Integration of Water Sanitation and Hygiene into HIV/AIDS Home-Based Care Strategies

October 29 – November 1, 2007, Malawi

Workshop Report

CRS Malawi

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CONTENTS

Annexes

LIST OF ACRONYMS

CBM	Community based management
CDA	Community Development Assistant
CHAST	Child health and sanitation transformation
CHBC	Community home-based care
CIDA	Canadian International Development Agency
CRS	Catholic Relief Services
DAC	District Aids Committee
DCT	District Coordinating Team
DFID	Department for International Development
FBO	Faith Based Organisation
FGD	Focus Group Discussion
GIS	Geographic Information System
GOM	Government of Malawi
HBC	Home-based care
HBCV	Home-based care volunteer
HH	House-hold
HIV/AIDS	Human Immune Virus/Acquired Immunity Deficiency Syndrome
IEC	Information Education Communication
M&E	Monitoring and evaluation
MDG	Millennium Development Goals
MGDS	Malawi Growth and Development Strategy
NAC	National Aids Commission
NAPHAM	National Association of People Living with HIV/AIDS in Malawi
NGO	Non-governmental organization
PHAST	Participatory hygiene and sanitation transformation
PLWHA	People Living With HIV/AIDS
PSI	Population Services International
UN	United Nations
UNDP	United Nations Development Program
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VDC	Village Development Committee
VHC	Village Health Committee
VHWC	Village Health and Water Committee
Watsan	Water and Sanitation
WHO	World Health Organisation

Executive Summary

This document is a report of a workshop on Integration of Water Sanitation and Hygiene into HIV/AIDS Home-Based Care Strategies held October 29 – November 1, 2007 at the Malawi Institute of Management, Lilongwe, Malawi.

A. Description of workshop process

The workshop was designed to maximize interaction among participants. The overall framework included a day of outlining the background for the integration issue at the global and national level and inviting inputs from mixed groups of WSH and HBC implementers on the strengths and barriers to integration from their perspective. Days two and three were dedicated to working in small groups to develop two lists of recommendations: one for integrating WSH activities into HBC programming and the other for WSH implementers to encourage them to consider the special needs of PLWHA in the design and implementation of WSH programs. An effort was made to form mixed groups of WSH and HBC implementers to ensure interaction between the sectors and the combined expertise needed to craft useful recommendations. The groups met at several points in the workshop to begin to develop comprehensive recommendations for sector guidelines which consider the essential guidance elements, then implementation considerations around systems and supplies; human resources; capacity building and support materials, and other factors. The final day focused on the development of an action plan to be implemented following the workshop to carry forward the objectives of the workshop in Malawi.

B. Workshop participants

The workshop was attended by over 50 participants drawn from various Malawi Government ministries and departments, international and local NGOs, FBOs, development partners including USAID, DFID, CIDA and UN agencies such as WHO and UNICEF. There were international facilitators that came from various countries and agencies including CRS Washington and USAID Washington.

C. Malawi Government ministries and departments with mandate to support WSH and HBC

1. What exists?

- The Ministry of Irrigation and Water Development, the Ministry of Health and the Department of Nutrition and HIV/AIDS and other actors in the Water, Sanitation and Hygiene and health sectors in Malawi are guided by national development policies and strategies including Malawi's Vision 2020, Malawi Growth and Development Strategy (MGDS) and National Decentralization as well as National HIV and AIDS Policies and Millennium Development Goals (MDGs).
- The Ministry of Irrigation and Water Development is mandated to implement WSH along with the Ministry of Health that has a department that handles environmental health and hygiene.
- Malawi has a National Water Development Policy as part of the Ministry of Irrigation and Water Development's mandate.
- National Community Home-Based Care Policy and Guidelines were produced in December, 2005.

- The Malawi Government has also produced a Draft National Sanitation Policy whose overall objective is to achieve universal access to improved sanitation, improved health and safe hygiene behaviour by year 2020.
- At the beginning of 2007 Malawi Government has developed a National Water Development Program estimated to cost $258 million for a five year period.

D. Policy and Guidelines Gaps and Invitation by the Malawi government

It was noted and acknowledged that gaps exist in the policy and guideline documents on WSH, HBC and HIV/AIDS in Malawi. The Department of Nutrition and HIV/AIDS in the Office of the President and cabinet, the Ministry of Health and the Ministry of irrigation and Water Development expressed interest in working with the WSH workshop group to strengthen or upgrade their current policy and guideline documents. The Malawi government is open to revising and developing the required guidelines and policy elements. NGOS and other participating partners at the workshop agreed to provide input in addressing the gaps as part of the workshop follow-up.

E. Global Overview

There are clear linkages between water, sanitation and hygiene with people living with HIV/AIDS particularly due to the fact that PLWHA tend to have recurrent bouts of diarrhea. Water, sanitation and hygiene have been shown to prevent or reduce waterborne opportunistic infections such as diarrhea and skin rashes in PLWHAs and to prevent diarrhea transmission in families affected by HIV and AIDS. Yet studies and experience suggest that knowledge of WSH practices among home-based care workers and PLWHAs is uneven. Guidelines for home-based care programs exist, but do not routinely cover WSH techniques and strategies to reduce diarrhea and skin diseases, such as proper and hygienic disposal of feces, disinfection and safe storage of water, hand washing with soap, and safe handling of linen that may have been soiled.

F. The Malawi Experience

A presentation of the Malawi assessment by CRS/Malawi provided an overview of issues and problems in Malawi regarding HBC and WSH including the following:

- Water and sanitation needs of HBC clients are not adequately fulfilled
- There are multiple interactions between water and sanitation and HBC clients
- Urban clients have difficulties accessing water (high water tariffs) while rural communities face a distance barrier to accessing potable water
- There are gaps between knowledge and practices on hygiene (more than 82% know the importance of hand-washing but less than 56% did not have hand-washing facilities)
- Most national policies do not reflect the linkages between WSH and Home-based care

G. Recommendations for Integrating WSH into HBC strategies for PLWHA/Recommendations for Integrating HBC considerations into WSH sector programming

Below are summaries of the policy and strategy considerations. It must be noted that the list below is not all-inclusive:

1 Proposed Policy statements

- All people shall have access to potable water, sanitation and hygiene services.

- All water supply interventions should be packaged with sanitation and hygiene services.
- Promoting the diversification of appropriate technologies for the provision of water and sanitation services to the rural communities in line with prevailing standardization policy

2 Proposed Strategy statements

- Involvement of communities in sitting and selecting design options of water and sanitation facilities.
- Promote water treatment at the point of use.
- All water points must be monitored.
- Provide a sanitation package to vulnerable households
- Promotion of hygiene education
- Promotion of social marketing strategies in water and sanitation
- Promote patient, friendly pit-latrines in the households
- Promote sanitation platform subsidy for vulnerable households.
- Promote utilization of locally available materials for construction of sanitation and hygiene facilities.
- Promote technologies suitable to environments that have unstable and/or rocky soil.

H. Recommendations for Guidelines for Integrating WSH into HBC strategies for PLWHA

1. Water quantity

- National guidelines should include estimates for water consumption in HIV-affected households that are greater than the "basic access" of 20 liters per person per day.
- Home-based care guidelines should include a section on the amount of water needed to keep PLHAs and the environment clean. This should include an estimate of water quantity needs as well as information on what to clean and how.
- HBC guidelines should provide specification on water collection technologies such as rain water catchment plans.

2. Water quality

In some home-based care guidelines safe water may be mentioned, but caregivers need more details on how to provide safe drinking water:

- Promote water treatment at the point-of-use. Include detailed instructions on water treatment techniques including boiling, hypochlorite solution, SODIS, and instructions on proper storage and handling to reduce contaminants in guidelines and training of HBC providers
- Include hypochlorite solution (chlorine), water storage container and information on other options as part of all ART distribution to ensure medicines are taken with clean water
- Include covered water vessels with spigots as possible in basic care package taking care to use the most typical vessels available to avoid stigmatization. For the community at large, promote the use of containers that are covered and use a tap as an outlet.

3. Water access

Home-based care guidelines should identify water saving techniques and describe how to install them. For example, instructions on rain water catchment systems and installing a "tippy-tap" should be included in all home-based care guidelines in resource-poor areas. Often made from a plastic jug, gourd or other local material, a tippy-tap regulates the flow to allow for hand washing with a very small quantity of water.

4. Sanitation access

- Identify and promote sanitary options for defecation.
- Promote construction of pit-latrines at the household level.
- Promote patient-friendly latrines in the households
- Promote the provision of a "sanitation package" to the households of PLWHA and other vulnerable people including a pit-latrine, rubbish pit, drying pack and ventilation facilities.

5. Sanitation, hygiene and hand washing knowledge and practice:

- Develop a comprehensive hygiene component to include in all home-based care guidelines and training, including guidance and technologies for washing in water scarce situations; critical times for hand washing and proper technique; soap substitutes; proper disposal of waste water; proper utilization and maintenance of water and sanitation facilities; household water treatment and safe storage; and clear communication on risk and protective measures required for feces handling, bathing and laundering
- Develop hygiene materials (that are visual and suitable for low-literacy audiences) for home-based care programs for use by caregivers and others who interact with HIV-affected households.
- Include hygiene in all nutrition guidelines for HBC programs.
- Include hypochlorite solution and soap in all HBC kits

I. Recommendations for Guidelines for Integrating HBC considerations into WSH sector programming

1. Water Considerations

- Mainstream HIV into water and sanitation planning
- Map access to WSH and target areas of HIV prevalence when constructing new water points
- Assess effects of inability to pay on water systems; develop alternative structures, such as focused subsidies
- Incorporate information on the special needs of PLWHA and other vulnerable populations into education and training for water sector
- Identify and address issues specific to HIV-infected and affected families o
- Develop and promote new water collection technologies and strategies to bring water closer to the home (rainwater catchment systems, ergonomic pump designs using local materials, etc)
- Promote water saving technologies such as "tippy taps" for washing hands and clothing/linens

- Integrate perspectives of PLWHA and affected families into community water management and planning schemes
- Identify cost containment and efficient water management strategies to manage community water supplies
- Develop strategic partnerships with other sectors/stakeholders (e.g., HIV/AIDS, HBC providers) to address most vulnerable: women and children.

2. ***Sanitation Considerations***

- Mainstream HIV into water and sanitation planning
- Have sanitation policies and planning committees reflect the realities of HIV and AIDS
- Recommend hand washing stations as part of a twin design for all latrine construction
- Identify and address issues specific to HIV-infected and affected families
- Promote subsidies or alternative approaches to ensure that vulnerable households have access to toilets/latrines
- Promote community participation to provide support to vulnerable groups (digging the pit, constructing the super-structure
- Include minimum standards for latrines that allow for an assistant to accompany the PLWHA to the latrine, and options for outfitting latrines with support poles, squatting stools, or seats for greater comfort
- Incorporate information on the special needs of PLWHA and other vulnerable populations into education and training for sanitation sector
- Develop strategic partnerships with other sectors/stakeholders (e.g., HIV/AIDS, HBC providers) to address most vulnerable: women and children

J. Action planning to integrate WSH into HBC programs for People Living with HIV/AIDS

1. Promote dialogue with Ministries that have opened an opportunity for NGOs and FBOs to continue dialogue with appropriate Ministries and departments.
2. Promote integration activities at national, district and community levels
3. Develop a toolkit to support implementation of integration activities
4. Launch an electronic 'community of practice' for sharing materials and approaches.

K. Examples of on-going WSH and HBC work in Malawi

Several activities on integration of WSH into HIV/AIDS care and support in Malawi were identified and these included the following:

1. Integration of WSH into HIV/AIDS care and support is taking place in community initiatives led by various organisations. Population Services International (PSI) has partnered with other agencies such as Lighthouse to reach out to those living with HIV/AIDS particularly in the areas of water treatment, training volunteers and development of visual aides.
2. Dedza diocese is implementing HBC, OVC and food security programs with activities on integration of WSH into HIV/AIDS care and support in village communities.

3. Concern Universal implements integrated water and sanitation program activities in Dedza district. With existing funds available in its budget, Concern Universal is welcoming partnership with other organisations in Dedza district implementing program activities at community level with integration of integration of WSH into HIV/AIDS care and support.

L. Conclusion, Achievements and Impact of the workshop

1. The workshop provided an opportunity for the first inter-sectoral dialogue on WSH and HIV/AIDS in Malawi
2. An opportunity was open for WSH and HBC implementing agencies to dialogue with Ministries and departments including the ministries of Water, Health, Women and Child Development and the Department of Nutrition and HIV/AIDS in the Office of the President and Cabinet HBC). This dialogue will enhance the potential input by NGOs and FBOs into national policy and strategy documents
3. Recommendation to represent WSH and HIV/AIDS on national, inter-ministerial committees. Water Aid was entrusted with the responsibility to follow up with the Ministry of Irrigation and Water Development on this.
4. Due to the commitment and resource availability in various agencies, there is a potential for several follow-on pilot activities implementing workshop guidelines through HBC providers.
5. As implementation of integration of Water Sanitation and Hygiene into HIV/AIDS Home-Based Care Strategies takes place, a community of practice will be enhanced.
6. As more and more agencies work together, unanticipated partnerships are being developed within and between WSH and HIV/AIDS/HBC sectors

SECTION ONE

1. Introduction and Background

This document is a report of a workshop on Integration of Water Sanitation and Hygiene into HIV/AIDS Home-Based Care Strategies held October 29 – November 1, 2007 at the Malawi Institute of Management, Lilongwe, Malawi. Over 50 participants from different NGOs, donor agencies and government departments attended the workshop that was officially opened by the Principal Secretary for the Ministry of Irrigation and Water Development. CRS, World Heath Organisation and USAID were partner agencies that organized the workshop. Officials from CRS and USAID based in Washington attended the workshop and were among the members of the facilitation team.

A. The need

Water, Sanitation and Hygiene (WSH) is being slowly recognized as a vital component of any Home-Based Care (HBC) strategy by many countries adversely affected by HIV/AIDS, particularly those with weak healthcare delivery systems and infrastructure that are constantly overburdened by the large volume of patients requiring long-term care and management. Even though water, sanitation and hygiene are essential underpinnings to home care strategies, particularly in relation to HIV/AIDS, this is not fully recognized by either the health sector or the water and sanitation sector.

B. Country assessments

In 2005, the World Health Organization (WHO) with funding from USAID called for proposals from countries to conduct an assessment of the **Adequacy of Water, Sanitation and Hygiene in relation to Home-Based Care Strategies for People Living with HIV/AIDS.** The assessments were carried out in Nigeria, Malawi, Zambia, China, South Africa and Vietnam. The findings from the assessments varied according to the context of the country, but similar themes from the assessments emerged including a need to more closely integrate water, sanitation and hygiene into home-based care programs.

C. Malawi Assessment

CRS Malawi conducted a study (January to July 2006) designed to assess the water, sanitation and hygiene arrangements in two rural and two urban poor community settings in Malawi, to determine their adequacy in respect of home-based care policies and People Living with HIV and AIDS. This assessment was the first known work of its kind to examine the current water and sanitation (watsan) situation of Home Based Care (HBC) clients in Malawi. Relevant national and local level policies and strategies, shortfalls in implementation and roles and responsibilities of all stakeholders were also investigated. Coping mechanisms and perceived barriers to improving the implementation of home-based care policies linked to water and sanitation provision were identified and evaluated.

Three methods of data collection were used namely: 1) District and National Level Interviews where Government representatives were interviewed on policy and government strategies; 2) Focus Group Discussions (FGD) targeting caregivers of PLHA, community leaders and HBC volunteers and 3) Household Survey where a standard questionnaire was administered. Sixty (60) households were interviewed. Qualitative data analysis was done

by CRS while quantitative data was analyzed using SPSS software. Verification of data was done using test queries.

The results of the assessment showed that water and sanitation needs of the HBC clients are not adequately fulfilled in Malawi. There are multiple interactions between water and sanitation and HBC clients. Urban communities have trouble accessing water due to expensive water fees while rural communities face a distance barrier to accessing potable water. 67% of surveyed rural clients walk 20-25minutes to nearest water source equivalent of 1.5-2km, which affects the amount of water used per household. Diarrhea is major health problem among HIV+ people. More than 69% suffer from diarrhea. There are gaps between knowledge and practices on hygiene. More than 82% know the importance of hand washing but >56% did not have hand-washing facilities. Hygiene education is not given preference (13%) as compared to facility provision.

The assessment report concludes that accessibility of water and sanitation facilities to HBC clients determine the care the PLHA receives. There are gaps between knowledge and practices on hygiene issues among PLHA and caregivers. The continual existence of these gaps has a health bearing on PLHA especially that diarrhea is one of the major infections among PLHA. It is generally believed that improved access to water and sanitation facilities and improved hygiene reduces the number of diarrhea episodes among users. Therefore, increased access to water and sanitation facilities by PLHA and caregivers will greatly enhance their health status by reducing diarrhea diseases. The assessment has also shown that there are gaps in policies that govern HBC. For example, the national HBC guideline does not put much focus on watsan as integral part of HBC programs. Therefore, there is need to harmonize and review HBC guidelines to include other issues that are important in mitigating effects of HIV/AIDS.

The findings from the assessment verified that watsan is indeed an intervention area requiring additional attention within HBC programming.

One of the recommendations emerging from the Malawi assessment was the need to convene a national workshop of key stakeholders in key sectors of HIV and WSH to come to a consensus on how to move the integration agenda forward. The Malawi October 2007 workshop was therefore a concrete step in advancing the integration of HIV/AIDS and WSH programming in Malawi.

SECTION TWO

Workshop Process

A. Objectives of the Workshop

The workshop on Integration of Water Sanitation and Hygiene into HIV/AIDS Home-Based Care Strategies had the following three objectives:

- To present lessons learnt from studies commissioned by the WHO in 2006 to investigate the Adequacy of Water, Sanitation and Hygiene in relation to Home-Based Care Strategies for People Living with HIV/AIDS in six countries.
- To develop country specific policy and program recommendations for Malawi
- To outline a strategic approach for enhancing the profile of HIV/AIDS and water, sanitation hygiene (WSH) integration in the international community

The complete workshop agenda is attached as annex 1.

B. Workshop participants

The workshop was attended by over 50 participants drawn from various Malawi Government ministries and departments, international and local NGOs, FBOs, development partners including USAID, DFID, CIDA and UN agencies such as WHO and UNICEF. There were international facilitators that came from various countries and agencies including CRS Washington and USAID Washington. A complete list of participants is attached as annex 2.

C. Workshop Inputs

Background resources prepared for the workshop included documents that provided an overview of the global problem. The workshop inputs included:

- An excellent background document developed by CRS which provided a comprehensive introduction to the integration issue.
- A discussion document which summarized existing recommendations for integration drawn from the existing body of literature
- A Literature Review and Annotated Bibliography
- Panel presentations of 4 Malawi field experiences by representatives of PLWA, HBC and WSH practitioners

D. Description of workshop process

The workshop was designed to maximize interaction among participants. The overall framework included a day of outlining the background for the integration issue at the global and national level and inviting inputs from mixed groups of WSH and HBC implementers on the strengths and barriers to integration from their perspective. Days two and three were dedicated to working in small groups to develop two lists of recommendations: one for integrating WSH activities into HBC programming and the other for WSH implementers to encourage them to consider the special needs of PLWHA in the design and implementation of WSH programs. An effort was made to form mixed groups of WSH and HBC implementers to ensure interaction between the sectors and the combined expertise needed

to craft useful recommendations. The groups met at several points in the workshop to begin to develop comprehensive recommendations for sector guidelines which consider the essential guidance elements, then implementation considerations around systems and supplies; human resources; capacity building and support materials, and other factors. The final day focused on the development of an action plan to be implemented following the workshop to carry forward the objectives of the workshop in Malawi.

E. Workshop Outputs

The anticipated outputs from the workshop included:

- Draft guidelines for integrating WSH into the home-based care guidelines in Malawi
- Draft considerations for the WSH sector on how to integrate HIV/AIDS programming considerations in the design and implementation of WSH projects
- A collective action plan, including formation of a working group; organizational and individual action plans.

SECTION THREE

A. Malawi's country context

Malawi remains one of the poorest countries in the world. Currently ranked 165 out of 177 on the Human Development Index (UNDP, 2005), and has an adult HIV prevalence rate of 12%. Estimates of the sero-prevalence rate for adults 15 to 49 years old in the Northern Region disaggregated by city, urban and rural sectors are as follows: Mzuzu 23.3%, semi-urban areas 21.9%, rural areas 9.5% (NAC, 2001). Meanwhile, only 20% of Malawian households have access to piped water (only 9% of rural households). On average, rural households are required to travel 19.4 minutes to the nearest water source, while urban households travel an average of 4.9 minutes.

Malawi's poverty, combined with its steady HIV prevalence, means that regular water and sanitation problems become even more acute. Catholic Relief Services (CRS), with financing from the World Health Organization (WHO), initiated a water and sanitation assessment of home-based care (HBC) clients in Northern Malawi.

B. Malawi Government ministries and departments with mandate to support WSH and HBC

1. What exists?

The Ministry of Irrigation and Water Development, the Ministry of Health and the Department of Nutrition and HIV/AIDS and other actors in the Water, Sanitation and Hygiene and health sectors in Malawi are guided by national development policies and strategies including Malawi's Vision 2020, Malawi Growth and Development Strategy (MGDS) and National Decentralization as well as National HIV and AIDS Policies and Millennium Development Goals (MDGs).

The Ministry of Irrigation and Water Development is mandated to implement WSH along with the Ministry of Health that has a department that handles environmental health and hygiene including issues of access to quality water and sanitation services in health facilities and communities.

Malawi has a National Water Development Policy and programme as part of the Ministry of Irrigation and Water Development's mandate. The objective of the policy is to achieve sustainable management and utilization of water resources in order to provide water services of acceptable quality and in sufficient quantities that satisfy the requirements of every Malawian.

National Community Home-Based Care Policy and Guidelines were produced in December, 2005. These cut across the mandates of the Ministry of Women and Child Development, Ministry of Health and the Office of the President and Cabinet's Department of Nutrition and HIV/AIDS.

The Malawi Government has also produced a Draft National Sanitation Policy whose overall objective is to achieve universal access to improved sanitation, improved health and safe hygiene behaviour by year 2020.

In order to accelerate progress towards attaining the Malawi Growth and Development Strategy (MGDS) and Millennium Development Goals (MDG) targets for water and sanitation the Malawi Government has developed a National Water Development Program estimated to cost $258 million for a five year period. The objectives of this programme will be achieved through:

- Providing potable and clean water in Blantyre and Lilongwe through the Blantyre and Lilongwe Water Boards
- Providing water in town and market centers through regional water authorities
- Repairing and revamping rural supply and sanitation through existing gravity water systems and where none exists develop new ones.

C. Gaps in policies and strategies

The government of Malawi does not have a policy to subsidize water to the general population even though there are loud calls for vulnerable groups like those living with HIV/AIDS to increased provision of quality water and sanitation services by government.

It is noted, however, that the existing policies and implementation guidelines have gaps when it comes to ensuring safe water, hygiene and sanitation for PLWHA and their communities.

D. Invitation by the Malawi government

The Department of Nutrition and HIV/AIDS in the Office of the President and cabinet, the Ministry of Health and the Ministry of irrigation and Water Development expressed interest in working with the WSH workshop group to strengthen or upgrade their current policy. The Malawi government is open to revising and developing the required guidelines and policy elements. NGOS and other participating partners at the workshop agreed to provide input in addressing the gaps as part of the workshop follow-up.

SECTION FOUR

A. Workshop Outcomes and Achievements

1. Highlights from presentations

A presentation was made on Integrating WSH into HBC: Challenges and Opportunities. Dennis Warner from CRS Headquarters in the US and Merri Weinger from USAID Washington highlighted was the evidence-base linking safe water, hygiene and feces management on people living with HIV/AIDS and their families.

2. Global Overview: There are clear linkages between water, sanitation and hygiene with people living with HIV/AIDS particularly due to the fact that PLWHA tend to have recurrent bouts of diarrhea. Water, sanitation and hygiene have been shown to prevent or reduce waterborne opportunistic infections such as diarrhea and skin rashes in PLWHAs and to prevent diarrhea transmission in families affected by HIV and AIDS. Yet studies and experience suggest that knowledge of WSH practices among home-based care workers and PLWHAs is uneven. Guidelines for home-based care programs exist, but do not routinely cover WSH techniques and strategies to reduce diarrhea and skin diseases, such as proper and hygienic disposal of feces, disinfection and safe storage of water, hand washing with soap, and safe handling of linen that may have been soiled.

While the entire community needs sufficient quantities of water for domestic use and gardening, this need is more acute for PLWHA. For example, PLWHA need more than twenty liters of water per day per person for taking medication, bathing, and cleaning.

When communities do have access to water, this may not necessarily mean that the water is safe for human consumption. More often than not, the water will need treatment before it becomes suitable for domestic use.

In addition to guidelines and training on WSH practices being important for home-based care providers, the WSH sector also needs to be enlightened about the special needs of PLWHA. With heightened awareness, they may also be able to make the necessary modifications to WSH infrastructure to meet the needs of PLWHA. These modifications should also be incorporated into guidance documents, training and programming for the WSH sector to strengthen their capacity to meet the needs of PLWHA and other vulnerable populations.

3. The Malawi Experience

A presentation of the Malawi assessment was made by Martin Mtika of CRS/Malawi with the title: Integrating WSH into HBC in Malawi: Sharing of Lessons Learned. This provided an overview of issues and problems in Malawi regarding HBC and WSH.

The CRS Malawi Water and Sanitation Assessment showed that:

- Water and sanitation needs of HBC clients are not adequately fulfilled
- There are multiple interactions between water and sanitation and HBC clients
- Urban clients have difficulties accessing water (high water tariffs) while rural communities face a distance barrier to accessing potable water

- There are gaps between knowledge and practices on hygiene (more than 82% know the importance of hand-washing but less than 56% did not have hand-washing facilities)
- Most national policies do not reflect the linkages between WSH and Home-based care

Accessibility of WSH facilities to HBC clients determines the quality of care the PLWHA receives. However, there are gaps between knowledge and practices on hygiene issues among PLWHA and caregivers.

It is acknowledged that it is critical that PLWHA have access to quality and sufficient quantities of water for domestic use. Some of the interventions in Malawi are considered to be crisis interventions and this is the reasoning behind targeting certain households.

Stigma at communal water-points and in public toilets is an issue for people living with HIV and AIDS. Because of this some countries such as Ethiopia are seeing the counter-effect of stigmatization as more and special resources going to more vulnerable communities instead of the general community. The general outcome has been:

- Everybody wants an HIV/AIDS person in their community in order to obtain extra resources.
- Globally found best way to combat is through examples, publicly use utensils, provide information in a simple straightforward way and talk about a weak virus which does not live out in the open.
- A role for law and sanction –it is becoming an obligation for leaders to state that it is not legal to discriminate against PLWHA.

Integration WSH into Community HBC Program strategies leads to a reduction in incidence of opportunistic infections. The HIV prevalence trend is declining in most semi-urban and urban areas of the country. In spite of this, HIV/AIDS worsens the poverty situation at the individual, household as well as the community and nation by killing primarily people in their most productive ages. It is also known that poor access to food and health services leads to a poor general health which increases the progression of HIV to fully-blown AIDS.

There is not adequate safe drinking water in many communities and places in Malawi due to general scarcity dependable water sources and dried up wells and boreholes in many communities in the country. Gravity-fed water supply systems in some parts of the country are vandalized. Other challenges included long distances to water points, lack of proper utensils for fetching and storing water and lack of healthcare education and the absence of proper water purification.

Success stories shared in strengthening of hygiene included boiling water, use of water purifiers and buying of some good water utensils such as pails and buckets. The health sector in Malawi has intensified health education and is helping with supplies of water-guard and other chlorine products for water purification in rural and peri-urban communities.

HBC has been successful in providing more awareness of different diseases and enable the community to gain better understanding of health issues and thereby increase their capacity to deal with the same. It has also eased a lot of pressure for hospitals, doctors, clinicians and nurses. HBC caregivers need to be well-trained and as caregivers they also need to be well-equipped with basic items like gloves, soap, oral re-hydration salts, etc.

HBC also requires the provision of sufficient protective items such as latex gloves. However, this is a challenge for Malawi. Improved medication intake by patients at home is enhanced by the availability of adequate good quality water.

Malawi has a minimum HBC package and providing Basic Nursing Care encourages those living with HIV/AIDS to get back to optimal health.

There are HBC District Coordinators involved in HBC training in all the districts in Malawi. The role of trainers has been decentralized to all the district assemblies. Each district in the country has a list of t trainers operating at district level. Monitoring and evaluation of training at district level is seen as a challenge. Also available at district level is information and statistics on HBC including names and numbers of NGOs are involved in HBC programmes.

Inadequate numbers of health personnel makes the supervision of HBC volunteers in the communities difficult. The Malawi government acknowledges that there is not a single organization that can manage to provide all of the necessary inputs for a successful HBC program. Therefore there is need for strong linkages and partnerships between the various HBC players and stakeholders.

B. Recommendations for Integrating WSH into HBC strategies for PLWHA/Recommendations for Integrating HBC considerations into WSH sector programming

Following the introductory presentations on the status of WSH integration into HBC strategies for PLWHA, both globally and in Malawi, Julia Rosenbaum from USAID/HIP and Dennis Warner from CRS/Headquarters made a joint presentation on the background resource materials which summarized existing recommendations on WSH integration into HIV/AIDS programming from a global literature review and analysis of current guidelines and programming.

Utilizing the information and resources provided, participants began the process of developing recommendations for Malawi, , as analyzed from the perspectives of both HIV/AIDS and WSH providers It is anticipated that these recommendations will be selectively integrated into the existing policy structure in collaboration with interested Ministries. The recommendations will also help guide the integration work of organizations participating in the workshop and be disseminated to other organizations working in WSH, HIV/AIDS and HBC for their consideration. While guidelines for home-based care programs exist in Malawi, they do not routinely cover WSH techniques and strategies to reduce diarrhea and skin diseases. The specific recommendations on WSH should also be incorporated into all home-based care resources, training and programming.

As part of the exercise to develop guidance for the sectors, stakeholder groups first considered essential broad policy statements, then related strategy elements, before considering detailed their detailed guidance. Below are summaries of the policy and strategy considerations, and a more comprehensive outline of implementation guidance. The annex includes even more detail on programmatic considerations in the areas of systems and supply; human resources; capacity building; and 'other'. It must be noted that the list below is not all-inclusive:

1. Proposed Policy statements

- All people shall have access to potable water, sanitation and hygiene services.
- All water supply interventions should be packaged with sanitation and hygiene services.
- Promoting the diversification of appropriate technologies for the provision of water and sanitation services to the rural communities in line with prevailing standardization policy

2. Proposed Strategy statements

- Involvement of communities in sitting and selecting design options of water and sanitation facilities.
- Promote water treatment at the point of use.
- All water points must be monitored.
- Provide a sanitation package to vulnerable households
- Promotion of hygiene education
- Promotion of social marketing strategies in water and sanitation
- Promote patient, friendly pit-latrines in the households
- Promote sanitation platform subsidy for vulnerable households.
- Promote utilization of locally available materials for construction of sanitation and hygiene facilities.
- Promote technologies suitable to environments that have unstable and/or rocky soil.

3. Recommendations for Guidelines for Integrating WSH into HBC strategies for PLWHA

3.1. Water quantity

The research has shown that PLWHA households with more water have cleaner environments and therefore fewer routes for transmitting diarrhea causing pathogens. A long term goal would be for every household to have a water source close to home, however, in the short term, water collection and saving technologies should be developed.

- National guidelines should include estimates for water consumption in HIV-affected households that are greater than the "basic access" of 20 liters per person per day.
- Home-based care guidelines should include a section on the amount of water needed to keep PLHAs and the environment clean. This should include an estimate of water quantity needs as well as information on what to clean and how.
- HBC guidelines should provide specification on water collection technologies such as rain water catchment plans.

3.2. Water quality

Safe drinking water is always important, but never more so than for people with compromised immune systems and indeed PLWHA who have begun treatment with

antiretroviral medication. In some home-based care guidelines safe water may be mentioned, but caregivers need more details on how to provide safe drinking water:

- Promote water treatment at the point-of-use. Include detailed instructions on water treatment techniques including boiling, hypochlorite solution, SODIS, and instructions on proper storage and handling to reduce contaminants in guidelines and training of HBC providers
- Include hypochlorite solution (chlorine), water storage container and information on other options as part of all ART distribution to ensure medicines are taken with clean water
- Include covered water vessels with spigots as possible in basic care package taking care to use the most typical vessels available to avoid stigmatization. For the community at large, promote the use of containers that are covered and use a tap as an outlet.

3.3. Water access

Water access can impact HIV-affected households in several areas including consistent use of safe water sources, fewer resources spent in obtaining safe water, more time to engage in domestic chores and caring for PLWHA, and greater economic productivity.

- Home-based care guidelines should identify water saving techniques and describe how to install them. For example, instructions on rain water catchment systems and installing a "tippy-tap" should be included in all home-based care guidelines in resource-poor areas. Often made from a plastic jug, gourd or other local material, a tippy-tap regulates the flow to allow for hand washing with a very small quantity of water.

3.4. Sanitation access

Although latrines are sometimes available, in many cases, they are not being used or properly maintained. Yet proper sanitation is a key factor in controlling water-borne pathogens and maintaining safe drinking water and a clean environment.

- Identify and promote sanitary options for defecation.
- Promote construction of pit-latrines at the household level.
- Promote patient-friendly latrines in the household that may include the following:
  - Ensure that the toilets or latrines and the entrance are wide enough to accommodate more than one person to assist unstable users
  - Recommend/provide alternative technologies such as installing poles or strengthening venting poles to serve as support, installing bars or handrails; providing seats/stools and other devices, constructing a ramp for easy access
  - Design latrines that utilize natural light and have adequate ventilation
  - Identify and promote appropriate options for feces management when mobility is limited, such as potties, home-crafted potties and squat pots
  - Provide hand washing facility with soap/ash near the latrine
  - Provide detailed instructions on keeping the person, house, and surrounding environment clean

- Promote the provision of a "sanitation package" to the households of PLWHA and other vulnerable people including a pit-latrine, rubbish pit, drying pack and ventilation facilities.

3.5. Sanitation, hygiene and hand washing knowledge and practice: The research indicates that good hygiene practices are not consistent among caregivers and PLWHAs. Barriers of knowledge, skills and supplies must often be overcome to promote proper hygiene practice.

- Develop a comprehensive hygiene component to include in all home-based care guidelines and training, including guidance and technologies for washing in water scarce situations; critical times for hand washing and proper technique; soap substitutes; proper disposal of waste water; proper utilization and maintenance of water and sanitation facilities; household water treatment and safe storage; and clear communication on risk and protective measures required for feces handling, bathing and laundering
- Develop hygiene materials (that are visual and suitable for low-literacy audiences) for home-based care programs for use by caregivers and others who interact with HIV-affected households.
- Include hygiene in all nutrition guidelines for HBC programs.
- Include hypochlorite solution and soap in all HBC kits

4. Recommendations for Guidelines for Integrating HBC considerations into WSH sector programming

4.1. Water Considerations

- Mainstream HIV into water and sanitation planning
- Map access to WSH and target areas of HIV prevalence when constructing new water points
- Assess effects of inability to pay on water systems; develop alternative structures, such as focused subsidies
- Incorporate information on the special needs of PLWHA and other vulnerable populations into education and training for water sector
- Identify and address issues specific to HIV-infected and affected families o
- Develop and promote new water collection technologies and strategies to bring water closer to the home (rainwater catchment systems, ergonomic pump designs using local materials, etc)
- Promote water saving technologies such as "tippy taps" for washing hands and clothing/linens
- Integrate perspectives of PLWHA and affected families into community water management and planning schemes
- Identify cost containment and efficient water management strategies to manage community water supplies
- Develop strategic partnerships with other sectors/stakeholders (e.g., HIV/AIDS, HBC providers) to address most vulnerable: women and children.

4.2. Sanitation Considerations

- Mainstream HIV into water and sanitation planning
- Have sanitation policies and planning committees reflect the realities of HIV and AIDS
- Recommend hand washing stations as part of a twin design for all latrine construction
- Identify and address issues specific to HIV-infected and affected families
- Promote subsidies or alternative approaches to ensure that vulnerable households have access to toilets/latrines
- Promote community participation to provide support to vulnerable groups (digging the pit, constructing the super-structure
- Include minimum standards for latrines that allow for an assistant to accompany the PLWHA to the latrine, and options for outfitting latrines with support poles, squatting stools, or seats for greater comfort
- Incorporate information on the special needs of PLWHA and other vulnerable populations into education and training for sanitation sector
- Develop strategic partnerships with other sectors/stakeholders (e.g., HIV/AIDS, HBC providers) to address most vulnerable: women and children

D. Key points and innovations that emerged from groups

Plenary discussions on various topics led to the following ideas that will be taken up in follow up activities and implementation of WSH integration into HBC activities:

1. Definition of criteria and design for "patient-friendly" latrines for PLWHA
2. Promotion of a "Minimum Sanitation Package" to every household (e.g., latrine, rubbish pit, drying rack, shower, ventilation)
3. Need for training on WSH for HBC providers; Importance of visual tools for training primary care-givers and volunteers
4. Need to identify and target vulnerable communities (map access to WSH, areas of HIV prevalence and target priority areas for WSH)
5. Consider needs of all HBC clients in addition to PLWHA
6. Emphasis on household water treatment and safe storage, feces management (in addition to latrine construction), hand washing with soap
7. Need for WSH checklist for watsan implementers and HBC providers
8. Need for engagement of health, water committees and Village Development Committees (VDC)
9. To minimise stigmatization, clarity is needed in targeting – preferential v. equitable distribution of WSH facilities
10. Attention is needed in issues of management of catchment areas and general environmental issues affecting WSH and HBC
11. Developing guidance on the risk of HIV transmission from diarrhea, waste water, and other household exposure
12. Need for proper technical guidelines on pit latrine construction and sitting

E. Action planning to integrate WSH into HBC programs for People Living with HIV/AIDS

Participants developed a series of action plans to further integrate WSH into HBC programming for PLWHA following the workshop. The first was a collective action plan to be implemented by workshop attendees, representing their organizations. Selected agencies made additional commitments on behalf of their organizations. Finally, participants highlighted actions that they would undertake in their organizations to further the integration agenda initiated at the workshop. The collective action plan is summarized below.

1. **Promote dialogue with Ministries**
   The government of Malawi has created an opportunity for NGOs and FBOs to continue dialogue with appropriate Ministries and departments. To this effect, workshop participants will:
   - Respond to invitation from the Government of Malawi to contribute to national policy/strategy documents including the finalization of the National Sanitation and Hygiene policy, the HIV/AIDS Home Based Care Policy and the development of specific program implementation guidelines for integration of WSH into HIV/AIDS care and support.
   - Respond to invitation from the Government of to represent WSH and HIV/AIDS on national inter-Ministerial committees including the one on Water, Sanitation and Hygiene.
   - Participate in a Working group hosted by Ministry of Water: the Director of Planning in the ministry will facilitate the inclusion of WSH and HIV/AIDS HBC implementing agency representatives in the National Water Development and Sanitation working group.
   - Promote WSH and HIV/AIDS integration activities at the district and community levels: implementing agencies (individually or in partnership) will accelerate their work on integration of WSH into HIV/AIDS care and support at all levels of program delivery.
   - Assist in the preparation of a Toolkit /harmonized messages, working group formed, coordinated by PSI
2. **Promote integration activities at national, district and community levels**
   - Implementing agencies (individually or in partnership) will accelerate their work on integration of WSH into HIV/AIDS care and support at all levels of program delivery.
3. **Develop a toolkit** to support implementation of integration activities
   - As one of their activities, the working group will collect/develop a user-friendly, low literacy tools and harmonized messages for working in communities. A working group coordinated by PSI will spearhead this effort.
4. **Launch an electronic 'community of practice' for sharing materials and approaches.**
   An electronic "community of practice will be launched to facilitate communication and information exchange among NGOs, FBOs, financing agencies and government departments and to support "best practices" in integration of WSH into HIV/AIDS care and support .

F. Immediate action plans

Most participants committed to provide their organizations with a briefing about the meeting, and share materials from the workshop.

Below are some of the immediate actions individuals committed to undertake:

1 Brief Principal Secretaries for the Ministry of Irrigation and Water Development, and the Principal Secretary for the Department of Nutrition and HIV/AIDS in OPC
2 Conduct a debriefing with peers and discuss follow up action steps for the organization..
3 Conduct district meetings to initiate regional coordination.
4 CRS will design and implement a pilot program on integration of WSH into HBC for PLWHA
5 Concern Universal will implement programming for PLWHA that includes client-friendly latrines and household hygiene.

G. Actions to be completed within six months included:

1. Planning training for water and sanitation staff, integrating some guidelines into the sessions:
2. Providing PHAST training
3. Continuing inter-agency collaboration at all levels including headquarters
4. Influencing participants' own organizations to be more responsive
5. Disseminating the workshop outcomes as widely as possible
6. Supporting follow-on actions in Malawi and from CRS Headquarters
7. Taking the results of the Malawi workshop to other East African countries

H. Follow-on activity sponsored by WHO, USAID, CRS

The workshop sponsors (USAID, WHO and CRS) plan to implement a limited follow-on activity utilizing the workshop outputs. The proposed follow-on activity coordinated by CRS includes finalizing the WSH module and piloting it in one or more districts in collaboration with targeted organizations that provide home-based care for PLWHA in Malawi. The pilot will also include a preliminary assessment of existing practices and conditions in the target community and determination of feasible alternative behaviors. Other components of the activity will be training of home-based care providers on the new WSH module and development of support materials or job aids to support their work. The intervention will be evaluated and outcomes may include modifications to the module.

I. Agency action plans

Agency representatives at the workshop developed organizational action plans for immediate and six month execution. Most participants committed to provide their organizations with a briefing of the meeting, and share materials from the workshop.

Below are some of the immediate actions individuals committed to undertake:
1. Brief Principal Secretaries for the Ministry of Irrigation and Water Development, and the Principal Secretary for the Department of Nutrition and HIV/AIDS in OPC
2. Debriefing with peers and recommend way forward action steps.
3. Conduct district meetings to initiate regional coordination
4. CRS pilot program, ready to move, ready for action
5. Concern Universal: Client-friendly latrines, dish racks

Six Monthly Action Plans for the group included:
1. Planning a training for water and sanitation staff
2. Integrating some guidelines into the training sessions
3. Helping groups undergo PHAST training and principles

4. Continuing inter-agency collaboration at all levels including headquarters
5. Influencing participants' own organisations to be more responsive
6. Disseminate the workshop outcomes as widely as possible
7. Supporting follow-on actions here in Malawi and from CRS Headquarters
8. Taking the results of the Malawi workshop to other East African countries

J. Examples of on-going WSH and HBC work in Malawi

Several activities on integration of WSH into HIV/AIDS care and support in Malawi were identified and these included the following:

1. Integration of WSH into HIV/AIDS care and support is taking place in community initiatives led by various organisations. Population Services International (PSI) has partnered with other agencies such as Lighthouse to reach out to those living with HIV/AIDS particularly in the areas of water treatment, training volunteers and development of visual aides.
2. Dedza diocese is implementing HBC, OVC and food security programs with activities on integration of WSH into HIV/AIDS care and support in village communities.
3. Concern Universal implements integrated water and sanitation program activities in Dedza district. With existing funds available in its budget, Concern Universal is welcoming partnership with other organisations in Dedza district implementing program activities at community level with integration of integration of WSH into HIV/AIDS care and support.

K. Conclusion, Achievements and Impact of the workshop

1. The workshop provided an opportunity for the first inter-sectoral dialogue on WSH and HIV/AIDS in Malawi
2. An opportunity was open for WSH and HBC implementing agencies to dialogue with Ministries and departments including the ministries of Water, Health, Women and Child Development and the Department of Nutrition and HIV/AIDS in the Office of the President and Cabinet HBC). This dialogue will enhance the potential input by NGOs and FBOs into national policy and strategy documents
3. Recommendation was made to represent WSH and HIV/AIDS on national, inter-ministerial committees. Water Aid was entrusted with the responsibility to follow up with the Ministry of Irrigation and Water Development on this.
4. Due to the commitment and resource availability in various agencies, there is a potential for several follow-on pilot activities implementing workshop guidelines through HBC providers.
5. As implementation of integration of Water Sanitation and Hygiene into HIV/AIDS Home-Based Care Strategies takes place, a community of practice will be enhanced.
6. As more and more agencies work together, unanticipated partnerships are being developed within and between WSH and HIV/AIDS/HBC sectors

ANNEXES

1. Workshop agenda
2. List of participants
3. Recommended Guidance and Implementation Considerations (HBC and WSH) Workshop Joint Action for Immediate Follow up
4. Workshop Joint Action for Immediate Follow up
5. Workshop Action Plan Timeframe and Responsible Persons
6. Workshop Evaluation Report

Annex 1: Workshop Agenda

Time	Topic	Objective
8:00	Registration	
Day 1 8:30	Welcome and Introductions	Introduce workshop and participants
10:00	Group Photo Break +	
10:15	Integrating WSH into HBC: Challenges and Opportunities	Provide overview of global problem
11:15	Integrating WSH into HBC in Malawi: Sharing of Lessons Learned	Provide overview of issue/problem in Malawi
12:30	Lunch	
1:30	Voices from the Field in Malawi	Introduce topic from perspective of 3 key players: HBC providers, WSH implementers, PLWHA
2:30	Voices of Participants	Provide an opportunity for participants to provide inputs re: problems/ opportunities and recommendations
3:30	**Break**	
3:45	Small group feedback	Share results of group work by means of gallery tour
3:45		Consolidate results of gallery tour.
4:15	Summary outcomes	Summarize and conclude activity Day's outcomes
4:45	**Closing session**	**Close the day**
5:00	**End of the day**	

Day 2		
8:30	Welcome and Introduction	Introduce objectives and agenda for day two
9:10	Developing program recommendations	Introduce activity and input to two documents developed by organizers
10:00	Break	
10:15		Seek sectoral inputs on documents from HBC providers and wat/san implementers
11:15		Consolidate report back of HIV/AIDS and WSH groups in plenary
12:00	Lunch	
1:00		Develop recommendations for two documents
3:00	Break	
3:15		Consolidate information from working groups on each topic
3:45		Share and consolidate recommendations on HBC & WSH
4:45	Closing session	Summarize outcome of day 2
5:00	End of the Day	
Day 3		

8:30	Welcome and introduction	Introduce objectives and agenda for day three
9:15	Prepare to Develop Action Plan	Identify elements that must be in place and next steps to move from recommendation to action
10:30	Break	
11:00		Consolidate reports from groups
12:20		Summarize and conclude activity
12:30	**Lunch**	
1:30	Development of Action Plan for Integrating WSH module into the work of our own agencies and into HBC guidelines in Malawi and recommendations for wat/san implementers	Development of action plan with timeline and responsible persons.
3:00	Break	
3:15		Consolidate action plan for each element.
4:00		
4:30	Conclusion of day 3 and preparation of day 4.	Summarize conclusions of day's session. Prepare for presentations on day 4.
5:00	End of day	

Day 4		
8:30	Welcome	Welcome and introduce objectives and agenda for Day 4.
9:15	Presentation of recommendations for integrating WSH into HBC guidelines	Present and seek inputs on recommendations.
10:15	Break	
10:30	Presentation of recommendations for WSH implementers	Present and seek inputs on recommendations.
11:30	Presentation of action plan	Present and seek input on action plan
12:30	Lunch	
1:30	Next Steps	Summarize next steps following workshop.
	Follow-on Activity	Summarize proposed follow-on activity.
3:00	Break	
3:15	Closing Ceremony	
4:00	Workshop ends	

Annex 2: List of Participants

	NAME	Position	Organisation & Address	Contact Details	Email Address
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Annex 3: Recommended Guidance and Implementation Considerations (HBC and WSH) Workshop Joint Action for Immediate Follow up

Guidance outline	System and Supplies in place	Human Resource	Capacity Building / Training.	Support materials	Other
Promotion of hand washing	• Soap / Ash / Fine sand. • Bottles / Bucket/ containers. • Adequate water. • Reed / strings / pipes. • Guidance on tippy tap technologies. • Resources for constructing a tippy tap. • Fuel. • Monitoring and evaluation systems. • Discourage use of hand towels to dry hands.	• Ministry of Health to incorporate the guidance in to the CHBC operators' handbook. • District assemblies. • Heads of programs, Program managers to use the guidelines and develop proposals. • Project staff. • Private sector (social marketing). • Village health committees. • HBC technical sub-committee. • Traditional leaders. • Volunteers / community. • Individual households / primary caregivers. • Implementation Partner organizations.	• Project technical staff. • Extension workers • HBC technical sub-committee. • Care givers (primary / secondary)	• Training manual • IEC materials. • Reference resources for volunteers	Financial resources to train staff.
Promotion of	• Cement	• District assembly.	• Volunteers	IEC materials.	Financial

pit-latrine construction and use.	• Bricks • Reinforcement wire. • Quarry stones. • Water • Sand • Pick axe • Poles • Grass for thatching roof / polythene sheet. • Door frame and door. • Ventilation pipe. • Bamboo / Reeds. • Fuel	• District Health Management Team. (Supervise health). • Health Surveillance Assistants. • Heads of program and program managers staff. • Village health committees. • Primary care givers. • Traditional leaders. • Implementation Partner organizations.	• Community (training on sun plats casting). • Village health committee. • Community health nurse.	Training manual. Visual teaching aids.	resources.
Treat water for domestic uses with various treatment methods (boiling, chlorination, SODIs)	• Energy sources • Chemicals should be readily available at all health centres • Private sector should make chemicals readily available at affordable rate • Buckets will be needed • Treatment options	• Health surveillance assistants (HSAs) • Village Health Committees (VHCs) • HBC volunteers & trainers • Community nurses	• HSAs • VHCs • HBCs • Community Nurses • Community Development facilitators	• Flip charts • Video cameras • audio video • stationery • motor bikes/bicycles	Research on acceptability of chemically treated water
Store water in covered containers	• Storage containers with covers	• Community	• Training of artisans on pot making • Training of tin-	graphic materials during training	Monitoring of water quality in homes

			smiths		
Use container with taps as outlets or two cup system	• market outlets of container with taps • two cup system	• Health surveillance assistants • Community volunteers	• Training of marketing promotion	Graphic materials during training	Research on comparison of contamination levels of two cup system and one cup system
Maintain and update countrywide data base Enforce monitoring of water quality system, functionality, cleanliness and user fees	• Global positioning system • Computers • Printers • Stationery • Computer Soft ware for GPS • Water testing kits • transportation	• Water technicians engineers • Data enumerators • Researchers • Monitoring & evaluation officers	• Training in water mapping • Training in water quality • Training in water discharge test	• Stationery • Power source	
	• Laboratory equipment • Mobile water quality test kits • Reagents • Water sample collection bottles • Water point inspections on cleanliness and user fees documentation • Creation of water point committees • Spare parts	• Lab technicians • Water point assistants and HSAs • Area pump mechanics • Village health and water committee members • Private sector	• Training in borehole maintenance • Training in water quality	• Materials for training • Manuals • Poster • Maintenance tool kits	

	outlets(community support groups)				
Develop and distribute a sanitation package that includes: 1. Latrine 2. Rubbish pit 3. Drying rack 4. Bathrooms 5. Ventilation facilities	• Materials distribution system (cement, pipes, bars) • Create transparent targeting system	• HSAs • HBC volunteers • VHCs • Extension workers • District assemblies	All	Training package	
1.7.1 Identify hygiene practices and behaviors	Stationary	HSAs and other extension workers (CDAs, etc), nurses, Village committees (including water, health, sanitation)	Capacity building of extension workers on survey interview techniques, HBC training	HBC hygiene checklist	
1.7.2 Identify existing hygiene promotion resources		Ministry of Health, Ministry of Water, Ministry of Women and Child Development, NGO partners already working with WSH activities, UNICEF, Ministry of Education			

Guidance	Systems and Supplies in Place	Human Resources	Capacity Building,/Training	Support Materials	Other
1.7.3 Design/prepare educational programs and materials that are focused on hygiene practices and behaviors	Education unit of the Ministry of Health	Education unit of the Ministry of Health, NGO partners	Collaboration with NGO partners with expertise on IEC development	IEC materials	
1.7.4 Encourage use of visual aids and community demonstration	Education unit of the Ministry of Health, NGO partner programs and resources	Education unit of the Ministry of Health, NGO partner programs and resources	Training on how to use visual aids	Targeted Outreach activities, films, drama groups, banners, posters, flipcharts	
3.2.1 Create awareness of latrines that are appropriate and friendly to use for vulnerable people	Design manuals, specialized partner knowledge on design	Partner NGOs specializing on latrine construction and sanitation	Collaboration and training by partner NGOs for extension workers	Hygiene and sanitation toolkit, design manuals	
3.3.1 Identify and target who is vulnerable based on specific criteria	HBC groups, traditional local leaders, extension workers	HBC groups, traditional local leaders, extension workers		Development of selection criteria	Participatory methodologies for selection

Annex 4: Workshop Joint Action for Immediate Follow up

Dialogue with Ministries	Working Group Partnership	WSH/HBC Hygiene Toolkit	Integration Activities
Dialogue with Ministries and other development partners.	Implementers to develop common strategies	Develop common set of WSH messages for PLWHA.	Exchange visits to learn new technology ideas.
Work hand in hand with relevant ministries	Working group of integration of WSH and HBC	Target CHBC volunteers with PHAST.	Identify a best practice sites and share experiences
Review meeting after 6 months to review lessons learned and to share experiences.	Technical Group working meetings	Develop program quality checklist for WSH and HBC issues	Brief CHBC volunteers on the importance of Integrating WSH issues.
	An introduction of HBC and WSH forum	Development of M&E indicators.	Brief VHWC to provide support to CHBC providers on WSH
	Initiate HBC/WSH working group for GoM/NGOs/UN	Exchange of materials e.g. PHAST, CHAST.	Orientation of DCTs and DAC on the integration of WSH into HBC
	Strengthen partnerships for WSH and HBC implementers		Material translation into local languages.
	Coordination with other Partners (NGOs)		Community Sensitization of Integration of WSH into HBC strategies.

ANNEX 5: WORKSHOP ACTION PLAN TIMEFRAME AND RESPONSIBLE PERSONS

Collective Action	**Timeframe**	**Who Will Be Involved**
1. Meeting to discuss further group partnership community of practice on agenda. 2. Task Force to plan meeting MoH, MoA, MoI&WD, CRS for NGOs, OPC, MLG, WaterAid	1. TODAY! To set meeting of task force Agreed : November 29, 2007	MoI&WD, MoH, MoA, OPC
3.Integration Activities	2. On meeting agenda November 29	
4. Toolkit/Harmonized Messages - sign up today to join listener	3. Immediate sign-up (2 weeks, mid-November)	3.Sarah/PSI
5. Sharing Resources	4. By mid-November	4. Sharing resources Julia coordinate/disseminate to group
6.Creating new resources	5. On meeting agenda	5. Michael takes to November 29 meeting

ANNEX 6: WORKSHOP EVALUATION REPORT

EVALUATION SUMMARY ON WORKSHOP ON INTEGRATION OF WATER, SANITATION AND HYGIENE INTO HOME-BASED CARE STRATEGIES CONDUCTED AT MIM, LILONGWE, MALAWI FROM MONDAY 29TH OCTOBER TO 1ST NOVEMBER, 2007

TOPIC	Not at all useful	Somewhat useful	Very useful	Extremely useful	Not indicated
PRESENTATION					
▪ Integrating water, sanitation, hygiene into home based care strategies: Global Overview	0	0	16	16	1
▪ Water & Sanitation Assessment of HBC clients in Malawi	0	3	19	10	1
▪ Overview of HIV & AIDS in Malawi	0	6	17	9	2
▪ A quick review of Water and Sanitation situation in Malawi	0	8	18	3	4
▪ WSH integration into HBC programs	0	0	14	17	2
EXERCISES					
▪ Developing draft plans (guidance recommendations, supply, capacity building, support materials, human resources) to strengthen integration of WSH into HBC at the national level	0	4	14	13	2
Developing preliminary action plans for my own organization to move forward with integration	0	2	21	9	1
OTHER ASPECTS	**Not at all useful**	**Somewhat useful**	**Very useful**	**Extremely useful**	**Not indicated**
▪ Opportunity to meet national and international colleagues	0	2	18	13	0
▪ Documents received	0	4	13	15	1
▪ Potential contribution to addressing needs of HBC families	0	4	12	15	2
▪ Information on existing policy and provider manuals available in Malawi	0	4	19	9	1
▪ Discussion and ideas generated on integrating WASH into HBC in the group work	0	0	15	18	0

▪ Developing draft plans (guidance recommendations, supply, capacity building, support materials, human resources) to strengthen integration of WSH into HBC at the National level	0	6	17	10	0
▪ Developing preliminary action plans for my own organization to move forward with integration	0	2	19	11	1
▪ The concept of forming WSH and HBC community of practice in Malawi	1	4	15	13	0
LEVEL OF SATISFACTION	**Not at all satisfied**	**Somewhat satisfied**	**Very Satisfied**	**Extremely satisfied**	**Not indicated**
Selection of Participants	0	6	18	9	-
food	0	11	14	8	-
Venue and facilities	1	3	15	14	-
Organization of workshop/flow of activities	0	3	26	4	-
Computer equipment and technical support	1	6	18	8	-
Facilitators' responsiveness to feedback concerns	0	2	15	10	6

FEEDBACK ON ADDITIONAL QUESTIONS ON USEFULNESS AND PERFORMANCE

1. On the issue of constraints, participants noted the following as major constraints they are likely to experience in their respective organizations when implementing what they have learned at the workshop:
(B) Financial resources ranked first **(x18**) followed by (**D)** overload of key staff working on the issue **(x8).** Technical capacity to follow through with program implementation and commitment **(E**) came third in ranking **(x3**) tied with **(F)**other reasons working at higher policy level, rigidity to incorporate ideas into already on-going programs and supervisors may wish to initiate the WSH/HBC program but this may conflict with other priorities in the department **(x3).** Lack of human resources came last in ranking **(x1)**

* Two participants circled more than one

2. On the question of what participants liked best during the workshop
Participants listed the following:

- **Facilitation**: Facilitation was very good (**x 5). Many participants singled out free exchange of ideas and information (x16) and active participation (x10) as what they benefited most during the workshop**

- **Organization of workshop**: was rated good (**x5**) on two aspects: organizers brought experts on the subject and workshop adequate resources **(x6).**

3. On the question of what participants disliked and would like to see improved, Participants highlighted the following:

On facilitation of workshop:

- Time management was a concern for many **(x16).** Time keeping and allocation was rated poor: Presentations of updates on activities done delayed critical debates; poor scheduling of activities i.e. time allocation not in line with the content of work to do. For example, development of action plan required more time than allocated. Concern was also expressed on late start and end times of workshop and limited time allocated for lunch breaks.
- Lack of more local facilitators **(x6):** Some Participants expressed concern that **w**orkshop lacked local ownership. Planning and facilitation appeared to be led and by non-Malawians and as a result agenda of workshop was constantly changing.

- Some facilitators dominated group discussions during group work and there was little interactions with facilitators after workshop hours **(x3)**

On organization of workshop:

- Participants indicated poor representation from key officers in Government and other sectors: Participants expected to see full time representation from line ministries such as Health and Water, and involvement of government officers in planning process and facilitation of the workshop **(x6).**
- Resource materials were distributed late. Resource materials needed to be handed out much earlier before workshop **(x2**)
- National policies on water and sanitation were not adequately researched and affected the workshop agenda **(x5)**
- Venue: **(x8)** meals were repetitive; small beds; no soap in bathrooms; poor transport logistics for commuting participants

4. Other comments

There is need for follow up to ensure smooth implementation of action plans developed at the workshop (**x 6)**
Mode of facilitation and organization was very good **(x 6)**
Workshop opened up dialogue on integration of WSH into HBC and was a good forum for influencing policy (**x3)**
Poor representation from key ministries and sectors such as National Aids Commission **(x 4)**
Lack of adequate knowledge on national policies on Water and Sanitation. The workshop had adequate global research than on Malawi (**x4)**
Workshop lacked local ownership. There was no involvement of government officers in the planning and facilitation of the workshop. The workshop was dominated by non-Malawians (**x4)**

OVERALL RATING

Overall the workshop was rated very useful by many participants **(x21**) and extremely useful **(x9).**