

# Strategy

FOR ADDRESSING

# HIV/AIDS



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



**UN-HABITAT**

**UNITED NATIONS HUMAN SETTLEMENTS PROGRAMME**



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





UN-HABITAT

UNITED NATIONS HUMAN SETTLEMENTS PROGRAMME

# Strategy

FOR ADDRESSING

# HIV/AIDS

IN PROGRAMME ACTIVITIES OF THE  
WATER AND SANITATION TRUST FUND

SEPTEMBER 2006

## UN-HABITAT's Water and Sanitation Trust Fund

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

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

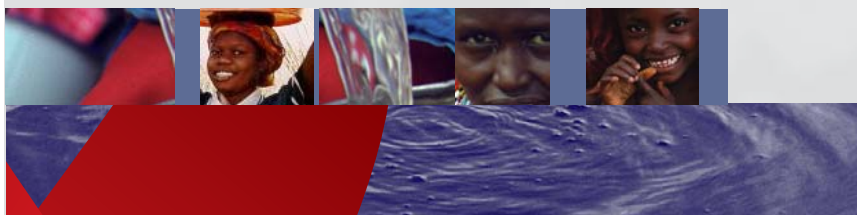
The Development objective is to support developing countries to achieve sustainable access to safe drinking water and basic sanitation for the poor, particularly in urban areas. The Water and Sanitation Trust Fund addresses its objective through four inter-linked sets of activities:

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

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

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

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



## The HIV/AIDS epidemic - present scenario

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

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

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

### The Epidemic: Regional intensity

#### Sub-Saharan Africa: hardest hit

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

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

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

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

#### Asia: moderately hit

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

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

## Linkages between HIV/AIDS and the Water and Sanitation Sector

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

## The Consumer Perspective

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

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

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

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

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

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

## The Perspective of Water and Sanitation Service Providers

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

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

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

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

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

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

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



## Feminization of HIV - The Gender context

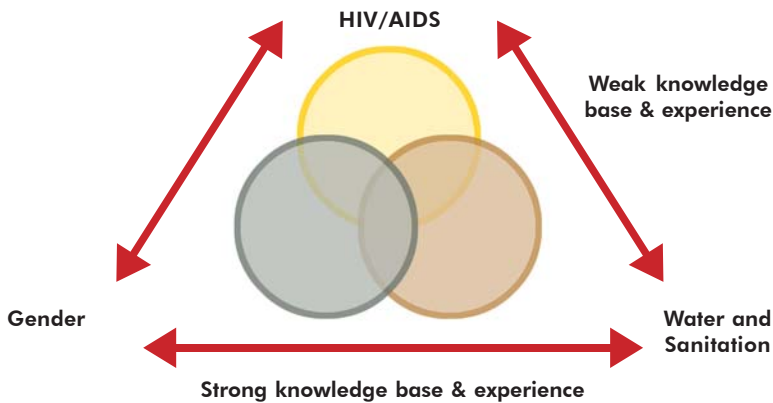
Around the world an increasing number of women are being infected with HIV. It is often women with little or no income who are most at risk. Widespread inequalities including political, social, cultural and human security factors exacerbate the situation for women and girls (UNAIDS/WHO, 2005).

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

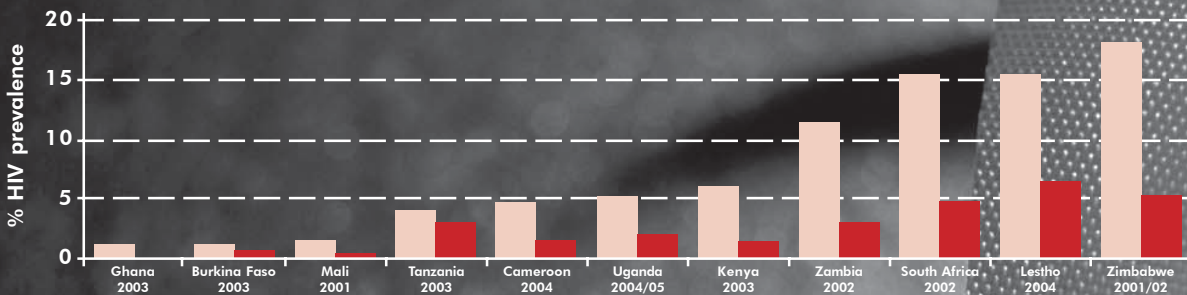
while in sub-Saharan Africa overall, young women between 15 and 24 years old are at least three times more likely to be HIV-positive than young men. The biological factors, gender inequalities (socio-cultural factors, feminization of poverty, unequal or unfavorable laws), violence against women (partner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

## HIV Prevalence - Orphans and Vulnerable Children

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



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



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

HIV Prevalence (UNAIDS 2005)

# The four phases of HIV/AIDS

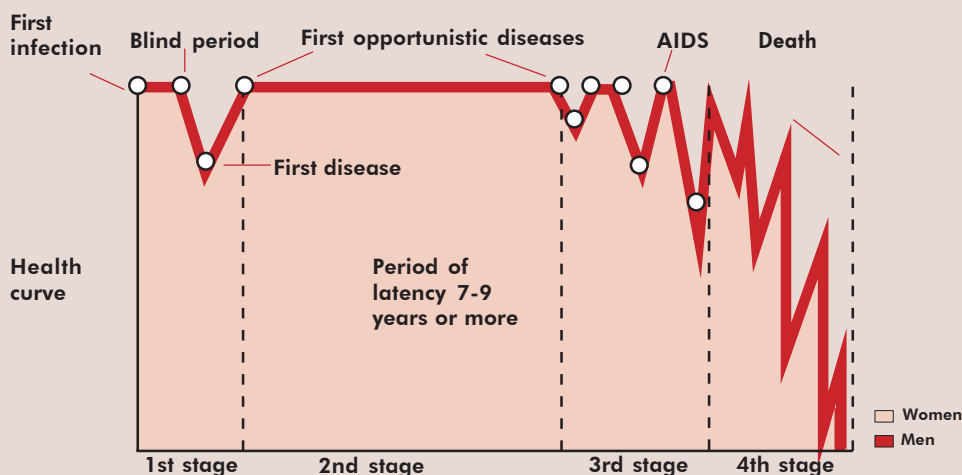
**Phase 1:** This is when a person gets infected by the virus that causes AIDS (HIV). During this phase it is not easy to recognise that one has been infected by HIV as there are no distinct signs nor symptoms. Normally a person may experience a short bout of fever, or cough, flu, sore throat etc which quickly disappear without any treatment. Confirmation of an infection can only be known 6 weeks to 3 months from the time of infection through a laboratory test. This stage may also be called asymptomatic as there are no symptoms. During this phase the focus and intervention is directed towards awareness raising and prevention.

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

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

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

Phases of HIV/AIDS (IRC 2003)



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

AIDS Impact

HIV/AIDS Adult Prevalence

预览已结束，完整报告链接和二维码如下：

[https://www.yunbaogao.cn/report/index/report?reportId=5\\_19330](https://www.yunbaogao.cn/report/index/report?reportId=5_19330)



云报告  
https://www.yunbaogao.cn

云报告  
https://www.yunbaogao.cn

云报告  
https://www.yunbaogao.cn