Water for Africa

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Word came back to our organization's West Africa head office that a number of children in a high school 'up country' were possessed by spirits and were having convulsions and fits. This immediately rang familiar alarm bells with our executive director, a trained nurse, midwife and social scientist, who has worked for over 18 years around the globe as a health advisor and project co-ordinator for an international NGO (non-governmental organization).

The Water for Africa team travelled for 8 hours to the affected village, and the affected secondary school of 600 children. It was the height of summer, and temperatures were soaring into the 40s.

The cause of the convulsions was not possession, but water; the lack of it, not contamination. We have found this an all too common sight across this disadvantaged continent and part of a typical day in the life of the Water for Africa organization.

A simple well, unlined and unprotected, proved to be the cause of the inadequate supply of water for the students. The WHO (World Health Organization) recommends an average daily intake of 2.2 litres a day for female adults and 2.9 litres a day for male adults, rising to 4.5 litres during manual labour in high temperatures. The well at the school provided the students with only 1 litre per day during school hours, resulting in precarious dehydration.

The lack in quality and quantity of water in Africa has long been debated. We are all used to the images of women and children walking for miles every day to carry water, and have become inured with the statistics on water-associated death and disease in the developing world and sub-Saharan Africa.

The WHO estimates that 80% of all sickness in the world is due to unsafe water and poor hygiene and that 4000 children die every day from drinking unsafe water. About 1.8 million people die every year from diarrhoeal diseases (including cholera); 90% are children under 5 years old. Approximately 88% of diarrhoeal disease is attributed to unsafe water supply, inadequate sanitation and hygiene. Improved sanitation reduces diarrhoea morbidity by 32%, and hygiene interventions, including the promotion of hand washing, can lead to a reduction of diarrhoeal cases by up to 45%.

The challenges of water in Africa are complex and numerous. Water is an essential nutrient and building block of life, essential for agriculture and a basic human right. It is almost impossible in the Western world to imagine the daily struggle for millions in their attempt to secure this essential commodity.

Water for Africa was set up to provide water, sanitation and health to communities suffering from endemic poverty. It bought a state-of-the-art drilling machine and shipped it over to Africa, training a team of local people in a variety of disciplines and implementing a strong management team, fiscal budgeting and accountability.

Our first project was working with a West African village in the Kiang district of the Republic of The Gambia. Like many others, the village faced a daily water challenge. In terms of its recent access to water, it may be considered one of the luckier communities; it had an open well installed some years ago, so the daily 4.8 km (3 mile) trek by women and children to the river to collect water was no longer necessary. Yet this is a community which is still suffering from dire poverty, infant and maternal mortality, malnutrition and deadly, but preventable, diseases. We provided the village with two new tube wells, tanks and hand pumps for both health and for irrigation purposes, tools, seeds and nets for fishing.

The debate of quality against quantity has recently become a significant area of discussion for communities in Africa. There

are numerous communities across the whole of Africa which do not have access to water in any quantity, or, if there is quantity, the quality is often poor, harbouring pathogenicity.

Local communities demonstrate a lack of adequate water and high prevalence of water-related diseases. About 60% of the population use open wells as their source of drinking water and are beset by poor sanitation habits. Many populations have less than 1 litre of water per person per day, and some have no access to safe drinking water.

The occurrence of water-related diseases is reported to be very high by most residents, the most common being diarrhoea, malaria, scabies, worms and malnutrition. The morbidity figures for children under five years old in one clinic's records indicate alarming rates of bloody watery diarrhoea. When 126 water points were assessed in 25 communities, 58 proved to be broken or unprotected, and there was an overwhelming number of decayed/destroyed latrines in the communities visited. The current levels of available water points do not cope with the populations of villages and schools.

Some of the communities in Africa were provided with open wells in the 1980s; the water is lifted out of the well with a rope and bucket, and livestock share the same water. The communities have had enduring problems of pathogenic contamination and repairs, and have to cope with the subsequent effects of water-related diseases in the community. They have even lost children who fell into the uncovered well.

Many communities that we visit who were provided with open wells, with hand pumps, in the last two decades are now faced with the need for service and repairs, and the donors have left the country. The communities lack the money and know-how to repair their water source. Our organization prides itself not only on providing closed tube wells to avoid contamination, but also on remaining there to support the community.

As well as water being an essential nutrient for life, we are painfully aware that access to it plays an essential part in the alleviation of endemic poverty within a community, and also in ensuring the survival of the community.

In Africa, some villages have lost many of their men as they leave rural areas to find work in the towns and cities to provide food, shelter and medicines for their families. Rural to urban migration is major factor affecting rural communities in Africa.

The rich agricultural land is used for 3 months of the year in the rainy season to grow crops. We have consistently found that the people do not lack the will, knowledge, motivation and skills to become self-sufficient, but they do lack the essential opportunities to move from rain-fed agriculture to irrigated agriculture.

Specifically, they lack access to water for agriculture. Providing the community with a borehole, water tank and pump provides the women with the chance to provide food and much-needed income to support their families with appropriate healthcare and education, so breaking a cycle of poverty for the community. It will also prevent the mass migration of the men from the village, thus keeping the community together.

The long-term focus of sustainable development within the developing world should never stray far away from the right to access to a basic human need of clean water.

For more information about Water for Africa's work, please visit www.waterforafrica.org.uk. ■