

# Case studies:



WaterAid/Caroline Penn

### The long wait for water

Napoga Gurigo lives in the village of Tambuog in the Tongo hills of Ghana. She does not know her age but is probably about 12. She is betrothed and lives with her intended husband's family. There is no clean water supply in the village so every day Napoga has to get up at 5.30am and walk to this muddy hole to fetch water for the family.

On average it takes six hours to collect water as she must sit and wait for it to seep through the earth and the mud to settle. Animals also drink from the same waterhole and the water is very dirty. Once she has filled her buckets she then has to carry the heavy load home.

Napoga likes the taste of the water collected from the hole even though it is very muddy. She does not boil the water before drinking it (a man standing nearby said that there was no need to boil the water as it did not contain any living things). Napoga does not attend school; collecting water dominates her life.



WaterAid/Caroline Penn

### A safe water supply

Namukasa-Beatrice is 12 years old and lives in the village of Kasoso in the Mpigi District of Uganda. WaterAid has helped this community establish a clean, safe water supply - a shallow well. The well is just 300 metres from Namukasa-Beatrice's home. Having the water supply nearby means that she has time to both collect water for her family and attend school. Along with her two brothers and one sister she collects water before and after school.

They use the water for their animals as well as the family. Every day the children collect 5½ cans of water for the family to use for washing, cooking and drinking, and 4½ cans of water for their four cows and five pigs to drink.

Namukasa-Beatrice will attend school until she is 14 years old. There are 400 pupils and nine teachers at her school. Some lessons are taken in classrooms but there aren't enough for all the classes so they take it in turns to have lessons outside with blackboards leant against trees.



WaterAid/Libby Clarke

### Learning to live healthily

Ten year old Vasanthi (seen standing on the steps of this photo) attends Marachipatti Primary School in Tamil Nadu, India. The school did not used to have any latrines and as a result the pupils were frequently ill. In 1999 WaterAid and its local partner Gramalaya built a latrine block there and helped set up a school health club. The club is made up of five committees of children with designated responsibilities for water maintenance, campus cleaning, toilet maintenance, food and classroom cleaning.

Vasanthi explains what life at school used to be like: "Before we had the toilets we had to use the thorny bushes on the outskirts of the village. Sometimes snakes would come and disturb us. I would run away as quickly as possible. This wasn't much fun. Through the personal hygiene committee we have learnt to cut our nails and wear clean clothes. If somebody else comes to school looking dirty we ask their parents to send them cleaner next time. We also tell our parents to wash their hair, clean their teeth and wash their hands with soap after handling garbage."

Vasanthi's headmaster says the health programme has led to great improvements at the school: "I've seen a tremendous change in the children. The most important things are that there used to be ten to fifteen children absent per day due to diarrhoea. Now none of the children are absent except for when something goes wrong in their family."



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The UK's only major charity dedicated exclusively to the provision of safe domestic water, sanitation and hygiene education to the world's poorest people

# Children and WaterAid



WaterAid/Jeremy Horner

Children throughout the world suffer many serious problems as a result of unclean and scarce water, a lack of sanitation and poor hygiene practices. Water and sanitation related diseases claim the lives of over two million children a year. The daily task of water collection dominates many children's lives, leaving them with little time to attend school, relax or play. Living without water and sanitation traps whole communities in poverty, resulting in children having to start work at an early age and receiving few opportunities in life. WaterAid projects free up women's and children's time from water collection and improve the health of the community, meaning that they and the next generation have the chance of a healthier, happier future.



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# Life without water and loos

In many countries children, particularly girls, are responsible for the collection of water. Girls as young as ten may take the main responsibility for drawing and carrying the family's water. The size of water container can vary according to the age of the child, but each litre of water still weighs one kilogram and may need to be carried for up to three or four miles. Where there is no clean water source available, they have to collect water from contaminated sources such as muddy pools, which harbour harmful bacteria. Where there is nowhere safe to go to the toilet, people have to defecate in the open. Children's faeces left lying around pose a severe health risk, particularly when they are close to the house where small children play. The health risks are increased where children do not understand the importance of good hygiene and have not been taught to wash their hands after defecation and before eating.



WaterAid/Jim Holmes

necessity of regular bathing.

While mothers collect water, their children from the age of two upwards are left to fend for themselves for up to eight hours a day. The younger ones are left in the care of an older child who may themselves be only eight or nine years old. This is a great burden of responsibility to put on young shoulders. Many accidents can result, such as toddlers falling on to the fire. It is also difficult to ensure that young children receive food as often as they need to when their mother is absent.

## Impacts on education

Collecting water is not only physically stressful but extremely time consuming. One of the most serious effects is that children, particularly girls, often do not have the time to attend school; they may not enrol at all or they may be frequently absent. When children are suffering from water and sanitation related diseases they are often not well enough to attend school, and absenteeism can rise further.

Children may also be prevented from enrolling in school if their parents are very poor and unable to afford the associated costs, or need their children to help them in their work. WaterAid research has shown that when communities are helped to establish water and sanitation facilities, household income rises due to an increase in economic productivity and families are able to pay for school fees, equipment and uniforms they could not previously afford.

Girls who are enrolled in schools without latrines often tend to drop out of school as they approach their teenage years. Establishing sanitation facilities in schools helps reduce their drop-out rates.

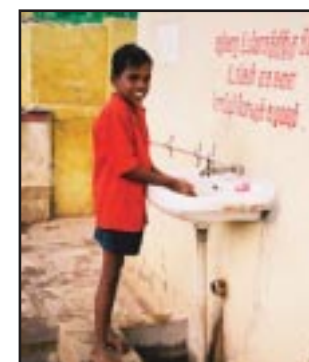
A lack of water and sanitation facilities also makes the recruitment of well trained teachers difficult, which sometimes results in schools being closed for days or weeks at a time. The teachers who do accept posts in communities without water and sanitation face the same problems of water collection and disease as the pupils, and this affects the quality of their teaching and the amount of time they are able to dedicate to it.

## Children and WaterAid

As children often suffer the most from a lack of safe water and sanitation, WaterAid works to ensure that its projects respond to their needs. Mothers tend to have the best understanding of their families' needs and women are encouraged to take an active role in all stages of projects. Communities take decisions on where to site their water sources and tend to choose to locate them in the centre of the community to minimise the distance everybody needs to carry water. This means that often children are able to collect water for their families before they go to school in the morning, and when they return home in the afternoon.

Facilities can also be tailored to make them appropriate for children. For example in south India, child-friendly toilets have been developed. It was found that children did not like using adult latrines as they were afraid of entering the dark, enclosed space and of falling down the drophole. The child-friendly toilets are open air, communal latrines with narrow dropholes, sited in enclosures with brightly coloured murals.

Communities undertake as



WaterAid/Libby Clarke



WaterAid/Jon Spaul

much of the physical construction of projects as they can. Children can help in some of the less strenuous tasks such as collecting stones for building with. They are also encouraged to play their part in maintaining pumps or tapstands by being taught how to use them correctly, and being assigned duties such as keeping the surrounding area clean.

Hygiene education is an essential part of WaterAid-funded projects and in this area children have proved to be invaluable. Hygiene education often takes place through schools. Children are more open to discuss and change hygiene habits than adults whose behaviour has been ingrained over a lifetime. Children who learn the importance of good hygiene practices will pass these on to their families, younger brothers and sisters and ultimately to their own children. There is a particular approach called 'Child-to-Child', which recognises that children are often responsible for younger brothers and sisters. It teaches them to become health educators for their family and friends and ultimately for the whole community.

## Factfile:

- About 2.2 million children die of dehydration caused by diarrhoea every year, 80% of them in the first two years of their life
- The World Health Organisation estimates that 90% of these children could be saved by prevention or better treatment
- Safe disposal of children's faeces leads to a reduction of nearly 40% in childhood diarrhoea
- In Bangladesh a school sanitation programme has increased the enrolment of girls by 11% per year since it began in 1990

PROPORTION OF POPULATION UNDER 15	
UK	19%
Zambia	47%
India	34%
Mali	46%

INFANT MORTALITY (UNDER 5) PER 1000	
UK	7
Zambia	202
India	93
Mali	231

SCHOOL ENROLEMENT RATIO	
UK	100%
Zambia	49%
India	55%
Mali	28%

PROPORTION OF PEOPLE WITH ACCESS TO SAFE WATER	
UK	100%
Zambia	64%
India	54%
Mali	65%

Sources: Reducing mortality from major killers of children, WHO; Water and Supply and Sanitation Collaborative Council; Why promote sanitation? S Cairncross; Human Development Report 2002 (UN); The State of the World's Children 2003 (UNICEF)

## Impacts on health

Carrying heavy water pots is damaging in the long term for adult women; for girls there are even more serious implications given their physical immaturity. In particular, there can be damage to the head, neck and spine. In extreme cases deformity of the spine can lead to later problems in pregnancy and childbirth. When out searching for

water or for somewhere to go to the toilet, children are exposed to the risk of attacks by wild animals and bites from snakes and insects.

Children are the most vulnerable to diseases which result from dirty water and poor sanitation. Common diseases include cholera, typhoid and dysentery. In addition to being more likely to catch the diseases in the first place, children, especially those under five, are less likely to recover than adults. As a result a child dies every 15 seconds from water-related

diseases.

Often children do not have enough water to wash very often and suffer from skin diseases such as scabies, or eye infections such as trachoma, the world's leading cause of preventable blindness. In extreme cases children may not wash for up to half a year, especially those who are too young to walk the long distance to bathe at the nearest water source but too old to be carried there. In addition to water being scarce, there is often little understanding of the