



Children drink water from a Mark II handpump.
Credit: UNICEF/94-104/Piruzi

Safe drinking water and sanitation are basic to human survival, dignity and productivity. Lack of these fundamentals is one of the main underlying causes of malnutrition, disease and death in children. Preventing diarrhoea and other sanitation and water-related diseases will have a huge impact on improving children's lives.

Investing in children is, quite simply, the best investment a government can make. No country has made the leap into meaningful and sustained development without investing significantly in its children.

INVEST IN CHILDREN – ADVANCE SUSTAINABLE DEVELOPMENT

As the world meets on the critical issues of sustainable development, six countries in southern Africa are reeling from cumulative shocks and crises that have put nearly 13 million people at risk of dying. More than half of those at risk are children and 2.4 million of those children are under the age of five.

The disaster's multiple facets include searing drought and crop failures, entrenched poverty and the ravages of the HIV/AIDS pandemic. The result is a food crisis, a water crisis, a health crisis and an education crisis all at once, with each element feeding on the others.

UNICEF is responding to save children's lives and safeguard their rights, appealing for funds to address the interlocking emergencies. Support is needed for various measures, including therapeutic feeding centres, immunization efforts, vitamin A distribution, new wells and water purification equipment, school lunches to keep children in school and help for families and children affected by HIV/AIDS, especially those at risk of exploitation.

Investing in children is a crucial way to prevent such crises and advance sustainable development.

"We want a world where there is no discrimination between boys and girls, between the able and the disabled, between the rich and the poor. We want a healthy, safe and clean environment suitable for all. And we want a decent education and opportunities for play, instead of having to work."

— The Change Makers, representing children from eight countries in South Asia.



Ayanda, 4, stands in a drought affected field in Zimbabwe. Weather, HIV/AIDS, and crop failure contribute to the crisis in Southern Africa.
Credit: UNICEF/02-0391 / Piruzi

PROVIDING WATER ALLOWS A CHILD TO RETURN TO SCHOOL IN SOUTHERN AFRICA

Shupikai, a shy eleven-year-old in Zimbabwe's impoverished Binga district, had no choice but to drop out of school when her mother fell sick with tuberculosis and persistent diarrhoea.

Her father was already severely ill from an unknown disease. Her younger sisters were just one and three years old, and had to be fed and cared for. Because her family did not have a latrine or refuse pit, everyone was at risk of contracting the disease that was causing her mother's diarrhoea unless Shupikai swept up and buried the faeces carefully. And because they did not have a well, several times every day Shupikai carried a huge 20-litre container to the bore-hole three kilometers away, pumped water with difficulty and then carried the heavy container on her head for the arduous 40-minute walk back home.

When Shupikai was asked what could be done to ease her problems, she immediately exclaimed, "Water, water! If only water was close by, half my problems would be over. And if we had a latrine, my mother would have access to it. It would be easier to take care of my parents and sisters."

As part of a UNICEF-sponsored Hygiene, Water and Sanitation Programme, the Government of Zimbabwe, Shupikai's community and UNICEF worked together to build both a well and a household latrine for Shupikai's family. Her father moulded bricks, dug the latrine pit and paid the builder in kind with goats and chickens.

The pressures on Shupikai were eased so much that within a few months she had resumed school.

Every aspect of UNICEF's work is guided by the Convention on the Rights of the Child, the world's most widely embraced human rights treaty. Every aspect of UNICEF's work promotes sustainable development.

IN INDIA, SUCCESS IN IMPROVING SANITATION

In 1990, barely anyone in the villages of West Bengal's Medinipur district had household latrines. But just a decade later, roughly 80 per cent of these families possessed latrines — reducing disease and making Medinipur a role model for other parts of India.



Sanitation project in India.
Photograph: UNICEF/94-018 / Coax

These great gains have resulted from the innovative Medinipur Intensive Sanitation Project, a joint effort of the federal and state Governments, UNICEF and the Ramakrishna Mission Lokasiksha Parishad, a leading non-governmental organization. The villagers of Medinipur district were readily willing to invest time, energy and money in building latrines for their families because local youth clubs and women's groups dedicated themselves to explaining the benefits, from personal experience. Until the latrines became popular, most people in rural Medinipur, as elsewhere in rural India, defecated in the open.

Sanitation in Medinipur was transformed— not just quickly—but cheaply.

Families financed the entire costs of the latrines themselves, possible because there was a range available of cheap and effective sanitation technologies — such as single-pit latrines — that people in Medinipur approved of.

And costs were kept to a minimum because local masons and village women began to manufacture and sell latrine components, once they had been trained. Having borne the entire costs of building the latrines, families make full use of them and maintain them well.

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