



Introduction

PNG has one of the highest HIV / AIDS (HA) transmission rates in the world. People living with HA (PLWHA) face stigmatisation, being shunned, forced from their homes or left out of social activities. Opportunity exists in RWSS as a platform for HA awareness, with a need to include PLWHA in decision making in projects. Those living with HIV / AIDS are more vulnerable to water related diseases, and will benefit significantly from RWSS projects. Collecting water may also be more physically challenging as will sustenance activities such as gardening. Personal hygiene and immunity may suffer as a result of reduced access to water and less nutritious diets.

HIV / AIDS Awareness

Staff and NSAs implementing RWSS projects need to be HA aware. NSA staff are at risk of HIV infection, as they are often expected to spend long periods away from their families. They can either become a victim of, or accessory to HIV infection. HA occurs in four phases from commencement of HIV infection, through phase 1, a 'blind period'. Infected and unaware, life continues as usual. The 2nd phase is quite a longer period of 7 to 9yrs where already the first of many opportunistic associated diseases occur. In quite a short phase following, the diseases begin to increase until full blown AIDS occurs. Death occurs at the final and irreversible phase 4. It is important for project teams to recognise which phase largely exists for PLWHA in project areas, to formulate appropriate implementation design.

RWSS and PLWHA

The relationship between RWSS and PLWHA is significant in terms of impact and linkages. The impact of no-access to RWSS increases the speed with which the four phases occur, putting pressure on carers and relatives. Although good access alleviates diarrhoeal diseases (DD), pressures can mount up on PLWHA in their ability to pay for operation and maintenance. Linkages between RWSS and PLWHA are significant enough to be considered throughout the project cycle. Where population growth normally increases, reduction or stagnation occurs depending on the level HA impact. Future communities may consist of higher numbers of teenage head of households, with a

lessened skill-base and economic disadvantage to be able to effect operation and maintenance. Most significantly, everyday water related diseases for PLWHA are a threat to an already weakened immune system which also puts additional pressures on carers. The productivity losses, medical cost increases for members of the family even funeral expenses, increases poverty. A study by WEDC (2006) claims that 90% of PLWHA have DD. Because of this, more water is necessary for sanitation purposes. Evidence suggests hygiene improvements reduce DD by; hand wash: 43%, water storage: 30-50%, faeces disposal: 30+%.

Improvements for PLWHA

NSAs and RWSS field workers, communities, carers and PLWHA need to be HA aware and of how RWSS links with PLWHA. Targeting PLWHA and their families and carers can allow specific needs to be identified in relation to faeces disposal, hand wash and water storage. The solutions / outputs of this can include supports or seating built into latrines, tippy-tap hand wash at latrines and key food preparation areas, key health messages being learned concerning hand wash after defecation and anal cleansing, and hand wash before food preparation or eating. Water storage may be improved by periodic bleaching or changing of the water and/or container, using narrow-neck containers or using ladles instead of cups, and keeping them off the ground.

Concluding Comments

PLWHA, their families and carers are affected by poor access to water and sanitation. The impact is and PNG's ability to tackle HA is yet to be fully comprehended at the community level. A higher than usual infection rate and impact projection has been forecast for PNG. There is no evidence that tackling the problem so far, will have prevented continued high impact and high prevalence. NSAs and RWSS project staff must be HA aware, in order to effectively engage PLWHA in RWSS projects. Targeting communities with higher prevalence of HA and targeting carers, families and PLWHA is a practical way of alleviating poverty and health problems. Access to RWSS is a priority from the perspective of PLWHA.



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