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WATER SERVICES SECTOR HIV AND AIDS BULLETIN

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Government, Academics, Researchers & Civil Society Join hands to tackle the issue of Water, Sanitation, Hygiene and HIV/AIDS.

On Friday 01 December 2006 the Water Services Sector under the leadership of Department of Water Affairs and Forestry (DWAF) hosted a Water Services Sector HIV/AIDS Workshop which coincided with the celebrations of WORLD AIDS DAY. The primary purpose of the workshop was to bring together practitioners, academics, researchers, government officials and civil society in dialogue around mainstreaming HIV/AIDS in the water sector.



1 The links between Water, Sanitation, Hygiene and HIV/AIDS :

It is now widely accepted that water supply, sanitation and hygiene promotion must be implemented as an integrated package in order to maximise the potential health benefits. The linkages between HIV/AIDS and water, sanitation and hygiene are very strong and the issues listed below indicate some of these linkages:

- HIV/AIDS and Staying Healthy:** Improved water supply, sanitation and hygiene education reduce incidence of opportunistic infections in HIV/AIDS sufferers, allowing them to stay healthy for as long as possible.
- HIV/AIDS and Home Based Care:** Where there is access to safe water and appropriate sanitation facilities, home based care of HIV/AIDS patients and the task of ensuring dignity is made easier.
- HIV/AIDS and Income Generation:** Safe water supply and sanitation facilities provide time and resources to take up economic opportunities, to supplement the income of households living with HIV/AIDS.
- HIV/AIDS and Children:** Improved water supply, sanitation and hygiene education minimises exposure of infants to HIV/AIDS by protecting those infected from further opportunistic diseases.
- Hygiene and user education:** There is a need for safe, effective and hygienic use of water and sanitation facilities. Hygiene practices are crucial in preventing the transmission of pathogens that cause water and sanitation related diseases.

2 Background Information of HIV/AIDS in the South African Water Services Sector:

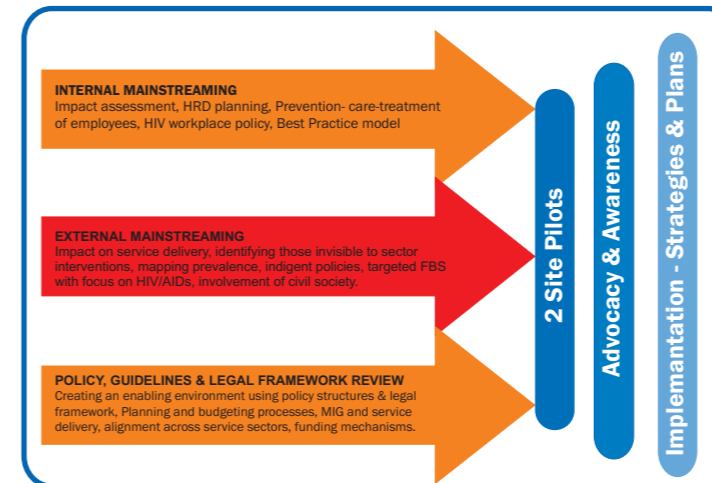
In 2004 the Water Services Sector Leadership Group (WSSLG) acknowledged the need to respond to the HIV/AIDS pandemic in a coordinated manner. It established a multi-sectoral HIV/AIDS Core Group to provide strategic direction and guidance to the sector regarding a formal response to HIV/AIDS. The multi-sectoral committee is chaired and convened by the Department of Water Affairs and Forestry (DWAF) and consist of representatives from Department of Health (DoH), Department of Provincial and Local Government (DPLG), South African Local Government Association (SALGA), Water Research Commission (WRC), Water Information Network South Africa (WIN-SA), The Mvula Trust and South African Association of Water Boards (SAAWU).

Three pronged approach :

The sector has adopted a 'multi-sectoral three pronged approach', guided by the dplg framework for HIV/AIDS. This approach encourages participation of stakeholders and maximises on their strengths, without undermining any existing efforts. The key elements of the approach are listed below and summarized in figure 1:

- Internal Mainstreaming**
 This focuses on the reduction of susceptibility of the sector employees to infection and giving support to those already infected by HIV. It includes workplace policies and guidelines that inform day to day activities. Worker awareness, prevention, care and treatment are at the center of this intervention.
- External Mainstreaming**
 This aspect addresses how the sector might increase the risk of infection of the community by the manner in which it provides the service. It looks at ways of assisting individuals, households and the communities at large to cope better with the impact of HIV/AIDS.
- Policy review and update**
 The main aim of this intervention is to create an enabling environment for both the internal and external mainstreaming processes to take place using existing policy structures and the legal framework.

3 Pronged Approach



Key elements of the 3 pronged approach

HIV AIDS Mainstreaming Workshop

Date: 1 December 2006

Venue: CSIR International Convention Center



The late Viktor Thoka opening the ceremony

“Every day considerable number of women and young girls collect water for their families- A RITUAL that reinforces gender inequalities in employment and education. This is really unacceptable”

These were the words of Viktor Thoka when he gave the opening address and led the candle lighting ceremony. He also highlighted the UNICEF report released in 2006 which stated that “out of every 1000 children born, 67 will die before age of 5 mainly due to diarrhoeal diseases”.

He stated that it is a good opportunity for the South African Water Services sector to take HIV/AIDS mainstreaming seriously. The recently published United Nations, Human Development Report of 2006 has indicated that South Africa is on the right track in ensuring that “Access to water for life is a basic human need and a fundamental human right. The Free Basic Water Policy ensures that the vulnerable groups are provided with access of at least 25 litres per person per day. However much remained to be done as South Africa has set for itself ambitious service delivery targets.

He emphasised that a significant number (5.4million) of South Africans are HIV /AIDS positive and that we should not rest until solutions are found for the delivery of services to the vulnerable groups in South Africa and until every woman and child has access to clean water and decent sanitation.

Key Note Address by Dr David Hemson:



Dr Hemson spoke of Mainstreaming as joining two streams, that of water and that of HIV/AIDS in order to have a better understanding of the crucial relationship between HIV/AIDS and water. “Various studies of home based treatment report that the homes of HIV/AIDS victims are inadequately provided with water and sanitation. The focus has been on the internal impact and not the external impact of water services and the treatment and care of People Living with HIV/AIDS. The dilemma is that HIV/AIDS issues tend to be highlighted more prominently and separately from those of water and health.

He said too little is known about the crucial relationship between HIV/AIDS and water. People living with HIV/AIDS need access to water and sanitation in sufficient quantities to enable adequate health care possible as well as reliable quality of water for multiple uses like growing vegetables.

He raised new issues of access, for home based care, “ it is particularly problematic when toilets and water are not in the house or in the immediate vicinity of the dwelling as a majority of the sick struggle to walk even on level ground when they need assistance. Chronic diarrhea becomes even more debilitating when the sick have to struggle to go outside the house to relieve themselves.”

Dr Hemson recommended 100 liters per patient per day for HIV/AIDS infected families whereas the UNDP report recommends at least 50 liters per person per day. He urged the sector to extend access to safe water and sanitation throughout rural areas and informal settlements and to ensure that the targets of 2008 and 2010 are met. He appealed for increased government investments through all the three spheres of government.

Professor Larry Obi of UNISA presented findings from a case study commissioned by the Water Research Commission which looked into establishing links between HIV/AIDS and water which looked at diarrhoeal pathogens in HIV/AIDS patients and household drinking water. The study was conducted in the Limpopo province focusing on three district municipalities namely Vhembe, Waterberg and Capricorn municipalities. The study found that there were pathogens isolated from drinking water of households of HIV infected patients. These pathogens were similar to those isolated in stools of the patients themselves.

He advised that the relationship between water and HIV/AIDS is critical and the water sector should therefore strategize on policy and programmatic issues in terms of empowerment of local women, people living with HIV/AIDS and their care-givers and pro-poor financing mechanisms including focus on water for health and economic benefits.

He also stated the need for organizations to engage in the development of workplace policies, adaptation and

reorganisation of workload, development of strategies for reserve staff, adjustment of performance appraisal systems to manage impact on productivity and integration of HIV/AIDS into all training activities.

What Challenges do municipalities face and what can they do? 4

Alana Potter of Mvula Trust and Natasha Potgieter of UNIVEN spoke about HIV/AIDS as a water sector issue and identified the current challenges faced by municipalities and proposed areas of intervention:

- Provision of Safe, reliable, sufficient, accessible and affordable:
 - water supply and sanitation
 - environmental health
 - energy
- Affordable standards and appropriate levels of service.
- Accessible municipal systems and procedures
- Links with social safety nets, e.g. grants
- Address spatial access dimension (urban/ rural)
- Engaging women in designing services
- Youth and aged friendly interventions
- How does the IDP address HIV/AIDS?

What can Municipalities do?

- Provide leadership - political and public leadership by councillors, and by example by putting workplace HIV/AIDS policies in place.
- Co-ordinate local responses - through multi sector networks
- Plan in consultation - incorporate HIV/AIDS issues and impacts into development planning, and develop local AIDS plans with communities and sector stakeholders
- Improve co-ordination - between health and infrastructure divisions and functions within the municipality
- Facilitate - create an environment which fosters involvement, participation and partnerships
- Integrate - HIV/AIDS prevention and care activities into all LG services, including water and sanitation, and encourage sector partners to do the same
- Advocate and mobilise - keep HIV/AIDS in the public eye and in public debate, conduct local campaigns

- Strengthen community responses through technical assistance, resources & materials, and seed funding
- Promote social and economic development - make HIV/AIDS a core issue in all development decision making, and introduce innovative incentives to act on AIDS related issues
- Monitor - introduce AIDS programme targets into monitoring systems, include reports on AIDS responses in appropriate forums, and monitor the impacts of hygiene education
- District and Metro municipalities constitute Health Districts in terms of the National Health Act (61 of 2003), and are responsible for ensuring environmental health.
- Municipalities should maximise the opportunities, improve co-ordination and ensure that improved water, sanitation and hygiene have a meaningful impact on the lives of those infected and affected by HIV/AIDS.

5 What is HIV/AIDS Mainstreaming?

Mainstreaming HIV/AIDS can be defined as the process of analyzing how HIV/AIDS impacts on the sector now and in the future, both internally and externally, to determine how the sector should respond based on its comparative advantage. Various speakers touched on this issue, Mr Kalinga Pelpola stated that it cannot be business as usual in the water services sector, the sector needs to find solutions that will enable the poor and vulnerable groups to be better off through better access to water and sanitation. The WHELL representative, Ms Elaine Jacobs, urged sector members to put on HIV/AIDS lenses when they deal with water services in the sector.

Dr Radebe said that HIV and AIDS is no longer regarded as a health problem, it is a developmental issue that requires a multi-faceted intervention to mitigate the impacts on the social, economic and cultural dimensions.

HIV and AIDS jeopardises the achievement of water services targets, it affects sector performance and reduces government investments due to a decreased tax base and the community capacity to pay for services declines.

Dr Mary-Anne Groepe of WHO highlighted the links between malaria and HIV/AIDS. She said that an acute malaria infection increases the HIV virus load. HIV positive adults with malaria are more likely to develop severe forms of malaria and are more likely to die.

“We need to put on a HIV/AIDS lens in whatever we do; in planning and in implementation. This will enable us to ask the right questions on HIV/AIDS” Ms Elaine Jacobs, Care Lesotho- South Africa

As sector planners we need to be wearing HIV/AIDS lenses to:



Remind us that safe water and sanitation are a basic need and a human right and lies even more to people affected by HIV/AIDS (helps sustain longer, better health)

Remind us to support communities to access safe water supply, sanitation and hygiene education (to mitigate the impact of HIV/AIDS and to support community care for those affected and infected by HIV/AIDS).

Remind us to be committed to internal HIV/AIDS workplace planning and procedures.

Remind water sector planners and decision makers at all levels; the need to access, address and continuously monitor the current and expected impact of HIV/AIDS on the demand and need for water and sanitation and on the ability of communities to finance and manage water supply and sanitation.

Remind us that current demand responsive approaches and policies that promote full cost recovery and private sector involvement have an inherent risk of further marginalizing these communities and jeopardising their access to improved water supply and sanitation. In the face of the epidemic, these approaches and policies will have to be reviewed to ensure the Millennium Development Goals for the sector will be reached.

Remind us that government agencies in countries with high HIV/AIDS prevalence face increasing difficulties in addressing their mandate and in responding to the challenges posed by HIV/AIDS.

Remind us that service provision is affected because of loss of skilled staff leading to reduced quality of planning and construction of water supply systems.

Remind us that loss of staff also affects provision of training at community level for operation and maintenance and in hygiene education. Yet, the need for water and sanitation is increasing and so is the need for training, because turnover of trained committees is likely to be high.

6 What could be the response from the Water Services Sector?

Policy and Integrated Planning: The design and planning of water and sanitation services needs to take the needs of vulnerable groups into account, so that plans are made to step up the ladder and aim for appropriate levels of service where people are too weak to collect water from communal standpipes, or larger top structures so that sick people can be helped to the toilet

People who are chronically sick may have difficulty in using latrines-consider the provision of bedpans for these groups

Water for production: Water is needed for food production and good nutrition is necessary for HIV infected people - whether on treatment or not. This is also linked to improved livelihoods and LED. This means water scheme planning and delivery needs

7 Key Outcomes Of The Water Services HIV and Aids Mainstreaming Workshop

- 1. Water and sanitation services** are crucial for mitigating impact of HIV/AIDS: the workshop confirmed that water and sanitation services play a key role in mitigating the impact of HIV/AIDS. Opportunistic infections such as diarrhea can be reduced through safe water supply and sanitation.
- 2. Universal access to basic services:** it was agreed that the sector needs to take seriously the issue of ensuring accessible basic services to all particularly the poor and vulnerable. This will save time spent by women in fetching water and reduce the burden from HIV and AIDS infected households. There is also a need to emphasise that infrastructure targets should be accompanied by health and hygiene education and awareness.
- 3. Pro poor policies:** there exists good pro poor policies in the South African water sector

however implementation remains a challenge. Issues such as Free Basic Water and indigent registers are good policies targeting the poor and vulnerable but there does not seem to be good practice at municipal level.

- 4. Coordination of the research agenda on water services & HIV/AIDS:** there is a need to coordinate the research agenda in South Africa, there is a lot of good existing studies but they are not coordinated and results are not shared. It was recommended that there is a need for strong knowledge sharing and may be for the development of an electronic information sharing network to be managed by WIN-SA.
- 5. Leadership:** it was agreed that there needs to be leadership on this issue and DWAF needs to be committed to ensuring sector leadership on HIV and AIDS mainstreaming in the water sector. However, the response should be multi-sectoral.
- 6. Health and hygiene education** should be prioritised and should include nutrition, HIV and AIDS awareness and wise use of water. It is currently not clear who is leading this issue in the sector, the Department of Water Affairs & Forestry and the Department of Health need to clarify.
- 7. Integrated Planning at Municipal Level:** it is critical that municipalities are supported in ensuring that HIV and AIDS is included in the IDP, and that it is integrated with various initiatives, it should not be a stand alone project.
- 8. Impact of HIV/AIDS** on human resources in the sector: there is a need to understand the impact of HIV and AIDS on human resources to allow for future planning, training and developing new skills.

- 9. Improved levels of services for the poor and vulnerable:** It was reported that the human development report is recommending 50 liters per person per day for the HIV and AIDS infected households. Dr Hemson's research has indicated that the quantity of water should be 100 liters per person per day. There is a need to reconcile these figures based on various studies in South Africa. The improvement of levels of service was seen as being in line with progressive stepping up the ladder as recommended by the Strategic Framework for Water Services (SFWS).
- 10. Care givers:** there is a need for the government to have a structured response for home based care givers.
- 11. Community Development Workers:** there is a need to work closely with CDWs at local level, strengthen their activities and to lobby for government to pay their salaries as most of them are volunteering their services.
- 12. Councilor Training:** Councilor training should include HIV and AIDS mainstreaming.
- 13. Strong coordination in the sector:** it was agreed that there should be strong coordination and information dissemination so that stakeholders can know what is happening.
- 14. Development of a sector strategy on HIV/AIDS mainstreaming:** it was recommended that we need a sector strategy to provide a framework on HIV/AIDS mainstreaming. The strategy should involve internal and external mainstreaming.
- 15. Need to put on HIV/AIDS lens in whatever we do;** in planning and in implementation. This will enable us to ask right questions on HIV/AIDS.

Did You Know?

The Water Services HIV and AIDS Core Group commissioned a study in 2005 and found that in South Africa :

- Most Water and Sanitation Managers in the water services sector do not see HIV/AIDS as a matter that falls within their scope of work, it is still largely an HR or Health Department issue.
- The relationship between HIV infection and the Water Sector is still not well understood by most Managers.
- The fact that the water sector also impacts on the epidemic and that there could be factors within programmes that enhance the spread of the epidemic has not been explored by the sector.
- There has not been any effort directed towards modifying service delivery to accommodate the changes brought about by the HIV/AIDS pandemic.
- Not much local research is currently being done to address issues of HIV/AIDS and the Water Sector.