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**DELIVERING WATER, SANITATION AND HYGIENE SERVICES
IN AN UNCERTAIN ENVIRONMENT**

**Promoting healthy hygiene and sanitation practices
for people living with HIV and AIDS**

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Many life threatening opportunistic infections among people living with HIV and AIDS (PLHIV) are caused by exposure to unsafe drinking water, inadequate sanitation, and poor hygiene. Diarrhoea affects 90 percent of PLHIV and results in significant morbidity and mortality. WASHplus, a five-year USAID-funded project, is implementing a WASH-HIV integration program that supports Kenya's community strategy to integrate improved WASH practices into HIV policies and programs using community health workers. WASHplus trained over 350 facilitators, including district public health officers specializing in WASH and HIV integration, using a small doable actions approach. These facilitators supported community health and home-based care workers that worked to promote feasible actions to improve WASH practices among PLHIV. Communities have embraced this concept—adapting toilet seats for PLHIV and the mobility challenged, exploring income generating projects to provide handwashing facilities to households, and securing additional funding to roll these activities out at the household level.

Introduction and background

In Kenya, about half the population (20 million people) does not have access to proper hygiene and sanitation facilities (Doyle 2008). People defecate in the open or in a *juala* (plastic bag). In rural areas 55 percent of the population practices open defecation due to a lack of sanitation and lack hand washing facilities (Doyle 2008). The implications of this poor access to sanitation and hygiene are that about 80 percent of Kenyans in hospital suffer from preventable diseases such as typhoid, amoeba, and diarrheal diseases (Doyle 2008). With increasing availability of antiretroviral therapies, in December 2011, 1.6 million Kenyans were living with HIV and they require comprehensive care, treatment, and preventive services to help boost their resilience to the endemic conditions in their environments and help them live longer and healthier lives (National AIDS Control Council 2012). The evidence base is growing; diarrheal illness in PLHIV can interfere with and compromise absorption of antiretroviral drugs, which contributes to developing antiretroviral-resistant HIV strains. Diarrhoea also reduces the absorption of essential nutrients, further exacerbating the impact of HIV and AIDS on both children and adults (WHO 2010). Diarrheal diseases can be reduced by integrating WASH approaches into HIV programs.

Project overview

The WASHplus WASH-HIV Integration program in Kenya, funded by USAID/Kenya, works closely with the Ministry of Public Health and Sanitation (MOPHS), National AIDS and STI Control program (NASCO), the Division of Community Health Services, and the USAID-funded bilateral health projects (APHIAplus projects). The program encourages households to improve key WASH practices through the “small doable action” approach, which enables households to identify simple, easy to do actions to improve health and prevent diarrhoea that ultimately move them toward more ideal hygiene behaviours. The practices promoted include treating and storing drinking water safely, washing hands with soap at critical times, and increasing latrine use. Menstrual management is another small doable hygiene practice promoted that relates to HIV prevention rather than reduced diarrhoea because menstrual blood carries a high viral

load and many people do not understand that handling bloody materials carries a risk of HIV transmission (GOK 2011).

Program Context and Approach

Emphasizing capacity-building among public health practitioners and frontline community health workers, WASHplus works within established structures to enable partners and stakeholders to integrate WASH practices into existing training and interventions. The WASH-HIV Integration program encourages implementers to negotiate with people using the small doable action approach to improve WASH practices incrementally — actions that households can take that will improve health but may not be the ideal practice.

During the program's first phase, WASHplus reached out to district public health officers in three provinces with a training package on integrating WASH into HIV programs, refined the approach and associated materials, and then rolled the program out across all provinces. Recognizing the need to integrate WASH and HIV across all levels of the system, WASHplus invited district AIDS and STI (sexually transmitted infection) officers to join the training during the second phase of implementation. This marked the first time that district-level public health and AIDS/STI officers came together to tackle health issues jointly.

Partnering with organizations that implement field activities directly—USAID's APHIAplus projects and the Centers for Disease Control and Prevention's (CDC) implementing partners and other local institutions—enables WASHplus to incorporate WASH activities into existing training programs with the help of the trained trainers. Some facilitators champion the small doable action approach and have worked to secure funding from different sources to expand training to more community health extension and community health workers.

Integration on the ground is having an impact, but for longer term health gains and sustainability of this approach, WASHplus understands the need to effect policy change. Toward this end WASHplus co-chairs the government's hygiene promotion technical working group and in this capacity reviews relevant policy documents and suggests ways to insert WASH into HIV guidance and programming or considering HIV when developing WASH policy. Inputs were made in nutrition and HIV guidelines, the sanitation policy, and the community health worker training modules—and where appropriate promoted integration. As a result, the concept of small doable actions now resonates across the government. In different forums, such as community-led total sanitation workshops and Global Handwashing Day, practitioners talk about taking feasible, meaningful actions that can be replicated.

Results

To date more than 350 government and NGO stakeholders have received WASH-HIV integration training. The community health workers they then train are putting their new skills into practice by negotiating directly with households to make small doable improvements. To date, over 1000 health workers have been trained or sensitized on WASH-HIV integration. Trained public health officers supplement community health worker training sessions with WASHplus-developed reference materials.

APHIAplus and CDC programs invite trained facilitators to present the concept of WASH-HIV integration to their implementing partners. These trainers also lead their own trainings with partners and help integrate WASH into home-based care and orphan and vulnerable children (OVC) programs by reaching out to peer educators and CHWs during monthly meetings. WASHplus continues to provide technical support to the trainers during to assist in their outreach efforts. A community of practice and blog enables these facilitators to share ideas and experiences implementing WASH-HIV integration.

Lessons learned

Below are highlights of the lessons learned to date:

1. Working within existing structures (Kenya's community strategy) ensures that a new concept is accepted and the corresponding materials are resonant, relevant, and sustained. The MOPHS and NGO partners have embraced the small doable action concept and have begun to integrate WASH into HIV programs. While initially this expansion of integration efforts occurred with WASHplus technical support and advocacy, more and more partners are securing their own funding to share these concepts, which are resonating across the country.

2. As with the small doable action approach, many different WASH efforts focus on feasible actions to improve health rather than unattainable ideals. The modular materials developed to facilitate the WASH-HIV integration program were created with flexibility in mind. The technical content can be used in multiple settings and adapted to different target audiences such as community health, OVC, and home-based care workers, to name a few.
3. WASHplus's participatory training style and approach engages facilitators and learners and encourages local solutions to challenges in their communities. One trained facilitator's efforts to devise an improved latrine design for his weak and elderly clients shows how communities and individuals are eager to adopt small doable actions and innovate based on local needs. Using what he learned in his WASHplus training, this health care worker developed a toilet seat using materials readily available on most homesteads that helps his weaker clients use the latrine comfortably. See the pictures and story that follow.
4. Another trained facilitator is exploring the feasibility of starting an income generating project for the community by building and marketing a simple handwashing option. Typically these handwashing stations can be improvised by households using materials available in the home. It will be interesting to see whether such a program will actually function as an income generation project or whether it will just trigger households to create their own options.

These lessons are ones that can easily be replicated in different programs or countries. First and foremost is the need to engage existing systems to encourage sustainability and to ensure new parallel systems are not established. People will change their practices when they are respected and not told what to do or how to do it. So, while a family may not be able to link to a sewer system, that family might be able to construct a latrine or build a handwashing station or treat and store drinking water safely.



Photograph 1. FHI 360. A trained district public health officer explains how to use an improvised commode for a weak client



Photograph 2. FHI 360. A community health worker demonstrates how to clean a commode after use

Project success story: Small doable action approach spurs innovative local solution

James Yatich, a public health officer in Kenya's Central province, realized that bedridden clients who could not use the toilet on their own posed a major challenge. "When I told them that they had to use the toilet to prevent diarrhea, they asked me how?" James found a solution after attending a WASHplus WASH-HIV integration training workshop.

"I sketched a design and asked a carpenter to make one piece for demonstration," says James. "We used mainly leftover pieces of wood and furniture and the cost came to just 200 shillings (about US \$2.50). But the cost can be negligible if the materials are available on homesteads. The improvised seat is placed where the patients can easily reach it and lined with disposable plastic bags that are readily available. It can be used by bedridden clients and the elderly, especially those who are overweight and cannot easily be supported by others. According to James, the technology gives patients independence and dignity as they do not need a caregiver to hold them on the toilet seat. It also allows the caregiver to do other chores rather than take the patient to the toilet—which can be frequent for patients with diarrhea.

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References

- DOYLE, B.A. 2008 "Achieving Child Rights to Survival and Development: A situation analysis of water supply, sanitation and hygiene." *Report to Republic of Kenya*, UNICEF, May 2008.
- GOK 2007 *National Environmental Sanitation and Hygiene Policy*. Government Printers: Nairobi, Kenya.
- GOK/USAID/C-Change 2011 *Guide for Training Community Health Workers in WASH-HIV Integration*: Nairobi, Kenya.
- GOK/USAID/C-Change 2011 *Counselling Cards for Community Health Workers in WASH-HIV Integration*: Nairobi, Kenya.
- National AIDS Control Council 2012 *Kenya AIDS Epidemic Update 2011: Nairobi, Kenya*.
- USAID/C-Change 2012 *Integrating Sanitation into Services for People Living with HIV and AIDS*: Washington, DC.
- World Health Organization 2010 *How to Integrate Water, Sanitation and Hygiene into HIV Programmes*: Geneva, Switzerland.

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