WEDC

MOBILE NOTE 60

Water – quality or quantity?

Introduction

Anyone thinking of implementing a water project must clearly understand water quality and quantity requirements. This note looks at these requirements and compares their importance in relation to improving people's health.

Loughborough University

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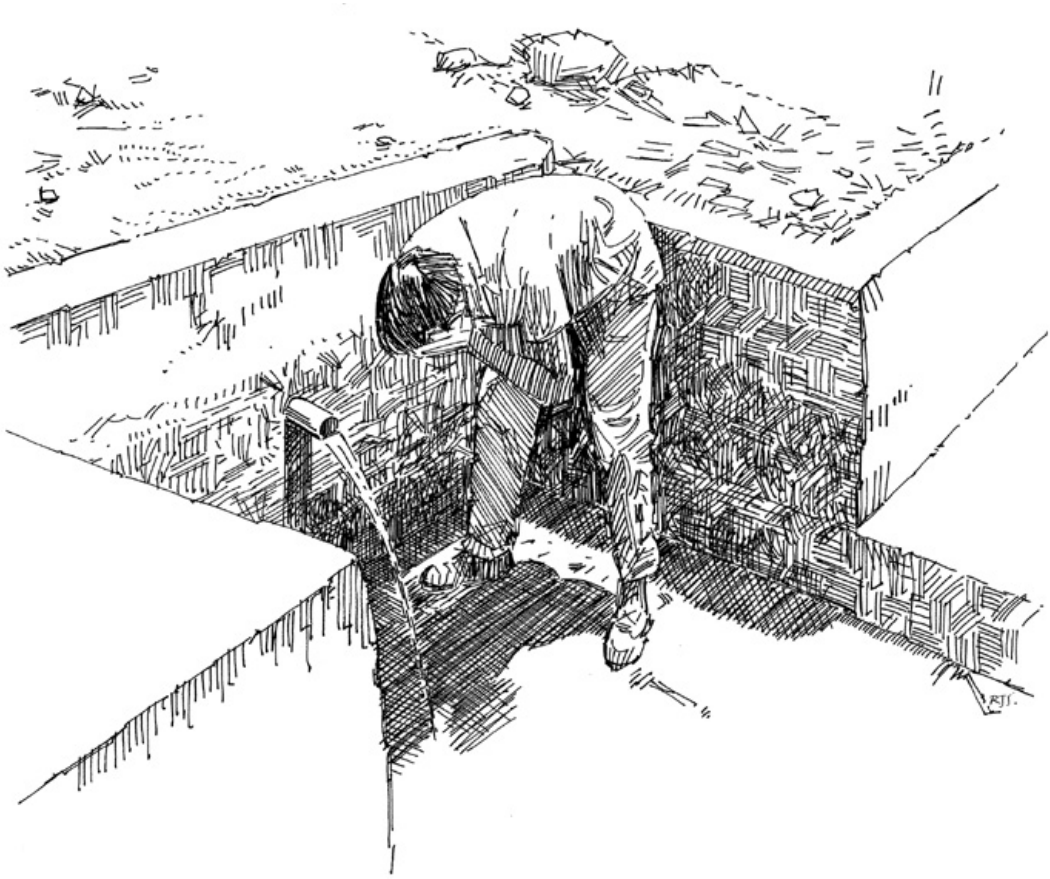

Understanding the concepts

Improved water quality or quantity alone will not necessarily improve health if communities do not have an understanding of the concepts of hygiene and disease transmission. If positive benefits are to ensue, communities must also have the will, and the financial and management capabilities to be able both to operate and maintain water projects, and to put into practice what they know about hygiene.

Water (or lack of it) can play a part in the transmission of diseases in various ways. The four water-related transmission routes are highlighted in Table 1.

Many of the water-borne, water-based and water-washed diseases are transmitted through the 'faecal-oral' route; pathogens or parasites from the faeces of one person are transmitted by various routes to the mouth of another, and in this way cause illness.

(See Mobile Note 18). Some diseases, however, such as skin or eye infections, diseases caused by lice or mites, or those caused by pathogens or parasites which penetrate the skin, are not transmitted by this route.

For these diseases the main prevention strategies are improved hygiene understanding and practice, and reducing contact with the contaminated medium.

Table 1. Disease transmission and preventive strategies

Water-borne (water-borne diseases can also be water-washed)		
Transmission	**Examples**	**Preventive strategies**
Disease is transmitted by ingestion	• Diarrhoeas (e.g. cholera) • Enteric fevers (e g typhoid) • Hepatitis A	• Improve *quality* of drinking water • Prevent casual use of other unimproved sources • Improve sanitation

Water-washed (water scarce)		
Transmission	**Examples**	**Preventive strategies**
Transmission is reduced with an increase in water quantity: • infections of the intestinal tract • skin or eye infections • infections caused by lice or mites	• Diarrhoeas (e.g. amoebic dysentery) • Trachoma • Scabies	• Increase water *quantity* • Improve accessibility and reliability of domestic water supply • Improve hygiene • Improve sanitation
Water-based		
Transmission	**Examples**	**Preventive strategies**
The pathogen spends part of its life cycle in an animal which is water-based. The pathogen is transmitted by ingestion or by penetration of the skin.	• Guinea worm • Schistosomi-asis	• Decrease need for contact with infected water • Control vector host populations • Improve *quality* of the water (for some types) • Improve sanitation (for some types)

Insect-vector		
Transmission	**Examples**	**Preventive strategies**
Spread by insects that breed or bite near water	• Malaria • River blindness	• Improve surface-water management • Destroy insects' breeding sites • Decrease need to visit breeding sites of insects • Use mosquito netting • Use insecticides

Adapted from Cairncross et al., 1983

Table 2. Recommended minimum water-quantity requirements

Usage	**Water usage (litres per head per day unless otherwise stated)**
Individuals	15 to 25
Schools	15 to 30 litres per pupil per day
Hospitals (with laundry facilities)	220 to 300 litres per bed per day

Clinics	Out-patients 5 In-patients 40 to 60
Mosques	25 to 40
Pour-flush latrines	1 to 2 litres per flush 20 to 30 litres per cubicle per day
Dry latrines (for cleaning)	2 litres per cubicle per day (more if heavy usage such as in refugee camps)
Livestock: large (cattle)	20 to 35
Livestock: small (sheep, pigs)	10 to 25

There are many water uses (e.g. drinking, cooking, washing, agriculture etc.) and the quantity and quality required for each varies. Drinking-water requirements are usually the most stringent.

Basic requirements for drinking-water

- There must be enough to prevent dehydration.
- It should be acceptable to the consumer. (A bad taste or colour, staining, or unpleasant odour can

cause a user to choose an alternative source.)

- It should be free from pathogenic (disease-causing) organisms and toxic chemicals.
- It should not cause corrosion or encrustation in a piped water system, or leave deposits.

Quantity of water

The minimum quantity of drinking-water needed for survival is three to five litres per person per day depending on the temperature, and an individual's level of exercise. Table 2 above gives further details of water-quantity requirements.

The quantities used will fluctuate with distances that have to be walked to collect water (Table 3). It should be expected, therefore, that usage will increase with the improved convenience of a piped supply, when a new source

nearer to the home is realized, or when income levels increase (Table 4).

Table 3. Collection distance implications on water quantity

Distance to water-point	Water consumption (litres per person per day)
Walking distance > 1000m to communal water-point	5 to 10
Walking distance < 250 m to communal water-point	15 to 50
House or yard connection single tap	20 to 80

Increased quantity of water can also improve:

- agricultural practices
- nutrition
- socio-economic growth

Quality

Pollutants and the physical features of water can affect health in the following ways:

- Some can be directly harmful to health, such as microbiological and biological contaminants, fluoride, pesticides and industrial pollutants;

- Colour, taste, turbidity and odour can make the water objectionable to consumers, and cause them to use another, superficially less objectionable, but not necessarily safer, source; and

- Others such as pH and turbidity can reduce the effectiveness of treatment processes such as disinfection.

Microbiological and biological contaminants are the major source of illness.

The World Health Organization (WHO) has produced guideline levels for quality for use as targets and as an aid for countries who wish to produce their own. In many regions, however, WHO

guideline levels may not be achievable in the short term and, therefore, interim national standards should be set which promote improved water quality and which are realistic.

Setting targets that are too high can be counterproductive; they may be ignored if they are not attainable.

National standards should reflect national conditions, priorities and capacity to improve water supplies, especially in small communities where the choice of source and treatment are limited, and finances are constrained.

E.coli (or thermotolerant coliforms) are used as indicators of faecal pollution. If E.coli are present then it is likely that pathogens are also present. The WHO guideline level for thermotolerant coliforms indicates that, for all water intended for drinking, none should be detectable in any 100ml sample.

Alternative figures are often quoted which are more appropriate for rural communities and emergency situations (Table 5).

Water-quality data gives information about the present situation but does not show the patterns of intermittent or seasonal pollution.

A **sanitary survey** (see Mobile Note 52) will give information about the likelihood of faecal pollution.

Local knowledge and **local medical information** can also help in assessing pollution problems.

When making an assessment of drinking-water quality, the investigator should be aware that **drinking-water can often become contaminated from unclean collection vessels or storage containers in the home.**

Table 4. Economic circumstances and domestic water use

Economic circumstances	Quantity of water used for domestic purposes (litres per person per day)
Upper to middle-income groups (warm climate: piped supply to home)	200
Upper to middle-income groups (Europe: piped supply to home)	165
Low-income groups (warm climate: standpipe supply) • urban • rural (washing at standpipe) • rural (drinking and washing only)	 70 65 25
Low-income groups (Europe: piped supply to home) • small flat with shower	 100

Adapted from Twort et al., 1994, p7

In general, microbiological pollution levels of sources vary from low levels in rainwater (if it is collected in a clean environment), deep groundwater and

springs (unless in an area of highly fissured rock), to high levels in shallow groundwater (unprotected hand-dug wells), rivers, streams and lakes.

Quality can be improved by:

- source protection;
- improved hygiene awareness and practice;
- improved sanitation;
- water treatment;
- efficient and safe distribution to the consumer; and
- good storage practices.

Table 5. Thermotolerant coliform guide

Level of faecal pollution (number of thermotolerant coliforms present)	**Inference**
0 -10	Reasonable quality
10 -100	Polluted
100 -1000	Dangerous
> 1000	Very dangerous

Adapted from Ockwell, 1986, p327

Quality versus quantity

Steven Esrey highlights the relative impact of interventions on the reduction in diarrhoeal diseases (Table 6).

From this it can be seen that quantity has a greater effect than quality, and also that good hygiene and sanitation practice have even greater impacts.

Table 6. The effect of interventions on the reduction of diarroheal diseases

Intervention	Reduction in diarrhoea (approx. %)
Water quality	15
Water quantity	20
Hygiene	33
Sanitation	35

Summary

When setting up a water-supply programme, the following points should be noted:

- In general, an increase in water quantity is more beneficial than an increase in water quality.
- The relative importance of water quality and water quantity depends on the situation. In urban areas or in refugee situations, for example, where large numbers of people live in close proximity, greater care must be undertaken to prevent epidemics. The quality of water, therefore, becomes more important.
- An excess supply of water can lead to other health hazards, such as standing water.
- In general, sanitation and hygiene understanding have a greater impact on health than improvements in water quality or quantity.

Further reading

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About this note

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