.

Available support materials are integrated into the specific categories in the

resource section at the back of this document in Annex 1.

Missions will be able to access WASHplus assistance through field support through September 2015. For more information, contact: Merri Weinger or John Borrazzo , USAID/GH/HIDN, Washington, DC 20523-3700, tel. (202) 712-5102, e-mail [mweinger@usaid.gov](mailto:mweinger@usaid.gov); [jborrazzo@usaid.gov](mailto:jborrazzo@usaid.gov). You can also read more about the predecessor Hygiene Improvement Project (HIP) at <http://www.hip.watsan.net/>

2. *USAID's AIDSTAR Project*. This funding mechanism was awarded to multiple cooperating partners (January 2008-January 2011) and can be used to access technical assistance to support local civil society, community, and/or governmental institutions to build sustainable approaches to integrated WASH and HIV/AIDS programming. Missions can buy into Task Order #1 with field support under the *HIV/AIDS Prevention, Care, and Treatment Component*. Or, missions can issue an independent task order for WASH and HIV technical assistance (2008-2013) on which any IQC holder can bid. For more information, contact: Shyami de Silva, CTO, AIDSTAR, USAID/OHA, Washington, DC, tel. (202) 712-0856, e-mail [sdesilva@usaid.gov](mailto:sdesilva@usaid.gov). You can also read more at <http://ghiqc.usaid.gov/aidstar/about/index.html>
3. *USAID's SCMS Project (Supply Chain Management Systems)*. This funding mechanism is implemented by the Partnership for Supply Chain Management, a non-profit consortium of 16 organizations led by John Snow, Inc., RTI International, and Management Sciences for Health. In the context of WASH, SCMS improves existing supply chains to deliver an uninterrupted, cost-effective supply of high-quality WASH commodities to meet the needs of PEPFAR programs. SCMS focuses on better forecasting to determine what commodities are needed, aggregating demand and negotiating better prices, and improving systems for storage, transport, and distribution. SCMS seeks new ways to collaborate to strengthen existing supply chains. SCMS shares skills, tools, and knowledge through customized, hands-on technical assistance and offers support throughout the supply chain, from planning demand to local delivery, for a range of stakeholders including host governments and ministries of health, nongovernmental organizations, faith-based providers, and the private sector. For example, USG/Namibia funds SCMS to partner with the Ministry of Health and the local market to procure and distribute essential commodities for home-based care kits, including WASH commodities such as soap, bleach, water disinfection tablets and gloves. Missions can buy into Task Order #1 with field support or issue an independent task order for WASH and HIV technical assistance on which any IQC holder can bid (through September 2010). For more information, contact: Carl Hawkins, CTO, SCMS, USAID, Washington, DC, tel. (202) 712-4539, e-mail [chawkins@usaid.gov](mailto:chawkins@usaid.gov). You can also read more at <http://scms.pfscm.org/scms>.
4. *USAID's C-CHANGE Project*. C-Change is a Leader with Associate Awards Cooperative Agreement implemented by the Academy for Educational Development with international partners across the globe. USAID Mission or Bureau buy-ins related to health may be made through either incremental funding obligated to the leader award or through an associate award. Buy-ins for communication support in other sectors—the environment, agriculture, and livelihoods, as well as civil society and government—are through associate awards. C-CHANGE is conducted a water and sanitation assessment in Democratic Republic of Congo, and is receiving PEPFAR funding from Ethiopia

and Kenya to extend HIP-led WASH/HIV integration activities.

## ***SAMPLE COP LANGUAGE FOR WASH AND HIV/AIDS PROGRAMMING***

*Below are four examples of sample WASH and HIV/AIDS language that could be easily adapted and used by country teams, according to the program need and budget. They include:*

- Example 1:** COP Entry for a Comprehensive WASH Package (Technical Assistance, Training, Commodities, and Supervision), for Adult PLHIV and their Families in a Home Setting
- Example 2:** COP Entry for a Safe Water System and Hand Washing Intervention (Technical Assistance, Training, Commodities, and Supervision) for Orphans and Vulnerable Children in Schools
- Example 3:** COP Entry for Safe Water System at Point of Use and Hand Washing with Soap in a Facility-Based Setting (e.g., for ART, PMTCT, TB-HIV, etc.)
- Example 4:** COP Entry to Support Integrating Water, Sanitation, and Hygiene in National HIV/AIDS Policy and Guidelines

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**EXAMPLE #1: COP Entry for a Comprehensive WASH Package (Technical Assistance, Training, Commodities and Supervision), for Adult PLHIV and their Families in a Home Setting**

**Program Area:** Adult Care and Treatment

**Budget Code:** HBHC Care

**Program Area Code:** 08

**Mechanism/Prime Partner:** TBD (see suggested USG mechanisms section)

**Planned Funds:** TBD (insert \$ amt)

**Secondary Budget Attribution for “Safe Water” Activities:** TBD (insert \$ amt)

**Sample Language:** Addressing the water, sanitation, and hygiene needs of HIV-positive clients and their families is an important part of a comprehensive palliative care approach. Through healthy living and disease prevention, these interventions can substantially improve quality of life, reduce diarrheal disease, and protect the health of HIV-positive individuals and their families. The *(insert name of your adult care and support program or partner)* will be supported to adapt and implement comprehensive package of water, sanitation, and hygiene interventions for HIV-infected individuals reached via home-based care (HBC) programming. The interventions are a part of the program’s delivery of the preventive care package for all HIV-positive clients and include the following: commodities for household safe water system (water purification with bleach/hypochlorite, storage vessels) and safe drinking water, hand washing stations (soap, jerry cans, small bottles for tippy-tap construction), and safe handling and disposal of feces (household bleach, jerry can, rubber sheet and gloves).

Coupled with product distribution, USG/*(insert country name)* will support evidence-based behavior change activities and technical assistance that will result in the following: an in-service training curriculum for HBC providers that is locally adapted, translated, and implemented; pictorial counseling cards to assist HBC providers in counseling family members on WASH actions and improved hygiene behaviors; safe water systems and hand washing stations placed in PLHIV homes; upgrading hygienic latrines to facilitate use; and food hygiene promotion in the community. This intervention will also include approaches that support a proportion of PLHIV who are bedridden, immobile, and/or incontinent, including the appropriate use of household bleach, rubber sheets, jerry cans, and gloves for safe feces handling and disposal and a clean environment. Ongoing technical support and training will be provided to home-based care providers, PLHIV, and their families on improved hygiene behavior practices with an emphasis on treating and storing water at the point of use, washing hands with soap at critical times and with proper technique, and safe handling and disposal of feces for the chronically and terminally ill clients. Logistics support will also address the appropriate use, storage, and replenishment of commodities. Funding will primarily be used to train home-based caregivers, PLHIV, and family members and procure commodities needed for household safe water systems, hand washing, and safe feces handling and disposal; monitoring program implementation; and evaluating program outcomes.

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**EXAMPLE #2: COP Entry for a Safe Water System and Hand Washing Intervention (Technical Assistance, Training, Commodities and Supervision) for Orphans and Vulnerable Children in Schools**

**Program Area:** Orphans and Vulnerable Children

**Budget Code:** HKID Care

**Program Area Code:** 13

**Mechanism/Prime Partner:** TBD (see suggested USG mechanisms section)

**Planned Funds:** TBD (insert \$ amt)

**Secondary Budget Attribution for “Safe Water” Activities:** TBD (insert \$ amt)

**Sample Language:** Safe water, sanitation, and hygiene are an important part of comprehensive OVC care. Through healthy living and disease prevention, WASH interventions can substantially improve quality of life, reduce diarrheal disease, and protect the health of vulnerable children. The *(insert name of your OVC program)* will be supported to adapt and implement a safe drinking water and hand washing component for OVCs in primary school settings. The intervention is part of the program’s delivery of a menu of OVC interventions and includes the following: commodities for safe drinking water (water purification with bleach/hypochlorite, storage vessels) and hand washing stations (soap, jerry cans, small bottles for tippy-tap construction in water-scarce areas, and buckets or jerry cans with taps in areas with adequate water). Coupled with product distribution, USG/*(insert country name)* will support evidence-based behavior change and education activities and technical assistance that will result in the following: a school-based training curriculum (including suggested learning activities) for teachers, school staff, and children that is locally adapted, translated and implemented; a pictorial, primary school reader to reinforce hygiene actions; drinking water and water saving hand washing stations (tippy taps or jerry cans or buckets with taps) placed in the schools; and hygienic latrines and food hygiene promotion in the school setting. Schools will receive ongoing technical support and training on improved hygiene behavior practices with an emphasis on treating and storing water at the point-of-use and washing hands with soap at critical times and with proper technique. Logistics support will also address the appropriate use, storage, and replenishment of commodities. Funding will primarily be used for training and to procure commodities needed for school-based safe water systems and hand washing stations; monitoring program implementation; and evaluating program outcomes.

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**EXAMPLE #3: COP Entry for Safe Water System at Point of Use and Hand Washing with Soap in a Facility-based Setting (e.g., for ART, PMTCT, TB-HIV, etc.)**

**Program Area:** Adult Care and Treatment

**Budget Code:** HTXS Treatment

**Program Area Code:** 09

**Mechanism/Prime Partner:** TBD (see suggested USG mechanisms section)

**Planned Funds:** TBD (insert \$ amt)

**Secondary Budget Attribution for “Safe Water” Activities:** TBD (insert \$ amt)

**Sample Language:** Water, sanitation, and hygiene (WASH) is an important part of clinical PLHIV care. It is necessary to identify and implement interventions targeted at the primary causes of HIV-related illness and death. The use of anti-retroviral treatment (ART) is one approach to slowing disease progression in PLHIV. However, it is also important to combine ART with interventions that prevent the onset of conditions such as diarrheal disease. Many life-threatening opportunistic infections are caused by exposure to unsafe drinking water, inadequate sanitation, and poor hygiene. Diarrhea, a very common symptom, which can occur throughout the course of HIV and AIDS, affects 90 percent of PLHIV and results in significant morbidity and mortality. Diarrheal illness in PLHIV can interfere with and compromise the absorption of ARV drugs and can contribute to developing HIV strains that are resistant to antiviral agents.

The *(insert name of your adult treatment program or partner)* will be supported to place drinking water and hand washing stations with soap in *(insert number)* ART sites. The interventions are a part of the program’s delivery of the preventive care package for all HIV-positive clients. The approach will include providing commodities for safe drinking water at the point of use (water treatment with bleach/hypochlorite, storage vessels) for HIV-positive clients and placing hand washing stations (soap, jerry cans, small bottles for tippy-tap construction in water-scarce areas, and buckets with taps in areas with adequate water supplies) in health facilities. Coupled with product distribution, USG/*(insert country name)* will support evidence-based behavior change activities and technical assistance, including: an in-service training curriculum on hand washing behavior for ART service delivery providers (physicians, nurses, counselors) that is locally adapted, translated, and implemented; a behavior change communications poster and DVD for ART waiting rooms on priority water, sanitation, and hygiene actions for PLHIV; and drinking water and tippy-tap hand washing stations placed in the ART facility. Ongoing technical support and training will be provided to ART providers and PLHIV on improved hygiene behavior practices, with an emphasis on treating and storing water at the point of use and washing hands with soap at critical times and with proper technique. Logistics support will also address the appropriate use, storage, and replenishment of commodities. Funding will primarily be used to train providers, develop BCC materials, and procure commodities needed for treating and safely storing drinking water and hand washing stations, monitoring program implementation, and evaluating program outcomes.

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**EXAMPLE #4: COP Entry to Support Integrating Water, Sanitation, and Hygiene in National HIV/AIDS Policy and Guidelines**

**Program Area:** Health Systems Strengthening

**Budget Code:** OHSS

**Program Area Code:** 18

**Mechanism/Prime Partner:** TBD (see suggested USG mechanisms section)

**Planned Funds:** TBD (insert \$ amt)

**Secondary Budget Attribution for “Safe Water” Activities:** TBD (insert \$ amt)

**Sample Language:** A key objective of USG/*(insert your country name)*'s program is to reduce HIV-related morbidity and mortality rates and to slow the progression of HIV disease in affected communities. People living with HIV and AIDS experience unnecessary life-threatening opportunistic infections and orphans and vulnerable children experience unnecessary illness or death from exposure to unsafe drinking water, inadequate sanitation, and poor hygiene. A significant proportion of this burden could be prevented by integrating water, sanitation, and hygiene (WASH) programs, policies and guidelines into HIV/AIDS programming. Strong policy support is essential to integrating WASH and HIV/AIDS planning and implementation and to improving access to quality HIV prevention, care, and treatment services for HIV-infected and affected populations. The Government's mandate is developing policies, standards and technical guidelines for providing quality health services. Included in this is the responsibility to review, revise, develop and disseminate updated technical policies relating to HIV/AIDS to guide national health services and frontline service providers in providing comprehensive HIV/AIDS services.

In FY2010, the USG will support Government and other partners to review the current HIV/AIDS policy and guidelines on PMTCT, OVC, home-based care, ART and clinical care for evidence-based water, sanitation, and hygiene strategies. The process will identify gaps and develop, revise, and update the national policy and guidelines for HIV/AIDS-related services to ensure that essential technical information on WASH is adequately addressed. All relevant policies and guidelines will be evidence-based, relevant, appropriate, and responsive to meet the demands for services to address the current epidemic in *(insert country name)* and to achieve program goals. During policy development, the program will consult widely with national and international experts, local stakeholders, service providers, non-governmental organizations, community-based organizations, other sectors whose activities impact on the program, and, most importantly, with the intended users of the services—persons infected with and affected by HIV. Emphasis will be placed on safe water treatment options and safe storage, hand washing with soap by providers, safe feces management and promoting a hygienic latrine, and food, personal, and household hygiene. The guideline development process will include country-specific estimates for water consumption for HIV-affected households and recommendations for improved point-of-use water quality and access and mainstreaming WASH planning in the health and HIV/AIDS sector. Activities will be aimed at preventing mother-to-child HIV transmission (effective maternal nutrition and safe infant feeding), extending and optimizing quality of life throughout the continuum of illness for HIV-infected adults and children, and improving the lives of orphans and other vulnerable children affected by HIV/AIDS.



# SAMPLE MONITORING AND EVALUATION INDICATORS FOR TRACKING WASH ACTIVITIES IN HIV/AIDS PROGRAMS

To achieve the desired impact on diarrheal disease reduction and other improvements for families affected by HIV, program objectives and relevant ways of measuring those objectives must be clearly articulated by donors and program managers. Below are a set of illustrative objectives and indicators that can be used to measure integration activities.

## Illustrative Indicators

Programs can select or adapt the illustrative indicators listed below depending on the scope of integration activities and the extent to which the program can monitor them. In reality, a program will need to decide on a very limited set of indicators, perhaps as few as 2-5. There is no formula for deciding on which indicators... it will depend on organizational and funder priorities and particular areas of interest over time.

### Organized by objectives:

<b>Objective 1</b>	<b>Increased policy support for integrating WASH into HIV programs</b>
<b>Objective 2</b>	<b>Increased institutional capacity to plan, implement, and evaluate the integration of WASH into HIV programs in communities and households</b>
<b>Objective 3</b>	<b>Increased adoption of WASH practices in households of PLHIV and households affected by HIV</b>

### Objective #1: Increased policy support for integrating WASH into HIV Programs

1. Appropriate specifications of WASH elements included in HIV guidance and policy – hand washing, food safety, safe water handling and treatment, and sanitation/feces management in OVC, PMTCT, Nutrition/Food Security, general HIV related documents:
  - a. Policy
  - b. Standards
  - c. Guidelines
  - d. Handbooks
2. % of HIV budget dedicated to WASH-related activities or commodities

### Objective #2: Increased institutional capacity to plan, implement, and evaluate the integration of WASH into HIV Programs in communities and households

**Note: If monitoring for a single organization, measures would change to reflect yes/no if ‘their’ organization has addressed the item.**

3. % of targeted organizations/ministries/bureaus reporting modifications that include WASH in their current HIV programming
4. # of HIV providers by cadre (HBC workers, PMTCT counselors, OVC providers, nutrition counselors, VCT counselors, etc.) trained in:
  - a. WASH essentials

- b. Negotiating behavior change
- 5. % of trained HIV providers who have mastered WASH knowledge and skills
- 6. % of trained HIV providers who perform competencies according to established standards
- 7. % of targeted organizations who have modified follow-up supervision and monitoring to include WASH elements
- 8. % of targeted organizations/ministries/bureaus reporting collaboration of HIV programs with WASH programs
- 9. % of targeted organizations/ministries/bureaus with joint documents, joint decisions/policies, work plans, etc.
- 10. % of targeted organizations mapping / assessing communities to determine all orgs providing water, sanitation, and hygiene improvement as part of their planning assessments
- 11. % of anti-stigma sessions that address some element of water and sanitation stigma (HIV+ using common water sources or shared latrines)
- 12. % of households enrolled in HBC receiving minimum package of services that include key WASH elements of care and counseling (reported by HH/reported by provider (forms)
- 13. % of households enrolled in HBC receiving HBC kit that includes WASH-related supplies (reported by HH/reported by provider (forms)

**Objective #3: Increased adoption of WASH practices in households of PLHIV and households affected by HIV (OVC)**

**Household indicators**

***Hand Washing***

First collected at household level, then calculated as % of households

- 14. % of targeted households with a designated place for hand washing (hand washing station) with hand washing supplies (water AND local cleansing agent (e.g. soap or ash))
- 15. Household/caretaker can name at least 2 of 4 critical times to wash hands to prevent diseases

***Safe Handling and Disposal of Feces***

First collected at household level, then calculated as % of households

- 16. Presence of latrine in compound or shared between two compounds (none, unimproved (no slab, no pit, bucket), improved (washable platform, superstructure, cover over pit, 5 meters away from house)
- 17. % of latrines in targeted households that are modified to address HIV/mobility issues (stools, grip pole/rope, double chamber for larger latrine, etc.)
- 18. % of households that put children's feces into a latrine
- 19. % of targeted households with presence of commode or bedpan
- 20. % of targeted households with gloves or bags used for gloves to protect caretakers from HIV exposure

***Menstrual Management***

- 21. % of female clients reporting hygienic disposal of soiled feminine hygiene products
- 22. % of caregivers reporting appropriate washing of soiled rags used for client menstrual hygiene

### ***Treatment and Safe Storage of Drinking Water at Home***

First collected at household level, then calculated as % of households

23. % of households reporting having treated water WITH AN EFFECTIVE METHOD in past 30 days
24. % of households reporting regular treatment of household drinking water WITH AN EFFECTIVE METHOD
25. % of households reporting providing this water to PLWHA
26. % of households reporting ALL family members regularly drinking treated water
27. % households who can demonstrate treatment supplies at hand (credible to interviewer that they are used regularly)
28. With a safe water storage container (narrow neck vessel with tightly fitting cover; spigot ideal)
29. Reporting sufficient quantity of water available for
  - a. .... the PLHIV (and household) to drink
  - b. ... the PLHIV to take meds
  - c. ... for bathing PLHIV
  - d. ... for cleaning clothing/bedsheets

### ***Personal Hygiene and Household Cleanliness***

30. % of clients that bathed the day prior to the survey
31. % of targeted households that washed bed linen in the 7 days prior to survey
32. % of targeted households that disposed of solid household waste in protected pit
33. % of targeted households that kept domestic animals outside home the of day of survey

### ***Food Hygiene***

34. % of PLHIV households where available raw meat, poultry or seafood on day of visit is kept separate from raw foods
35. % of PLHIV households where no cooked food is left standing more than 2 hours after being cooked
36. % of PLHIV households where fruits and vegetables eaten raw on the day of the interview were washed (with safe water) or fully peeled prior to consumption

# **ANNEX 1: Technical Resources on Water, Sanitation and Hygiene**

## **1. General WASH Resources**

**Training in Community-led Total Behavior Change in Hygiene and Sanitation: Facilitator's Guide.** USAID/HIP. 2009. <http://www.hip.watsan.net/page/3213>

**Health Extension Worker Handbook: Community-led Total Behavior Change in Hygiene and Sanitation.** USAID/HIP. 2009. <http://www.hip.watsan.net/page/3214>

## **2. Safe Water Treatment and Storage Resources**

### **Proven Methods for Safe Water Treatment**

[http://www.cdc.gov/safewater/publications\\_pages/proven.pdf](http://www.cdc.gov/safewater/publications_pages/proven.pdf)

**Job Aid:** How to Take Care of Drinking Water. <http://www.hip.watsan.net/page/3324>

### **Safe Water System Training Guide for Nurses**

[http://www.cdc.gov/safewater/publications\\_pages/fact\\_sheets/SWSTrainingGuidNurses.pdf](http://www.cdc.gov/safewater/publications_pages/fact_sheets/SWSTrainingGuidNurses.pdf)

### **Safe Water System Curriculum for Nurses**

[http://www.cdc.gov/safewater/publications\\_pages/fact\\_sheets/SWSCurriculumNurses.pdf](http://www.cdc.gov/safewater/publications_pages/fact_sheets/SWSCurriculumNurses.pdf)

### **Fact Sheet: Solar Disinfection (SODIS)**

[http://www.cdc.gov/safewater/publications\\_pages/options-sodis.pdf](http://www.cdc.gov/safewater/publications_pages/options-sodis.pdf)

### **Fact Sheet: Safe Water Systems and HIV**

[http://www.cdc.gov/safewater/publications\\_pages/fact\\_sheets/SWS\\_HIV.pdf](http://www.cdc.gov/safewater/publications_pages/fact_sheets/SWS_HIV.pdf)

### **Fact Sheet: Kenya Safe Water System Project**

[http://www.cdc.gov/safewater/publications\\_pages/fact\\_sheets/Kenya.pdf](http://www.cdc.gov/safewater/publications_pages/fact_sheets/Kenya.pdf)

### **Fact Sheet: Haiti Safe Water System Project**

[http://www.cdc.gov/safewater/publications\\_pages/fact\\_sheets/Haiti.pdf](http://www.cdc.gov/safewater/publications_pages/fact_sheets/Haiti.pdf)

### **Fact Sheet: Zambia Safe Water System Project**

[http://www.cdc.gov/safewater/publications\\_pages/fact\\_sheets/Zambia.pdf](http://www.cdc.gov/safewater/publications_pages/fact_sheets/Zambia.pdf)

### **A Guide for Establishing a Community-Based Safe Water System Program**

[http://www.cdc.gov/safewater/publications\\_pages/Safe\\_Water\\_for\\_the\\_Community.pdf](http://www.cdc.gov/safewater/publications_pages/Safe_Water_for_the_Community.pdf)

### **CDC HIV Prevention Strategic Plan through 2005**

<http://www.cdc.gov/hiv/resources/reports/psp/pdf/prev-strat-plan.pdf>

### **3. Hand Washing Promotion and Building Hand Washing Stations**

**The Handwashing Handbook. A guide for developing a hygiene promotion program to increase handwashing with soap.** World Bank Water and Sanitation Program. [http://www.globalhandwashing.org/Publications/Handwashing\\_Handbook.pdf](http://www.globalhandwashing.org/Publications/Handwashing_Handbook.pdf)

#### **How to Make a Tippy Tap**

[http://www.cdc.gov/safewater/publications\\_pages/tippy-tap.pdf](http://www.cdc.gov/safewater/publications_pages/tippy-tap.pdf)

<http://www.hip.watsan.net/page/3330>

**Health Extension Worker Handbook: Community-led Total Behavior Change in Hygiene and Sanitation.** Amhara State Regional Health Bureau, USAID/HIP, WSP/WB. 2009. <http://www.hip.watsan.net/page/3214>

### **4. Feces Management and Latrine Options**

#### **Water and Sanitation for Disabled People and Other Vulnerable Groups**

<http://wedc.lboro.ac.uk/publications/details.php?book=1%2084380%20079%209>

**Job Aid: Feces Disposal** <http://www.hip.watsan.net/page/3322>

**Job Aid: Feces Management** <http://www.hip.watsan.net/page/3323>

**Job Aid: Making a Commode** <http://www.hip.watsan.net/page/3325>

**Job Aid: How to Make Plastic Pants** <http://www.hip.watsan.net/page/3326>

### **5. Integrating WASH into the School and Classroom**

**WASH in Schools Compendium.** USAID/Hygiene Improvement Project. 2008

<http://www.hip.watsan.net/page/2827>

**Toolkit on Hygiene, Sanitation, and Water in Schools.** World Bank.

<http://www.schoolsanitation.org/>

**IRC Water, Sanitation and Hygiene (WASH) in Schools Resources.** IRC

International Water and Sanitation Centre. <http://www.schools.watsan.net/page/107>

**UNICEF Water, Sanitation and Hygiene in Schools Resources**

[http://www.unicef.org/wes/index\\_schools.html](http://www.unicef.org/wes/index_schools.html)

**UNICEF—‘Friends of WASH’ bring hygiene-friendly schools to Madagascar.**

[http://www.unicef.org/infobycountry/madagascar\\_34865.html](http://www.unicef.org/infobycountry/madagascar_34865.html)

**Project WET: Water Education for Teachers.** <http://www.projectwet.org/>

**Children’s Hygiene and Sanitation Training (CHAST)**

*Download the CHAST Manual:* <http://www.irc.nl/page/13170>

### **CHAST Description and Tools:**

<http://www.schoolsanitation.org/Resources/Readings/Kenya-Vreede-CHAST.pdf>

<http://www.schoolsanitation.org/BasicPrinciples/Methodologies.html>

## **6. Integrating WASH into Food and Nutrition Programs**

**HIV/AIDS: A Guide for Nutritional Care and Support.** FANTA project/AED. 2004.

<http://www.fantaproject.org/publications/HIVguide.shtml>

**Food and Nutrition Implications of Antiretroviral Therapy in Resource Limited Settings.** FANTA project, AED. 2004. <http://www.fantaproject.org/publications/tn7.shtml>

**Nutrition Care and Support of People Living with HIV in Countries in Francophone Africa: Progress, Experience, and Lessons Learned.** FANTA project.

2008. <http://www.fantaproject.org/>

**Ethiopia Nutrition and HIV Tools.** FANTA project. 2008.

[http://www.fantaproject.org/focus/hiv\\_aids.shtml](http://www.fantaproject.org/focus/hiv_aids.shtml)

**Nutrition, Food Security and HIV: A Compendium of Promising Practices.** FANTA project. 2008. [http://www.fantaproject.org/focus/hiv\\_aids.shtml](http://www.fantaproject.org/focus/hiv_aids.shtml)

**Nutrition Care for People Living with HIV and AIDS: Training Manual for Community and Home-Based Care Providers' Facilitators Guide and Participant Handouts.** FANTA project. 2008. [http://www.fantaproject.org/focus/hiv\\_aids.shtml](http://www.fantaproject.org/focus/hiv_aids.shtml)

**A Guide to Monitoring and Evaluation of Nutrition Assessment, Education and Counseling of People Living With HIV.** FANTA project. 2008.

[http://www.fantaproject.org/focus/hiv\\_aids.shtml](http://www.fantaproject.org/focus/hiv_aids.shtml)

**Kenya Trainer Manual and Trainee Toolkit for Nutrition in Comprehensive Care Centers.** FANTA project. 2007. [http://www.fantaproject.org/focus/hiv\\_aids.shtml](http://www.fantaproject.org/focus/hiv_aids.shtml)

**Food Assistance Programming in the Context of HIV.** FANTA project. 2007.

[http://www.fantaproject.org/focus/hiv\\_aids.shtml](http://www.fantaproject.org/focus/hiv_aids.shtml)

**Recommendation for the Nutrient Requirements for People Living with HIV/AIDS.** FANTA project. 2007. [http://www.fantaproject.org/focus/hiv\\_aids.shtml](http://www.fantaproject.org/focus/hiv_aids.shtml)

**National Guidelines and Protocol for Nutritional Support and Care for People Living with HIV/AIDS in Rwanda.** FANTA project. 2006.

[http://www.fantaproject.org/focus/hiv\\_aids.shtml](http://www.fantaproject.org/focus/hiv_aids.shtml)

**Rwandan HIV and Nutrition Wall Chart & Counseling Cards.** FANTA project. 2006.

[http://www.fantaproject.org/focus/hiv\\_aids.shtml](http://www.fantaproject.org/focus/hiv_aids.shtml)

**Zambian HIV and Nutrition Wall Charts & Flip Chart.** FANTA project. 2006.

[http://www.fantaproject.org/focus/hiv\\_aids.shtml](http://www.fantaproject.org/focus/hiv_aids.shtml)

**Kenyan National Guidelines on Nutrition and HIV/AIDS.** FANTA project. 2006.

[http://www.fantaproject.org/focus/hiv\\_aids.shtml](http://www.fantaproject.org/focus/hiv_aids.shtml)

**Counseling Materials for Nutritional Care and Support of People Living with HIV/AIDS.** FANTA project. 2005. [http://www.fantaproject.org/focus/hiv\\_aids.shtml](http://www.fantaproject.org/focus/hiv_aids.shtml)

**Zambia Nutrition Guidelines for the Care and Support of People Living with HIV/AIDS.** FANTA project. 2005. [http://www.fantaproject.org/focus/hiv\\_aids.shtml](http://www.fantaproject.org/focus/hiv_aids.shtml)

**PEPFAR: Report on Food and Nutrition for People Living with HIV/AIDS, May 2006.** <http://www.state.gov/documents/organization/66769.pdf>

**PEPFAR: Policy Guidance on the Use of Emergency Plan Funds to Address Food and Nutrition Needs, September 2006.**  
<http://www.state.gov/documents/organization/75859.pdf>

## **7. WASH Training Curricula for Home-based and Clinical Care Workers**

**Programming Guidance for Integrating Water, Sanitation, and Hygiene Improvement into HIV/AIDS Programs to Reduce Diarrhea Morbidity.** USAID Hygiene Improvement Project.  
<http://www.hip.watsan.net/page/2458>

**Trials of Improved Practice: Determining Feasible Water and Feces Management Small Doable Actions for HIV Programs in Ethiopia.** USAID/HIP. 2009.  
<http://www.hip.watsan.net/page/3214>

**Pictorial tool/counseling cards for HBC givers in Uganda to counsel community and family members on WASH actions.** (USAID/HIP, developed with Save the Children/US and PSI/Abt Associates. <http://www.hip.watsan.net/page/3320>

**Job Aid: Assessment Tool.** <http://www.hip.watsan.net/page/3321>

**Nutrition and HIV/AIDS: A Training Manual for Nurses and Midwives.** FANTA project. 2008. [http://www.fantaproject.org/focus/hiv\\_aids.shtml](http://www.fantaproject.org/focus/hiv_aids.shtml)

**Meeting the Hygiene, Safe Water, and Sanitation Needs of People Living With HIV.** USAID/HIP poster presentation. 2008. <http://www.hip.watsan.net/page/2533>

**Analysis of Research on the Effects of Improved Water, Sanitation, and Hygiene on the Health of People Living with HIV and AIDS and Programmatic Implications.** USAID/HIP. 2007. . <http://www.hip.watsan.net/page/2656>

**Programming Tips for Integration of Safe Water, Hygiene Sanitation into HIV/AIDS Activities.** USAID/HIP. 2008. <http://www.hip.watsan.net/page/2157>

**Safe Water System and Hand Washing Curriculum**  
[http://www.cdc.gov/safewater/publications\\_pages/fact\\_sheets/SWSCurriculumNurses.pdf](http://www.cdc.gov/safewater/publications_pages/fact_sheets/SWSCurriculumNurses.pdf)  
[http://www.cdc.gov/safewater/publications\\_pages/fact\\_sheets/SWSTrainingGuidNurses.pdf](http://www.cdc.gov/safewater/publications_pages/fact_sheets/SWSTrainingGuidNurses.pdf)  
[http://www.shea-online.org/Assets/files/IHI\\_Hand\\_Hygiene.pdf](http://www.shea-online.org/Assets/files/IHI_Hand_Hygiene.pdf)

### **Focus on Home Hygiene in Developing Countries**

International Scientific Forum on Home Hygiene, London School of Hygiene and Tropical Medicine.

[www.ifh-homehygiene.org/2003/2library/Bloomfield\\_BonnPaper\\_HH\\_DvlpingCntries.pdf](http://www.ifh-homehygiene.org/2003/2library/Bloomfield_BonnPaper_HH_DvlpingCntries.pdf)  
[http://www.shea-online.org/Assets/files/IHI\\_Hand\\_Hygiene.pdf](http://www.shea-online.org/Assets/files/IHI_Hand_Hygiene.pdf)

**WASH Curriculum for Facility-based Workers** (forthcoming; December 2009)  
<http://www.aidstar-one.org>

**Technical Considerations for PEPFAR Working Groups on:**

- Adult Treatment
- Food and Nutrition
- OVC
- Palliative Care
- Pediatric Treatment
- PMTCT
- TB/HIV

<http://www.pepfar.net>



## **ANNEX 2:**

# **Sample USG Partners Meeting on Integrating WASH into HIV/AIDS Programming**

## **Meeting Objectives and Agenda**

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### **Meeting Objectives**

- Understand the evidence base for integration of water, sanitation and hygiene interventions in HIV/AIDS programming.
- Assess the strengths and limitations of WASH interventions currently found in the Care and Support, Food and Nutrition, PMTCT/Pediatrics and OVC technical areas within PEPFAR.
- Explore a range of resources to assist in WASH integration into COP programming.
- Identify steps for integration of WASH within PEPFAR.

### **Draft Agenda**

- 8:30 Welcome and Introduction  
Review objectives and agenda  
Participant introductions
- 9:15 Why WASH Matters to People Living with HIV/AIDS: The Burden of Disease
- 9:30 What do we mean by Integrating WASH into HIV/AIDS Programs? The Range of Interventions
- 9:45 Why WASH Matters to People Living with HIV/AIDS: The Evidence Base
- 10:15 Break
- 10:30 Highlights from current WASH programs: What are we doing? What's working? What could be Improved?
- 12:00 Demonstration of safe water and hygiene technologies
- 12:15 Lunch
- 1:00 Issues and Opportunities in integrating WASH in HIV/AIDS programming  
Examples include:
- Increasing access to sanitation/feces management: How to handle it? How to finance it?
  - Increasing access to water for PLHIV: What can be done?
  - Tools for how to choose where to start with WASH
  - Building the evidence base: the research gap
  - Avoiding stigma
- 2:30 Resources for WASH Programming
- 2:50 Next steps: Where do we go from here?
- 4:00 End of meeting

# Sample Implementers Meeting on Integrating WASH into HIV/AIDS Programming

## Meeting Objectives

1. Describe why water, sanitation and hygiene matter in the HIV context and how HIV should be considered in water, sanitation and hygiene programs
2. Examine current HIV, community support and water/sanitation programs
3. Identify opportunities for integration
4. Identify assets your organizations have to bring to integration activities
5. Discuss the process for introducing integration using existing resources
6. Review and assess relevance of existing job aids and resources to guide integration

## Draft Agenda

9:00 – 9:20	Introductions
9:20 – 9:45	Workshop Objectives and HIP Core Principles
9:45– 10:00	Why WASH Matters
10:00 – 10:45	Getting Feces Out of the Environment Focusing on the 3 key behaviors/Break into small groups to understand small doable actions
10:40 – 11:00	Tea Break
11:00 – 11:30	Visioning Envision the world of a family living with HIV–5 years in the future
11:30 – 1:00	Integration Planning (Part 1)  Break into organizational groups and list ideas for activities that your organization can do to integrate WASH and HIV  Report out
1:00 – 2:00	Lunch
2:00 – 3:30	Integration Planning (Part 2)  Use chart to build on organizational assets, name needs, fill gaps  Report out - Pick 2-3 things to share
3:30 – 3:45	Tea Break
3:45 – 4:45	Integration Resources/HIP's and others
4:45 – 5:00	Closing

A sample PowerPoint presentation presenting the evidence base and programming opportunities is available at <http://www.hip.watsan.net/page/2708>

## ANNEX 3: References

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