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## WATER, SANITATION, ENVIRONMENT and DEVELOPMENT

### Women, children, water/ sanitation development



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#### Introduction

Hitherto, in Ghana and other developing countries, a lot of projects aimed at providing water and sanitation facilities to rural communities have failed in the creation of lasting and reliable structures. Even costly installations have deteriorated due, in the main, to lack of maintenance and repair caused by poor interaction and limited involvement of the principal users – women and children – at the decision-making level.

A user participation approach if adopted would have actively involved the target groups in the planning, implementation, monitoring and evaluation of the water and sanitation projects. Involvement entails sensitivity to community's problems and commitment on the part of actors and supporting agents. It involves a gradual capacity built-up, utilization of own resources and enhanced self reliance.

The above notion underlies the strategy adopted for the Rural Water and Sanitation Project currently underway in the Volta Region of Ghana. It is undertaken by the Ghana Water and Sewage Corporation in collaboration with UNDP. The operationalization principle is that any community which endures a project from these outfits should form a Water and Sanitation Committee (WATSAN Committee). The tasks of such a committee include the maintenance and operation of the water and sanitation facilities bequeathed to them.

#### Women and children in water and sanitation project

Women and children in the rural areas are dubbed as key change agents in water and sanitation projects because they have to do with the household chores, childcare, family welfare, household cleanliness, collection and utilization of water. But it is known amongst other things that the effective and sustained utilization of improved water and sanitation facilities will ultimately lead to the improvement of the living conditions of the rural communities. In that capacity, they must be viewed as planners, operators and managers of water and sanitation systems at their community levels. Consequently, a requirement that should be fulfilled as the placement of at least two women on each WATSAN Committee.

In their dual capacity as users in the first instance and planners, operators and managers of water and sanitation systems in the second instance, it has become imperative

to adequately train women and children against the background of improved water supply and utilization as well as enhanced community and household sanitation in the rural areas. Such a training in a case study in the Hohoe and Jasikan districts of the Volta Region have yielded beneficial results. Members of the WATSAN Committees in the two districts were tutored at a three-day residential workshop in Water and Sanitation Management. A post-ante assessment showed the relevance of good training with women at the centre of the communities as change agents.

#### The training methodology and results

##### First case study

The training was done in Ewe, the language of the beneficiaries. The response by way of participation during the three-day period was dramatic albeit the intensity of the workshop proceedings. Nevertheless, the training methods were, however, appropriate and equipments used adequate. The material employed included diagrams, charts, handouts, posters and flip charts. The subjects covered comprised health, water and sanitation. The trainers were skilled and worked with the trainees in smaller groups.

In addition to the provision of wells and KVIP latrines, the project makes sure that the focal people are given adequate training to enable them to make an impact on their community. Training therefore becomes very relevant in water and sanitation development. Occasionally there is a need for refresher training and monitoring of the focal people. It is very easy for women to put what they learn into practice in their homes and communities since they are responsible for fetching water.

In another case study at Moshie Zongo in Kumasi, where the UNDP in an attempt to find solution to urban sanitation problems adopted the same promotional and training strategies, but now focusing on men due to cultural barriers preventing the involvement of women.

In the evaluation process, employing the achievement level technique indicated an impact level of 87.7% implying a rather very good output. The training was very fruitful and participants on self-examination were satisfied with the conduct of the workshop. It had revealed to them many things they did not know previously. For instance they became aware of the changes of visiting public latrines without shoes on and the consequences of using leaves in water they fetch in order to stop it from pouring. Moreo-

ver, they no longer have direct contact with water at the sources at which they draw. Used or dirty water is no longer poured into sources of drinking water.

The container used in fetching of water from the water pot is no longer used in drinking water. Some of the women have got separate containers for fetching water and different ones for drinking. However, some of the women complained that they do not have money to buy separate cups/containers for fetching water and for drinking, even though they realise the need for that.

Though the period was so short to feel the full impact of the training, in few communities members of the WATSAN Committees have managed to organise the community to educate them about these basic things. Others have not been able to do them but they have succeeded in educating their immediate families and neighbours. This was the result of Case Study One.

### The second case study

The second case study is an urban sanitation pilot project in Kumasi involving the provision of 100 Kumasi-ventilated Improved Pit (KVIP) latrines in a community known as Moshie Zongo. Again, based on the same strategy of demand-driven approach and community involvement, a committee was established at the community level known as the Community Sanitation Committee (CSC) which is to perform the same task as the WATSON Committee. The CSC went through the same training, using similar training equipments and materials. After the training the trainees were expected to train members of the community as to how to keep maintenance and operate their KVIPs as well as how to keep good hygiene.

Unfortunately for this project, the CSC was made up of all men and in the community they often met only the landlords when in actual fact, it is the women and children who maintain the facilities. Moshie Zongo is a Moslem community and their custom does not allow women to be in the forefront of events. As a result women and children could not be included in the CSC. The effect is that the impact of the training could not be felt by the key managers of the facilities i.e. the women. They are found leaving the privy rooms open, dropping used anal cleansing materials in the privy room, and spitting in the privy room. One can attribute all these to the fact that the main managers of the facilities were not involved in the initial training of the trainers, the CSC; the women and children testified for that by saying they were not aware of all those negative practices.

### Conclusion

In both case studies, children were left out altogether. Probably because of the assumption that mothers would educate their children. But this could further be facilitated if school curricula for children would include elements of management and utilization of water and sanitation systems in their households and communities.

The essential lessons to be learnt from these cases are as follows:

- i) gender variables must be considered in the planning and implementation, monitoring and evaluation of water and sanitation projects.
- ii) training programmes for water and sanitation projects should be done simultaneously with the implementation of the projects.
- iii) the key users of the facilities should participate in all the training programmes.
- iv) training programmes must be done using very appropriate training methods and equipments.

It is only by full involvement of the key users of the facilities at community level will feasible and viable solutions to community problems be attained, leading to a gradual built-up of the capacity to utilise and rely on own resources.

### References

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