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WATER AND SANITATION FOR ALL: PARTNERSHIPS AND INNOVATIONS

Integrated rural development: Women involvement

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IN THE SUDAN savannah belt of Northern Nigeria, the tradition is that women and girls are responsible for collecting water and providing sanitation both in the household and community at large. These tasks are not performed without difficulty because in water supply for example, long difficult terrain have to be travelled before the demand can be satisfied. Women and girls often carry heavy loads along the treacherous foot-paths of rural areas, which result (at times), in deformities and some disabilities. These efforts and sacrifices often go unacknowledged and unappreciated, and so, many development projects aimed at addressing these problems, fail to assuage the problems of women in rural Northern Nigeria.

Role of Northern Nigerian rural women in development situation at hand

There are several reasons why the role of the Northern Nigerian rural women in development appears to be irrelevant. Of these, poverty, culture and access to qualitative education are the most difficult problems.

- *Poverty:* In most cases, women in Northern Nigeria do not have access to the available financial facilities to empower them to participate fully in rural development programmes. Women hardly have any say in the decision- making and/or project implementation stages of development.
- Culture: Among moslems in Northern Nigerian, the religious, traditional and the cultural beliefs are difficult to separate. Many of the indoctrinations are such that women are prevented from performing many public activities and functions leading to gender subjugation.
- Education: The average rural woman in Northern Nigerian is exposed to only a limited education and so acquires only few skills which are mainly traditional. Girls are married out early in life before they have developed their full potential; and are inhibited by religious beliefs, from expressing their true and full capabilities . The social status of the average Northern Nigerian women is lower than that of her male counterparts. She is responsible for all household chores including the care of children; and is excluded from decision- making in the home and community although most of the decision affect her. She is exposed to health risks especially during childbirth.

  Especially because of poverty and low status, northern Nigerian women are expected by tradition to work more and longer at domestic tasks and are unaware of their abilities and possibilities for change in status and living conditions. In addition women incurs greater health risks and domestic responsibilities during their childbearing years.

Role of water supply, sanitation and hygiene education in rural development

The provision of an adequate supply of safe drinking water, sanitation and hygiene education has stimulated a reduction in the incidence of diseases in developed nations even without medical intervention. The provision of water and sanitation has greatly influenced a reduction in the transmission of many diseases, enhanced the efficacy of other health intervention and improved other non health living conditions. Women have more time for other rewarding activities. In places where water supply and sanitation coverage are low, an extra burden is placed on women to provide the facilities and/or services. It then becomes difficult for women to engage in rewarding activities like trading etc; and child care is affected.

Involvement of women in rural development

Women in Northern Nigeria play prominent roles in water supply, sanitation, agriculture and other activities which stimulate development. Unfortunately, the rural woman is handicapped. If the practical and strategic needs of women are met through provision of improved technologies and capacity building they would enhance the upliftment of their communities. Women need to be empowered and involved more and more in the decision -making process so that they can contribute their wealth of experience.

Women also need to be trained in specific management and planning skills especially in the area of water supply, sanitation and agriculture to enhance their productivity. Water, sanitation and hygiene education or other rural development programmes must recognise the strategic position of the rural woman in the implementation of such projects.

If water sources are brought close to the home and sanitation facilities are improved, then women would spend less time and effort collecting water. However, improvements in the quantity and quality of water alone

may not achieve the desired goals unless the effort is coupled with a sound hygiene education component.

A combination of all these components, improved managerial and technical skills and more involvement of women in decision making, would greatly empower women to play more active roles in the socio-economic development of rural Northern Nigeria.

Contribution of rural water supply and sanitation project to agriculture: case study of rusafiya project in (Gwagwalada, Nasarawa and Ningi areas, Northern Nigeria)

As a result of the endemic situation of guinea worm in the listed areas above, UNDP and the Netherlands Government in collaboration with the Federal Ministry of Health of Nigeria established the RUSAFIYA Project in 1987 with its headquarters in Jos. It was conceived as a pilot demonstration project to execute a rural water supply, sanitation and hygiene education scheme which can be sustained by the communities involved. Among other objectives, the project was to provide rural water and sanitation services that are socio-culturally acceptable, technically feasible and economically affordable to the participating communities. Acquainted with this knowledge I decided to study the impact of RUSAFIYA water supply and sanitation using agriculture as the yardstick. The study was focused on women farmers who are traditionally the major collectors of water for the household as well as household sanitation.

Methodology

To determine the impact of the RUSAFIYA rural water supply and sanitation on the agricultural production of Gwagwalada, Nasarawa and Ningi women, a combination of observational method as well as structured questionnaire were the means of data collation. The major questions asked were based on indicators such as Distance to water sources, time taken to obtain water, number of times medical treatment is received, Rice yield, all the indicators were based on before and after the inception of the RUSAFIYA project.

Forty women farmers were selected per project area making a total of one hundred and twenty (20) farmers.

Their response were extracted and analysed using statistical tools and tabulated in tables 1, 2, 3, and 4. Since most of the farmers response were based on their recall ability, I spent two weeks each in the three locations to monitor their daily activities in water collection, sanitation and their farm activities.

Results and discussions

An average of 1.42km was the one way distance to the source of water before the inception of the RUSAFIYA project. The distance was reduced to 0.42km (one way) after the RUSAFIYA project. It was also gathered that water was collected two times a day (5.68km) of trekking daily. But with RUSAFIYA if water was to be collected twice daily, a total of 1.68km will be the distance trekked.

TABLE 1: Distance to water sources (km)

LOCATION	*BEFORE*	*AFTER*
Gwagwalada	1.25	0.36
Nasarawa	1.80	0.45
Ningi	1.22	0.45

TABLE 2: Time taken to collect water (minutes)

LOCATION	*BEFORE*	*AFTER*
Gwagwalada	127.8	71.4
Nasarawa	200.4	60.0
Ningi	181.8	62.4

TABLE 3: Medical Treatment received per month

LOCATION	*BEFORE*	*AFTER*
Gwagwalada	3.56	1.31
Nasarawa	3.13	1.50
Ningi	3.50	1.56

TABLE 4: Rice yield (100kg bag)

LOCATION	*BEFORE*	*AFTER*
Gwagwalada	8.1	9.9
Nasarawa	9.6	11.3
Ningi	12.1	13.9

From table 2, an average of 170.0 minutes was used to collect water (one way) before RUSAFIYA project while after the project an average of 64.4 minutes was the time taken to collect water (one way).

The result presented in table 3 was based mainly on water and sanitation related diseases, such as diarrhoea, guinea worm infection, skin rashes. The result of the respondent were compared against the records of the community health centre.

It would be of interest to note that the yield result presented above was less gift to friends and families and consumed produce Rice was used as a common crop because women in all the three locations are known for rice production. Most of the women were also involved in production of other food crops and according to them the yield after the inception of RUSAFIYA Project was better than the yield before RUSAFIYA Project.

Conclusion

To achieve optimum integrated development in most rural areas of Northern Nigeria, the capabilities of

women, their contributions to the family welfare and development of the society must be recognised by all agencies involved and concerned with rural development.

It should be seen as a prerequisite that women play a central role in policy formulation, planning, decision making and implementation of projects.

Experience has shown that when users are involved in projects right from inception to implementation there is a greater tendency of sustainability. In this regard, any integrated rural development effort that excludes women (who are invariably the users) can hardly be sustainable.

Recommendations

Provision of alternative safe water supply and some in rural areas (as seen in the case study) is a means of defeating guinea worm disease, provision other health benefits and greatly reduce the burden of water collection for women and girls, especially during the dry season. Since it has been established that women in rural northern Nigeria are mostly responsible for subsistence agriculture, as well as water collection and maintenance of adequate sanitation in the home.

This paper therefore recommend the following;

- That water supply, sanitation, hygiene education and improved agricultural (low-cost) technologies be delivered to the rural woman in one package in the most appropriate language,
- That there should be an institutional reforms, including full participation of women at all levels of rural development. They should be encouraged to play influential roles in community, water management, sanitation and hygiene education.

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