

# INTEGRATING HIV/AIDS AND WATER, SANITATION & HYGIENE (WASH) PROGRAMMING IN NIGERIA

## POLICY BRIEF

### Background

Nigeria, with a population of about 140 million people, has an HIV prevalence of 3.7 per cent, and a population of people living with HIV/AIDS estimated to be 3.4 million people. This HIV/AIDS burden is one of the highest three in the world, ranking with South Africa (5.6million) and India (2.27 million in 2008).

People Living with HIV/AIDS (PLHA) are highly susceptible to opportunistic infections, particularly tuberculosis (TB), and infections that cause diarrhoea. TB, which has resurged because of HIV, is now a leading cause of death and morbidity in the nation. With a population of TB patients estimated to be 700,000 and with about 380,000 new cases per year, Nigeria's TB burden is the fourth highest in the world. Each year, TB kills more than 100,000 people mostly aged between 15 and 49 years.

HIV positive infants are 11 times more likely to die from diarrhoea than those without HIV infection. Also, 95 per cent of PLHA in developing countries are reported to have

suffered from diarrhoea.

In respect of water, PLHA have higher daily needs than uninfected people. The average PLHA needs to drink at least 1.5 litres of water per day for good drug absorption and body needs. Therefore, adequate safe drinking water improves the wellbeing of PLHA. Yet, most orphans and vulnerable children (OVC) do not have access to safe drinking water.

With the increased risk of the spread of HIV and other infections through the poor handling and disposal of infective/contaminated materials, PLHA require adequate WASH practices to prevent infection. Hand-washing alone can reduce the risk of diarrhoea by 42-44 per cent, while improvements in human waste disposal can reduce diarrhoeal morbidity by 22 per cent.

Many of the infections that affect PLHA are communicable; they are transmitted mostly by water and inadequate

sanitation and personal hygiene practices. Therefore, they are preventable or avoidable.

HIV/AIDS and WASH programmes have usually been implemented separately, but because of the WASH needs of PLHA, it is becoming increasingly important that both programmes are integrated. In addition to the direct benefits to PLHA, stakeholders say integration will leverage resources for

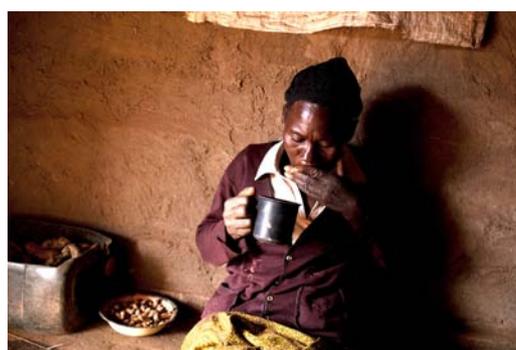


Photo: Water Aid/Anna Kari

greater impact for both HIV and WASH programmes. WASH and HIV awareness creation, sensitisation, and education can be easily integrated to save costs, increase coverage and increase the likelihood of

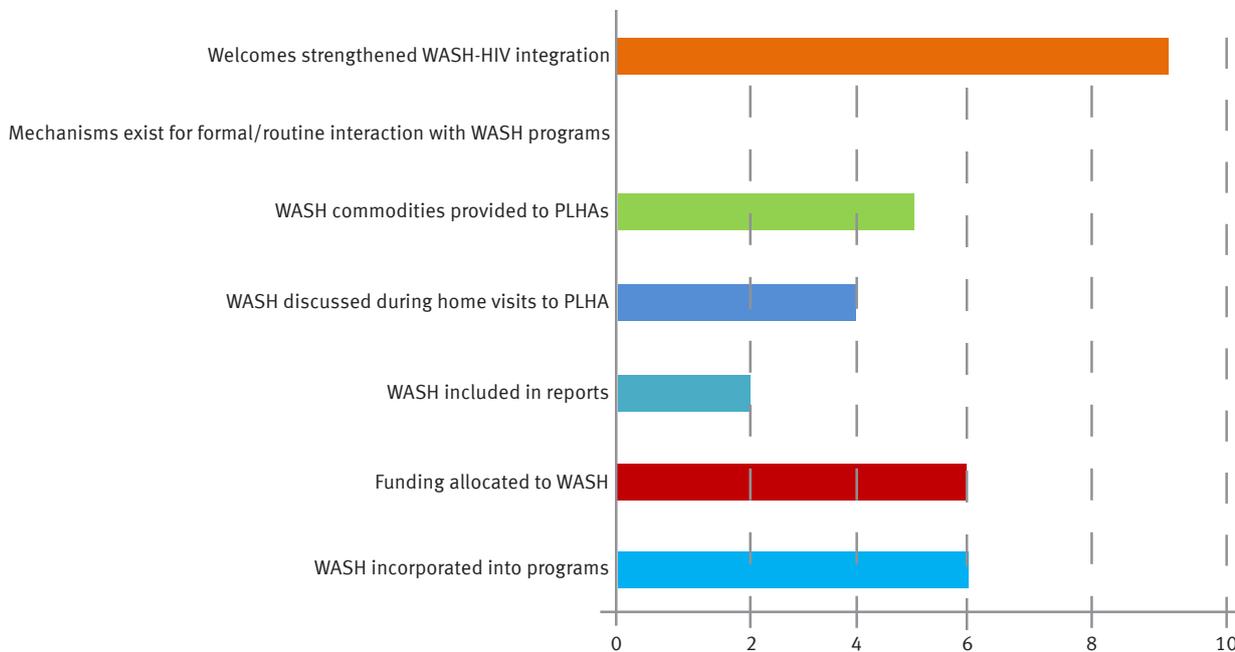
behaviour change.

Studies have shown that most HIV/AIDS and WASH service

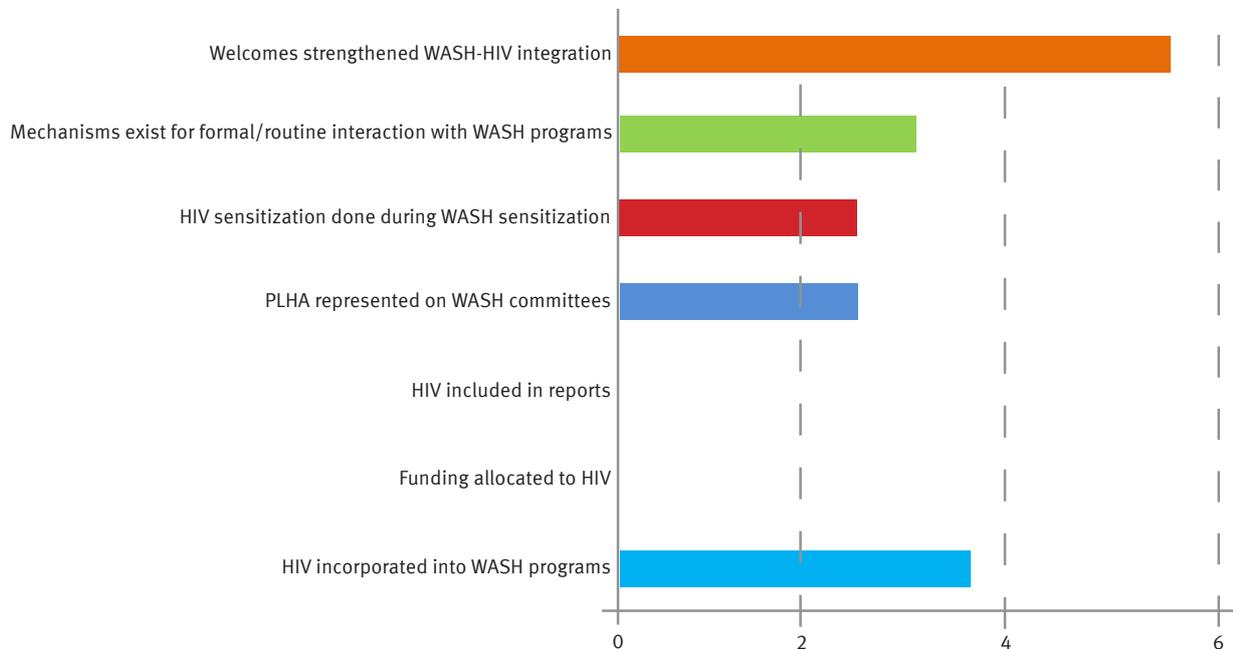
organisations believe there is a need for integration and some of them have started the integration informally.

The charts below show the thinking and actions of some HIV/AIDS and WASH service organisations:

### Responses from HIV/AIDS service organisations/programmes



### Responses from WASH service organisations/programmes



Source: WaterAid Nigeria

### Existing policies on or affecting HIV/AIDS and WASH:

#### HIV/AIDS

The National HIV/AIDS policy

has a thematic area that supports the enhancement of the quality of life of PLHA. The policy recommends improved hygiene, self-

care, and environmental sanitation. The HIV care and support programmes include water disinfection for PLHA,

sensitisation on sanitation and hygiene.

Comprehensive WASH packages, including access to water, are not captured in the policies and there are no standard operating procedures for WASH in HIV programmes.

### **WASH**

Besides a reference to vulnerable groups, the national water and sanitation policies do not make any provisions for HIV as a special area, nor do they provide for the inclusion of PLHA in WASH committees for proper representation.

### **Policy and other options to achieve integration**

The following are some of the policy and administrative steps that will be necessary to achieve the integration of HIV/AIDS and WASH programming:

1. Integration of comprehensive WASH components with relevant sections of the HIV/AIDS policy and vice versa. To accomplish this, it will be necessary to initiate an HIV/AIDS-WASH policy review group to build consensus on the need for integration, areas to integrate and plans for integration at all levels.
2. Establishment of formal collaboration mechanisms between WASH and HIV actors at all levels. The integration of WASH actors into relevant HIV technical working groups, and the establishment of WASH-HIV

integration committees or working groups into meetings funded by WASH and HIV programmes.

3. Integration of WASH into HIV operational plans, standard operating procedures (SOPs) and implementation guides and vice versa.
4. Utilisation of the same community-based organisations to implement WASH and HIV programmes wherever possible.
5. Inclusion of HIV/AIDS data—HIV prevalence, population of PLHA, population of OVC etc—as part of the criteria for choosing WASH intervention communities.
6. Introduction of relevant WASH indicators into the HIV/AIDS programme and vice versa. This is to assure the implementation of integration and that its benefits are demonstrable.
7. Integration of WASH into HIV pre- and post-test counselling, and into counselling provided at HIV clinics.
8. Introduction of WASH into home-based care (HBC), with team members conducting WASH assessments during home visits.
9. Hygiene promoters and WASH committees should, as a part of their jobs, undertake to help sick PLHA access safe drinking water and perform sanitation and

hygiene tasks.

10. Integration of HIV into WASH training modules and vice versa.
11. WASH and HIV stakeholders should undertake joint assessments to map PLHA, OVC and other vulnerable groups' access to WASH.



Photo: Water Aid/Anna Kari

### **References**

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United Nations Joint Programme on AIDS (UNAIDS), 2013, <http://www.unaids.org/en/regionscountries/countries/nigeria/>

United Nations Joint Programme on AIDS (UNAIDS), 2013, <http://www.unaids.org/en/regionscountries/countries/southafrica/> UNGASSINDIA, 2010, Country Progress Report.

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