

## Appendix 2.

# WATSAN HIV/AIDS Checklist

**Table A2.1. Key questions**

<p>Q1. How does the current emergency affect the well-being of people already infected with HIV? <i>Emergency's effect on people with HIV/AIDS</i></p> <p>Q2. How does HIV/AIDS affect the current emergency and post-emergency rehabilitation? <i>HIV's effect on emergency</i></p> <p>Q3. What are the implications for humanitarian aid practitioners? <i>Consequences for policy and practice</i></p>
<p><b>Question 1: How does the emergency affect people with HIV or AIDS?</b></p> <p>General escalation of infectious diseases because of poor/no sanitation and increased pathogens in water.</p> <p>Inability of families affected by HIV to maintain good infection-control standards, to adhere to water-based treatment regimes or to sustain desirable levels of personal hygiene.</p> <p>Consequently, more rapid health deterioration among children and adults with HIV or AIDS.</p>
<p><b>Question 2: How do HIV and AIDS affect emergency and rehabilitation responses?</b></p> <p>Reduced ability to cope of families affected by HIV because their reserves are already depleted. Thus family and community recovery may take longer.</p> <p>Sick family members cannot walk long distances to water supply or toilet facilities.</p> <p>Child-headed households resulting from AIDS.</p> <p>May not be able to carry larger water rations/operate heavy machinery for pumping water etc.</p> <p>May not be counted in needs-assessment surveys.</p>

**Table A2.1. Key questions** continued ...

**Question 3: What are the implications for humanitarian aid practitioners?**

Ration sizes may vary, e.g. families with sick members might need more water for washing.

Water quality more critical for immune-compromised people.

Location of, and supervision at, water-distribution points, washing facilities and toilets (security from sexual violence e.g. well-lit single-sex toilets located centrally not peripherally – and easy access for sick people).

Programmes administered by women and men.

Families' ability to cope is reduced, e.g. smaller water containers, collective labour, reduced skills.

Priority target groups may be different e.g. may include families with sick members, child-headed households, single women, unaccompanied children.

Increased training/skills and support needs of practitioners because of HIV.

*Source: Smith and Dutton, 2004*