

Strategy

FOR ADDRESSING

HIV/AIDS



**IN PROGRAMME
ACTIVITIES OF THE
WATER AND SANITATION
TRUST FUND**



UN-HABITAT

UNITED NATIONS HUMAN SETTLEMENTS PROGRAMME



Supporting developing countries to achieve increase of people's access to safe water and healthy sanitation that provides care, support and mitigate the impact of HIV/AIDS with a special focus on the poor and the vulnerable in urban areas.





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SEPTEMBER 2006

UN-HABITAT's Water and Sanitation Trust Fund

Building on the knowledge and know-how acquired over the years in the field of water and sanitation, and more specifically on its programmes in this sector, UN-HABITAT, launched a Water and Sanitation Trust Fund on World Habitat Day (6 October 2002), in answer to the call in the United Nations Millennium Declaration to "Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation". A well-coordinated programmatic approach that allows donors to improve their aid-effectiveness by contributing to a consolidated fund dedicated to a clear set of objectives is the rationale behind the establishment of the UN-HABITAT Water and Sanitation Trust Fund. The objective of the Trust Fund is to contribute to the achievement of the internationally agreed water and sanitation goals and related targets by supporting the developing countries to create an enabling environment for enhanced flow of investment in water and sanitation, specifically targeted to the urban poor.

The goal of the UN-HABITAT Water and Sanitation Trust Fund is to contribute to the achievement of the internationally agreed goals related to water and sanitation in human settlements with particular focus on the urban poor in order to facilitate an equitable social, economic and environmental development.

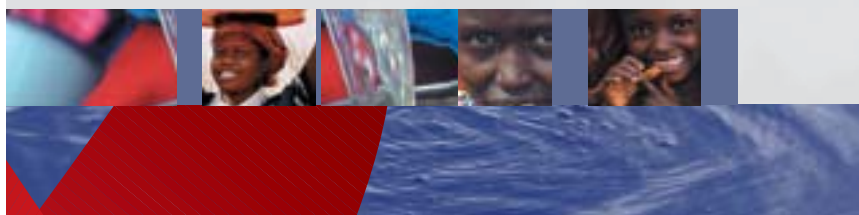
The Development objective is to support developing countries to achieve sustainable access to safe drinking water and basic sanitation for the poor, particularly in urban areas. The Water and Sanitation Trust Fund addresses its objective through four inter-linked sets of activities:

- Two regional water and sanitation Programmes viz. Water for African Cities (WAfC) and Water for Asian Cities (WAsC) Programme, which facilitate pro-poor, gender sensitive investments in partnership with the two regional development banks and the World Bank;

- Replicable model-setting initiatives in Africa and Asia, notably through the Lake Victoria Region Water and Sanitation Initiative (LVWATSAN) in Africa and the Mekong Water and Sanitation Initiative (MEK-WATSAN) in Asia to address the water and sanitation needs of the population, particularly the poor, in the secondary towns in these regions.
- Normative Activities: Development of pro-poor and gender sensitive governance frameworks, including policy options, norms, standards and management toolkits, for the urban WATSAN sector. This set of activities also includes the triennial report on Water and Sanitation in the World's Cities, which was mandated by the Governing Council 20 of UN-HABITAT.
- Monitoring and Evaluation of progress towards achievement of WATSAN related MDG/JPOI targets;

The programme is being implemented in a phased manner, as follows:

- A Start-up Phase, which would focus on incorporating knowledge sharing, awareness raising, information exchange and partnership development;
- Consultation and Formulation Phase, for engaging national and local level stakeholders in project identification and formulation and to reach agreement and consensus on the overall intervention package;
- An Implementation and Investment Phase, when the programme will be rolled out at the city level, with awareness raising, information exchange, education, and capacity building at city level implementation and follow-up pro-poor investment; and
- A Consolidation and Dissemination Phase, for the anchoring of enhanced capacity at city and regional levels through information dissemination and lesson sharing.



The HIV/AIDS epidemic - present scenario

With an estimated 40.3 million people already living with the HIV virus and the death of 25 million people since it was first recognised in 1981, AIDS has earned itself being one of the most destructive epidemics in recorded history of mankind (UNAIDS, WHO. AIDS epidemic update, December 2005). The epidemic has rapidly become the world's most serious public health threat, imperiling several regions and erasing decades of gains in international development.

The number of people living with HIV has increased in all but one region in the past two years. While in Caribbean –the second most affected region in the world-HIV prevalence overall showed no change in 2005 compared with 2003, in the rest of the world there was an increase. But even with the non-increment in prevalence, AIDS is now the leading cause of death in the Caribbean region among adult aged 15-44.

Currently Africa is within the high prevalence zones, while Asian cities are within the low prevalence zones.

The Epidemic: Regional intensity

Sub-Saharan Africa: hardest hit

Sub-Saharan Africa remains by far the hardest hit part of the world, with 25.8 million adults and children including 13.5 million women living with HIV in 2005 compared to 24.9 million in 2003 in Sub-Saharan Africa. Declines in adult national HIV prevalence appear to be underway in 3 Sub-Saharan African Countries: Kenya, Uganda and Zimbabwe. While HIV prevalence levels are not only exceptionally high in Mozambique and Swaziland but are also further expanding. However, in West and Central Africa estimated National HIV prevalence is considerably lower than in the South and East of the Region.

The percentage of people living with HIV/AIDS in countries covered under Water for African Cities Programme

Phase II and countries covered under Lake Victoria Water and Sanitation Initiative in the adult age group (15-49) ranged between 0.8 per cent (Senegal) and 28.9 per cent (Lesotho). The share of infected women to infected adults was much higher, ranging between 55.0 per cent (Ethiopia) and 65.45 per cent (Kenya).

Sub-Saharan Africa accounts for 64 per cent of all world's people living with HIV and for 76 per cent of HIV-infected women. National epidemics in sub-Saharan Africa appear to be stabilizing generally, although at high levels in many countries and seven epidemics in Southern Africa are not likely to decline in the near future.

Asia: moderately hit

The epidemic is growing in Central Asia as well as in East Asia and Eastern Europe. In East Asia, the number of people living with HIV in 2005 increased by one fifth compared with two years earlier. National HIV infection levels in Asia are low compared with some other continents notably Africa. However, the populations of many Asian nations including India and China are so large that even low national HIV prevalence means large numbers of people are living with HIV.

The percentage of population with HIV/AIDS in the countries covered under Mekong Water and Sanitation Initiative ranged between 0.1 per cent (Lao PDR) and 2.6 per cent (Cambodia) with adult age group (15-49); the share of infected women to infected adults in the Asian region being the lowest at 12.9 per cent (Pakistan) and highest at 38.0 per cent (India).

Linkages between HIV/AIDS and the Water and Sanitation Sector

- The perspective of consumers and users of water and sanitation facilities, especially poor people
- The perspective of service providers:
 - Formal water and sanitation water service providers, such as public or private utilities
 - Non-formal water and sanitation service providers, such as small scale independent providers, vendors or community based systems

The Consumer Perspective

- Vulnerability to water and sanitation related diseases
- Water for home-based care and productive uses

Sanitation and water-related infections are among the most common causes of illness and death in developing countries and affect mainly the poor. Poverty is often connected to high HIV/AIDS infection rates and a poor access to water and sanitation services.

Depending on the type of HIV and other aspects like access to health and reproductive health services, hygiene and access to water and sanitation services, the period of latency lasts about seven to ten years. The prevention of the mentioned opportunistic diseases through safe water and sanitation and better hygiene helps infected people to stay healthy longer, what means that they can continue to work and sustain their families.

Water is a basic need for AIDS patients at their homes (home based care) to wash and bathe their patients, to give them medicine and to clean and disinfect the home environment. Access to water and sanitation services and hygiene is not just a basic need but a human right, key to human development and human dignity.

Many poor households grow vegetables and fruits in little gardens to supplement their diet. The availability of water plays an important role for these productive uses and decreases the risk of infection to secondary diseases.

In many of the countries with high infection rates, it is the task of girls and women to fetch water. The risk of transmitting the virus from HIV-positive mothers through breast-feeding is 1:3. An alternative is to feed the child with a bottle of powdered milk mixed with water. If the water used is unsafe and water-handling practices are not hygienic, the risk that the child will die of diarrhea rises enormously. In order to prevent this, safe water, sound sanitation practices and hygiene education are essential.

The Perspective of Water and Sanitation Service Providers

HIV/AIDS has a great impact on the provision and sustainability of water and sanitation services at several levels:

- Loss of skilled staff/labour
- Decline of productivity
- Decrease in quality of services

In areas with medium to high infection rates, HIV/AIDS causes a severe decrease in human resources. Many water companies' lose skilled or semi-skilled staff for example, engineers, technicians or administrators. A company in Nakuru, Kenya, lost 20% of their employees to the disease and some organizations in Botswana have even started to hire employees from overseas countries where HIV/AIDS rates are lower.

In Kusa, Kenya, there is a project to train young men and women to construct water tanks, spring boxes and wells in the villages. One day, 24 technicians were called to implement the project. Just half of them showed up and later investigation revealed that three of them died of HIV/AIDS, five were sick of HIV/AIDS and four technicians took care of their infected relatives.

Examples show that the impact of HIV/AIDS is huge and this means that far fewer skilled people and funds will be available within the water and sanitation sector in the future. Obviously, loss of staff means a decline of productivity within the water sector. In the absence of data on people infected with HIV/AIDS, water and sanitation demand will be hard to estimate for the water resource managers.

According to household surveys in Africa and Asia, families living with HIV/AIDS have a reduction of their income by 40 to 60 %. This makes them unable to pay for services such as electricity, water supply and sanitation.

Also, there is still a sense of shame related to the issue of HIV/AIDS and many families don't want to admit that one of their members is HIV-positive. Sometimes people bury their relatives secretly in "unofficial" graveyards, which may lead to the contamination of ground water that is used as a community water supply. Increased nutrient levels and bacteria are likely to enter the ground water from the graves. This poses potential health risk to communities, which rely on boreholes or wells to get water from shallow aquifers.



Feminization of HIV - The Gender context

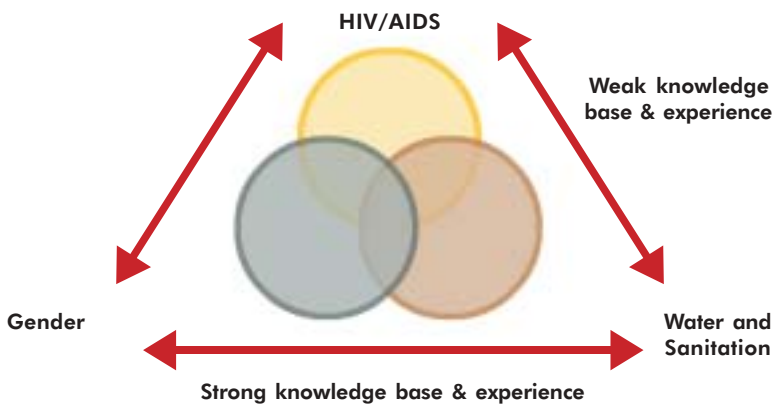
Around the world an increasing number of women are being infected with HIV. It is often women with little or no income who are most at risk. Widespread inequalities including political, social, cultural and human security factors exacerbate the situation for women and girls (UNAIDS/WHO, 2005).

In several southern African countries, more than three quarters of all young people living with HIV are women,

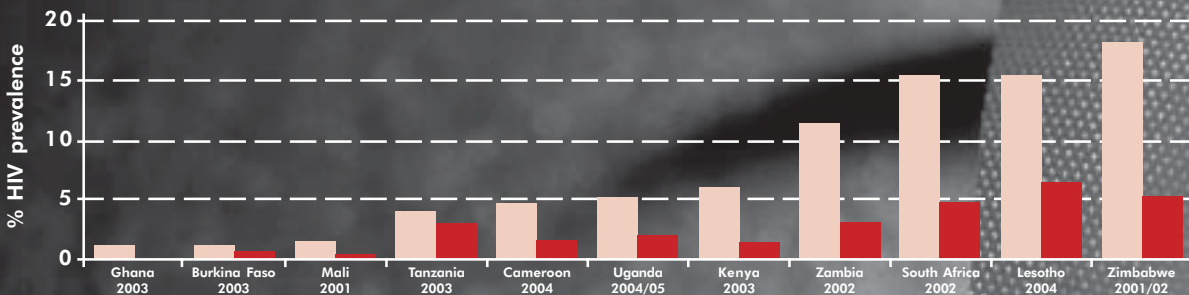
while in sub-Saharan Africa overall, young women between 15 and 24 years old are at least three times more likely to be HIV-positive than young men. The biological factors, gender inequalities (socio-cultural factors, feminization of poverty, unequal or unfavorable laws), violence against women (partner violence, sex work trafficking and migration), HIV testing and disclosure, rape (wars and conflict) all add up to the escalation.

HIV Prevalence - Orphans and Vulnerable Children

The orphans and vulnerable children pose a great crisis now and in the future. Currently an estimated 14 million children are reported to have lost one or both parents. Furthermore 90% of AIDS cases occur between 20-40 years of age, which sadly deprives many children of their parents. By 2010, the AIDS effect is estimated/projected to leave 25 million orphans and 50 million vulnerable children. If the Orphans and Vulnerable Children (OVC) crisis is left unattended, development projects could face economic collapse in three generations (World vision, 2005)



HIV prevalence among 15-24 year-old men and women selected countries in sub-Saharan Africa, 2001-2005



Sources: Demographic and Health Surveys. ORC Macro (Ghana, Burkina Faso, Mali, United Republic of Tanzania, Cameroon, Lesotho, Kenya, Zambia); Department of Health, Uganda HIV/AIDS sero-behavioural survey 2004-2005 (Uganda); Ministry of Health and Child Welfare, Zimbabwe National Family Planning Council, National AIDS Council, and CDC, The Zimbabwe Young Adult Survey 2001-2002 (Zimbabwe); Pettifor AW, et al. HIV and sexual behaviour among South Africans: a national survey of 15-24 year olds (South Africa)."

HIV Prevalence (UNAIDS 2005)

The four phases of HIV/AIDS

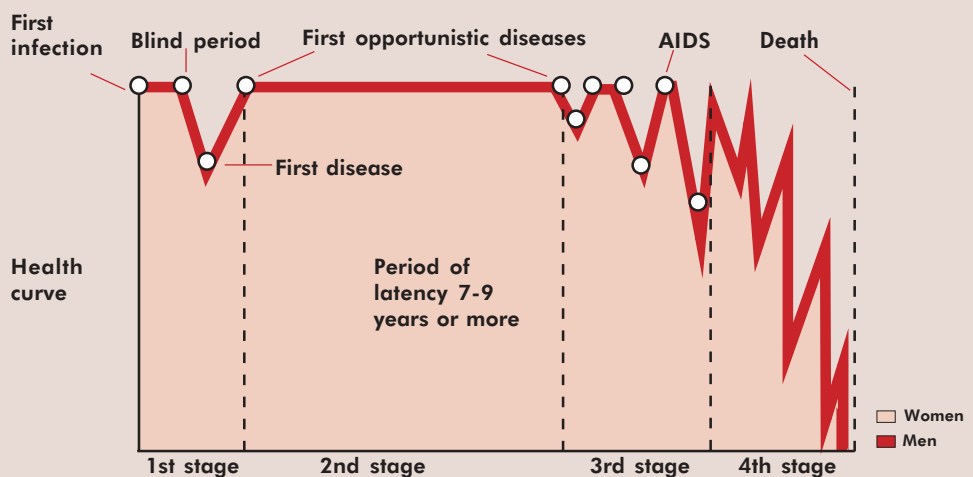
Phase one: This is when a person gets infected by the virus that causes AIDS (HIV). During this phase it is not easy to recognise that one has been infected by HIV as there are no distinct signs nor symptoms. Normally a person may experience a short bout of fever, or cough, flu, sore throat etc which quickly disappear without any treatment. Confirmation of an infection can only be known 6 weeks to 3 months from the time of infection through a laboratory test. This stage may also be called asymptomatic as there are no symptoms. During this phase the focus and intervention is directed towards awareness raising and prevention.

Phase two: This phase can take 7 to 9 years where a person looks healthy and the immune system is still battling with the HIV virus. Even though the person is healthy looking and goes about his duties as normal, it must be noted that he is infectious and can transmit the virus to another person. At this phase, the focus of intervention is directed towards positive living.

Phase three: This is the AIDS phase where a person's immune system has been destroyed by HIV virus and now suffers to a great extent from various opportunistic infections. Various signs and symptoms appear and she/he becomes weak and more often needs care and support in order to continue to survive. In places where there is access to ART, she/he may access the same to help boost the immune and to prolong life. At this stage the focus of intervention is directed towards treatment, care and support.

Phase four: This is the last stage in a person's life when the body immune system can no longer manage to contain the infections. It might also be referred to as the death stage. At this stage even the treatment can no longer sustain life. Depending on one's ability to fight off the infections it may take up to 2 years from the time individual reached phase three of the infection- from AIDS stage to death may take up to 2 years. At this stage, the focus is normally on impact mitigation.

Phases of HIV/AIDS (IRC 2003)



HIV/AIDS Vulnerability and Mitigation Matrix for Countries Participating in Water for African and Asian Cities Programmes (WfC)

AIDS Impact Level	HIV/AIDS Adult Prevalence	
	LOW	HIGH
LOW	<p>Phase 1: Low adult prevalence, low impact</p> <p>Indicators: low HIV prevalence, low number of orphans, low number of affected households, low employee absenteeism</p> <p>Focus on: Awareness raising, advocacy and human values education</p> <p>Example WfC Countries: India, PR of China, Nepal</p>	<p>Phase 2: High adult prevalence, low impact</p> <p>Indicators: high HIV prevalence, slightly increasing number of orphans, slightly increasing number of affected households, slightly increasing employee absenteeism</p> <p>Focus on: Preparedness, Impact mitigation preparation, workplace policies</p> <p>Example WfC Countries: Cambodia, West Africa, Ethiopia</p>
HIGH	<p>Phase 4: Levelling or even reducing adult prevalence, high impact</p> <p>Indicators: stable or even decreasing HIV prevalence, high number of orphans, high number of affected households, high increasing employee absenteeism and increased mortality</p> <p>Focus on: Impact alleviation and rehabilitation</p> <p>Example WfC Countries: Uganda, Tanzania</p>	<p>Phase 3: High adult prevalence, high impact</p> <p>Indicators: increasing high HIV prevalence, high number of orphans, high number of affected households, high increasing employee absenteeism and increasing mortality</p> <p>Focus on: Impact alleviation</p> <p>Example WfC Countries: Mozambique, Zambia</p>

Challenges for the Water and Sanitation Sector

Mainstreaming HIV/AIDS into policies and strategies

Water Agencies need a HIV/AIDS policy to lower the impacts on the company itself and to integrate HIV/AIDS into the provision of service.

In many Southern African countries, there is a lack of region-wide programmes of action and many governments deny having an AIDS epidemic in their country. Some government water departments, for instance, the Zimbabwe National Action Committee for Rural Water Supply and Sanitation understands the importance of mainstreaming HIV/AIDS into every single dimension of the sector. The Zimbabwe Water and Sanitation Sector HIV/AIDS Report was published in June 2003 points out the challenges of the Water Sector concerning HIV/AIDS-prevention, care, mitigation, advocacy and research activities.

Strengthening the role of local communities

Community-based approaches are known as the best way to ensure reliable and sustainable water services. Local residents and local organisations should take part in planning and supporting effective operation and maintenance of water services, and combine that with rising awareness of HIV/AIDS-issues.

Priorities for areas with high infection rate

Programmes and Policy makers should give higher priority to water supply, sanitation and hygiene promotion in areas with high infection rates.

In Limpopo Province, South Africa, the following measures have been recommended to be taken within the country

- Municipal Water Services Development Plans must take the impact of HIV/AIDS on water demand into account
- Water and sanitation tariffs and subsidy mechanisms should be pro-poor and consider households affected with HIV/AIDS
- The best use of existing capacity in water services provision should be made, particularly in the light of potential losses in human resource capacity through HIV/AIDS

Integrating health and hygiene education

There is need to integrate health and hygiene education for the mitigation of HIV/AIDS, the importance of promoting health and hygiene education by the water sector must be strongly taken into account. Programmes for health and hygiene education can help people living with HIV/AIDS to minimise the negative impacts of the disease. These programmes should involve local initiatives which can be much more effective.

Importance of HIV/AIDS in Water Supply and Sanitation (WSS) projects

“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 utilize its knowledge and expertise to face the pandemic.”

The WSS projects should provide guidelines/strategic for the integration of HIV/AIDS awareness into the water and sanitation 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.

It is now recognised that a better provision of safe water and adequate/ acceptable sanitation improves the health and status of people living with HIV/AIDS.

Mainstreaming HIV/AIDS

Mainstreaming HIV/AIDS is a process that enables development actors to address the causes and effects of AIDS in an effective and sustained manner, both through their work and within their workplace. It therefore addresses both direct and indirect aspects of HIV/AIDS within the context of the normal functions of an organization or community. Critically, mainstreaming takes into account an organisation's mission, mandate and comparative advantages and relates these to the direct and indirect aspects of the epidemic.

The purpose of mainstreaming is to help people at all levels get beyond "business as usual" and to address the issues in meaningful ways in all sectors, both inside their own organizations and in the communities they serve.

The effectiveness of mainstreaming HIV/AIDS needs a long term, systematic approach with a high level commitment from the senior managers and staff, and in the case of private sector, the commitment of the shareholders. Mainstreaming can be viewed from three main aspects:

HIV/AIDS in the workplace

To enhance the ability of an organisation and its staff to anticipate, minimize, and cope with illness, death and possible financial resources associated with the HIV/AIDS pandemic by providing major thrust on the following.

- Staff awareness
- Staff health policies
- Performance management system
- Budgets and financial planning
- Human resource workforce planning

Mainstreaming HIV/AIDS into strategy and programming

Given the nature of HIV/AIDS, regardless of the work the organization undertakes, some clients are affected by illness and death associated with HIV. Many more are at risk, and some will eventually contract HIV themselves, or become directly affected by the illness and death of others. The overall effect which calls for immediate strategic programming includes:

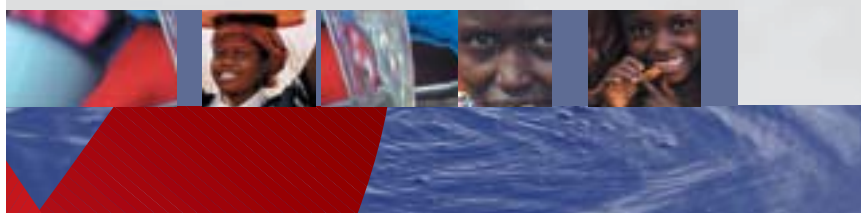
- Risk of the organisation's ability to run efficiently and effectively
- Incomplete activities due to illness and funerals attendance
- Community members succumbing to illness or reduced to the role of carers
- Changes in household composition
- Vulnerability of children, women and elderly as they assume greater roles and burdens
- Asset ownership of the affected families.

Sound economic and social development helps affected people mitigate the impact of illness and death, and increases their options. Imperatively, organisations in all sectors need to take steps to ensure their core business is relevant to the changes in societies and families brought about by HIV/AIDS.

Links with focused interventions on HIV/AIDS

This type of mainstreaming involves direct support to focused HIV/AIDS interventions such as those dealing with prevention, care, and treatment or supporting those living with HIV or affected by the illness and health of others. The relationship between HIV/AIDS focused interventions and work in other sectors is fundamental to mainstreaming and has two key benefits:

- Supports and builds on the strengths of all
- Ensures that complementary services are offered and help minimize the opportunity costs that may undermine efforts of a single organization.



HIV/AIDS and the Human Settlements Sector

HIV/AIDS is having, and will continue to have, significant social and economic consequences in the countries affected. In the developing countries, for example, in Africa, the spread of AIDS has coincided with a period of protracted economic stagnation that has seriously compromised the standard of living of the population. Inadequate and overcrowded housing conditions and a general lack of cautionary measures to prevent infection, provide a conducive environment for the spread of the disease. In the case of shelter, the significant increase of homeless people in countries affected by HIV/AIDS and more often than not, AIDS orphans have been significantly increasing the number of street children. This increase of homeless and street children has impaired the safety and security in cities. Related factors have increased incidences of poverty, shelter poverty in particular, and have led to a

marked deterioration of human settlements conditions in the affected countries.

Across countries studies show that the greatest need for people with HIV/AIDS, apart from medical treatment, is Housing. Aligning human settlements to HIV/AIDS prevention and management involves:

- Identifying current or planned public works and development projects where HIV/AIDS impact may be significant, and use impact assessments to modify planning
- Identifying which features of health care facilities, educational facilities and orphanages are best able to respond to changed needs and demands as a result of HIV/AIDS
- Reviewing specifications for the design of buildings for public institutions to encourage the features identified above
- Ensuring that the location, size and design of facilities take into account welfare policies and plans for housing and care of orphans, expected migration and demographic impacts of HIV/AIDS
- Reviewing and streamlining policy that may unnecessarily hinder the recycling of unused buildings for shelter and care of orphans
- Incorporating projections of AIDS death in planning mortuaries, burial space and crematoria facilities or encourage this action across relevant local authorities
- Finding ways to encourage local projects to identify useful features of houses or tenure arrangements in the context of high HIV prevalence and altered household composition
- Revising tenure legislation if necessary to ensure it balances the need to provide adequate protection for AIDS sufferers with sustainability of company housing

UN Strategic Framework on HIV/AIDS and UN-HABITAT's response

In June 2001, 29 UN system entities contributed to the creation of the UN System Strategic Plan for HIV/AIDS (UNSSP). In accordance with the Global Strategy Framework on HIV/AIDS, the UNSSP sought to clarify roles and responsibilities on HIV/AIDS in the UN system, so as to promote system-wide coherence and strategic effectiveness, and to improve coordination and communication among diverse UN system organisations. The UNSSP articulated system-wide objectives and identified the responsibilities of individual UN entities in achieving these objectives.

Objective

The UNSSP has an overarching goal of ensuring that UN system organisations, individually and collectively, contribute to the Millennium Development Goal of halting and beginning to reverse the spread of HIV/AIDS by 2015 and meeting the targets of UNGASS Declaration of Commitment.

Strategic objectives

The UN will pursue 8 strategic objectives:

- A. Build capacity and leadership
- B. Protect and promote human rights
- C. Strengthen and accelerate HIV prevention and vulnerability reduction
- D. Facilitate the provision of care, support and treatment
- E. Alleviate socio-economic impact and address special situations
- F. Strengthen HIV/AIDS-related research and development and develop mechanisms for follow-up, monitoring and evaluation
- G. Mobilise Resources
- H. Strengthen commitment, action and joint accountability of the broader UN system

With these strategic objectives, UN-HABITAT in cooperation with UNAIDS is mainstreaming HIV/AIDS into its work programme of 2006-2007.

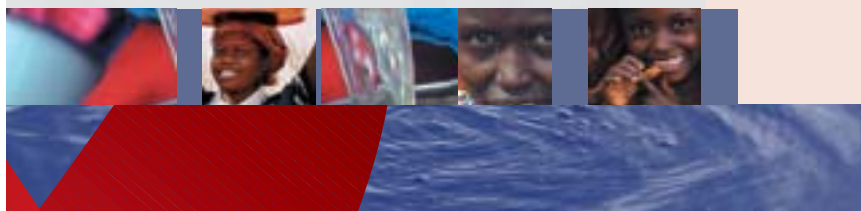
Lessons learnt and challenges

From several sectors work on HIV/AIDS response and interventions several issues have been learnt which pose as challenges to the Water and sanitation Trust Fund. These include:

- The need for political commitment at the highest level is crucial for effective prevention and impact mitigation of HIV/AIDS
- It is now acknowledged that HIV/AIDS is a development problem that has implications for all public and private entities and not just for the health sector
- The people affected by HIV/AIDS may have an important function in breaking the silence and to show that they can continue to live a productive life, care for their families and contribute to community activities
- Water, sanitation and hygiene education services are key for HIV/AIDS prevention and impact mitigation.
- The greatest challenge is that within this area, there is limited evidence-based research findings available and limited experiences from water and sanitation field operations.
- Software side of water and sanitation programmes, such as pro-poor governance, gender mainstreaming, human values-based education, income generating activities (IGAs), that result in behaviour change, empowerment and poverty alleviation also address key issues of HIV/AIDS

Areas of Impact Mitigation

- **Staying healthy**
Safe water supply and acceptable sanitation help eliminate diarrhea and skin diseases which are common opportunistic infections.
- **Home based care**
As caring for people living with AIDS within communities is now regarded as an essential element in the continuum of care, it calls for a reliable water supply and good sanitation are indispensable for bathing, washing, cleaning and disinfecting the home environment, as well as water for taking medication. Together with this, hygiene education must be integrated in training for home based care
- **Infant feeding**
As an alternative to breastfeeding, bottle-feeding is suggested depending on affordability, cultural and social acceptability. In such a situation, safe water, sound sanitation practices and hygiene are needed to prevent the baby from falling ill.
- **Labour saving**
Due to accessible water supply to households affected by HIV/AIDS
- **Water for productive use**
Water can be a source for income generating activities and for softening food for those patients suffering from mouth ulcers or thrush.



Strategic Considerations

- Strengthen core competencies of Water and Sanitation Trust Fund and build on comparative advantage.
- Carry out water and sanitation programmes work in a way that they address the causes and consequences of HIV and AIDS. Ensure that all the pro poor communities have a continuous supply of safe water within their vicinity. This has a double positive effect of reducing the vulnerability of the women/girls walking long distance in search of water and also safe water to be used for taking medications.

Health care of people affected by HIV and AIDS also need the core services of water and sanitation as a preventive and mitigating condition.

- Start with assessing and analysing water and sanitation situation level and quality of services, poverty, gender, etc This calls for a strategic mapping of all the vulnerable groups in the community that may be brought about by the scarcity of the same.
- Start with understanding HIV/AIDS then move to health and development nexus.

The wider correlation between HIV/AIDS and the development challenges that it poses call for immediate consideration and understanding and not merely focusing only on HIV/AIDS Health care of people affected by HIV and AIDS also need the core services of water and sanitation as a preventive and mitigating condition.

- Focus on risk and vulnerability, not on AIDS per se.
- Use phases of HIV/AIDS progression to guide analysis and action.

Plan for the future implications and mitigation in addition to establishing robust preventive measures, as well understanding the probable financial medical implication once the staff or community are in need of the same as their body get weakened by the virus.

- The dealing with HIV epidemic needs the unrelenting commitment of leadership at the highest levels-from the head of state, relevant ministries to the community.
- Differentiate Internal and External Strategy.
- Internal: HIV/AIDS Workplace Policy for water and sanitation service providers.
- External: Mainstreaming HIV/AIDS into strategic planning, programming and operations of a water and sanitation service provider and its relations with customers
- Avoid duplication and develop linkages with ongoing HIV/AIDS Initiatives within the UN and at UN-HABITAT.

While it is true that HIV/AIDS now covers all parts of the world, special considerations in terms of strategic response has to be put in place that notes the variance on regional national and even to the community level.

Strategic focus on prevention of high risk groups and 5 to 15 year olds (long-term strategy) must be given priority.

- High Prevalence Environments.
- Gender prevalence of HIV.
- Women and girls are vulnerable to sexual violence (and thus HIV) when collecting water and fuel.

Strategic entry points of intervention

Strategies for addressing HIV/AIDS

	Prevention	Positive Living	Treatment Support	Impact Mitigation
1. Normative Activities Development of pro-poor and gender sensitive governance frameworks, including policy options, norms, standards and management toolkits for the urban WATSAN sector	Human Values-based Water, Sanitation and Hygiene Education	Pro-poor water governance framework provides an opportunity to involve PLWHA and a platform to ensure their needs in terms of water and sanitation are addressed.		A pro-poor governance framework allows vulnerable groups and survivors, such as widows/ers, orphans and the elderly to participate in development processes in a meaningful manner.
		Private sector and the urban poor: This framework enables an HIV/AIDS workplace policy for water utilities, small-scale independent providers and community-based systems which can greatly enhance conditions for care and treatment of PLWHV and impact mitigation.		
		Mainstreaming HIV/AIDS issues into Rights-based approaches to water can greatly contribute to the protection of rights of PLWHA and survivors, such as orphans and widows.		
		Rainwater Harvesting is a strategic tool for support to PLWHA to supplement the increased need for water.		Rainwater Harvesting is a strategic entry point for improving the living conditions of orphan headed households, as it supports shelter improvements and opportunities for income generation
		Mainstreaming HIV/AIDS into Urban Water Demand Management will allow utilities to better understand the changing profile of water users, sick, widows, orphans and elderly. It will also provide utilities to address the need of PLWHA for increased water and improved sanitation.		
		Urban Catchment Management as a bio-structural intervention is a new promising area, which can contribute to alleviating the impact of HIV and AIDS.		
		Environmental Impact Assessment Guidelines also focus on social impacts, particularly the urban poor, and should include considerations of impact assessment on PLWHA and survivors, such as orphans and widows.		
2. Operational Activities: Facilitate pro-poor, gender sensitive investment through regional WATSAN programmes (Advocacy, awareness raising, value-based water education, capacity building and training, and gender mainstreaming and demonstration activities)	<ul style="list-style-type: none"> There is a need to mainstream HIV/AIDS issues into all activities such as pro-poor governance, sanitation for the urban poor, urban catchment management, water demand management, water education in schools and communities, advocacy-raising and information exchange of the Water for African Cities Programme Phase II The Water for Asian Cities Programme is a low prevalence region, where the main focus should be on awareness raising and preparedness for the increase of HIV/AIDS in the region. 			
		<ul style="list-style-type: none"> Pro-poor governance Sanitation for the urban poor Water Demand Management Urban Catchment Management Gender mainstreaming 		
3. Replicable Model-setting Initiatives: Provide strategic support to pro-poor, gender sensitive initiatives at the local level with a focus on participatory involvement of local communities.		The improved water and sanitation provision through the Lake Victoria and Mekong Initiatives will contribute to the improved living conditions of PLWHA and also reduce vulnerability.		Both LVWATSAN and MEK-WATSAN Initiatives provide unique opportunities for supporting work on orphan headed households and home based care.
4. Monitoring Activities: Monitor progress towards WATSAN targets.	The ongoing monitoring process can include an element on HIV/AIDS and contribute to the better understanding of the impact of insufficient water and sanitation on HIV/AIDS (vulnerability) and the impact of health on the performance of the water and sanitation sector.			

Objective of Developing a Strategic Framework

The first step for developing a strategic framework for addressing HIV/AIDS is to formulate an objective within the framework of the overall development goals of the Water and Sanitation Trust Fund.

“To support developing countries improve access to safe water and healthy sanitation thus preventing transmission, provide care and support and mitigate the impact of HIV/AIDS with a special focus on the poor and vulnerable in urban areas”.

In order to achieve this, the following five strategic directions will support this objective:

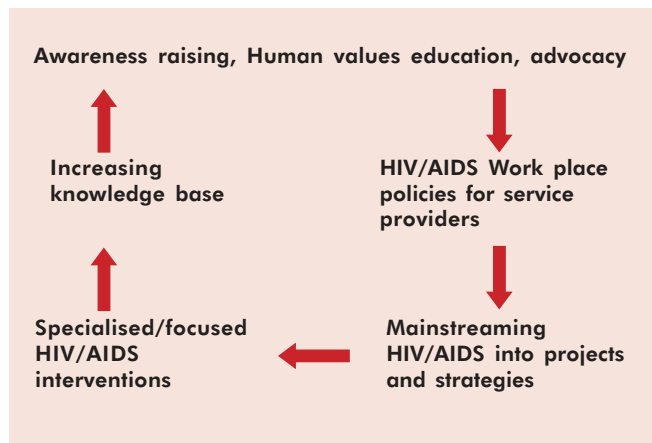
Strategic Direction 1: Awareness raising, Human values education, advocacy

To raise awareness and advocate on how to address HIV/AIDS through water and sanitation initiatives amongst WSIB staff, national policy makers, board members and CEO's of water and sanitation service providers and capacity-building institutions

This is to convince decision makers that AIDS is relevant and that they can do something about it in their organisations. In addition it targets capacity building institutions with a view to building their capacity and or making them put a priority to the HIV/AIDS component in their capacity building programmes. It will explore the involvement at the highest level policy makers as well as policy implementers within the relevant authorities.

Strategic Direction 2: HIV/AIDS Work place policies for service providers

To build capacity in water and sanitation service providers, both formal and informal (small scale independent providers, community systems) to develop and implement HIV/AIDS workplace policies



This is attributed to water and sanitation service providers and largely to their limited knowledge on their role as well as inadequate capacity that they have. For the small independent providers and community water management systems, there is an urgent need to equip them with skills on areas of cost effectiveness and making use of the local resources for productivity and healthy living in the face of AIDS epidemic.

Strategic direction 3: Mainstreaming HIV/AIDS into projects and strategies

To mainstream HIV/AIDS into the pro-poor and gender sensitive normative and operational activities of the work programme of the Water and Sanitation Trust Fund, focusing on awareness raising and advocacy, human values-based education, capacity building, networking and partnerships

The strategy will look into ways of enabling and prioritising mainstreaming into the entire water and sanitation sector so that the sector can effectively and efficiently contribute towards prevention, care and impact mitigation caused by HIV/AIDS.

Strategic direction 4: Specialised/focused HIV/AIDS interventions

To develop strategic partnerships with specialized HIV/AIDS programmes and interventions and to support HIV/AIDS initiatives focusing on vulnerable groups,

such as women, children and elderly (focus on orphans and vulnerable children (OVCs) and home based care)

This underscore the linkages and benefits that exist by working in partnerships thus complimenting the work already established by other HIV/AIDS specialized programs. It also considers the roles of the sector in addressing the needs of the vulnerable groups of –women, children and the elderly.

Strategic direction 5: Increasing knowledge base

Increasing the knowledge base on how water and sanitation can reduce vulnerability and the impact of HIV/AIDS on the sustainability of water and sanitation projects through applied research and strategic partnerships with ongoing work in this area

This last strategic objective focuses on future programming. It considers research and best practices that can be replicated in other areas or regions so as to quickly respond and address the ever changing needs of the population and household changes as posed by AIDS. It considers strengthening the work to be done to reduce vulnerability through routine monitoring and assessing of the impact of interventions.

Action Plan

Strategic Objective 1

To raise awareness and advocate how to address HIV/AIDS through water and sanitation initiatives amongst WSIB staff, national policy makers, board members and CEO's of water and sanitation service providers and capacity-building institutions

Priority

1.1 Building a common understanding

Undertake situational analysis of the HIV/AIDS situations in organisations

Medium

1.2 Awareness raising

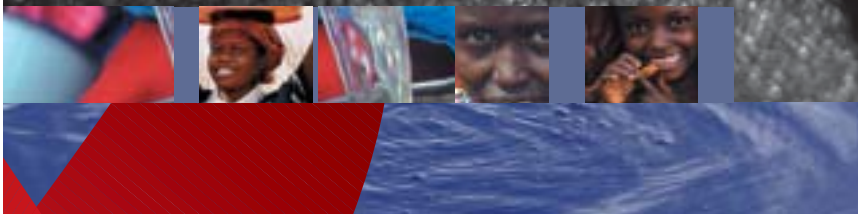
Raise awareness and provide information's about HIV situations, its broad implication to the business. Developing a detailed public awareness, advocacy and information-sharing component in collaboration with other stakeholders.

Short

1.3 Lobbying and advocacy at the highest level

Lobby through the relevant ministers to make: HIV/AIDS a priority in their ministerial work. Meet with the MCOV, Council of ministers for both Mekong and Lake Victoria regions In agreement with the relevant ministries, to develop Pro-poor urban water governance frameworks

Short to Medium



Action Plan

Strategic Objective 2

Priority

To build capacity in water and sanitation service providers, both formal and informal (small scale independent providers, community systems) to develop and implement HIV/AIDS workplace policies.

2.1 Conduct pilot demonstration in two to three utilities	Undertake pilot demonstration on three selected utilities as a fast track initiative.	Short
2.2 Assessment of the ability to deal with HIV/AIDS	Assess the work currently being undertaken by the water utility and sanitation	Medium
2.3 Provide technical support to water and sanitation service providers	Help to draw up workplace HIV/AIDS intervention policies that will include: – Staff awareness and addresses risky behaviours/factors: – Staff health policies, particularly addressing treatment/ support and impact mitigation-organisational commitment on HIV/AIDS issues. – Financial planning and budgets to deal with HIV/AIDS related issues and costs – Create a forecasted plan for the human resource changes and absenteeism. – Establish a peer education system	Medium
2.4 Sustainability of the water and sanitation utilities	Make the utilities understand that they stand to loose in the absence of a long term plan and strategy that addresses their internal aspect and at the same time focusing on the consumers. Education for water usage and management Help develop skills on energy saving techniques for water and sanitation	Medium
2.5 Training	Training and capacity building programme will be developed to address needs expressed by countries, such as water demand management, community based quality testing, sanitation, pro poor governance.	Short

Strategic Objective 3

Priority

To mainstream HIV/AIDS into the pro-poor and gender sensitive normative and operational activities of the work programme of the Water and Sanitation Trust Fund, focusing on awareness raising and advocacy, human values-based education, capacity building, networking and partnerships

3.1 Program developments	Work towards ensuring that the all aspects and program cycles incorporate HIV/AIDS as a component.	Medium
3.2 Integration	Work towards integral analysis of HIV/AIDS in relation to organisational mission/mandate beyond 5 five year period.	Medium
3.3 Targeted interventions	Special attention must be given to the youth, elderly and women, at the same time understanding that the types of interventions might differ or change depending on	Medium
3.4 Gender mainstreaming.	Developing a detailed gender mainstreaming strategy to be applied to the local level.	Medium

Action Plan

Strategic Objective 4

Priority

To develop strategic partnerships with specialized HIV/AIDS programmes and interventions and to support HIV/AIDS initiatives focusing on vulnerable groups, such as women, children and elderly (focus on orphans and vulnerable children (OVCs) and home based care).

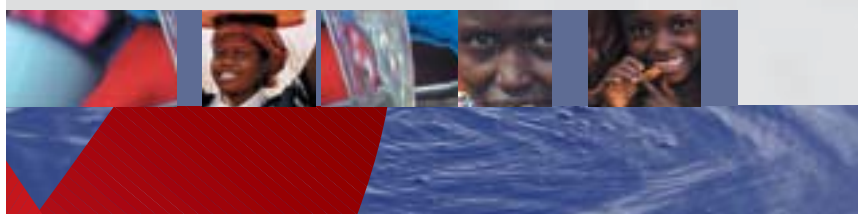
4.1 Strategic Partnership	Undertake a partner mapping exercise through stakeholder analysis to determine the what activities are done by others in the focused area	Medium
4.2 OVCs, elderly and women support	Link up the ongoing initiatives of UN-HABITAT's lake Victoria region Water and Sanitation Initiative, by providing safe drinking water and sanitation to AIDS child orphan headed households.	Short
4.3 Support to partner organisations	Encourage partners to address HIV/AIDS in their workplaces and in their programs. Provide necessary links to technical support as well as funding where necessary.	Medium

Strategic Objective 5

Priority

Increasing the knowledge base on how water and sanitation can reduce vulnerability and the impact of HIV/AIDS on the sustainability of water and sanitation projects through applied research and strategic partnerships with ongoing work in this area

5.1 Piloting of projects	To spearhead demonstration and piloting of new and innovative approaches to service provision that specifically target the urban poor and other vulnerable groups	Medium
5.2 Continuous research	Have in place, a system that encourages research and development, showcasing best practices within the water and sanitation sector especially in the areas of impact mitigation and prevention	Medium
5.3 Monitoring and Impact analysis	Explicitly and routinely assessing relevance of activities to those affected by HIV/AIDS	Medium
5.4 Perfecting the core service	The water and sanitation sector should retain its focus on its core business and determine how to support WATSAN development in ways that are relevant to people affected by HIV/AIDS while bearing in mind that the agency itself is/will be affected by illness and death.	Medium



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