



The Global Water Crisis

CARE's Strategy for Improving Access
to Water for Poor Communities

Water is Life

Access to safe water is a basic human right, yet it is a right denied millions of people every day.

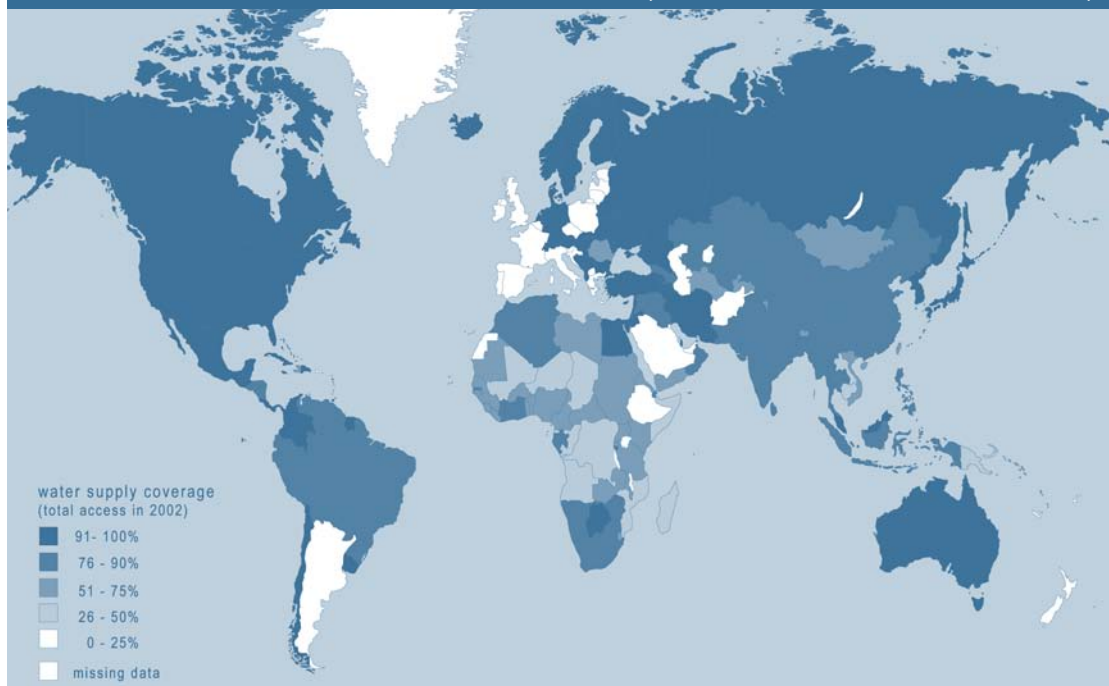
The world faces severe challenges to meet the growing demand for water and, at the same time, maintain water quality. It is estimated that over 40 percent of the world's population, or 2.7 billion people—mostly living in the developing world—will experience severe water scarcity by 2025. Deep conflicts continue or emerge as rural areas, cities, regions and neighboring countries compete for a limited and shrinking supply. Water scarcity is an ongoing public health tragedy: Preventable diseases continue to debilitate and kill because 1 billion poor people are excluded from their right to safe drinking water. Almost 2.5 billion people do not have access to sanitation and are forced to live in degrading and unhealthy environments.

1.1 billion people live without access to a sufficient quantity of safe water. Conflicts over water are predicted to contribute to most wars in the future.

Although our initial emphasis was on rural programming, CARE now also works in poor urban areas. CARE integrates domestic water supply, hygiene and sanitation programs with productive use and water management activities critical to maintaining livelihoods and reducing poverty, including:

- Equitable distribution of water among farming communities and households within communities;
- Efficient use of water for irrigation of major and minor crops, livestock rearing and other on-farm uses of water, including a number of post-harvest needs;
- Legal rights to water, particularly for marginal farmers and the landless;
- Conservation practices, particularly under rain-fed conditions; and
- Rehabilitation and maintenance of upstream watersheds for sustainable use.

Access to drinking water in developing countries, 2002 (WHO/UNICEF Joint Monitoring Program)



Access to safe water and sanitation is a basic building block for ending the cycle of poverty.

Poor people themselves consistently name lack of water among the main causes and consequence of their poverty, and give it first priority in their visions of a better future. The poor, particularly rural populations, continue to be the most vulnerable to changes in water resource availability and are the least able to cope with variations. This population is at grave risk if there is a failure to find solutions to water resource management and environmental sanitation. Although the Convention on the Rights of the Child (1989) is clear on a child's right to clean drinking water and freedom from the dangers of environmental pollution, 2 million children die each year from diarrhea-related disease. Poor women almost invariably are excluded from decisions regarding water's allocation and management. Effective ways must be found to ensure the water rights of the poor through addressing the risks and uncertainties they face over lack of access. Otherwise, their capacity to achieve long-term livelihood security, including a healthy and secure living environment, will be substantially reduced.

CARE's Breadth and Depth of Experience

Water is critical to maintaining livelihoods and reducing poverty, and has been an important part of CARE's work for many years. CARE is well known and respected for our drinking water programming, water management at the farm level, and maintenance of wetlands and ecosystems within integrated conservation and development projects. Currently, CARE has about 150 projects in 45 countries with water, sanitation and hygiene activities.

CARE's first water and sanitation project was in 1957 in San Mateo Atenco, Mexico. Over five decades, CARE's programming in community water supply has evolved substantially. During the 1980s, CARE gradually introduced other components, such as health and hygiene education, and sanitation through the provision of latrines. Our projects began to incorporate watershed protection as more holistic approaches to resource



management were adopted. In the 1990s, CARE focused on sustainability issues. This resulted in greater emphasis on people making decisions about their own water and sanitation systems and water management, specifically regarding the formation of water user associations, the training of system caretakers, and cost recovery contributing to capital investment as well as operation and maintenance.

CARE's Water Strategy

Access to water is a basic human right and is essential for overcoming poverty and social injustice, and developing livelihoods. There is a reciprocal responsibility on all users to conserve water through efficient use and limiting pollution. Our strategy emphasizes capacity building, partnership and gender equity, and promotes service delivery including the construction of infrastructure as a means of maintaining credibility and knowledge for advocacy. The goal reflects CARE's commitment to maximize service to individuals and families in the poorest communities in the world. To achieve this goal, CARE works at national, international and local levels with a range of interventions and multiple partners, including the private sector. Our water programming includes rural and peri-urban water supplies, hygiene and sanitation, on-farm water

The strategic goal of CARE's water programming is to enhance the livelihood security of poor rural and urban communities through equitable access, efficient use and sustainable management of limited and dwindling water resources.

management, watershed management, and integrated water resources management. Because many of the 2.7 billion people who will experience water scarcity by 2025 live in the semi-arid regions of sub-Saharan Africa and South Asia, these regions will receive priority for water programming.

CARE's Key Programming Principles

A Rights-based Approach to Water:

A rights-based approach to water programming means putting people and their rights, rather than technology, at the center. It means empowering poor people to make informed choices about accessing water and using it responsibly; analyzing the power structure and relationship between poor people and policy-makers; assisting the policy-makers and providers to fulfill their obligations to poor people as users; holding the policy-makers and providers accountable; understanding that lack of access to water is both a cause and a result of poverty; and promoting just and nonviolent means to settle water disputes that contribute to poverty and rights denial.

Capacity Building at the Local Level:

Building capacity involves empowering and equipping people and organizations with appropriate tools, skills and sustainable resources to solve their problems, rather than attempting to fix such problems directly. When capacity building is successful, the result is more empowered individuals and effective institutions that are better able to manage and maintain services on

a sustainable basis. The result is a community with a financial and emotional stake in its water system. CARE's guiding principal in capacity building is to train and build awareness but to leave control and decision-making with the community.

Gender Equity: At the community level, the burden and drudgery of collecting water is mostly borne by women and girls. In many instances, they must carry every liter of water that their families use for drinking, cooking, bathing and subsistence farming/gardening. Their work burden means that mothers have less time and energy for childcare or productive work and that daughters miss school, perpetuating the low social status of women in society. Adequate sanitation facilities are fundamental to the dignity of women. In some cultures, when there is no toilet, women are expected to wait until the cover of darkness before being able to defecate. The provision of water and sanitation facilities reduces the burden on women, provides time and opportunity and increases their dignity and security. CARE strives for a more balanced division between women and men in terms of access to information, physical work, contributions in time and cash, decision-making, and access to and control of resources and benefits. Recent analysis concludes that managing water in an integrated and sustainable way, as proposed by this strategy, can contribute significantly to better gender equity by improving the access for both men and women to water and water-related services to meet their essential needs.

Advocacy: CARE uses our knowledge from working at the local level and our credibility with partners in the field to leverage change at higher levels. Successful advocacy on water issues at the country level, and more recently at the regional level and with donors, has grown out of long-term programming, has been done in partnerships and has been the result of careful analysis of policies and policy implementation. Advocacy issues have included right of access in El Salvador, improved governance in Latin



America and increased U.S. government funding for water and sanitation in Africa.

Partnership: CARE is a partner of choice in the water sector. A range of partnerships allow CARE to complement our expertise with that of technical partners (consulting firms, academic and research institutes), learn and build capacity with nongovernmental organization (NGO) partners, and share expertise and learning with other members of CARE International.

Partnerships with the corporate private sector are driven by potential opportunities for affordable and sustainable products and services that will improve access to water by the poor. For example, CARE has partnered with the Centers for Disease Control and Prevention, Johns Hopkins University, and Emory University to promote household water treatment where access to a safe water source is not feasible.

CARE is also a member of formal alliances. Building Partnerships for Development in Water and Sanitation is a membership organization that researches tri-sector partnerships between government, the private sector and civil society. The Millennium Water Alliance (MWA) is an alliance of U.S.-based NGOs working in international water and sanitation. The goal of the MWA is safe water, hygiene and sanitation for 500 million people by 2015 through advocacy and direct action. Water and Sanitation for The Urban Poor is a partnership between the private sector and international NGOs designed to develop and scale-up pro-poor partnership

models for delivering water and sanitation services to poor urban areas in developing countries. CARE is also a founding partner of the Global Water Challenge, a coalition of corporations, foundations and organizations united to bring safe water and sanitation to millions.

Emergency Response: Success in long-term development often begins with the first response after an emergency, disaster or conflict. In the course of an emergency, and particularly following population displacement, normal patterns of water use and hygiene behavior are often disrupted and individuals are rendered more susceptible than usual to water- and sanitation-related diseases. Water programming addresses immediate needs and provides an opportunity for peace-building through the redevelopment of social structures and support networks that have been disrupted.

The water strategy follows CARE USA's long-range strategic directions:

- Adopting a rights-based approach to programming to achieve greater impact on poverty and social justice;
- Building a diverse constituency dedicated to ending poverty; and
- Increasing resources and investment to end poverty.



Every 15 seconds a child dies from diarrheal disease, resulting in more than 2 million preventable deaths per year.

Strategic Objectives

Increased sector investment: CARE is increasing funding of water programs, particularly in rural areas. Although 84 percent of the 1.1 billion people without access to safe drinking water live in rural areas, less than 40 percent of total water supply investment in developing countries over the last decade targeted rural areas. The low level of investment for water supply in sub-Saharan Africa and for sanitation in all regions is of particular concern.

Well informed public participation: Water projects often represent the first opportunity for a community to participate in decision-making that affects the entire community as opposed to the individual. At the local level, CARE promotes a demand-driven approach to facilitate user participation, ownership and sustainability. The communities select the service level based on willingness and ability to pay costs, which usually include some of the labor and materials for construction and the recurring costs of operation and maintenance.

Inclusion of stakeholder concerns and practices in policy and planning: CARE works to reduce the gap between policy-makers,

planners, and the communities who are most affected by them so that user interests are taken into consideration, improved lines of communication are developed to increase user participation, and the accountability of policy-makers and planners is increased.

Full sharing and use of expertise and experiences: CARE contributes to interagency communication through formal and informal partnerships and networks at the institutional level and in the field. Successful application of expertise and experience often implies scaling up, and the necessary financing is more likely to be available when the piloting and knowledge management have been coordinated with government departments or institutions and a donor.

Decentralized and holistic management of water: CARE promotes the decentralization of management to the lowest appropriate level to involve the poor in decision-making and improve accountability. For effective decentralization, the respective roles of central and local government and user groups need to be defined in legislation and resources need to be transferred from central to local budgets accordingly. Decentralization must be conducted in an open political environment to reduce the risk of elites capturing the benefits at the expense of the poor.

By the year 2025, an estimated 2.7 billion people in the developing world will experience severe water scarcity.

CARE'S Water Strategy and the Millennium Development Goals

CARE has committed to supporting the achievement of the Millennium Development Goals (MDGs). Water is linked to all the MDGs; the table on the right identifies the potential of the water strategy to impact the achievement of the MDGs.

Intermediate Objectives

These intermediate objectives provide a "road map" for achievement of the strategic objectives, and help define CARE's approach and organizational capacity for water programming:

- Enhanced CARE capacity to promote and provide quality services in water, hygiene and sanitation, and within agriculture and natural resource programming.
- Strengthened capacity of stakeholders, particularly at the local level, to fulfill their roles and responsibilities in the sector.
- Broad-based constituency to advocate for the rights and needs of people to access water for health and productivity.
- Development of strategic partnerships and alliances with international organizations, governments, academia, NGOs, communities and the private sector.

Water Impact Indicators and the Millennium Development Goals

Millennium Development Goal	Water Impact Indicators
Goal 1: Eradicate extreme poverty and hunger	Access to water for production and domestic use is improved. Efficiency of on-farm use is increased. Wetlands, floodplains and coastal ecosystems are maintained.
Goal 2: Universal primary education	Access of girls to education is increased by provision of safe water in the community and toilets in the school.
Goal 3: Promote gender equity and empower women	Access of women and men to water and water-related services to meet their essential needs is improved. Involvement of women in influential positions at all levels in the management of water resources is increased.
Goal 4: Reduce child mortality	Incidence of diarrhea among children due to lack of safe water, adequate sanitation and hygiene is reduced.
Goal 5: Improve maternal health	Injuries and anemia in women resulting from water collection are reduced.
Goal 6: Combat HIV/AIDS, malaria and other diseases	Incidence of diarrhea, dehydration and skin diseases among AIDS patients is reduced due to safe water, adequate sanitation and hygiene.
Goal 7: Ensure environmental sustainability	Natural resources (land, water, biodiversity) are protected and maintained by integrated water resource management. Emergency programs have adequate measures to protect water resources.
Goal 8: Develop a global partnership for development	Water institutions at all levels include the characteristics of good governance (participatory, consensus-oriented, accountable, transparent, responsive, effective and efficient, equitable and inclusive).



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