

Promoting Healthy Hygiene and Sanitation Practices for People Living with HIV and AIDS

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- Half of the Kenyan population does not have access to proper hygiene and sanitation facilities, and about 14% practice open defecation (JMP 2013)
- About 80% of Kenyans in hospital suffer from hygiene and sanitation related illnesses
- Approximately 1.6 m Kenyans live with HIV and require comprehensive care to boost resilience and lead healthier lives (NACC 2012)









- Diarrhea affects 50-90% of PLHIV; with significant morbidity and mortality
- Diarrheal disease reduces antiretroviral absorption
- Diarrhea leads to poor absorption of nutrients
- Burden on caregivers in clinics and at home
- PLHIV need more water for washing, medication









WASHplus Kenya Program



- WASH-HIV integration is implemented through Kenya's community strategy
- Works closely with the MOH and USAID bilateral partners, e.g. APHIAplus
- Program encourages improving key WASH practices through
 "Small Doable Action" approach









Key WASH Small Doable Actions

Supportive Environments for Healthy Communities





- Identify feasible incremental steps that move people from a <u>current hygiene</u> practice toward the <u>ideal</u> <u>practice</u>
- Identify <u>existing</u> hygiene and sanitation good practices to be <u>reinforced</u> and <u>congratulate</u> the householder/caregiver
- Identify <u>practices to be improved</u> and <u>negotiate the</u> <u>options</u>
- Visit families to find out how families are able to practice the new behavior









Context - Approach



- Build capacity of public health practitioners and front line community health workers in WASH & HIV service delivery
- Integrate WASH into existing structures, trainings and interventions
- Encourage implementers to negotiate with families to use Small Doable Actions

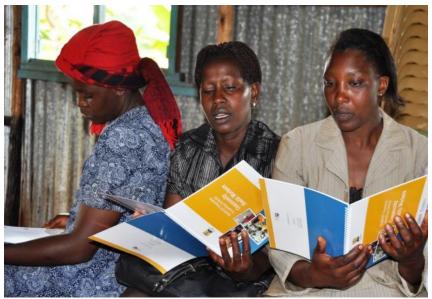








Results



- Over 400 TOTs across the country: COP- Google network formed
- CHWs implementing Small Doable Actions directly with households
- MOH and NGO partners trained
- WASH-HIV Integration Training Guide used as reference materials– HBC, CHWs, OVC







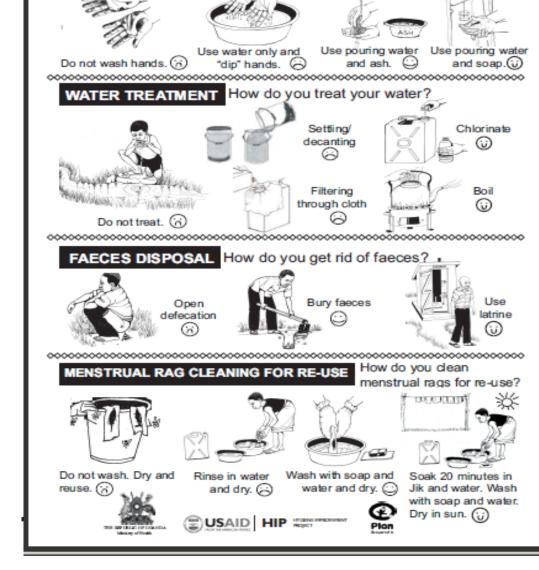


Counseling Card - Sample

HAND WASHING

Tools:

Negotiating small doable actions using pictorially based assessment and counseling tools



ASSESSMENT TOOL

How do you wash your hands?





Counseling Card- Sample

FAECES MANAGEMENT

Counselling Card

WEAK BUT MOBILE PATIENT





Cut hole in chair to help weak person use latrine.

BEDRIDDEN PATIENT



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.



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.





Communities Innovate and Adopt

Small Doable Action - a toilet sea

that is affordable and portable

Small Doable Action - a commode for a weak person who needs support



- Working within existing structures ensures that a new concept is accepted and the corresponding materials are resonant, relevant, and sustained
- The training guide developed with flexibility in mind has enabled adaptation of the content for different target audiences/settings
- Participatory training style and approach engages facilitators and learners and encourages local solutions









Lessons Learned - Integration



- Small Doable Actions can be integrated into other ongoing activities/interventions
 HBC,OVC, CLTS, school health
- Integration assures that WASH actions become part of the promoted behaviors that households practice









Conclusion



- Replicable lessons
 - Engage existing structures for sustainability
- Respect for communities is key to change behavior
- Negotiation & providing room for incremental steps enables households to adopt improved practices as possible









Thank you







