



The *HIV/AIDS* Millennium Development Goal

What water, sanitation and hygiene can do in Kenya

The Millennium Development Goals

In September 2000, the United Nations Millennium Summit agreed a set of time-bound and measurable goals aimed at combating poverty, hunger, illiteracy, environmental degradation and discrimination against women.

The sixth Millennium Development Goal (MDG) is to combat HIV/AIDS, malaria and other diseases. The target is to halt and begin to reverse the spread of HIV/AIDS and the incidence of malaria and other major diseases by the year 2015.



Headline facts

The MDGs are strongly inter-dependent and programme interventions must reflect this. *Water, Sanitation and hygiene deliver outcomes across the MDGs.*

Why is water, sanitation and hygiene so important for combating HIV/AIDS?

- *HIV/AIDS and Children*
Improved water supply, sanitation and hygiene minimises exposure of infants to HIV/AIDS through unsafe breast-feeding and protects those who are infected from opportunistic diseases.
- *HIV/AIDS and Livelihoods*
Water is a key input in a range of small-scale enterprises which could supplement the incomes of both HIV/AIDS victims and their carers. Further, access to safe and adequate water supply frees time for HIV positive people and their carers to pursue self-improvement objectives, such as business, education and training.
- *HIV/AIDS and Home-Based Care*
Most victims of HIV/AIDS in Kenya lack access to quality medical care. Home-based care is therefore one of the best options for alleviating suffering associated with HIV/AIDS. Access to safe water and appropriate sanitation facilities makes it easier to give home-based care to HIV/AIDS patients and protects their dignity.
- *HIV/AIDS and Health*
Improved water supply, sanitation and hygiene education reduces the incidence of opportunistic infections in HIV/AIDS sufferers, allowing them to stay healthy.



HIV/AIDS and Children

The facts

- The HIV/AIDS crisis has been disastrous for Kenya's children. There were 1.5 million orphans in 2004 and these are projected to reach 1.8 million in 2005.
- Many Kenyan school children are infected with HIV/AIDS at birth or through early sexual activity. Incidences of rape and infection are common.
- About 10% of reported AIDS cases in Kenya occur in children below the age of five years. Most of these cases are due to mother-child transmission.
- Babies born to HIV positive mothers have a 10 - 15% chance of contracting the virus through breast milk and breastfeeding. However, babies who are not breastfed are six times more likely to die from diarrhoea and respiratory infection, than breastfed babies, mostly because contaminated water is used in mixing formula milk and utensils are unclean.
- Infants who are HIV positive are particularly prone to fever, diarrhoea, chronic gastroenteritis, ear infections and tuberculosis.

Why water, sanitation and hygiene?

- Water does not play a direct role in prevention or treatment of HIV/AIDS. However, convenient access to an adequate water supply allows families to spend more time caring for children with HIV/AIDS and its related diseases.
- Improved hygiene practices and access to safe water and sanitation facilities reduce the chance of infection with opportunistic diseases. Clean water is critical in the preparation of alternative feeds when a mother's milk is unsafe for her baby.
- Children whose immunity is suppressed by HIV/AIDS, more than the others, need basic water, sanitation and hygiene facilities for dignity and to reduce the incidence of water-related diseases.



- Children's education is a key defence against the spread of HIV/AIDS. Pupils can carry home messages about the links between provision of water, sanitation and hygiene practices on the one hand, and the role of these links in the care of the sick on the other.
- The national free primary education programme in Kenya does not discriminate against children infected or affected by HIV/AIDS. Improvement of water, sanitation and hygiene in schools is especially needed for such children.

HIV/AIDS and Livelihoods

The facts

- HIV/AIDS imposes very high direct cost burdens on households, ranging from 8% - 100% of annual household income. In the latter stages of the disease, the cost burden is anywhere from 50% - 100% of annual household income.
- Over 50% of Kenyans live below the poverty line and face food insecurity and malnutrition. The HIV/AIDS pandemic has made life considerably more difficult for the majority of these people.
- Many people living with HIV/AIDS and requiring treatment have already lost their savings, and their jobs. Subsistence farmers will have lost the ability to work the land.

Why water, sanitation and hygiene?

- Provision of water for productive uses encourages economic activity. This can supplement household income, thereby providing the means for improving nutrition and medical care for HIV/AIDS sufferers. For example, water plays a key role in a range of income generating activities, such as vegetable growing and livestock rearing, which supplement incomes at the household level.
- Improved access to water supply provides important labour saving benefits to households affected by HIV/AIDS. The time saved fetching water can be used for income generation and enterprise development.

AIDS and Staying Healthy

The facts

- HIV/AIDS cannot be spread or prevented through water supply, sanitation or hygiene.
- People living with HIV/AIDS have reduced ability to fight opportunistic diseases such as tuberculosis, diarrhoea and skin diseases.
- A healthy lifestyle, which includes eating a balanced diet and drinking a lot of water, improves the health status of people living with HIV/AIDS.

Why water, sanitation and hygiene?

- Hygienic practices such as washing the body with soap and plenty of water reduces infections caused by opportunistic diseases of the skin and eyes, for example, such practices are made more likely by the availability of reliable, affordable and safe water and sanitation facilities.
- Drinking plenty of safe water replaces fluids lost through AIDS-related diarrhoea. This allows HIV/AIDS victims to remain healthy for as long as possible.



- HIV/AIDS prevention programmes exist in all government ministries as well as in the private sector. Some of these programmes, such that in the Ministry of Water are educating workers on the links between water, hygiene and sanitation in the care of people living with HIV/AIDS.

HIV/AIDS and Home-based Care

The facts

- Home-based care is an approach to care provision for HIV/AIDS sufferers that combines clinical services, nursing care, counselling, psycho-spiritual care and social support.
- The Kenya National HIV/AIDS Strategic Plan 2000–2005 explicitly calls for home-based care as an integral part of the continuum of care of the infected and affected.
- Severe prolonged diarrhoea can lead to weight loss and malnutrition. The excessive loss of body fluids resulting from AIDS-related diarrhoea often results in death.

Why water, sanitation and hygiene?

- There is urgent need of access to clean water, given that water is an integral component of alternative infant feeding when breast milk is unsafe.
- People living with HIV/AIDS are significantly more vulnerable to diarrhoea, skin and eye diseases. Consequently, provision of clean water and safe sanitation facilities at home can serve to prolong and improve the lives of AIDS sufferers.
- The existence of a tap in the homestead nearly doubles the chances of a mother washing her hands after cleaning a child's anus, and doubles the chance of her washing faecally soiled linen immediately.

- Nearly 70% of beds in Kenyatta National Hospital, the largest national hospital in Kenya, are occupied by HIV/AIDS patients. The national health facilities and medical practitioners are unable to cope with the large number of patients. For most HIV/AIDS sufferers in Kenya, home-based care is the only option. Scarcity of water and sanitation facilities and poor hygiene practices in most homes is hindering proper care of HIV/AIDS patients at home.

Why Kenya should worry about HIV/AIDS

- 2.5 million Kenyans are living with HIV/AIDS.
- AIDS orphans are estimated to reach 1.8 million children in 2005.
- Since the beginning of the pandemic, 1.5 million Kenyans have died of AIDS.
- 70% of the population is in the most vulnerable age bracket of 18 to 45 years.
- Average life expectancy has dropped from 63 years in 1980s to 48 years.
- The HIV/AIDS prevalence rate stands at about 9.4%.
- HIV/AIDS data reveal little about the human suffering behind them.



This Country Note focuses on HIV/AIDS in Kenya only. There are very few examples to date of the impact of water supply, sanitation and improved hygiene on the lives of those suffering from the disease. However, the impacts of these interventions on health and the care of the sick is known and can be applied to HIV/AIDS and this evidence is presented in this Country Note.

Key references

- National Home-Based Care Policy Guidelines (2002) Ministry of Water and the National Aids Council.
- AIDS in Kenya: Background. Projections. Impact. Interventions. Policy. Ministry of Health.
- Government of Kenya/UNICEF (KCO), Mid-Term Report, County Programme Cooperation, 1999 - 2003.

Full details of all the material used in support of this Country Note available at www.Lboro.ac.uk/well

This Country Note is part of a series based upon the six WELL Millennium development goal briefing notes (MBN). The MBNs can be found at: <http://www.Lboro.ac.uk/well/>

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