



THE WORLD FEDERATION

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WATER & SANITATION

**A policy paper prepared by:
Relief & Economic Development of the Secretariat**

A guide to addressing and improving water and sanitation facilities in the developing world

1.0 INTRODUCTION

- 1.1 This paper has been created by Relief & Economic Development section of the Secretariat as part of its objectives (hexagon) of creating policies of what relief work The World Federation will undertake. This paper will develop a policy on how to meet the water and sanitation needs of our communities in the developing world.
- 1.2 The need to formulate this action plan is more critical at present now that The World Federation has gained Special Consultative Status with the ECOSOC of the United Nations. Many NGOs who share similar goals and objectives as The World Federation have a clear action plan for developmental work such as water and sanitation. It is therefore recommended that The World Federation does the same, based on its Vision, Mission and Core Values.
- 1.3 This paper is for the 6th Executive Council Meeting of The World Federation held at Ja'ffari Islamic Centre, Toronto on 14 June 2008. Discussion and feedback from the meeting will be used to finalise this paper.
- 1.4 Access to a regular supply of safe water and adequate sanitation is a basic human right. Yet the lack of these two necessities is widespread for members of our community and members of the Shia Community living in the developing world in countries such as Kenya, India, Pakistan and Sri Lanka.
- 1.5 Unsafe drinking water and inadequate sanitation are the cause of a number of preventable diseases among the population of these regions.
- 1.6 The World Federation's Community and Action Plan on water and sanitation aims to meet the imminent needs of our Shia Community, the wider Muslim community and humanity as a whole where possible.

2.0 THE RIGHT TO WATER

- 2.1 There are many of our Muslim brothers and sisters in the world today who do not have access to a fresh clean supply of water.

3.0 WHO IS AFFECTED BY UNSAFE WATER AND POOR SANITATION?

- 3.1 More than one billion people lack access to clean drinking water. The consequences of which include health problems, economic and social difficulties and inequities.
- 3.2 Different groups are affected in different ways.
- 3.3 The Deserving:
 - Less likely to have access to clean water and sanitation.
 - Less likely to have the financial and human resources to manage the impact of this deprivation.
 - The cost of a lack of access to water and sanitation can also be reflected on the fact that many travel several miles to gain some water.
 - Often develop diseases arising from water collection – including injury and water contact diseases.

3.4 Women:

- Almost 70% of the 1.3 billion people living in extreme poverty are women.
- When there is little privacy or security, women and girls have to go into inappropriate locations where they risk getting attacked.
- A major reason for parents not sending their daughters to school in many developing countries is the lack of secure sanitation facilities.
- Households in rural Africa spend 26% of their time fetching water – and it is generally women who perform this duty.
- The water that is collected is often dirty from undesirable sources.
- Women's health is affected by waterborne diseases and from carrying heavy loads of water.

3.5 Children:

- Lack of safe water increases the vulnerability of children to diseases.
- Their immune systems and detoxification systems are not fully developed, so they are often less able to respond to a water-related infection.
- Children also have less body mass than adults; this means that water borne chemicals may be dangerous for a child at a concentration that is relatively harmless for an adult.
- Children often share the responsibility of fetching water; this can affect their health and put them (especially girls) at risk of attacks.
- Globally, 10.5 million children under the age of five die every year, with most of these deaths occurring in the developing countries; lack of safe water, sanitation and inadequate hygiene contribute to the leading killers of children under five including diarrheal diseases, pneumonia, neonatal disorders and malnutrition.

4.0 NEED FOR INVESTING FUNDS AND EFFORTS TO PROVIDE WATER

4.1 There is a global crisis in water and sanitation in the developing world. As such the UN has declared that 2008 shall be declared the International Year of Sanitation.

4.2 1.1 billion people lack access to clean water.

4.3 2.6 billion lack access to basic sanitation.

4.4 This crisis is killing as many as 5,000 children a day, which is equivalent to the number of people in 20 airliners. More importantly, these people are dying every day to an entirely preventable public health crisis.

4.5 This crisis is driven by inequality and poverty, in which the burden falls on the womenfolk of the society. Young girls are denied an education because either their job is to fetch water, or to drop out of school in adolescence because of inadequate sanitation facilities. When these girls become adults, they will continue to waste hours of their time every day in search for water and inevitably look after the children that are either ill or dying from diarrheal diseases.

4.6 The effect of climate change further impacts this crisis. A change in climate puts an increased pressure on water resources. In places where water and sanitation services are poorly managed, the effects of climate change are going to make matters much worse. Unless water resources are protected and shared equitably, needy and marginalised communities will suffer the most.

- 4.7 With respect to government involvement in this issue, the water and sanitation sector is in crisis because there is a lack of political will to push through changes that benefit the poorest and most vulnerable people.
- 4.8 The above reasons indicate the need for investment to help provide access to fresh water and sanitation. In addition, many of those lacking water are from the Shia Community and we should work as a community to help them.

5.0 KEY STATISTICS ON ACCESS TO SANITATION (WHO)

- In 2002, 2.6 billion people including 980 million children lacked access to improved sanitation, which represented 42% of the world's population.
- In sub-Saharan Africa, sanitation coverage is a mere 36%.
- Only 31% of the rural inhabitants in developing countries have access to improved sanitation, as opposed 73% of urban dwellers.
- In order to meet the sanitation needs, an additional 370,000 people per day up to 2015 should gain access to improved sanitation. Unfortunately, if action in this area continues at the current rate, this will not be met until 2076 and the cost of inaction is huge.
- 2008 has been declared the UN International Year of Sanitation because of the severity of this problem. 2.6 billion People have nowhere to go to the toilet and the resulting diarrhoeal diseases kill 5,000 children every day - five times the number of deaths from HIV/Aids. This global crisis is undermining all development efforts.
- There is compelling evidence that sanitation improvement brings the greatest public health returns on investment of any development intervention. For every US\$1 spent on sanitation, up to US\$9 is returned on improved health, economic productivity and education.
- Improved sanitation contributes enormously to human health and wellbeing, especially for girls and women. We know that simple, achievable interventions can reduce the risk of contracting diarrhoeal disease by one-third.

6.0 KEY STATISTICS ON ACCESS TO WATER SUPPLY (WHO)

- In 2002, 1.1 billion people lacked access to improved water sources, which represents 17% of the global population.
- In sub-Saharan Africa, 42% of the population is still without improved water.
- Between 2002 and 2015, the world's population is expected to increase every year by 74.8 million people.

7.0 HEALTH EFFECTS OF UNSAFE WATER AND POOR SANITATION

- 7.1 Unsafe water and poor sanitation cause extremely bad health effects and unhealthy living conditions.
- 7.2 Residents have to collect their water from unprotected sources such as polluted wells, contaminated drainage channels, or buy it from vendors at a much higher price than if their homes were connected to a municipal supply.
- 7.3 There are a number of preventable diseases that occur. These include: Diarrhoea, Malaria, Schistosomiasis, Trachoma, Intestinal Diseases (Ascariasis, Trichuriasis, and Hookworm), Japanese encephalitis, Arsenic Poisoning and Fluorosis.
- 7.4 Description of the complications that occur with people suffering from any of the above conditions:

Malaria

- 1.3 million people die of malaria each year, 90% are children under 5.
- There are 396 million episodes of malaria every year; most of the disease burden is in Africa, south of the Sahara.
- Better management of water resources reduces transmission of malaria and other vector-borne diseases.

Intestinal helminths (Ascariasis, Trichuriasis, Hookworm)

- 133 million people suffer from high intensity Intestinal helminthes infections, which often lead to severe consequences such as cognitive impairment, massive dysentery or anaemia.
- These diseases cause around 9,400 deaths every year.
- Access to safe water and sanitation facilities and better hygiene practice can reduce morbidity from ascariasis by 29% and hookworm by 4%.

Diarrhoea

- 1.8 million people die every year from diarrhoeal diseases - 90% are children under 5, mostly in developing countries.
- 88% of diarrhoeal disease is attributed to unsafe water supply, inadequate sanitation and hygiene.
- Improved water supply reduces diarrhoea morbidity by 6% to 25%, if severe outcomes are included.
- Improved sanitation reduces diarrhoea morbidity by 32%.
- Hygiene interventions including hygiene education and promotion of hand washing can lead to a reduction of diarrhoeal cases by up to 45%.
- Improvements in drinking-water quality through household water treatment, such as chlorination at point of use, can lead to a reduction of diarrhoea.
- Impact of diarrhoeal diseases:
 - a) Health – over half of the hospital beds in developing countries are filled with people suffering from diarrhoeal diseases.
 - b) Education – 443 million school days are missed each year due to sickness from diarrhoeal diseases. The UN estimates that half of the girls who stop attending primary school in Africa do so because of the lack of toilets.
 - c) Economy – Globally, it is estimated that the cost of not meeting the sanitation needs is almost US\$35 Billion per year.
 - d) Dignity – lack of a safe, private place to go to the toilet leaves millions of women vulnerable to attack and abuse.
 - e) Environment – Disposal of vast amounts of untreated sewage into rivers and water bodies seriously threatens the environment episodes by between 35% and 39%.

Schistosomiasis

- An estimated 160 million people are infected with schistosomiasis.
- The disease causes tens of thousands of deaths every year, mainly in sub-Saharan Africa.
- It is strongly related to unsanitary excreta disposal and absence of nearby sources of safe water.
- Basic sanitation reduces the disease by up to 77%.
- Man-made reservoirs and poorly designed irrigation schemes are main drivers of schistosomiasis expansion and intensification.

Trachoma

- 500 million people are at risk from trachoma.
- 146 million are threatened by blindness.
- 6 million people are visually impaired by trachoma.
- The disease is strongly related to lack of face washing, often due to absence of nearby sources of safe water.
- Improving access to safe water sources and better hygiene practices can reduce trachoma morbidity by 27%.

Japanese encephalitis

- 20% of clinical cases of Japanese encephalitis die, and 35% suffer permanent brain damage.
- Improved management for irrigation of water resources reduces transmission of disease, in South, South East, and East Asia.

Arsenic

- In Bangladesh, between 28 and 35 million people consume drinking-water with elevated levels of arsenic.
- The number of cases of skin lesions related to drinking-water in Bangladesh is estimated at 1.5 million.
- Arsenic contamination of ground water has been found in many countries, including Argentina, Bangladesh, Chile, China, India, Mexico, Thailand and the United States.
- The key to prevention is reducing consumption of drinking-water with elevated levels of arsenic, by identifying alternative low arsenic water sources or by using arsenic removal systems.

- 7.5 The above conditions are all preventable and arise as a result of an inadequate supply of fresh water, which causes problems for sanitation and hygiene measures. By helping assist this crisis, there will be an increase in the number of people who can be cured of such illnesses.

8.0 ROLE OF THE WORLD FEDERATION, ITS REGIONAL MEMBERS AND AGENCIES IN ADDRESSING THE GLOBAL WATER AND SANITATION CRISIS

WHAT NEEDS DOING?	HOW?	WHO?
Identify and create localised needs assessment of water and sanitation access.	- Creating localised action plans on how to meet these needs. - The World Federation to prioritize where best it can add value.	- The World Federation - Regional Members and Agencies.
Build awareness within our community.	Educate the community on the importance and need for access to water and sanitation.	- The World Federation - NASIMCO - CoEJ
Getting involved in incentives to help stop the crisis.	The World Federation to join the End Water Poverty International Movement and continue to participate in the Water Network of BOND.	- The World Federation - Regional Members and Agencies.
Finding new and innovative tools and technologies to address this area. Examples include Chlorine tablets, purification equipment etc.	Enquire as to how this can be achieved.	-The World Federation and Regional Members where relevant.
Facilitate its partners to monitor the quality of water.	Using the World Health Organisation Guidelines for Drinking Water Quality and other internationally accepted guidelines.	- The World Federation and Regional Members where possible.
Launch the Ali Asgher (AS) Water Appeal.	- Working in partnership with the Regions, relaunch the AAWA appeal using youth networks to fundraise. - In addition, use street collections, tube collections and external fundraising where possible.	- The World Federation and Regional Members where possible.