



UN-HABITAT

UNITED NATIONS HUMAN SETTLEMENTS PROGRAMME

HIV/AIDS CHECKLIST

FOR WATER AND SANITATION PROJECTS

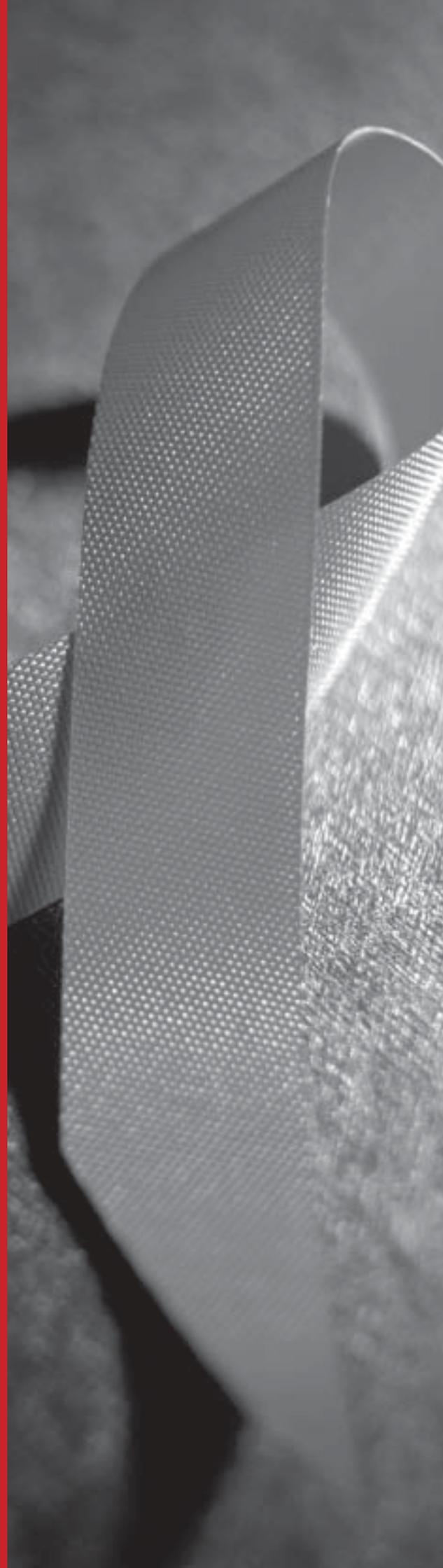


AUGUST 2006

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List of Abbreviations and Acronyms

AIDS	Acquired Immuno Deficiency Syndrome
ARV	Anti Retro Viral
CA	Cooperation Agreement
CBO	Community-Based Organisation
HIV	Human Immunodeficiency Virus
LFA	Logical Framework Approach
Lograme	Logical Framework
M & E	Monitoring and Evaluation
NGO	Non-Governmental Organisation
O & M	Operational and Maintenance
OVC	Orphans and Vulnerable Children
PLWHA	People Living with HIV/AIDS
PPTA	Project Preparatory Technical Assistance
PRC	Project Review Committee
RBM	Results-Based Management
SA	Social Assessment
SSA	Special Service Agreement (Consultancy)
STI	Sexually Transmitted Infection
TOR	Terms of Reference
UN-HABITAT	United Nations Human Settlements Programme
WfC	Water for Cities Programmes (Water for African and Asian Cities Programmes)
WSS	Water Supply and Sanitation
WUG	Water User Groups

1. Purpose of the checklist



The largest element of the UN-HABITAT Water and Sanitation Trust Fund consists of the regional capacity building programmes, Water for African and Asian Cities programmes, and specialised investment initiatives, such as the Lake Victoria and Mekong Water and Sanitation initiatives. These programmes and initiatives are being implemented at national levels through Memorandum of Understanding (MOU) signed with the counterpart ministry. The MOU are appended with programme or project documents. At local level, water or sanitation utilities (also independent providers), local authorities, Non-Governmental Organisations (NGOs), Community-Based Organisations (CBOs) and communities (water user groups) are implementation partners. Implementation at this level is facilitated administratively through Cooperation Agreements (appended by a project document) and special service agreements for individual consultants) and sub-contracts for companies (appended by a terms of reference). All projects under the Water and Sanitation Trust Fund follow Project Cycle Management (see Annex 1) and include the logical framework approach (LFA) and results based management (RBM).

This checklist is developed with an intention to be a guide and to offer an easy reference point to all programme/project staff and consultants tasked with developing

programme or project documents, and CAs and TORs addressing the strategic objectives of HIV/AIDS in the Water and Sanitation Trust Fund.

It is a guide to users on appropriate and effective HIV/AIDS intervention strategies, throughout the stages of a project/programme cycle – giving an opportunity in determining:

- Which questions to ask; and
- How to get answers

It helps in identifying priorities, in accordance with HIV/AIDS in the Water Supply and Sanitation (WSS) sector and more so in designing appropriate and robust HIV/AIDS sensitive strategies, components and indicators to respond to the AIDS pandemic.

While all efforts have been taken to ensure that the checklist meets the project cycle, it is emphasised that each project is unique and, therefore, care must be taken during its use to ensure that the staff and consultants select the questions that are most relevant in the specific context of time and place.

The checklist has been designed for community (peri-urban) and urban-based WSS projects, but can also be applied in a rural context.

2. Why is HIV/AIDS important for water supply and sanitation projects?

As with any major catastrophe which poses a great challenge and requires an all-round onslaught, HIV/AIDS calls for sectoral strategies which focus on reducing its impact.

In an effort to face this challenge, the water and sanitation projects have to add not only a voice but meaningful contributions towards prevention and addressing the impacts of HIV/AIDS.

Consequently, the importance of the WSS projects can be summed up as follows:

"The fight against HIV/AIDS calls for a multi-sectoral approach in which the water and sanitation sector finds its place and plays its role effectively. The sector, therefore, responds positively to the challenge through its projects to utilise its knowledge and expertise to face the pandemic."

The WSS projects, therefore, ought to provide guidelines/strategies for the integration of HIV/AIDS awareness into the water and sanitation sector activities. They have to provide approaches in prevention, care and impact

mitigation measures against the spread of HIV/AIDS as well as to relevant WSS-HIV/AIDS research links.

Within the WSS projects alone, there is an urgent need to review the possibility of risk factors; for instance, those employed as water sector professionals are often required to stay considerable time away from family, as activities like borehole drilling and latrine construction demand a high degree of movement from village to village. Such periods away from home can serve as a temptation for some, hence providing opportunities to engage in high-risk behaviour. Significant attention is, therefore, required to furnish these workers with relevant information about the risks and exposures to disease, and ensure its comprehension to help prevent the spread of HIV infection and other STIs.

Findings in the past few decades have suggested a strong positive link between the focus on HIV/AIDS and improved lives by addressing HIV/AIDS issues in water and sanitation. It is now recognised that better access to safe water and adequate/acceptable sanitation

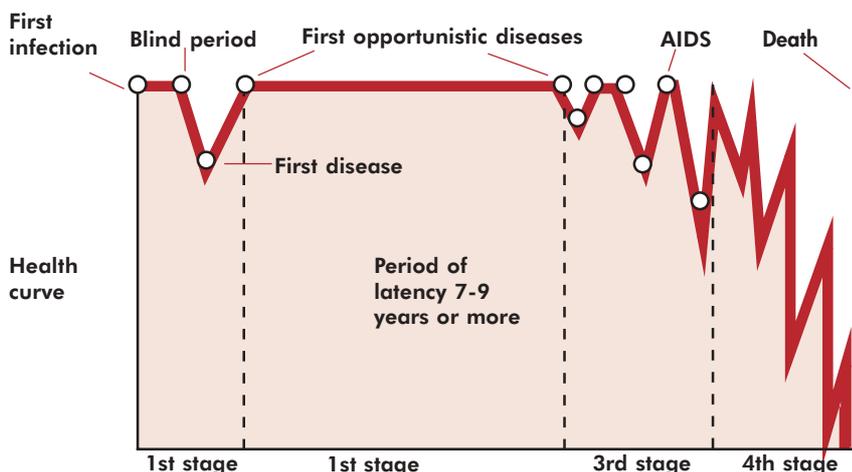
improves the health and status of PLWHA. For example, over half of those infected by AIDS develop serious and chronic diarrhoea and other water-borne infections. In the past, throughout many parts of the world, the technologies employed to improve access to safe water and sanitation were designed for a completely different environment – an environment of the "fit" who can operate, maintain and even walk to the facility when required.

The relationships between accessible safe water and adequate sanitation and HIV/AIDS are enormous. In one way, their absence or inadequacy can be a cause of infection and in the case where infection has happened, it can lead to rapid progression of one phase of the HIV to AIDS as well as escalation of stigma as the care providers find their roles burdensome.

Within the WSS, the impact of HIV/AIDS epidemic is huge. Its aftermath in the water sector may last for more than a generation, as there will be far fewer skilled people, funds for running existing water supplies and sanitation programmes and building new water supply and sanitation systems. In turn, this will likely jeopardise both the quality and frequency of the supply to the users who need the services.

Each WSS project needs to have a clear understanding of the phase of the HIV they are dealing with, so as to enable accurate timely planning and implementation. For instance, the implementation of a WSS project in a low or high prevalence area; phase one, two, three or four will have different approaches and requirements.

Phases of HIV/AIDS (IRC 2003)



3. Linkages between

HIV/AIDS and water supply and sanitation

At a glance, the issue of HIV/AIDS and water and sanitation would appear to bear very little relation to each other. HIV/AIDS is a global-scale pandemic that is transmitted between people primarily through sexual contact, while water is a renewable natural resource of which the availability depends on a variety of geographic and climatic factors. However, closer inspection of the features that characterise the spread of HIV/AIDS and its implications for individuals, communities and societies reveals several significant linkages with water as HIV/AIDS and water and sanitation reflect some of the often unanticipated effects of the pandemic on society. These have long-term implications for effective water resource management and the provision of wholesome water supplies and acceptable sanitation to communities.

How do Water & Sanitation and HIV/AIDS affect each other?

Inadequate water supply and sanitation facilities exacerbate the risk and vulnerability environment for HIV/AIDS through:

- increased risk of HIV infections;
- faster progression from HIV infection to onset of AIDS;
- difficult environments for proper treatment of HIV; and
- increased socio-economic impacts of AIDS.

Illness and death associated with AIDS, in turn, undermine sustainable water and sanitation services by:

- weakening or destroying human capacity (skills, knowledge, labour);
- depleting control and access to other key assets;
- constraining options for productive activities;

Inaccurate estimates of population growth rates and mortality rates led to incorrect estimates of water demand in specific geographic areas. Consequently, inadequate or incorrect demographic information hinders proper planning and prevents construction schedules from matching and responding to the water demand profiles.

Changes in socio-economic profiles of communities receiving services such as water supplies and sanitation are such that there is widespread difficulty to pay for these services. New and innovative funding and cross-subsidisation mechanisms are required to recover the operation and maintenance costs of water supply schemes. The decline of the size of the economically active population will decline or remain static and the surviving children or elderly people will be required to shoulder the burden of providing for their families. Teenage or child-headed households could have great difficulty in securing sufficient funds to pay for normal services such as electricity, water supply and sanitation, while still having to provide for food, education and housing for themselves and siblings.

Loss of key skilled and semi-skilled staff leads to an increase in staff turnover in all sectors, with concomitant requirements for increased training of new staff, as well as increased cost implications and possible production delays.

Workers infected with HIV/AIDS cause decline in productivity. HIV-positive workers with impaired immune systems are more susceptible to common illnesses such as tuberculosis, influenza, common cold and gastro-enteritis.

Staff members infected with HIV/AIDS show and experience personal dramatic decline in productivity as the disease progresses. Additional productivity losses are

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