World Health Organization
Water, Sanitation and Health

Adequacy of Water, Sanitation and Hygiene in relation to Home-based Care Strategies for People Living with HIV/AIDS

WHO/WSH is currently seeking country partners for this work

Home-based care is a strategy increasingly relied on by many countries adversely affected by HIV/AIDS, particularly those with weak health systems and infrastructures that are increasingly overwhelmed by the volume of patients requiring long-term care and management. Water, sanitation and hygiene are essential underpinnings to home care strategies, particularly in relation to HIV/AIDS, but this is poorly recognized by either the health sector or the water and sanitation sector. The gender dimensions of home-care are also of interest to this project, as it is a strategy that relies predominantly on women family members, often to the detriment of their own health and wellbeing.

General Objectives
The proposed activity will feed into a broader examination within WHO of home-based care as a health-sector strategy for a number of chronic health conditions in a variety of countries. From the findings of a number of country assessments, a publication will be created to serve two purposes: a) an advocacy function in relation to home-based care, and b) to draw out key policy and programme implications and guidance for the health and other related sectors, including the water and sanitation sector. A second phase of the project envisages follow-up action in selected countries through more in-depth operational research, resulting in country-specific policy and programme recommendations.

Specific Objective
Within this overall framework, WSH seeks country partners to carry out short-term assessments in resource-poor urban and rural communities of countries with a high HIV/AIDS disease burden, in order to determine how the quality of home-based care is influenced by the type and adequacy of water, sanitation and hygiene arrangements. At least two should be in countries of sub-Saharan Africa. The assessments should be of an adequate range and depth to permit both practical and strategic recommendations to be made at programme and policy level. In particular, they should identify the most critical measures to be taken by the health sector and the water and sanitation sector to provide short and medium-term solutions in the area of water, sanitation and hygiene support to home-based care. The overall goal is to produce evidence-based guidance on water and sanitation needs in home-based care strategies, particularly in resource-poor situations.
This work should be carried by a national or sub-national institution or organization with experience in the domain of environmental health services, and a strong understanding of the health and social impact of HIV/AIDS.

WSH will also undertake to support the participation of a member of the national institution concerned at a meeting that will be held at the completion of a series of national assessments, to analyse findings and prepare for the writing of the above-mentioned advocacy/policy publication.

Methods

Three main levels of investigation are envisaged, with additional supporting information drawn from national or district level as appropriate:

- local government (all line ministries involved with health, basic and social services, planning, etc)
- local community institutions (FBOs, CBOs, NGOs, small entrepreneurs)
- household level.

Information should be acquired through qualitative methods such as:
- in-depth interviews (IDIs)
- semi-structured interviews
- focus-group discussions (FGDs)
- systematic observation at household level
- mapping/sketching of water and sanitation facilities.

Activities:

- Initial development of topics and discussion guides jointly with WSH
- Refinement/translation of discussion guides for use in local context
- Carry out assessment in two rural and two urban communities with a high HIV/AIDS disease burden, focusing on resource-poor households with AIDS patients. The rural communities should ideally represent different geographic or environmental circumstances, and the urban communities might represent an inner city slum or squatter settlement, and a peri-urban area. The assessment should consist of the following elements:

1. meetings with local, district and national level government representatives in the health, social services, and water/sanitation sectors on home-based care, to ascertain existing policy and strategies on home-based care, support available to households, and levels of water supply and sanitation coverage in the local areas.

2. meetings with local or district level community-based organizations (CBOs), faith-based organizations (FBOs), or other NGO or civil society actors known to be
involved in community health issues in general, or home-based care work in particular.

3. meetings with local entrepreneurs involved in water or sanitation activities to ascertain their current role in service provision and how this could be further utilized to increase support to home-based care strategies.

4. examination of a minimum of 10 households in each location with HIV/AIDS patients, to ascertain issues such as the following:

- access to health services
- duration and stage of illness
- how the caring function is managed, and by whom
- type and frequency of external caring assistance, if any
- type and level of water and sanitation facilities available
- time spent in fetching/transporting water (rural)
- household expenditure on water and sanitation services (urban)
- level of hygiene understanding and practices within the household
- impact of water and sanitation availability on patient care
- any coping mechanisms already in place (such as changes in sanitation arrangements, measures to improve drinking water quality, etc)
- most critical perceived barriers to improved care.

This list is not exhaustive, but is indicative of the type of issue it will be necessary to raise according to the local circumstances.

5. mapping of existing water/sanitation facilities in homes and communities.

- On the basis of the findings, prepare a comprehensive summary report that:
  - analyses the strengths and weaknesses of the current situation at community level in the context of national policy on a) home-care, and b) water and sanitation;
  - makes recommendations for specific activities/interventions that could be undertaken by local government, communities, and households, to achieve essential improvements in home-based care strategies through enhanced water, sanitation and hygiene arrangements.
  - provides guidance on essential intersectoral policy adjustments and linkages required between the health sector, the water and sanitation sector, and other involved sectors to better support home-based care.
Suggested timeframe (tentative):

Sept 2005:  
- develop/refine discussion guides in collaboration with WSH  
- select communities and households  
- clarify national-level position on home-care for HIV/AIDS,  
  and on water supply and sanitation

Oct/Nov 2005:  
- hold discussions with district/local government levels,  
  CBOs/NGOs  
- carry out assessment of household conditions in the four  
  communities

December 2005:  
- prepare summary report.

Budget available:  up to US$ 10,000 per country assessment for all costs involved,  
including staff costs, transport/travel and per diem for non-local staff, translation of  
discussion guides into local language, photographs/line drawings of community  
water/sanitation facilities, preparation of final report. An Agreement for the Performance  
of Work contract (APW) would be prepared between WSH/WHO and the responsible  
country institution.

Costs of participation in the post-assessment meeting at WHO/HQ would be covered  
separately.

Institutions or organizations interested in carrying out an assessment of this nature in  
collaboration with WSH are requested to respond 30 September 2005, with information  
demonstrating their suitability for the purpose, to watsanhiv@who.int.