
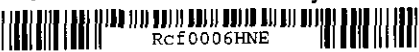


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Address by Mr. James P. Grant  
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to the International Symposium on Water Resources  
Water Sanitation for Child Survival and Development

New York  
5 January 1987

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WATER AND SANITATION FOR CHILD SURVIVAL AND DEVELOPMENT

New York - 5 January 1987

Mr. Chairman,

Of the nearly two billion people in our world who live in a state of poverty without proper water supply or sanitation, four hundred million of them are children younger than five years of age. Of these, 22,000 per day - 8 million per year - are likely to die from diseases caused by lack of safe water, dirt or unhygienic practices.

In order to improve their health and quality of life, easy access to safe water in adequate quantities obviously must be secured. Water is a cornerstone to the measures needed to improve the situation of children and women. The role of the United Nations Children's Fund in the effort to increase the percentage of the world's population that does have access to clean water began on a modest scale in the early 1950s, following the recommendations of the WHO/UNICEF Joint Committee on Health Policy. In conjunction with WHO, UNICEF began by

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supporting small water supply schemes in countries as far apart as Greece and Panama.

It was a series of emergencies in Southern Asia and in Africa between 1965 and 1975 that drew UNICEF, along with a number of other agencies, into activities on a vastly expanded scale. These were aimed first at immediate relief to people in drought-, famine- and war-ravaged areas. As is so often the case, emergency relief grew into longer-term life-sustaining development activities. It rapidly became apparent that no other measure for the survival and development of children could be effective unless the supply of fresh water was secured in sufficient quantities. UNICEF became involved in developing safe community water supplies and environmental sanitation in underprivileged rural and peri-urban areas where such basic services had not previously existed.

Several factors have motivated UNICEF's increased participation in these efforts over the decades, but central to all of the beneficial effects of a clean and adequate water supply - and certainly primary to UNICEF's involvement - is the health of the child. The direct health effects, along with the importance of water supply to women's advancement, family food production as part of food security, and other social and economic benefits, have all caused UNICEF to take an active part in the work to bring water resources to good human use. UNICEF has collaborated with more than 100 governments in these undertakings, all of which are carried out in close co-operation and co-ordination with a great number of organisations - bodies of the United Nations as well as other inter-governmental, bilateral and non-governmental organisations.

International coordination - an integrative approach

The Decade provides a framework ...

A major step forward in this worldwide endeavor was taken in 1977, at the United Nations Water Conference in Argentina, of which this Symposium is a 10th anniversary follow-up meeting. Attended by 116 Member States of the United Nations, this conference formulated and approved the Mar del Plata Action Plan, which conceived both the International Drinking Water Supply and Sanitation Decade (1981-1990), and the previously inconceivable goal of adequate water supply and sanitation for all by 1990. On 11 November 1980 the General Assembly proclaimed the Decade, during which Member States will assume a commitment to bring about a substantial improvement in the standards and levels of service in drinking water supply and sanitation by the year 1990.

The Decade has led to unprecedented coordination and cooperation in the international community. The practical development of low-cost technologies that make widespread coverage feasible, as well as the development of social strategies and approaches capable of putting the new technologies to their intended use, have all been the result of international collaborations, and it has been these group efforts that have provided the prerequisites for national-level provision of these vital basic services in country after country. The strategies UNICEF has promoted since the 1960s, which involve integrating basic services - including training, communication and health programmes - in order to make water and sanitation assistance more effective, have gained momentum during this Decade. We continue to work toward developing mutually supportive inter-action among the health, education, nutrition and water and sanitation sectors, and we are most encouraged that

many governments and government agencies have redesigned their programmes in order to integrate mechanisms and approaches more fully. Major advancements have been made in most countries during the Decade, and it has provided the context in which governments worldwide plan and commit themselves to the improvement of water and sanitation conditions for their peoples.

... in keeping with UNICEF's historic approach

The approaches that UNICEF finds so effective in advancing the goals of this Decade are firmly rooted within the overall context of the Organization's work, which concentrates on reaching the broadest range of children and communities with essential services and support. We are particularly emphasizing that a series of newly developed or previously underutilized low-cost/high-impact health care technologies combined with new social mobilization methods that foster participation among those who will benefit from the programmes can achieve dramatic improvements in child survival and development. As I am sure you are all aware, this dynamic combination of approaches has come to be known as the Child Survival and Development Revolution, an important component of our efforts to provide Health For All by the year 2000. The actual health care techniques it uses, which are explained in UNICEF's annual report, The State of the World's Children, include: immunization against the main child-killing diseases; the use of Oral Rehydration Salts, a solution of salts and sugars available in virtually all homes, to combat the devastating effects of diarrhoeal dehydration; a return to the widespread practice of breastfeeding, which - among other benefits - is far more likely to be sanitary than the water currently available in many places; the use of simple growth charts to warn of impending malnutrition; adequate family spacing; female literacy, and food supplementation. Integral

to this programme is not only the provision of clean water sources where inadequate supplies exist, but the active promotion of such practices as the proper use of latrines and of hand-washing in conjunction with the use of latrines - simple measures which avert the onset of life-threatening diarrhoeal diseases in the first place. All of these measures rely heavily on mobilizing and integrating the various "sectors" of society at each level - community, regional, or national - to join efforts so that the effect of each group will be far greater than if it had simply worked toward a specific change within its limited jurisdiction.

Although money is not the best measure of inputs or achievements, it is an indication of the high priority UNICEF affords to the provision of water supply and sanitation that during the period 1975 through 1985 UNICEF expended an accumulated total of US\$550 million. This has accounted for a steady 18 per cent of our own budget, and it corresponds to 75 percent of the total expenditure of the United Nations system in the form of grants for Water Resources Development. UNICEF's share of the overall external assistance for community water supply and sanitation in the form of grants, as provided by bilateral, non-governmental and other organisations, during the last ten years has amounted to between 10 and 20 percent of the total.

#### Focusing the approach to serve the masses

More important is what has been achieved and how it has been accomplished. Taking advantage of the technical revolution is one key element, and it began 20 years ago with the introduction of high-speed, low-cost water well drilling methods, sturdier handpumps and more sanitary

latrine designs, such as the VIP latrine (Ventilated Improved Pit Latrine).

A second factor is the universal recognition of the need to have communities participate fully in the planning, design, management, operation, maintenance and - as far as possible - at least in part of the funding for the investment costs of systems they will use. UNICEF strongly supports policies that leave the funding of operation and maintenance of community water supply facilities entirely to those who will use them.

A third factor is the immense emerging potential of increasing the use of low-cost approaches. Fortunately, we are witnessing a significant change in policies by major international financial institutions and bilateral organisations towards placing more emphasis on low-cost alternatives.

A final factor is the increasing importance attached to health education in increasing widespread understanding of the importance of sanitation; of keeping water clean and of personal hygiene such as washing hands. We now recognize that the beneficial impact on health of investment in water and sanitation can be vastly increased if health education is given a central role.

#### The Abidjan Statement - a major breakthrough

The recently promulgated "Abidjan Statement" spells out the basic tenets of these new policies. It reflects principles agreed upon in October 1986 in Abidjan by the representatives of 30 African countries as well as the major external support agencies. The statement asserts that the major factors needed for a rapid and successful implementation include:

- 1) Confirmed government and donor commitment.

- 2) Willingness on the side of the communities to take an effective responsibility for running their own systems.
- 3) Community maintenance as the key to long-term success.
- 4) An integrated approach to health-related development.
- 5) Choice of technology to match the community resources available.

What is particularly revolutionary in this major and positive change in policy orientation is that it outlines the mechanisms to enact a considerable increase in support to the poorest areas of the world. The principles of the Abidjan Statement are as valid for the other regions of the world as they are for Africa.

We now have the low-cost technologies and the social mobilization methods which make it possible to provide adequate safe water to the great majority in even the poorest regions of the world. Funding is important but it is only part of the solution. What is required now is the popular and political will to make this happen. In order to effectively provide water for people, governments must respond; they must develop clear and strong policies and they must decide on priorities. They must organize the use of human resources for planning, organisation, management, operation and maintenance. Central to the national plan must be provision for health education and other elements of social marketing which help to increase the awareness within communities regarding the proper use of water supply. Other measures for ensuring safe



drinking water, appropriate personal and household hygiene must go hand-in-hand. Governments and people should also be aware that there will be some societal changes as a result of the great advantages for women and children in terms of cutting down the tremendous waste of energy and time spent on just hauling water for up to six or eight hours per day. The time made available to women provides a new and potent resource to both the family and to society, as well as to the woman herself.

The urgent and dire need to seize the opportunity presented by the low-cost approaches is evidenced by these facts: presently, only one-fourth of the total global needs for water supply are being filled, and the proportion with satisfactory sanitation conditions is far worse. We do warmly welcome reinforcement of the global effort on all sides, as outlined in Abidjan.

The fact that this remarkable meeting of worldwide significance was held in Africa, indicates both the significance and high priorities attached to that particular continent in terms of international development efforts and, secondly, the primary importance to Africa of improving its water supply. The United Nations Programme of Action for African Economic Recovery and Development as approved by the General Assembly during its Special Session on June 2, 1986, underscored this second point by placing special emphasis on the development of water resources for human use.

On a global scale the Abidjan Statement bodes well for increasing the benefits from a continued co-ordination among UNICEF, WHO, UNDP, UNCTD, the World Bank and other organisations involved in the world-wide network for sanitation.

Within our own organizational priorities, the hopes raised by this new development have a number of implications in terms of the modalities of our work. The methods singled out in the Abidjan Statement will make the water and sanitation components of the basic services for children even more efficient tools in the Child Survival and Development Revolution.

I have referred often today to the provision of "adequate, safe water". The provision of each - adequate and safe - is a task in itself, for not only the quantitative but also the qualitative aspects of water and sanitation need to be addressed. I believe that many of the recent very positive experiences with social mobilization for health, such as those we witness in the Child Survival and Development Revolution, can be applied towards a better understanding of the benefits of safe water supply and sanitation. Moreover, this orientation falls very naturally in line with the integrative approach that UNICEF has historically promoted in conjunction with water projects.

Results are being made

A prime example of successfully integrating many aspects of health care with water supply projects can be found in Nigeria. In 1981 a demonstration project was begun in Imo State in the south-eastern part of the country. It combined the building up of a primary health care network with the training and organisation of so-called "village-based workers". To this was joined a strong handpump water supply and sanitation component and the introduction of oral rehydration treatment and other Child Survival and Development elements, backed by intense health education.

That first demonstration has been in operation for five years now. The success of it recently induced the Federal Government and the State Governments of Nigeria to introduce and spread this model nation-wide. The primary health care network in Nigeria has cooperated in providing a basis for the nation-wide immunization activities that reach out to children all over this geographically vast country. In large areas as yet unserved by adequate water and sanitation facilities, the linking of health messages with the nation-wide immunization campaigns helps prepare communities for the new installations to be made and for the changes that will accompany them. Thus one good thing leads to another in, for once, a beneficent cycle. We have here a practical joining of the goals of water and sanitation and immunization for all by the year 1990. In their turn, the fulfillment of these goals are strong support to the goal of Health for All by the Year 2000, as proclaimed by the World Health Assembly.

Some important regions in the world have made major strides towards the Decade goals of providing adequate safe water to all by 1990. Particularly in the South Asian countries there is a good chance that the Decade goals for rural water supplies will be met almost on schedule in some countries. Much of the Decade promotion out of necessity so far has been directed towards government ministries and agencies. The promotion and motivation at the community level - directly to the operators and users of the facilities - now need to be stepped up.

Exemplary commitments and results already have been achieved in some countries which have made a concerted effort to put into effect

recommendations regarding Decade goals. In India, for example, the total annual investment in some 200,000 water systems under the Government village water supply programme amounts to an estimated US\$1 billion, over half of which is budgeted by the Government, with the remainder funded largely by the communities, with the possibility of US\$30-40 million from external sources (UNICEF's annual contribution is in the order of \$12-15 million). Costs for the projects involved are remarkably low: providing one individual in a rural or peri-urban household in India with some eight gallons of fresh water per day from a drilled well with a handpump close to his or her domicile, costs in the order of ten rupees (corresponding to one US dollar) per year. This means water for drinking, cooking and basic hygiene. This, again, corresponds to a cost of just under one rupee (ten US cents) per cubic metre. Many of the poorest communities in the world still pay fifty times or more that price for water of dubious quality, provided by water vendors. Through this ingenious low-cost programme aimed to serve even the poorest segments of the population, India expects to meet the Decade goal of adequate safe water for the great majority by 1990.

Bangladesh is another country on schedule toward the goal of total coverage by 1990, and other countries will be able, if considerable political will is maintained, to ensure adequate clean water and sanitation for their entire populations by 1995, or in some cases, at least by the year 2000.

Adjustment policy - an opportunity to ensure safe water

That this remarkable progress has been made despite formidable hardships on many fronts signals a major cause for hope. All of us are confronting the

overwhelming problems of still-rising overpopulation. This leads to a continued pressure on the land with its natural resources. Fresh water, as the life-giving resource, needs thus to be brought to good use with means that would lie within the economic and social reach of those who draw the water. We struggle with the burden of a world-wide recession and the great difficulties that beset large regions of our world, especially the continent of Africa. These problems, unless curbed, risk being passed on, in an even more aggravated manner, to our children. For their sake, priorities have to be changed, new goals set, new approaches tried out in the work towards accelerated development.

During the economic crisis that has affected the world's poorest countries so adversely during the 1980s, a considerable amount of attention has been focused on just how the Third World will repay its enormous external debts without critically exacerbating the already inhumane conditions of abject poverty. The expression, "Adjustment With A Human Face" has been coined for approaches that begin to account for human well-being in this process. These approaches treat very seriously the fact that even in the midst of the economic pressure of adjustment, there is need for protecting vulnerable groups - both for ethical reasons and for the long-term economic health of the debtor country. One promising technique that is emerging is the practice of factoring in indicators of human progress among requirements to be monitored in the adjustment process.

Safe drinking water and basic sanitation should be among the human requirements not only protected from economic cutbacks but made part of the restructuring effort whereby more is achieved from financial resources

available for a particular sector. I am convinced that greater priority should be given at this time to the low-cost, high-coverage approaches now available for rural and peri-urban areas which will help improve the health and welfare of the poorest groups. Support for community approaches as compared to capital intensive urban water and sewage projects, when economic times are bad, can help make constructive use of under-employed labour. Intensive health education can result in much better use of existing facilities. Such measures show that significant progress is still possible, even in dark economic times.

#### Seizing the opportunity

We of UNICEF are proud to form an integral part of the network of government, international and voluntary organisations - one of the most efficiently managed sectors in the international system - that is striving for the proper use, conservation and maintenance of the precious but scarce fresh water resources of our world. Abundant safe water is a commodity from which everyone benefits. It keeps industries running and farmlands producing; it keeps food safe and nutritious, and it keeps children healthy.

It is this last - the health of the world's children - that engages our steadfast commitment. It is a goal that can only be reached if the organizations represented in this room seize the opportunities available to provide widespread coverage to the world's poor, and make this possibility a reality. Millions of children are now facing bleak and uncertain times, yet much of our future hinges on their fate. For their sake, let us redouble our efforts to ensure that fresh, safe water will be secured for the generations to come.