

# **Zimbabwe Water and Sanitation Sector HIV/AIDS Response**

## **Programme, Strategies and Guidelines**

**June 2003  
First Edition**

---

# Contents

Foreword.....	4
Acknowledgement.....	6
Abbreviations.....	7
List of Boxes.....	8
CHAPTER 1: THE CONTEXT	
1.1 Introduction .....	9
1.2 National HIV/AIDS Programme.....	10
1.2.1 The National Challenge.....	10
1.2.2 The National Response .....	11
1.3 Water and Sanitation Sector Responses .....	12
1.3.1 Sector Description.....	12
1.3.2 Sector Weakness in the Context of HIV/AIDS .....	14
CHAPTER 2: THE RESPONSE	
2.1 PREVENTION.....	15
2.1.1 Scope .....	15
2.1.2 Current Activities and Opportunities.....	15
2.1.3 Hints on What To Do!!.....	16
2.2 CARE .....	18
2.2.1 Scope.....	18
2.2.2 Sector Activities and Opportunities .....	18
2.2.3 Hints on What To Do!! .....	19
2.3 MITIGATION .....	20
2.3.1 Scope.....	20
2.3.2 Current Activities and Opportunities.....	21
2.3.3 Hints on What To Do!!.....	22
2.3.4 Orphans and Other Vulnerable Children (OVC) .....	22
2.3.5 Sector Memory and Skills Retention .....	23
2.3.6 Sustainability .....	24
2.4 ADVOCACY .....	25
2.4.1 Scope.....	25
2.4.2 Sector Activities and Opportunities.....	25
2.4.3 Hints on What to Do!! .....	25

2.5	RESEARCH.....	27
2.5.1	Scope .....	27
2.5.2	Sector Activities and Opportunities .....	27
2.5.3	Hints on What To Do!!.....	28
2.5.4	Research on Prevention.....	28
2.5.5	Research on Care.....	28
2.5.6	Research on Mitigation.....	29
2.5.7	Research on Advocacy.....	30

### CHAPTER 3: IMPLEMENTATION FRAMEWORK

3.1	Scope .....	31
3.2	Sector Activities and Opportunities .....	31
3.3	Hints on What to Do!!.....	32
3.3.1	Actions .....	32
3.3.2	Management Arrangements.....	33
3.3.3	Process Steps.....	33
3.3.4	Funding Arrangements.....	35

# Foreword

In Zimbabwe every individual has, in one-way or another been affected by the HIV and AIDS pandemic either through the loss of a parent, a loved one, a close relative or a workmate. The social and health impact of this pandemic is enormous and manifests itself in a growing number of orphaned children, an increased burden on the elderly and society in general, a loss of skilled and other manpower, a diversion of resources from productive sectors and a heavy strain on the health delivery system.

Zimbabwe has since recognised that there is a dire need for concerted efforts to fight this menace. A number of initiatives have been launched which include the mobilisation of resources through the National Aids Levy, an increased public awareness through drama and art, electronic and other media, and distribution of condoms.

The major challenge is therefore to ensure that all development sectors incorporate strategies that focus on reducing the impact of HIV and AIDS. In an attempt to face this challenge, the water and sanitation sector, under the coordination of my Ministry, is adding a voice and meaningful contribution towards addressing the impacts of HIV/AIDS. Consequently, the National Action Committee for the Rural Water Supply and Sanitation Programme, which I chair, has developed these guidelines in order to ensure that the sector fully takes on board issues of HIV/AIDS. In doing so my ministry has partnered with UNICEF, several ministries and departments, the Institute of Water and Sanitation Development, the National Aids Council, NGOs and communities.

In the process of compiling these guidelines Water and Sanitation sector experts adopted the following declaration:

*“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. In this vein the sector confirms to the nation and the National Aids Council its commitment to respond positively to the challenge and utilise its knowledge and expertise to face the pandemic.” Kadoma, February 2003.*

As a result, this booklet contains guidelines/strategies for the integration of HIV/AIDS awareness into the water and sanitation sector activities. The booklet contains valuable approaches in prevention, care and mitigating measures against the spread of HIV/AIDS. It provides suggestions for possible

water and sanitation related research areas. It also brings together inputs by a number of water and sanitation sector professionals and further builds on experiences from other development sectors. It is important however that this document be understood to be a guide, and not a prescription, for various institutions in the follow up to the integration of HIV/AIDS in their activities. Each actor should be able to extract what is useful to them and modify these guidelines where necessary.

I therefore strongly recommend this document for your use in the Water and Sanitation sector and other development sectors.

Thanks.

A handwritten signature in black ink, appearing to read 'Dr. V. Hungwe', written over a horizontal line.

**Dr. V. Hungwe**

Permanent Secretary,

Ministry of Local Government, Public Works and National Housing, and  
Chairman,

National Action Committee for Rural Water Supply and Sanitation

Harare, Zimbabwe

October 2003

# Acknowledgement

The process of drawing up these guidelines has been a long and consultative one involving a wide range of stakeholders in the Water and Sanitation sector. Without their input this document would have been incomplete. The National Action Committee for Rural Water Supply and Sanitation Programme, through its Chairman, Dr. V. Hungwe and the delegated Chairperson Ms. A. T. Ndhlovu, expresses its gratitude to the following:-

- First and foremost, to Ireland Aid through UNICEF for providing financial resources for the whole consultative process leading to the production of this very important document. Mr. M. Jonga of UNICEF was very helpful as a focal point in accessing UNICEF resources and his technical contribution in both Water and Sanitation and HIV/AIDS sectors.
- All the six ministries constituting the National Action Committee (NAC) and its subcommittees for integrating their efforts and remaining focussed as they guided the process of drawing up this document.
- The National AIDS Council for sharing this common vision and providing leadership in the process of identifying those HIV/AIDS issues that could be included in the planning and execution of the Water Supply and Sanitation Programme.
- Sector NGOs for their collaboration throughout the consultation process and their valuable experiences that have enriched these guidelines.

The NAC, in turn, would like to thank Mr. G. Nhunhama and Mr. H. R. Mashingaidze, both of the National Coordination Unit for their support in organising the process of ensuring maximum consultation in the production of the guidelines. Sincere appreciation and thanks go to Eng. N. R. Mudege, Mr. F. Makoni and Dr. J. Ndamba of the Institute of Water and Sanitation Development (IWSD) for providing the consultancy services needed to produce these guidelines. The NAC also expresses its gratitude to the contributions of Rural District Councils and Water and Sanitation Sub-Committees at various levels. It is the NAC's wish that the actions recommended herein are taken seriously and made part of the implementation of water and sanitation projects in Zimbabwe. HIV/AIDS just like water and sanitation is everyone's business.

Thanks again to everyone who had a hand in producing these guidelines and especially to you for taking your time to read them.

# Abbreviations

AIDS	Acquired Immunity Deficiency Syndrome
BEAM	Basic Education Assistance Module
CBM	Community Based Management
CDC	Children in Difficult Circumstances
DAC	District Aids Committee
DWSSC	District Water and Sanitation Sub-committee
EDC-NHIS	Epidemiology Disease Control-National Health Information Surveillance
HIV	Human Immune Virus
MoHCW	Ministry of Health and Child Welfare
IRWSSP	Integrated Rural Water Supply and Sanitation
ITDG	Intermediate Technology Development Group
IWRM	Integrated Water Resources Management
IWSD	Institute of Water and Sanitation Development
NACP	National Aids Control Programme
NAP+	National Action Programme
NAC-AIDS	National AIDS Council
NAC-Water and Sanitation	National Action Committee for Rural Water Supply and Sanitation
NCU	National Coordination Unit
NGOs	Non- Government Organisation
NORAD	Norwegian Agency for Development
OVC	Orphans and other Vulnerable Children
PAAC	Provincial Aids Action Committee
PDC	Provincial Development Committee
PHHE	Participatory Health and Hygiene Education
PWWSC	Provincial Water and Sanitation Sub-Committee
RDCs	Rural District Councils
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
VAAC	Village Aids Action Committee
VWSSC	Village Water and Sanitation Sub-Committee
WARFSA	Water Research Fund for Southern Africa
WAAC	Wards Aids Action Committee
WSSC	Ward Water and Sanitation Sub-Committee
ZAN	Zimbabwe AIDS Network

# List of Boxes

Box 1: Challenges identified by the NAC-AIDS

Box 2: The Integrated Rural Water Supply and Sanitation Programme in Zimbabwe

Box 3: Sector Identity- the “We” of IRWSSP

Box 4: Community Based Management (CBM)

Box 5: Participatory Health and Hygiene Education (PHHE)

Box 6: Materials available for people living with HIV/AIDS





---

# The Context

## 1.1 Introduction

One major accomplishment within the Water and Sanitation sector is the acknowledged requirement for a multi-sectoral approach towards addressing the issues of HIV/AIDS. Furthermore, the Water and Sanitation sector recognizes the direct impact and role it plays in the fight against this disease and its potential towards improving the lives of millions. In 2001, an estimated 2.3 million people, including children, were living with HIV/AIDS and approximately 780,000 children were orphaned due to the pandemic (UNAIDS, 2002<sup>1</sup>). Realizing the severity and growing magnitude of the crisis, the Water and Sanitation sector has confirmed its commitment to the nation and to the National AIDS Committee to proactively employ its knowledge and expertise to help fight the disease.

Access to safe drinking water and a sanitary means of human excreta disposal is a universally acknowledged requirement, and indeed, a basic human right which is key to human development and poverty alleviation (UNICEF, 2000<sup>2</sup>). In supporting the overall well-being of society, the Government of Zimbabwe and other national and international organisations have expended substantial effort towards improving sanitation conditions over the past 20 years. Following independence, the Government established the Integrated Rural Water Supply and Sanitation Programme (IRWSSP) and as a result, significant improvements in basic access to safe drinking water and sanitation services has been possible. Accessibility to safe drinking water from primary water supplies among the rural population itself increased from 49% in 1985 to 85% in 2001, while rural sanitation coverage rose from 7% in 1985 to 39% in 2001. Capacity in the water and sanitation sector also improved significantly between 1980 and 2001.

However, the HIV and AIDS pandemic is threatening these gains and the very fabric of society, creating havoc with the country's economic and social growth.

---

<sup>1</sup>UNAIDS (2002), Epidemiological Fact Sheet, Zimbabwe 2002 Update.

<sup>2</sup>UNICEF (2000), Strategies in Water and Environmental Sanitation.

More than 2,000 people die of AIDS related diseases every week, while 25% of the population is infected. Rural areas are now becoming the common 'dumping ground' for many infected, especially for bedridden patients. The traditional practice of burying the dead at their ancestral homes, coupled with the current economic hardships experienced in the urban areas, have caused many ill to be transferred from hospitals or from the care of urban family members to those at their rural homes, further taxing the already inadequate rural water and sanitation services. Home based care for the terminally ill, for whom clean water and safe solid waste disposal is most critical, has now been extended to rural areas (not always by design but rather default, as the extended urban family arrangement continues to be threatened by economic and social difficulties).

Those employed as water sector professionals are often required to spend considerable time separated from family, as activities like borehole drilling and latrine construction demand a high degree of movement from village to village. Such periods away from home can serve as a temptation for some, providing opportunities to engage in high risk behaviours. Significant attention is therefore required to furnish these workers with relevant information about the risks and exposure to disease, and ensure its comprehension to help prevent the spread of HIV infection and other STIs.

Stigmatization associated with HIV/AIDS continues and will only be overcome through knowledge and strategies that promote openness and help breakdown these harmful barriers. Also mechanisms need developing that will help deal with the issues of water and sanitation directly. As more and more people fall below the poverty datum line, environments conducive to the spread of HIV/AIDS are created, thus increasing the urgency for new strategies to help fight the disease.

## **1.2 National HIV/AIDS Programme**

### **1.2.1 The National Challenge**

Since the first case of AIDS in Zimbabwe in 1985, the epidemic has been on the rise. Between 1985 and 2000, 655,000 AIDS cases were reported and an estimated 1.8 million were infected with HIV. Of the total infected, 500,000 people have died of AIDS and during the same period 543,000 children were orphaned. According to population-based surveys in 2001, 35% of adults in growth points are HIV positive (MoHCW, 2000)<sup>3</sup>. The HIV/AIDS pandemic has affected all segments of Zimbabwean society cutting across all sectors, which has created a number of challenges (see Box 1). These challenges should be carefully assessed by all sectors to best ensure effective and appropriate responses.

As with so many other countries in Sub-Saharan Africa, Zimbabwe is faced with a growing number of HIV infected people, the bulk of them falling within the productive age bracket of the population segment. And the number of people

---

<sup>3</sup>Ministry of Health and Child Welfare (MoHCW), 2000 National HIV sentinel surveillance data, EDC-NHIS unit.

dying from the disease is alarming. The drive towards finding a meaningful solution to this crisis has, until recently, been largely sector-led, with the Ministry of Health and Child Welfare assuming a coordinating role. However, even with the combined efforts of Government and the international community, end results have proved disappointing. The success of the measures taken to promote positive behaviour change has been unimpressive, implying that sector only interventions is of limited value. HIV/AIDS issues are multi-sectoral, cutting across all levels of society and thus demands a multi-sectoral approach. With the worsened economic climate and severe decline in health delivery, a clearly more aggressive and coordinated response is urgently required.

## 1.2.2 The National Response

The Government declared the HIV/AIDS pandemic a national disaster in June 2002 for a period of six months under the Presidential Declaration on National Disasters, but was extended for a further period of five years in January 2003. Through this Declaration, Government put in place instruments for mobilising both local and international resources. Despite economic hardships, Government demonstrated its commitment towards addressing the pandemic by introducing the National AIDS Levy, which has since given rise to the National AIDS Council (NAC-AIDS)<sup>4</sup>. The NAC-AIDS is mandated to mobilise, coordinate, facilitate and monitor an expanded national multi-sectoral response to HIV/AIDS. To this extent the NAC-AIDS has full legal responsibility for managing the funds raised through the National AIDS Levy and ensures there is maximum transparency and accountability in its use. NAC-AIDS' vision views HIV/AIDS as everyone's concern and it promotes and encourages comprehensive, effective and coordinated approaches that will help combat its effects. The NAC-AIDS strategy addresses the issues of HIV/AIDS through 5 key

### Box 1: Challenges identified by the NAC-AIDS

1. High reproductive rate of HIV infection, overwhelming extent of the epidemic and its impacts.
2. Implementation, coordination and absorptive capacity at different levels especially at the community level and competing priorities.
3. Unrealistic expectations (to resolve the issue of worsening poverty and unemployment) for the National AIDS Council and the National Trust Fund by the community and sectors
4. Coordination not simple and not inexpensive contrary to popular thinking.
5. Bringing together stakeholders with different and sometimes opposing opinions and diverse interests to work against HIV/AIDS.
6. Balancing support for prevention, care and mitigation interventions in view of the high morbidity due to HIV/AIDS and critical role of prevention in addressing the epidemic.
7. Prioritization and coordination of research on HIV/AIDS.
8. Tracking resources and ensuring that they reach the intended beneficiaries and interventions.
9. Reluctance by sectors to take HIV/AIDS issues on board within their mandate and operations under the pretext that their contribution to the National Aids Trust Fund suffices.
10. Claim for individual or sector support for care and treatment because as taxpayers they feel they should access these funds to meet these needs.
11. Perception that the National Aids Trust Fund was created principally for people living with HIV/AIDS.

<sup>4</sup>The acronym NAC-AIDS is to distinguish the National Aids Council from the National Action Committee for rural water supply and sanitation (which in this booklet will be referred to as NAC- Water and Sanitation)

interventions that are related and require concurrent implementation. These interventions are:

- **PREVENTION** to ensure those who are not already infected, remain uninfected. Strategies to achieve this include targeted messages on abstinence, the use of condoms, faithfulness to one uninfected partner, and positive behaviour change, among others.
- **CARE** for those who are infected should include promoting positive living. For those bedridden, ensure access to adequate water, sanitation, and health facilities, promote good hygiene practices and ensure that a nutritious, well-balanced diet is followed. NAC-AIDS supports the introduction of decentralised care at the household level coordinated by local authorities or village leadership.
- **MITIGATION** measures should be introduced to minimise the socio-economic effects of the pandemic, with special attention paid to vulnerable groups such as women, children and the poor. The sustainable provision of safe water, proper waste disposal systems, nutritious foods, and a conducive living environment are some direct practical mitigation measures, while educational support for orphans provides psycho-social relief.
- **ADVOCACY** efforts will ensure that HIV/AIDS issues are addressed at the implementation levels and will increase active participation and utilisation of resources. Policy issues need to be addressed at all levels to create awareness and facilitate effective mobilisation.
- **RESEARCH** is essential to improve the knowledge and understanding of technical, medical, social and economic interfaces of the epidemic. A multi-sectoral approach to the research agenda is hoped will address such issues as the technologies needed to support home based care programmes, social and cultural interactions that promote or mitigate against the spread of HIV/AIDS, feeding habits in sero-positive environments, identification and use of the traditional knowledge base, and the role of traditional medicines in combating HIV/AIDS infection.

The NAC-AIDS, through these interventions, expects to achieve the following:

1. Comprehensive and effective community and sectoral response initiatives on HIV/AIDS being implemented throughout.
2. Better coordinated multi-sectoral and multi-level action against HIV/AIDS.
3. Increased active participation by various stakeholders in response to HIV/AIDS.
4. Improved management and utilisation of resources to combat HIV/AIDS.
5. Synergy and complementary inputs from various actors.

## 1.3 Water and Sanitation Sector Responses

### 1.3.1 Sector Description

The Integrated Rural Water Supply and Sanitation Programme (IRWSSP) in Zimbabwe has been on-going since the mid-1980s, in response to

recommendations summarized in the National Water Master Plan in 1985. The IRWSSP uses multi-sectoral approaches, with a strong community management emphasis at its core (see Box 2). The main objective of the sector's national programme is to improve health conditions and quality of life for the poor and unserved populations, especially those in the communal lands, peri urban and resettlement areas. The IRWSSP is built on the principle of integrating the development of water and sanitation facilities together with the promotion of health and hygiene education, training and capacity building, personnel and institutions, the mobilisation of communities, the establishment of sustainable operation and maintenance systems, and the transfer of technical and organisational skills and knowledge to user communities.



*Adequate water for school hygiene*

While there are many players in the Water and Sanitation sector from Government, NGOs, private sector and communities, sector professionals have observed a substantial common ground within the Water and Sanitation vision and approaches. At a 2003 workshop in Kadoma, organised by the NAC-Water and Sanitation, NAC-AIDS and UNICEF (Harare office), and facilitated by the Institute of Water and Sanitation Development, common sector activities were identified and analysed (see Box 3). Activities for the construction of facilities and establishment of competent institutions to operate, maintain and sustain them were discussed. The group targeted for interventions includes school children, the elderly, poor and the rich. The results of such interventions have extended water and sanitation support district and sub-district levels, providing a massive increase in both water supply and sanitation

### **Box 2: The Integrated Rural Water Supply and Sanitation Programme (IRWSSP) in Zimbabwe**

The IRWSSP started as an inter-ministerial programme aimed at achieving improved access to safe water and sanitation in communal areas of Zimbabwe. This involved the construction of boreholes, deep wells, shallow wells, toilets and the associated operation and maintenance of the same. Community participation, health and hygiene promotion techniques were used to ensure the long-term sustenance of the programme and programme effects. The programme brought together ministries and departments, whose mandates and portfolios included the mobilisation of communities and community based structures, promotion of local government and local governance systems, planning and financing, health, water supply provision and maintenance and land use planning, under the chairmanship and coordination of the ministry

responsible for local government. A National Action Committee for rural water supply and sanitation (NAC-Water and Sanitation) was established, with a secretariat called the National Coordination Unit (NCU) with sub-committees at provincial and district levels. In line with the decentralisation policy of government and to foster effective local control of the programme by stakeholders at the user level, the programme was decentralised gradually to the Rural District Councils (RDCs). Resulting from its decentralised nature, the strong participatory approaches, the social role and value of water and sanitation in community livelihoods, and the strong links with community groups, the IRWSSP provides a unique opportunity to link the programme with effective HIV/AIDS prevention, care, mitigation and research initiatives.



services. Sector professionals have also been capacitated with a number of essential skills related to programme implementation.

### 1.3.2 Sector Weakness in the Context of HIV/AIDS

Issues of HIV/AIDS have to date not been included as part of the Water and Sanitation sector programme. Several sector organisations indicated they had separate departments dealing with HIV/AIDS issues, but they were not properly coordinated with the Water and Sanitation sector. These activities were largely seen as separate from the traditional sector activities, and thereby the opportunity to include HIV/AIDS in the many water and sanitation training materials developed, was lost.

Messages on HIV/AIDS were considered of peripheral importance when compared with other health and hygiene messages that promote behaviour change related to accessing and using potable water and safe sanitation. The important role of clean water and safe sanitation in the care of those infected and affected was significantly downplayed, and in most cases never highlighted by the sector. As with the pandemic itself the importance of safe water and sanitation, in the context of HIV/AIDS, suffered from the stigma associated with the disease.

The technologies employed to improve access to safe water and sanitation were designed for a completely different environment – an environment of the “fit” who can operate, maintain and even walk to the facility when required.

While progress made by the Water and Sanitation sector is widely recognized in terms of capacity building and human resource development, limited data exists on the impact and implications of HIV/AIDS within the sector. Presently the problem is only silently acknowledged by water and sanitation professionals.

#### Box 3: Sector Identity . . . the “we” of IRWSSP

- We facilitate the development of policies, strategies and financing arrangement.
- We construct boreholes, wells, latrines, gardens.
- We coordinate agencies, donors, programme and projects.
- We inform on water and sanitation sector policies, case studies, other sectors and other regions.
- We plan water and sanitation sector programmes.
- We train water and sanitation sector professionals.
- We educate at school level and communities.
- We monitor water quality, use, and programme efforts, projects.
- We promote health & hygiene education for behaviour change, good practices, and new technologies.
- We support communities and Local Authorities.
- We disseminate water and sanitation sector information.
- We do research in water and sanitation sector activities to promote formulation of policies, empowerment of communities.
- We maintain water points, piped supplies, latrines.
- We care for the disadvantaged.



---

# The Response

It is recognised that the five areas of intervention have been defined (prevention, care, mitigation, research and advocacy). For complementarity and effective coordination with other initiatives and especially with the NAC-AIDS, the Water and Sanitation Sector will respond in the same five areas. The aim being to ensure an effective response that guarantees the long term gains of the Water and Sanitation Sector and compliments response from others. The interventions should include plans to protect sector gains and allow for refinement of sector plans to compliment efforts to fight HIV/ AIDS.

## 2.1 PREVENTION

### 2.1.1 Scope

A key factor in combating HIV/AIDS is that of preventing its spread. In order to properly address prevention, a sector review and assessment of all current activities and interventions are essential to correctly identify those actions that must be taken to minimise the risk of HIV infection and its spread. This demands objectivity and analysis. For example, Does the implementation of water and sanitation programmes create conditions favourable for contracting and spreading HIV/AIDS? If so, what can be done about it?

### 2.1.2 Current Activities and Opportunities

Water and Sanitation sector activities can be divided into two categories: (1) those that result in the creation of physical structures, such as borehole drilling, well sinking, rehabilitation, latrine construction, and dam construction; and (2) those that are meant to foster support systems through training, workshops, participatory sessions, health and hygiene education.

The NAC-AIDS has supported programmes aimed at public awareness about how HIV/AIDS is spread. This support has also included programmes promoting the use of condoms, messages on abstinence, etc. Numerous NGOs

have also played a significant role in awareness raising alongside Government and the private sector. Those activities aimed at counselling and testing for HIV/AIDS have also been launched. Financial resources drawn from the National AIDS Levy have been channelled to home based care programmes through RDCs and private community based care groups have been supported.

The Water and Sanitation sector has adopted and promoted approaches such as Community Based Management (CBM) and Participatory Health and Hygiene Education (PHHE) (see Boxes 4 and 5) that create a sense of responsibility and ownership for development efforts at appropriate levels. Coping capacities have been developed using participatory tools and by building on local knowledge and practices.

An opportunity now exists to include, both in the PHHE toolkit and training processes, issues of HIV/AIDS. PHHE promotes good hygiene practices in the home, including how to properly care for and store drinking water. Community Based Management allows for effective community planning and joint implementation of programmes by the communities for the common good. HIV/AIDS is everyone's business and joint action and open discussions should be encouraged. As communities plan for their development activities, including water and sanitation, they should include plans which combat HIV/AIDS.

### 2.1.3 Hints on What To Do!!

Water and Sanitation sector workers include borehole drillers, latrine builders, village health workers, extension staff (from both Government and NGOs), communities and their leadership, national, provincial and district planners, water and sanitation sector professionals, leaders and workshop participants.

#### **Box 4: Community Based Management (CBM)**

CBM is a process whereby beneficiaries of water supply and sanitation services have the responsibility, authority and control over the development of such services, and the subsequent execution of the decisions made on the facilities development. It has been piloted in Mutoko, Kwekwe, Chivi and Beitbridge districts and has shown that communities

have the ability and zeal to manage and maintain their water supply and sanitation projects based on their existing knowledge, skills and ability to organize and mobilize resources for sustainability. One concept has been developed with active support from UNICEF, IWSD and various NGOs and is now an integral part of water and sanitation development.

#### **Box 5: Participatory Health and Hygiene Education (PHHE)**

PHHE is a process which involves the dissemination of health and hygiene information to those involved (communities) in making decision about what should be done and how.

It has been tried in Goromonzi, Mutasa, Gwanda districts and has allowed for assessment of its impact. All districts in Zimbabwe are currently using PHHE and extension worker training in PHHE was undertaken in all provinces.

The results to date indicate that much was achieved in terms of advocacy for sanitation and improved hygiene behaviours. However, the greatest achievement of PHHE has been its integration and institutionalization. The knowledge level among stakeholders has increased and it's now viewed as an implementation strategy both within the water and health sector in Zimbabwe and in other development programmes, such as agriculture.



1. Make HIV/AIDS awareness part of all training activities. A session on HIV/AIDS should form part of the agenda for workshops or curricula for all formal and non-formal sector training (**Action:** Trainers and Facilitators).
2. Source or develop appropriate materials on HIV/AIDS and make them available to trainees. Such materials can be sourced from other sectors or from the NAC-AIDS (**Action:** Trainers, facilitators and NAC-AIDS).
3. Incorporate and/or adapt the PHHE toolkit to include HIV/AIDS messages. The PHHE toolkit contains the basic framework for behaviour change but needs adapting to relevantly promote positive behaviour change related to the HIV/AIDS pandemic (**Action:** Trainers, Facilitators and NAC-AIDS, NAC-WATSAN).
4. Distribute condoms and ensure their accessibility to sector workers during training or field operations and in field camps. Include condoms in the First Aid Kit for all field staff. (**Action:** Water and Sanitation Managers, Trainers, Facilitators and Workshop Organisers).
5. Minimise exposure to risk factors and provide enough time for workers to be with their spouses. Wherever possible make field conditions conducive to family visitation. (**Action:** Water and Sanitation Sector Managers).
6. Appoint a focal point who is readily available and able to address HIV/AIDS matters for all water and sanitation related programmes. This individual should be able to contextualise HIV/AIDS issues within the Water and Sanitation sector (**Action:** Water and Sanitation Management).
7. Conduct workshops and training specifically on HIV/AIDS. Organise, whenever possible in consultation with NAC-AIDS, workshops directed at raising awareness on HIV/AIDS issues. Encourage open discussions on issues of safe sex, proper use and disposal of condoms, and early treatment of sexually transmitted diseases. (**Action:** Water and Sanitation Sector Management, HIV/AIDS Focal Persons).
8. Combine school sanitation with HIV/AIDS campaigns targeted at the youth. School water and sanitation programmes should highlight HIV/AIDS issues and allow for closer scrutiny of these issues by school children. Combine SHE with HIV/AIDS campaigns (**Action:** Water and Sanitation Sector Management).
9. Develop posters and materials depicting water and sanitation activities in the context of HIV/AIDS and post them appropriately at the workplace (**Action:** Water and Sanitation Management, NAC-AIDS). HIV/AIDS programmes should use print and electronic media as necessary.
10. Ensure appropriate implementation of HIV/AIDS statutory instruments at the workplace, and incorporate those provisions within the Water and Sanitation sector. Government has promulgated several pieces of legislation relates to HIV/AIDS and management must fully understand these legislative instruments (**Action:** Water and Sanitation Sector Management).

## 2.2 CARE

### 2.2.1 Scope

While efforts have been channelled towards prevention and ensuring meaningful and positive behaviour change, it must be understood that as long as HIV exists, there will be those who become infected and eventually succumb to AIDS. The progression from infection to full-blown AIDS is usually slow, which means many people may be living with HIV. Numerous materials have been produced to support those people infected with the virus (see Box 6).



*A girl student at Rutunga Primary School in Chirumanzu fetches water from a newly constructed borehole. Besides improving the hygienic standards at the school, the water source is vital for the maintenance of the school nutrition garden which this girl is watering.*

### 2.2.2 Sector Activities and Opportunities

The Water and Sanitation sector's main mandate is to ensure that people have easy access to sustainable safe water and sanitation facilities. Boreholes, wells, piped schemes and toilets have therefore been introduced. A major challenge facing bedridden patients is how to ensure access to these facilities. In the majority of cases this demands transportation to and from the facilities. If technologies were able to limit this “distance to use” then the burden of caring for these people would be significantly lessened. The cost of achieving this is usually prohibitive, however. Still the Water and Sanitation sector has made some significant inroads towards providing easy access to these facilities through the family well programme and more recently the ecological sanitation toilet, which can be built into the home. While there has been slow progress made in promoting roof catchment systems, an opportunity for providing safe water to the home exists by tapping into this technology.

The family well programme provides an opportunity for potable water to be established within the homestead at low cost. The ecological sanitation toilet with urine diversion can be built as part of the home, providing immediate access to a waste disposal system for the weak. While roof catchment systems have until recently not been fully explored, an opportunity is now available to use these catchment systems through support of the Regional Rainwater Harvesting Association of Southern Africa.

#### **Box 6: Materials available for people living with HIV/AIDS**

1. Living positively nutrition guide for people with HIV/ AIDS by Marlou Bijlsma (Mutare City Health Department)
2. A to Z about herbs by Magret.
3. Herbs for healthful living by J. Mutandiro (ZimAHEAD)
4. Nutrition Guide for people with HIV, New Start Counselling and Testing Centre
5. Coming to terms despite stigma and discrimination, ZAN Information sheet, 2002
6. Food for people living with HIV/AIDS by NAP+

Planning for water and sanitation services by the NAC-Water and Sanitation is based on the carrying capacity of the water point. Derived from this was the concept of the shallow well unit. This may not be appropriate in an HIV/AIDS environment, where distance to source becomes a major factor. One cannot know in advance which households will become affected by HIV/AIDS, therefore targeting water and sanitation activities based on this is not possible. However, it is possible to provide low cost water treatment units in the home. There are a number of basic water treatment technologies, such as household filters that have been designed to improve the quality of water. And skills to make them are available in-country. Techniques such as these should be used to improve the quality of care and life for patients in the home.

### 2.2.3 Hints on What To Do!!

The Water and Sanitation sector must contribute towards easing the burden of those who care for the ill, as well as the ill themselves. While knowledge on PHHE and the need to build on CBM is important, practical measures are required to care for the physical and emotional needs of the ill. The duration of care may be short but is usually very stressful for those who are directly involved.

1. Ensure adequate water is available in the homes of caregivers. The sector may wish to support families by providing containers to store water in the home, either by building storage in situ or through portable drums. Encourage the use of clay pots for water storage to minimise bacteriological growth and limit costs (**Action:** Water and Sanitation Sector Management, PHHE Trainers).
2. Water and Sanitation sector should invest in rainwater harvesting structures so that water is readily available close to the home. Rainwater harvesting provides an opportunity for household management and it is possible to reach out to more community households than is the case with communal boreholes and wells (**Action:** Water and Sanitation Sector Management).



Adequate water  
essential for  
home based care

3. Strengthen the family well upgrading programme by decreasing the distance to water sources, as well as increase coverage (**Action:** Water and Sanitation Sector Management).
4. Provide where possible chlorination tablets in the Home Based Care Kit to treat water stored in the home. With the high incidence of diarrhoeal cases in the home and the potential for contamination, providing families directly with chlorination tablets is recommended (**Action:** NAC-AIDS).
5. Make available productive water for use to enhance the growth of nutritious foods, including herbs. Close liaison with the Nutrition sector is encouraged (**Action:** Water and Sanitation Sector Management).
6. Introduce user-friendly relieving facilities (such as disposable bed pans). Handling and exposing one's self to bedridden HIV/AIDS infected patients require a good understanding of proper waste disposal procedures and principles. Provide training on proper waste disposal practices (**Action:** Trainers, facilitators, NAC-AIDS).
7. Promote the use of household filters to ensure good quality water. Simple household filters are easy to construct and inexpensive. With the current land reform, availability of protected water is limited, hence the need for simple filters when using water drawn from unprotected systems (**Action:** Water and Sanitation Sector Management)
8. Provide good health and hygiene education.
9. Encourage use of sanitation technologies that can be built very close to the homes. Toilets need to be easily accessed by patients, especially those who are weakened by the disease. Consider including ecological sanitation in the water and sanitation programme (**Action:** Water and Sanitation Sector Management).

## 2.3 MITIGATION

### 2.3.1 Scope

The HIV/AIDS pandemic has a major impact on the socio-economic, political, and technical environment and impinges on all developmental aspects of the Zimbabwean population. Results of these impacts are reflected in the large number of orphaned children, a slow down in sustainable economic and social development, and a huge loss of experience and sector memory. This highlights the importance for sectors to take proactive measures in minimizing damage by focussing on key issues. These may change over time, depending on the needs and priorities prevailing at any given point.

The Water and Sanitation sector has identified three priority areas where mitigating measures are required. These are:

- (a) Orphans and Other Vulnerable Groups
- (b) Sector/Institutional Memory and Skills Retention
- (c) Sustainability



### 2.3.2 Current Activities and Opportunities

In Zimbabwe a number of organisations are addressing issues of poverty, water supply and sanitation by employing their own strategies, most typically focusing on the common target group of rural poor (broadly defined).

Orphans and other vulnerable groups have been isolated and targeted in some programmes, but in others, including the IRWSSP, there has not been a deliberate policy to isolate them. Within the context of HIV/AIDS, orphans become a special target group. Other vulnerable groups include former farm workers, the elderly, women headed households and elderly headed households. It is generally perceived that the effects of HIV/AIDS will be felt much more within these groups than in some others. However, with the common support of extended families (though these family ties are fast losing their traditional significance, due largely to economic pressures), those that may appear able to sustain their families are sliding steadily towards the group of the poor. The Government has instituted social safety nets to cushion the poor, such as the BEAM project for school children, the focus on Children in Difficult Circumstances (CDCs), the creation of the National AIDS Council and the associated National AIDS Trust Fund, among others. Within the Water and Sanitation sector some NGOs, such as Plan International, mobilise and direct resources on the basis of children support programmes. UNICEF has supported the installation of water and sanitation facilities throughout the country with special emphasis on the welfare of children and schools. Opportunities therefore exist in the Water and Sanitation sector to link water and sanitation development to the welfare of children within the HIV/AIDS context.



*Patience Ndonga from Chirumanzu can now operate a nutrition garden using water from a deep protected well. The well was constructed under the Echo funded programme for OVCs to help these children keep nutrition gardens as a source of food and income.*

As a result of HIV/AIDS, experienced personnel are being lost, which is having a negative impact on the overall memory reserve of the sector. During earlier years, the Water and Sanitation sector (especially the mid 1980s and early 1990s) produced and published many documents by various institutions, like the Blair Research Institute, focusing on recording experiences and also the development of new technologies. However most recently this has not been the case and as a result much of the sector memory is being lost.

The sustainability of the Water and Sanitation sector has for some time been based on the need for a strong knowledge base within the user community (resulting from a strong emphasis on PHHE) occurring in an environment in which the user groups are in control (resulting from a strong introduction of the Community Based Management (CBM) system). CBM and PHHE were created as guarantors of a sustainable water and sanitation programme. However, while PHHE depends on knowledge and meaningful behaviour change, CBM depends on community contribution and self-organization. The advent of HIV/AIDS is threatening both the knowledge base as well as the ability by communities to organize themselves and to contribute meaningfully to the programme.

### **2.3.3 Hints on What To Do!!**

A major action point involves the reorganization of the Water and Sanitation sector such that the planning framework recognizes and prioritises issues related to HIV/AIDS mitigation measures. The planning handbook for Water and Sanitation services does not, at present, take into account the effects of HIV/AIDS and therefore needs to be revamped to accommodate these issues.

### **2.3.4 Orphans and Other Vulnerable Children (OVCs)**

1. Target OVCs: When planning for water and sanitation services priority should be given to households where there are HIV/AIDS affected orphans, or where there are vulnerable children. This means that when prioritising wards and villages for support, the ratio of OVCs becomes important criteria. Present coverage is based on the ratio of total population to number of facilities. This criterion must be revised so as to disaggregate the population, with orphans and vulnerable children assuming a higher priority (**Action:** Water and Sanitation Sector Management).
2. Improve environmental sanitation: Often subsidies to provide for toilets, pot racks, refuse pits and hand washing facilities have been readily accessed by those that hold information and power. While the policy has been to use homesteads of the elderly as demonstration grounds for builder training, the criterion has not been strictly observed. It is important that homes of OVCs now too be identified and targeted (**Action:** Water and Sanitation Sector Management, Extension Workers and Planners).
3. Use of productive water: In conjunction with the nutrition sector encourage the introduction of nutrition gardens for HIV/AIDS orphans

and the ill where possible. Include in this process the concept of permaculture, so that herbs are also readily available in the home. Technologies, such as the rope and washer pump, for supporting the harvesting and use of water for productive purposes should be promoted and wherever possible subsidized for vulnerable children. The NAC-AIDS should consider channelling part of its grant aid to these techniques for the benefit of these groups (**Action:** Water and Sanitation Sector Management, NAC-AIDS).

4. Capacity development: Help child headed families with assistance in finding casual employment. The Water and Sanitation sector provides numerous employment opportunities through the training of latrine builders, headwork builders, village community workers, well sinkers and other casual employees. It is however important to consider the risks of overburdening these groups, and measures should be taken to avoid exploiting these groups as free labourers, whenever possible. Capacity development is meant to develop skills that can be used for income generation. (**Action:** Water and Sanitation Sector Implementers).

### 2.3.5 Sector Memory and Skills Retention

The Water and Sanitation sector loss of institutional memory is due to the rapid depletion of experienced workers and weak documentation processes in place. Therefore a strong mechanism must be put in place to harness and retain this knowledge irrespective of the effects of HIV/AIDS. To achieve this:

1. Create and strengthen information management systems. The sector must establish its own data bank. At present, the Water and Sanitation sector does not have a strong, well-structured documentation centre to act as a repository of information. It should also house Water and Sanitation sector



Handwashing promotes personal hygiene



guidelines, evaluations, reports, case studies (practices/habits) and other documentaries and pamphlets that may be produced (**Action:** Water and Sanitation Sector Management).

2. Support students: Encourage students to consider water and sanitation development as a career option by providing career guidance in schools and colleges. This broadens the number of people having a direct stake in water and sanitation issues. As these issues become important academically, a corresponding increase in the number of educational materials produced to support this knowledge base will result (**Action:** Water and Sanitation Sector Management).
3. Support and upgrade skills: In Zimbabwe there are legal provisions for the recognition of artisans and skilled labour. The Water and Sanitation sector needs specialized skills in order to produce quality products, which is the reason why the sector has invested large sums of money in training. It is therefore necessary that these skills receive formal recognition and can be acquired from the open regulated market (**Action:** Water and Sanitation Sector Management, Trainers).

### **2.3.6 Sustainability**

Sustainability is threatened by HIV/AIDS as systems that have been created continue to suffer from the loss of experienced people.

1. Promote systems that allow for community empowerment. Community choices and community priorities need to be strengthened. To this extent the sector should build on traditional knowledge and practices, especially where communal and extended family responsibility is enhanced. Concepts such as the communal granary (Zunde raMambo/Isiphala seNkosi) should be properly analysed to understand how common properties and benefits are managed and shared at the local level. CBM is one of the strongest basis upon which this can be achieved (**Action:** Water and Sanitation Management).
2. Promote the enhancement of knowledge in the community groups so as to break the barriers to communal planning and joint action. PHHE provides one such avenue but needs to be expanded to go beyond the health sector issues. Already the tools for PHHE have been expanded into other sectors such as agriculture and forestry (**Action:** Water and Sanitation Management, NAC-AIDS).
3. Develop community action groups around water and sanitation issues and add on to their agenda HIV/AIDS concerns. The water and sanitation sector is already establishing such community groups such as Health Clubs. These should be supported by both NAC-AIDS and NAC-Water and Sanitation. These community groups will work closely with the Care Groups where such groups exist (**Action:** Water and Sanitation Management, NAC-AIDS).



## **2.4 ADVOCACY**

### **2.4.1 Scope**

HIV/AIDS is no longer solely a health issue but a social issue affecting national development. Therefore it must be at the forefront of all strategy initiatives, within levels such as Government, policymakers, donor community, traditional leaders, project implementers, private sector and beneficiaries. In order to ensure that the existing gains made over the years are sustained, proper resource allocation and support must be in place. This will ensure the sustainability of the existing water and sanitation programme, as well as strengthening the integration process.

### **2.4.2 Sector Activities and Opportunities**

The NAC-AIDS has supported programmes aimed at public awareness on the spread of HIV/AIDS. This has also included promoting the use of condoms, messages on abstinence, etc. Numerous NGOs have also played a significant role in awareness raising alongside Government and the private sector. New initiatives aimed at counseling and testing for HIV/AIDS have been launched and a number of organisations are addressing issues of advocacy, water supply and sanitation, all of them employing various strategies. However the Water and Sanitation sector has made some significant inroads towards promoting strategies such as PHHE and CBM. In the case of PHHE, it has been in existence for some time and networks have been established. This therefore provides opportunities for advocacy.

Despite the decline in donor supported activities in the country, there is still a strong interest, both nationally and internationally, in supporting HIV/AIDS related work. The Water and Sanitation sector should therefore exploit this opportunity to effect strong linkages between traditional sector programme initiatives and HIV/AIDS interventions.

The fact that HIV/AIDS has been declared a national disaster presents an opportunity for Government and policymakers to support, commit and source funds. This makes the level of advocacy needed to effect meaningful support and change, easier. The fact that HIV/AIDS has touched directly or indirectly almost every citizen of this country, makes advocacy an easier task. There is a growing acknowledgment of its presence and people are committed towards its eradication. Support is already being given to the decentralised structures of both water and sanitation and HIV/AIDS, which lends credence to the belief that communities are becoming more open about HIV/AIDS.

### **2.4.3 Hints on What to Do!!**

The goal of advocacy is not only to make the issue a political or national priority and to achieve change in policy and practice, but also to build transparency and accountability in policymaking, decision taking and further build the capacity of civil society and of grassroots people and organizations to act for change.

Advocacy on its own will have limited benefits but social mobilisation is absolutely essential to achieving advocacy objectives. Advocacy can be carried out in a variety of ways and the following could be considered:

1. Give policymakers a comprehensive situation analysis document in Water and Sanitation sector's role in fighting HIV/AIDS (**Action:** Water and Sanitation Sector Management)
2. In liaison with the parliamentary forum and other civic organisations, raise the profile of water and sanitation interventions in the context of HIV/AIDS. Such actions could include workshops for parliamentarians, civic leaders and the media (**Action:** Water and Sanitation Sector Management, NAC-AIDS)
3. Produce and distribute pamphlets highlighting the connection between water, sanitation and HIV/AIDS. Such materials could focus on the water and sanitation burden of the girl child and her right to be protected against HIV/AIDS infection. Effective messages could be generated through school competitions. These can be disseminated through radio, TV or any other appropriate channels of communication (**Action:** Water and Sanitation Management)
4. Use large gatherings to display water and sanitation issues and demonstrate the linkage with HIV/AIDS. Such gatherings include displays at trade fairs, agricultural shows, Water Day, and Day of the African Child celebrations, among others. Link this with targeted seminars to generate enough critical mass at the right decision making level (**Action:** Water and Sanitation Sector Management, NAC-AIDS).



Women lined up to collect water.

5. Make full use of opportunities presented during the annual Sanitation Week to highlight key interventions. Incorporate practical demonstrations of how others are dealing with the problem and include both political and civic leaders in the programme (**Action:** Water and Sanitation Sector Management).
6. Appoint an appropriate Water and Sanitation-HIV/AIDS ambassador, whose primary function would be to champion water and sanitation issues in the context of HIV/AIDS in all activities related to water and sanitation such as PHHE, and CBM (**Action:** Water and Sanitation Sector Management).
7. Assist institutions in appointing and training water and sanitation-HIV/AIDS focal persons (**Action:** Water and Sanitation Sector Management, NAC-AIDS).

## 2.5 RESEARCH

### 2.5.1 Scope

Research applies to all four areas of prevention, care, mitigation and advocacy. It is well understood that improved information and knowledge can facilitate improvements in understanding what role the sectors can play within the HIV/AIDS framework. In order to facilitate increased understanding of the impact and implications of HIV/AIDS on the sector, a strategic applied research programme needs to be developed. The research activities should be linked to an information dissemination system to allow for maximum use of results.

### 2.5.2 Sector Activities and Opportunities

The Water and Sanitation sector has not yet formulated a meaningful research agenda outside that which had for some time been spearheaded by the Blair Research Institute. Although there is research on-going by some institutions, such as the IWSD, ITDG, Mvuramanzi Trust, Plan International, ZimAhead, the Ministry of Health and Child Welfare, there is not yet a coordinated meaningful research agenda originated and spearheaded by the Water and Sanitation sector. The Process Research (a joint project of the NCU, IWSD and NORAD) has not yet taken place, despite funds having been committed by NORAD. The Water Research Fund for Southern Africa (WARFSA), a regional facility to support the implementation of Integrated Water Resources Management (IWRM) has not yet been fully taken advantage of by the Water and Sanitation sector. Among the many activities supported by the NAC-AIDS is research. However once again, no coordinated approach has yet been made by the sector to access these funds. A technical basis for the development of appropriate water and sanitation technologies exists in Zimbabwe but it needs to be perfected to take into account the effects of HIV/AIDS. The new challenges imposed by the advent of HIV/AIDS on the technologies must be investigated and where appropriate new technological innovations included in the water and sanitation programmes.

### 2.5.3 Hints on What To Do!!

For practical purposes and to ensure that research results are linked with other on-going interventions, research priorities are classified in accordance with the three areas of prevention, care and mitigation. Research results must find their way into practical applications and not only be regarded in terms of academic interest. The Water and Sanitation sector, in collaboration with NAC-AIDS, should encourage research activities related to HIV/AIDS (**Action:** Water and Sanitation Management, NAC-AIDS). Some of the possible areas of research are listed below.

The type of research to be carried out should in all cases aim at:

- Minimizing transmission for the safety and well being of water and sanitation workers and all communities.
- Improving care, both as a way of ensuring the comfort of the sick as well as lessening the burden of those who provide the care.
- Strengthening mitigation measures to provide some relief to those that remain, especially children and the elderly.

### 2.5.4 Research on Prevention

Recognition must be given to other on-going research activities which water and sanitation related research would be ideally linked. As part of the prevention, and to add value to what is going on, it may therefore be necessary to follow up on the content and type of message, the resultant behaviour or lack of it, and the policy framework within which this is occurring. Other environmental issues such as financing mechanisms, the water resource itself and the institutional framework, while relevant could be dealt with directly by other research interventions or be made part of these three building blocks.

1. **The Message:** A need exists to understand how well different HIV/AIDS messages are being assimilated and identify why there is resistance to positive behaviour change. A process research is needed to study the appropriateness of methodologies used in the water and sanitation sector to the delivery of HIV/AIDS messages.
2. **The Behaviour:** There is need to study the behaviour of groups of water and sanitation workers and identify the major areas of risk to contracting or spreading HIV/AIDS. It is important to then define, as part of the research, appropriate water and sanitation focused/related interventions to address labour practices in the context of HIV/AIDS.
3. **The Policy:** While there is an overall labour policy on handling those infected or exposed to the risk of HIV/AIDS, there is need for water and sanitation focused policy study. The result of such studies may lead to a redefinition of the incentives to the care and support of those infected. It will also result in the development of a new planning framework for water and sanitation development.

### 2.5.5 Research on Care

A major challenge in research is to understand how best to reduce suffering of both the infected person and the caregiver. While all attention will be paid to

issues related to the administration of drugs to ease pain and control the effects of opportunistic infections, it is important that an appropriate health environment be maintained at all times. Significant research has already been undertaken to study the social interfaces of the epidemic, such as the stigma attached to HIV/AIDS. It would be expected that the same social framework that has been researched could be applied to water and sanitation issues. Possible areas of research include:

1. **Technical:** A study of the technological improvements needed to ensure that safe water and proper sanitation is provided within close proximity to the affected person. Issues of access and reliability of supply will be considered. This will include appropriate management methods for ensuring that the quality of water is maintained at a high level, at all times.
2. **Personal Habits:** Research in this area could include the maintenance of proper personal and environmental hygiene, the preparation of foods, and the role of water and sanitation in such environments.

### 2.5.6 Research on Mitigation

In order to design appropriate and sustainable programmes, a good assessment of the impact that HIV/AIDS is having on the Water and Sanitation sector is important. For this to be achieved, clear benchmarks must be established and indicators developed. A social understanding of the groups that are most affected by social standing and even by geographical area needs to be established so that well directed interventions are designed. Research in the area of mitigation can focus therefore on social and programme planning issues and may include:

1. **Impacts:** Assessing impacts of HIV/AIDS on programme performance, both in terms of ability to deliver/retain services and also on the sustainability of the programme. A good understanding of the original goals and outputs of the water and sanitation projects is needed and assessments made to determine whether and how the activities/actions have affected the prevalence of HIV/AIDS.
2. **Programme Planning:** Studies to determine new planning processes and strategies in light of HIV/AIDS needs to be undertaken. This will include targeting and isolating marginalized groups and how these groups can be best cushioned.
3. **Social Change:** Studies must be conducted to determine the acceptance and suitability of technologies developed to mitigate the impacts of HIV/AIDS. Coping strategies must also be documented that indicate how communities are dealing with the pandemic, especially those in the marginalised groups.
4. **Linkages:** Studies to determine linkages, both social and technical, are necessary to determine the most appropriate interventions. This includes the herbal gardens, ecological sanitation, productive water, poverty and gender concerns.



Mitigating measures need not be considered at the end of programme interventions, designed only when in response to a problem, but should be considered during the initial planning process.

### **2.5.7 Research on Advocacy**

In order to understand how best to create awareness and gain the commitment of decision makers for a social cause, research on advocacy and policy needs to be undertaken in the formative stages while the programme is being designed. At the same time other on-going activities related to advocacy also need strengthening to add value to the entire process of awareness raising. Existing policies and attitudes in light of HIV/AIDS need to be assessed, targeting development practitioners, bureaucrats and the affected communities.

**Campaign approaches:** Studies on strategies need to be carried out in order to identify best practices that can be adopted.

**Impacts:** Studies to determine the effects of advocacy interventions through documented support actions.



---

# Implementation Framework

## 3.1 SCOPE

After defining activities and hints on how the sector can respond within the five priority areas mentioned above, a question still remains on how all this can be put into action considering the number of agencies involved in the fight against the pandemic. Hence the need to design appropriate mechanisms to facilitate the integration at all levels. The implementation should encompass the five strategic areas and these should be implemented at national, provincial, district and ward levels. In the same vein, efforts must be made to ensure all stakeholders, such as Government, donors, NGOs among others, are taken aboard.

## 3.2 SECTOR ACTIVITIES AND OPPORTUNITIES

Development structures exist from national to community levels and both the NAC-AIDS and the NAC-Water and Sanitation have established decentralised management structures that devolve power and authority to the RDCs. A major difference between the two NACs is that NAC-AIDS was established by an Act of Parliament and therefore commands significant legal authority over the NAC-Water and Sanitation. However, there is substantial common ground between the two, especially in terms of membership and levels of responsibility.

## The Parallelogram



<p><b>NATIONAL AIDS COUNCIL</b> Responsible for the overall coordination of the national HIV/AIDS Campaign. Receives financial resources and distributes these to lower structures including RDCs. Has a loose relationship with implementers, Was established by an Act of Parliament.</p>	<p><b>NATIONAL ACTION COMMITTEE</b> Responsible for the coordination of Rural Water Supply and Sanitation. Receives financial resources and distributes them to RDCs for implementation. Sets guidelines and performance standards for implementation. Has a direct relationship with implementers. Was not established by Parliament.</p>
<p><b>Provincial Aids Action Committee</b> Is made of up of stakeholders at provincial level, the bulk of which come from the public sector. PAAC is sub committee of Provincial Development Committee in some provinces and districts but eventually the local authority is in charge. PAAC were formed under the NAC Act. / Social Services, Cabinet committees recommendations of Nov, 2001) Supervises district activities.</p>	<p><b>Provincial Water and Sanitation Sub-Committee</b> Is made up of heads of government departments at provincial level or their appointees. Has the responsibility of supervising district projects. The Provincial Water and Sanitation Sub-Committee is a sub-committee of the Provincial Development Committee. Formed as a result of the recommendations of the National Master Plan for Water.</p>
<p><b>District Aids Committee</b> Chaired by an elected member from the multi-sectoral district members. The committee is responsible for the coordination of district HIV/Aids programmes. Includes all stakeholders from government, NGOs and the private sector. Supervises and supports the implementation of home based care programmes.</p>	<p><b>District Water and Sanitation Sub-Committee</b> A committee made up of government departments, NGOs and chaired by the RDCs. It is responsible for the coordination and planning of water and sanitation projects in the districts. The RDC receives the funds and channels them to the implementing agencies.</p>
<p><b>Ward Aids Action Committee</b> A committee made up of local traditional and political leadership (councillors), health personnel and organisations at ward level. It is responsible for planning and monitoring ward activities approved by DAC. Is reported to be significantly active.</p>	<p><b>Ward Water and Sanitation Sub-Committee</b> An arm of the DWSSC and is composed of officers who operate at ward level representing government and non-governmental organisations. It is responsible for coordinating the preparation of ward plans and monitoring activities of all agencies involved in water supply and sanitation and regularly report progress to DWSSC. Is reported to be relatively weak and over shadowed by other Ward activities.</p>
<p><b>Village Aids Action Committee</b> A committee made up of local stakeholders such, Kraal heads, village health workers, youth, PLWA, Home Based Care givers, peer educators. It is responsible for implementing village activities.</p>	<p><b>Village Water and Sanitation Sub-Committee</b> A committee made up local community members such as members of water points, village leadership and other relevant people. It is responsible for implementing village water and sanitation activities.</p>

### 3.3 HINTS ON WHAT TO DO!!

#### 3.3.1 Actions

In most cases the same people are present in both the water and sanitation sub-committees and HIV/AIDS sub-committees. This provides a direct avenue for joint discussion of both issues. What is needed is support from the top that demonstrates joint action. Since NAC-AIDS does not implement but rather wants to promote the inclusion of HIV/AIDS issues in any sector development,



the onus is more on the Water and Sanitation sector to ensure that measures to mitigate against the spread of HIV/AIDS are taken on board within the confines of its sector mandate. In order to create the necessary environment for the implementation of the five intervention areas indicated above, the sector needs to embark on three major processes:

1. Clarify management arrangements
2. Define process steps for the inclusion of HIV/AIDS issues
3. Harmonise funding arrangements

### **3.3.2 Management Arrangements**

Since NAC-Water and Sanitation and NAC-AIDS have complimentary structures from national down to ward levels, it is logical that these committees be properly harmonised and supported so they complement one another. Issues and impacts of HIV/AIDS should flow through societal structures irrespective of status or gender in the same way that water issues and sanitation needs permeate through all spheres of human livelihoods, irrespective of location or status. Hence the need for meaningful joint action between NAC-AIDS and NAC-Water and Sanitation to compliment each other rather than compete.

The NAC-AIDS and NAC- Water and Sanitation should therefore establish joint committees or more appropriately, appoint representatives of each structure to sit on either committees. For example, at national level senior officials of NAC-Water and Sanitation should sit and be the anchor persons for water and sanitation issues in the NAC-AIDS and vice versa (**Action:** NAC-Water and Sanitation, NAC-AIDS).

### **3.3.3 Process Steps**

Since structures are already in place, and to help facilitate kick-starting the integration process, the following key steps need to be considered.

- I: Sensitisation
- II: Consultative Planning
- III: Training
- IV: Piloting

While there is significant synergy and complimentary aspects within the five intervention areas, each area is also capable of standing on its own. The areas of intervention were not designed as a linear process (the result of one intervention being a key input to the next, for example results of care do not necessarily feed into mitigation), but on the progression of a human condition. This means that sustained intervention by institutions can be by comparative strength. However, the strength of the sector is through its collective inputs.

These will be achieved when resources for water and sanitation are properly mobilised.

## I: **Sensitisation**

- I.a: To influence positive changes in awareness, knowledge, attitudes and values the profile of water and sanitation must be raised within the context of HIV/AIDS. At present HIV/AIDS and water supply and sanitation are seen as two very separate programmes, despite the fact that often the same people (at provincial and district levels), sit on both committees. In HIV/AIDS prevention, mitigation and care targeted messages are needed to encourage involvement of HIV/AIDS issues by water and sanitation workers. The water and sanitation research agenda must become more open and awareness raised on the strength of HIV/AIDS, water and sanitation research programmes. To achieve this, the NAC-Water and Sanitation should develop and promote this clear linkage between water, sanitation, and HIV/AIDS (**Action:** NAC-Water and Sanitation).
- I.b: NCU/NAC-Water and Sanitation needs to open dialogue with the NAC - AIDS to harmonise approaches and programmes. Significant savings would result (both in terms of personnel as well as in terms of time and other resources) if joint approaches and planning are instituted (**Action:** NAC-Water and Sanitation).
- I.c: Lobby NAC-AIDS support through workshop outcomes and documents. The NAC-Water and Sanitation should consider a strong engagement with NAC-AIDS in both programme implementation and research. This should take the form of:
- a) Sharing programmes and plans through a formal mechanism, such as joint annual plans or reviews
  - b) Creating or resuscitating the research and development sub-committee of the NAC-Water and Sanitation, with a fresh mandate of exploring opportunities for the inclusion and mainstreaming of HIV/AIDS concerns. The research sub-committee would identify in a participatory manner a relevant research agenda and assist in reviewing and prioritising proposals. Lessons can be drawn from and linkages established with WARFSA (the Water Research Fund for Southern Africa) (**Action:** NAC- Water and Sanitation).
- 1.d: Exploit opportunities presented by the Sanitation Week to raise awareness on the linkages between water, sanitation and HIV/AIDS and set in place an advocacy platform to influence prevention measures and care. Target water and sanitation workers and professionals to stimulate self-assessment of behaviours (**Action:** Water and Sanitation Sector Management).

## II: **Consultative Planning**

- II.a: A major demonstration of this commitment is to make NAC-AIDS a member of the NAC-Water and Sanitation, and to involve NAC-Water and Sanitation in the drafting of strategies for the implementation of HIV/AIDS programmes. Consultation should also lead to the definition of a common agenda and the drafting of common research approaches. At provincial and district levels, water and sanitation plans should be sensitive

to HIV/AIDS issues and be designed so as to take into account mitigating measures for vulnerable groups. A new planning framework which prioritises the affected is needed. (Action: NAC-Water and Sanitation, NAC -AIDS).

### III: **Training**

III.a: Build capacity of all relevant stakeholders so as to stimulate appreciation among them, of the linkages between water and sanitation and HIV/AIDS. Design appropriate training and capacity building programmes to empower and orient the sector personnel. A major challenge is to dissolve the stigma associated with HIV/AIDS. Ensure meaningful integration of committees at all levels. (Action: NAC- Water and Sanitation).

III.b: Update training materials so they include strategies for addressing HIV/AIDS issues. Training should address issues of prevention, mitigation, care, advocacy and research, and raising the profile of each so that strategies are better understood. This training should, however, not be seen as a separate exercise from the on-going training in the Water and Sanitation sector, but rather as adding value to the current training activities (Action: Water and Sanitation Trainers and Facilitators).

### IV: **Piloting**

IV.a: The HIV/AIDS menace is becoming worse in some areas, and demands practical interventions. Real life solutions are needed to provide either relief or to mitigate against its spread. The Water and Sanitation sector therefore needs to pilot some of the proposed planning methods, interventions and awareness creation tools among its workers and the communities they serve. Lessons from these key interventions need to be documented and the proposed planning tools and interventions need to be fused into on-going projects within the Water and Sanitation sector (**Action:** Water and Sanitation Sector Management).

IV.b: Parallel studies need to be initiated in the pilots to measure impacts and suggest ways of scaling up (**Action:** Water and Sanitation Sector Management)

### **3.3.4 Funding Arrangements**

One strategic approach is to assume that little funding is required to ensure the integration of HIV/AIDS issues in the mainstream water and sanitation programme, apart from those needed to support updating of training materials, research and piloting of some concepts. This means water and sanitation projects, should begin to embrace HIV/AIDS issues.

However, given the magnitude of the HIV/AIDS pandemic and the role safe water and adequate sanitation play in providing relief to those infected and affected:

- (a) Joint actions are needed to mobilise resources both locally and abroad to improve the water and sanitation conditions for those most affected (**Action:** NAC-Water and Sanitation, NAC-AIDS).
- (b) A proportion of the National AIDS Levy should be set aside to improve the environmental conditions of those most affected, including improving their water and sanitation services (**Action:** NAC-AIDS).
- (c) A joint programme should be initiated with suppliers of water and sanitation services to attract the involvement and participation of the private sector. Support for radio and TV messages could be funded through this route (**Action:** NAC- Water and Sanitation).
- (d) Researchers must be encouraged to source funds through the AIDS Levy and also from other regional research funds, to conduct research targeted at providing an understanding of the social, technical, economic and institutional issues surrounding the implementation of water and sanitation programmes in the context of HIV/AIDS. To facilitate this the NAC-AIDS should set up a team of professional referees to review proposals from the Water and Sanitation sector (**Action:** NAC- Water and Sanitation, NAC-AIDS, Research and Development Institutions).

**Issues of HIV/AIDS are of a national concern-**

**As development sectors, as individuals, as private business-**

**We all have a role to play-**

**IT'S TIME YOU PLAY YOUR PART.**



A response document facilitated for National Action Committee for Rural Water Supply and Sanitation by the Institute of Water and Sanitation Development and funded by UNICEF (Harare office)