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Women's involvement in the Decade



INTRODUCTION

Integration of women in development has become a buzz phrase in recent times such that few programme officers draw up a project proposal without appending a token sentence, sometimes even a paragraph, regarding the importance of women in a given development project. While this procedure might satisfy the reviewing officer so that funding for the proposed project is approved, it certainly does not solve the critical issue of lack of women's effective involvements in programmes intended to benefit them. Time and again, this neglect has rendered many a development project more costly and less successful.

The International Drinking Water Supply and Sanitation Decade (1981-1990) which seeks to bring safe water and adequate sanitation to the world's poor majority, and which overlapped the United Nations Decade for Women (1976-1985), provides a great deal of scope for moving from rhetoric into concrete action, to mobilize women for effective involvement in development.

Recognizing the mutually supportive benefits of the success of the Decade on women's roles and of the women's roles on the success of the Decade, the 1980 World Conference of the UN Decade for Women adopted a strong resolution mandating "Member States, UN agencies, including specialised agencies, to promote full participation of women in planning, implementation and application of technology for water projects."

Subsequently, several public and private initiatives have been taken at the community, national and international levels, to help meet this challenge. These range from adoption of policy to enhance women's involvement and creation of a special task force of the UN system's Steering Committee for the Decade to develop strategies, recommend actions and draw up guidelines and checklists for women's involvement; provision by donors of financial, advisory and technical assistance to developing countries to support specific activities to enhance women's involvement; and, "rallying" of women around the water point to stimulate community self-help programmes.

Yet, many projects and programmes underway, and even planned, do not fully reflect a rec-

ognition of women as an important human resource. This is largely due to lack of commitment to and knowledge and experience of, how to promote and support women's optimal participation.

IT IS NOT ENOUGH.....

Experience has shown that unless backed by strong political and financial commitment, policies, strategies and action recommendations will not enhance women's participation. National governments, donors and the community people must undertake to plan and implement necessary programmes to assure systematic and thorough involvement of women. Aggressive and sustained consciousness-raising and information exchange programmes are crucial to stimulating and maintaining the required political and financial commitment.

Similarly, no matter how comprehensive guidelines and checklists are, they will not induce engineers and other implementers to expend the time and money needed to involve women and other community end-users. Equally important are: careful planning based on research and study findings on experiences in involving women; and, community self-help in water and sanitation.

Once the political and financial commitment has been obtained, implementers oriented/trained and community people mobilized, programmes can be initiated to involve women. For maximum impact, these programmes must be planned and executed as part of the overall water/sanitation projects and programmes, on a routine basis. Further, the extent of women's involvement should not be limited to mere provision of voluntary labour. Women should be involved in planning, implementation, operation and maintenance and evaluation.

PLANNING

Projects with the community participation approach consult community end-users about needs, preferences, and expectations and available options in order to reach agreement on all major issues. But by and large, communication is limited to contacts with community leaders -- usually men -- whose priorities do not necessarily coincide with those of women and other disadvantaged groups. In a few cases, a woman may be appointed to the village water

committee where such exists, but her representation is often more token than effective, despite her vital knowledge and experience, based on her traditional role as water-bearer, manager and custodian of family hygiene.

Conscious effort should be made to facilitate women's effective participation in machineries for needs assessment, priority setting, resource allocation and technology selection by: appointing an adequate number of able and respected females -- including teachers, midwives and nurses to represent women in the planning committee. The representatives should be informed and encouraged to participate actively in committee discussions. The timing and locale of committee meetings, the language used and seating arrangements -- all have important implications for women's participation.

In very traditional societies where women's contact with outsiders is restricted, it might be necessary to consult community women at separate meetings or individually at home through community surveys prior to planning or as part of evaluation exercises. Women field workers -- preferably from within the community -- should undertake these special consultations in order to minimize resistance from the community.

IMPLEMENTATION

Women, the main users and beneficiaries of improved water and sanitation systems, have a major interest in successful installation of new systems. They are therefore more inclined to provide free labour for construction and to mobilize, and even coerce their menfolk, into assisting them. For example, it is reported in one African country that village women threatened to withhold their favours until the men helped them construct a self-help dam. It worked like magic. Use of community self-help for systems construction brings down the capital cost and allows for extension of services to a large number of unserved communities.

Project planners and implementers should enlist the assistance of women's and other local groups from an early stage, to mobilize community people for self-help in construction.

INFORMATION AND HEALTH EDUCATION

Installation of improved water and sanitation systems does not necessarily mean general and correct use. Many examples have been documented of widespread incorrect or non-use of systems for several reasons including: cultural beliefs and attitudes, taste preferences, ignorance of harmfulness of children's faeces and/or refusal or inability to pay in cases where tariffs are imposed on community water systems.

To overcome constraints to acceptability and proper use of improved systems and assure maximum impact on the intended beneficiaries, information and health education should be undertaken in conjunction with planning and construction of systems and not only when expected behavioural changes and health impact do not occur. Women and children, especially girls who assist with water collection and with baby-sitting, should be the main focus of these programmes. Participatory rather than didactic approaches should be used for joint identification and understanding of risks contributing to transmission of water-related diseases. Once women become aware, for example, that high infant mortality is mainly due to lack of safe water, they might be more inclined to participate more actively in action programmes.

In many cases, exposure to maternal and child health and family planning programmes will provide significant motivational entry points for the introduction of water and sanitation projects.

OPERATION AND MAINTENANCE

The World Health Organization estimates that 40 to 80 per cent of handpumps break down within three years of installation due to lack of proper operation and maintenance. Breakdowns have resulted in frustrations for women who have to walk even longer distances to another source or to revert to the traditional sources which are often polluted.

Women should, at the earliest stages of project formulation, be identified and trained in simple repair and maintenance as they are the first ones to know when a system is malfunctioning before total breakdown and are affected most by these breakdowns. Light and simple handpumps should be used to facilitate maintenance and repair by women.

CONCLUSION

Since women are involved in all activities of rural and urban communities, their involvement in the provision of safe water and sanitation can help facilitate changes which inevitably accompany introduction of innovative concepts and technologies into a community. If improved water and sanitation projects are to be successful, they must go beyond technical issues, and include action plans and techniques to make full use of human talents at all levels. New ways will have to be sought and applied in order to achieve a more balanced participation of men and women in all development activity.