



Access to Clean Water Crucial in Fight Against AIDS

The issues of water and sanitation and HIV/AIDS are inextricably linked, as a recent case study undertaken in Jeppe's Reef, Mpumalanga, pointed out. The research formed part of an integrated health and hygiene education project funded by the Water Research Commission. Report by Alana Potter and Virginia Molose from Mvula Trust.

Where water services are inadequate or inaccessible, the time and monetary costs of accessing clean water in sufficient quantities are high, particularly for HIV-infected people and their caregivers. Access to affordable, accessible and reliable water and sanitation is crucial for people living with HIV/AIDS, and for providing home-based care.

Water is needed for taking antiretroviral (ARV) medication, bathing patients, washing soiled clothing and linen; and for essential hygiene,

which reduces exposure to infections. On the other hand, toilets are needed nearby for weak patients.

WHAT'S HAPPENING ON THE GROUND?

Jeppe's Reef is a peri-urban settlement in the west of the Nkomazi local municipal area in Mpumalanga. It is situated in the fertile Nkomazi valley, in close proximity to the Mozambique and Swaziland borders. According to the 2001 Census, there are about 5 200 households in Jeppe's Reef,

with an average six members per household. The majority of the population is aged between 15 and 24 years.

Unemployment is extremely high and most people earn their livelihoods from social grants, informal enterprises and limited livestock and food production. At least 15% of the local residents are immigrants or refugees from Swaziland and Mozambique, and have difficulty accessing social support.

The area is serviced by a clinic and the Shongwe public hospital about three kilometres from the centre of the settlement.

HIV/AIDS IN JEPPE'S REEF

Accurate HIV infection statistics are not available for the area. However,

in a random sample of 15 households visited, seven households included people who were actively ill or taking tuberculosis or ARC medication. According to Bridgette Moyana, founder of the iThemba Lethu Home Based Care Group (HBC), the situation is dire. “This area is dying and we are hardly scratching the surface – more than half the households we visit have someone who is sick, mostly young people.”

The home-based caregivers interviewed indicated that it had taken years to encourage noticeably sick people to get tested and treated and that denial was a big part of the problem. “Most people know about it, but do not believe people are sick until they see it. Some are locked away and their families refuse care – they say no-one is sick here,” says caregiver Rose Moyana.

The Shongwe hospital is providing ARV treatment, mostly in the later stages of infection, and after a long wait, and obviously only to people who are willing and able to be tested and know their status. The HBC Groups interviewed also reported that the municipality did not accept that HIV was a serious problem, and claimed they were exaggerating to access donor funding.

WATER AND SANITATION

According to the Nkomazi Integrated Development Plan (IDP), 41% of households receive water from communal standpipes at 200 m, 26% receive water below RDP level, and 14% have yard connections. There are communal standpipes throughout Jeppe’s Reef. Water supply from these standpipes is controlled and only accessible between 6 and 10 in the morning.

Most households have pit latrines; some have ventilated improved pit (VIP) toilets implemented five to ten



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years ago, and a limited number of VIPs recently implemented by the local authority. The IDP states that 55% of households have VIPs, 20% have unimproved pits and 13% have no sanitation service at all.

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HOME-BASED CARE

Home-based caregivers undertake a range of activities, including fetching water, bathing patients, washing, laundry, digging pits for solid waste disposal, cleaning households and yards, assisting with access to social, health and other services, and providing counselling, information and support. The iThemba Lethu HBC Group also provides household food gardening training and support.

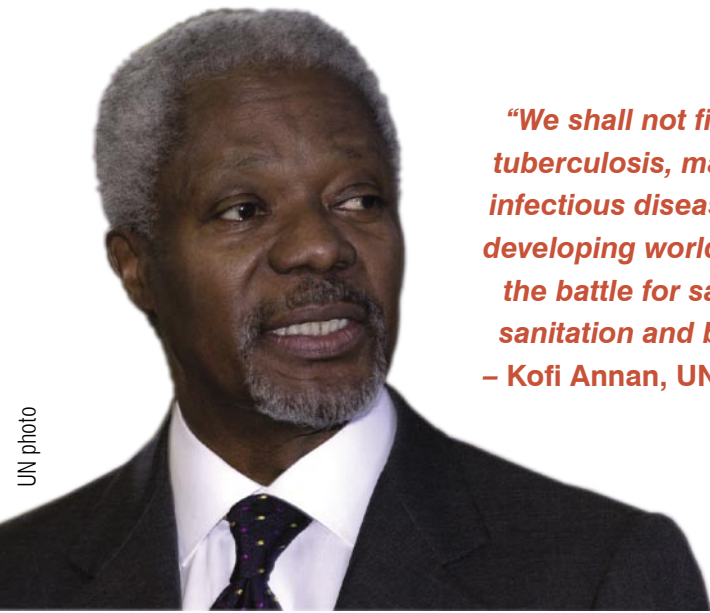
NEEDS OF AFFECTED HOUSEHOLDS

Controlled water supply makes it difficult for home-based caregivers to carry out their activities, and compromises the impact of health and hygiene education and promotion carried out by community health workers. “When water is not in the yard and also comes out at particular times only, it makes it very difficult for us to wash clothes, clean houses and bath our patients when we visit them during our house call duties,” notes caregiver Christina Thwala. Members of HBC Groups indicated that they require 200 ℓ of water a day to care for their patients – 75 ℓ to 100 ℓ for laundry and the rest for cooking, bathing and drinking.

With regards to sanitation, it was felt that spiral toilets are not good for households with sick people. “We often need to carry or accompany a person to the toilet because they are too weak to walk on their own. The spiral toilets do not make it easy for two people to fit in it, but we are happy about the VIPs that are here,” says caregiver Sarah Baloyi.



UN photo



“We shall not finally defeat AIDS, tuberculosis, malaria, or any other infectious diseases that plague the developing world until we have won the battle for safe drinking water, sanitation and basic health care.”
– Kofi Annan, UN Secretary General

Many AIDS infected households interviewed had unauthorised connections to communal standpipes since people were too weak to fetch water from the communal standpipes. While there seemed to be a degree of tolerance of this on the part of other households, this will ultimately affect the flow rate and sustainability of the scheme.

The home-based caregivers interviewed said their work would be more effective if AIDS-affected households could have taps in their yards. They felt this would enable them to nurse

and care for greater numbers of sick people rather than waiting and collecting water to standpipes. They also felt this would enable household level food production, as good nutrition is crucial for the immunity of HIV+ people and for taking ARV medicine. Although trench gardening is used, there is not enough water to sustain food gardens in the dry season.

WHAT CAN MUNICIPALITIES DO?


Firstly municipalities need to address water and sanitation backlogs.

The Strategic Framework for Water Services sets out delivery targets and includes the communication of good water and sanitation use and hygiene practices in its definition of basic water and sanitation services. The relevant municipalities are responsible to ensure basic water and sanitation services, including the communication of effective and hygienic use of these services.

Secondly, municipal water sector development plants need to take into account the impact of HIV/AIDS on water demand, and health districts need to ensure synergy between district health planning and water services development planning. It is equally important that subsidy mechanisms such as free basic water reach those who most need them.

“..... greater integration is needed between water services, health and hygiene education and HIV/AIDS education.”

Municipalities need to look at their technology options. Policy makes provision for ‘stepping up the ladder’ from basic services. Sufficient quantities of water on site and accessible sanitation options are needed for affected households.

In addition, greater integration is needed between water services, health and hygiene education and HIV/AIDS education. The intended health impacts of service delivery can be achieved through improved co-ordination between health and infrastructure divisions and functions in municipalities, and through effective links with relevant health programmes and initiatives. Households also need access to water for productive purposes. 



The communication of good water and sanitation use and hygiene practices is an essential element in the fight against HIV/AIDS.