Integrating Water, Sanitation and Hygiene into HIV Programming

As an Effective strategy to improve lives, uptake of services and key health outcomes

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Integrate WASH into HIV programs

- Home-based Care
- Orphans and Vulnerable Children
- Counseling and Testing
- Prevention of Maternal to Child Transmission
- Nutrition and HIV
Integration Approach

- Review / insert/ improve guidance on WASH within HIV policies and guidelines
- Form a Community of Practice with existing implementing partners to facilitate collaboration
- Provide technical assistance on WASH and HIV concepts and programming
- Identify country-specific Small Doable Actions to help people improve WASH practices
- Provide tools and training that organizations can use to integrate WASH into HIV programs
Small Doable Action Approach

• BIG CHANGES ARE NEEDED!

• Everyone has the right to safe water, a place for hygiene and sanitation

• There are things that can be done today (or tomorrow), with existing skills and resources, in the most resource constrained settings

• Building on assets-based community development and health behavior change theory, developed this approach
Small Doable Action Approach

• Identify feasible AND EFFECTIVE incremental steps that move people from a current hygiene practice toward the ideal practice

• Identify existing WASH practices to be reinforced and congratulate the HIV-positive householder/caregiver for these practices

• Identify practices to be improved and negotiate the options with HIV-positive person/caregiver

• Outreach worker ‘negotiates’ improved practice, helps to solve challenges
Participatory Research to Identify Small Doable Actions: Ethiopia & Uganda confirmed in Kenya and Tanzania
Feces Management

- Defecation in the open... fields in rural areas
- Difficulty using poorly constructed latrines
- Feces in potty dumped inappropriately
- Plastic bags used for defecation
- Bedbound client soils bed and lays in excrement for many hours
- Bucket potties have feces for hours
- Animal feces found in household & compound areas
- Caregivers do not protect hands from client feces
Feces Management (continued)

Small Doable Actions

Modify existing latrines for privacy, access and comfort

Construct easy to build ‘eco-san’ latrines when none present

Construct larger latrine “housing” or door, install support poles or stools to assist PLWHA

Bedridden and children use potty with ash; dispose feces in latrine immediately after use

• Wash potty with soap and water
• Use mackintosh/plastic sheeting under sheet to protect bed
• Pen up or keep animals out of household
Any other SDAs come to mind ???
Current Practice: Menstrual Blood Management

- Many women lack materials to absorb the blood
- Use rags
- Reuse rags without proper cleaning
- Used rags crumpled and hidden until dark, when washed or (improperly) disposed
- Bed-bound lie soiled without access to material to clean themselves
- Caregivers touch menstrual blood without protection on their hands
- Little awareness of viral load of menstrual blood
Small Doable Actions: Menstrual Blood

- Women or NGOs can make pads from locally available materials (banana fibers, rags) to absorb blood.
- Place water and cloth next to the bed for the client to clean blood from her body.
- Put soiled materials in covered container next to bed until they can be washed or disposed of properly.
- Wash cloths with bleach solution
- Dry cloth in the sun.
Small Doable Actions: Menstrual Blood

- If caregivers help a woman, they should protect hands with gloves/plastic bags when handling menstrual blood and washing rags used to absorb blood.
Tools:
Negotiating small doable actions using pictorially based assessment and counseling tools
Sanitation
Safe disposal of feces

Bed Bound Client
Weak Client
Mobile Client
FAECES MANAGEMENT

WEAK BUT MOBILE PATIENT

Use walking stick.
Cut hole in chair to help weak person use latrine.
Add pole (or handles on wall) to latrine to help weak person squat or stand up.
Put bucket under chair with hole in seat for indoor use.
Put hand washing supplies near where sick person defecates.

BEDRIDDEN PATIENT

Put plastic sheet (mackintosh) with a cloth on top under sick person’s hips. Change cloth when soiled.
Use potty (bedpan).
Put water, soap (or ash), and clean rags next to sick person’s bed.
Client Who Can Sit Up

MAKING A COMMODE (POTTY CHAIR)

1. Make a wooden stool or chair.

2. Cut an oval hole in the middle of the stool that "fits" the user (not too big, not too small). Smooth the edge of the hole to avoid bruising.

3. To use commode (potty chair):
   - put a bucket beneath the hole in the stool/chair
   OR
   - put the stool/chair over the hole in the latrine.

Instructions adapted from "Making Adaptations Commode/Potty Chair," Hospice Africa (Uganda).
Plastic Pants

Bedpan

Bedside Commode
Capacity Building

Different levels
• National
• Institutional
• HBC worker
• Caregiver

• Assess & negotiate
• Do the possible (& effective)
• Don’t rush the ideal
Reviewed 1 Approach..

What else??

• Form ‘clusters’ of 4 with folks sitting in front and behind you
• Discuss really briefly an integration activity you’ve already undertaken...
• Alternatively, mention one that ‘sprung to mind’ after hearing about this approach
• Take just 1 minute each
• Not everyone HAS to talk, but we hope you do!
Get the HIV/WASH Integration Kit, Integration Guidelines and other Resources

Download files:
Go to: http://www.washplus.org/wash-and-hivaids-integration
Link to your webpage!

A recorded webinar about WASH& HIV Integration available at: http://www.hip.watsan.net/page/4105

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THANK YOU!