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WATER AND SANITATION FOR ALL: PARTNERSHIPS AND INNOVATIONS

Water and sanitation — gender perspective

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THIS PAPER COMPRISES of a summary on gender issues in water and sanitation, the case of Tanzania. It briefly provides an overview on the situation of water and sanitation to enable the reader to comprehend the reality of what Tanzanian women are going through. The paper does not go into detail on the reasons that sum up to the actual situation of water and sanitation in Tanzania. It is my believe, however, that this paper will be of great significance to the readers.

Gender in providing water and hygiene to the family

Women, as mothers, are special people to their children and families. Sometimes they sacrifice themselves, carrying more than what they should out of their sympathetic character, for the sake of their families. Unfortunately, women's roles, although crucial in society, are often invisible and are taken for granted (IDRC, 1985). In Tanzania, water and sanitation at the family level, views women as providers and managers of household water and hygiene. A research in Arusha region in 1994/95 found out that 75 per cent of the households interviewed, water collection was a responsibility of women and girls; 13 per cent, boys fetched water and 9 per cent- men (fathers) were involved. Males were involved only where distances to the water sources were too long (UNDP, 1995). Time allocation to six activities by women during the wet season in Arusha region singled out water to be the third time consumer after fire wood collection and food processing (UNDP, 1995).

Having identified women as primary users of water, who commit a considerable portion of their daily time table to water collection, it follows the undeniable fact that, they have the best information on the availability, reliability and purity of a certain water source. With these details, they select carefully how much for drinking, cooking etc. and from what source because as family providers of health care they endure inescapable hardship from poor water and sanitation. This information is useful not only at the family level but also at the community level, government level, and probably the international level. Therefore, focusing on women's roles in water and sanitation projects, requires viewing and treating women as a part of the community, rather than as a special part or a separate group (IDRC, 1985).

Water supply in Tanzania

The situation of water supply in Tanzania is not yet satisfactory. Tape water and boreholes are normally considered as safe sources of water bacteriologically (UNDP, 1995). However, the installed capacity for rural water supply schemes as of June 1992 served on the average 45.8 per cent of the rural population of 20,540,000 people. The actual figure supplied with water is expected to be much less than stated because over 35 per cent of the schemes are not operational and need rehabilitation (DANIDA, 1993). Urban water supply by June 1992 covered about 67 per cent of the urban population. Nevertheless, this coverage does not take into account the quality of water supplied as sometimes due to non functioning of treatment plants and non availability of water treatment chemicals, water is supplied either partially treated or untreated.

Sanitation in Tanzania

Sewerage, septic tanks, and pit latrines are commonly used sanitary facilities. Out of more than 52 urban centres of Tanzania, only seven, namely Dar es Salaam, Mwanza, Moshi, Arusha, Dodoma, Tabora and Tanga have partially functioning sewerage system (ED1, 1994). Untreated sewage pollute natural water sources, coastal zones, and inland waters; causing serious health and environmental pollution problems.

In the rural areas of Tanzania, households with latrine accommodation were estimated at 45 per cent in 1985 (NHK, 1987). And according to a study in Dar es Salaam, Biharamulo, Bunda and Magu latrine accommodations are poorly kept..., badly maintained and sometimes have broken slabs...full and have not been emptied or replaced (World water, 1986). Another problem is that often hand washing facilities are not available. The situation today have not really changed much although people are becoming more aware of the problem. It is thus not surprising, that water and excreta related diseases are the most common causes of health centre visits given the backwardness of sanitary facilities coupled with poor drainage and Water Supply.

Effect of poor water and sanitation to women and children

Women and children are the ones who suffer most from poor water supply and sanitary facilities. According to a study done by UNICEF in 1994, women and children in the rural Tanzania spend about 260 kilocalorie which is equivalent to one tenth of a daily nutritional intake of an adolescent to fetch water from a distance of 1km with a 20 litres bucket. (UNICEF, 1991) estimated current maternal

morbidity in Tanzania to be standing at 200 to 400 deaths per 100,000 per year. These deaths are directly linked to women's heavy work burden during the last three months of pregnancy.

Gender in curbing water scarcity

In 1988, a research in Morogoro region revealed that vending and reselling of water are common in unplanned areas (Journal AWWA, 1991). This is because often these areas are more poorly supplied with public water than the planned ones. Although women from unplanned areas have lower status compared to the ones from planned areas, there is a compelling evidence that they pay more for water. Some men and youth from these areas take water scarcity for granted by generating income through water vending, while private connection owners tremendously increase their incomes through reselling of water. It was also found out that, in the unplanned area of Chamwino with 10,000 people, about 1,700 households, 90 private connections and 3 public standposts, resellers earned 4.5 times more than the government minimum wage by reselling water (Journal AWWA, 1991).

In planned areas where relatively well-off families live, men drive to distant water sources to fetch water. However, it is not known whether they would still do the same if the wives could drive because they assume to be doing a favour to their wives.

Gender in community participation to water and sanitation programmes

Programmes must be based on what men and women in the rural and peri-urban communities know, want and are able to manage, maintain and pay for (IRC, 1995). Having acknowledged the crucial role of women to water and sanitation, it is discouraging to learn that "one of the biggest problems is the low level of participation of women, particularly in decision-making" (SIDA, 1993). In theory men and women participate in water and sanitation projects equally at all levels i.e. planning, implementation, operation and maintenance, and evaluation but in fact, women still tend to be the implementers and men the decision makers at village levels (Chachage, 1991). Many donor agencies are currently operating through the lowest government structure called Village Development Council (VDC) which has supreme authority on all matters relating to general policy - making in the village. However, inclusion of women in these councils is varied from one place to another and often very poor. Table 1 represents village council sex composition in Mwanza region.

Table 1 confirms a statement made by Drangert (1993) arguing that "the institutionalised view among the Sukuma...is that women are not supposed to speak for themselves".

At the implementation stage, women seems to be more active for many reasons which this paper does not intend to discuss. However their contribution, especially in the rural areas, is often physical because of their marginal financial capacities. They participate in carrying stones, preparing course aggregate etc. However in the case of large schemes, community participation is still questionable since such schemes are associated with sophisticated technical knowledge against the untrained community manpower, not to mention of the further trimmed female participation both culturally and traditionally. For instance, in Sukumaland "Digging a deep well is not deemed possible, since a woman can not climb a ladder with dignity" (Drangert, 1993). Nevertheless, UNDP 1995 notes that the question of women involvement mainly depends on their attitude. Some donor aided projects provide equal training opportunities to both women and men but unfortunately women attend poorly.

Table 1. Village council sex composition

District	*Village*	*Total*	*Men*	*Women*
Sengerema	Nyanchache	17	17	0
	Busurwangiri	24	14	10
Geita	Shabaka	23	19	4
	Nyang'hwale	27	27	0
Kwimba	Nguge	25	25	0
	Isabilo	17	17	0
Magu	Ngw'ange'enge	25	25	0
	Kitongo-sima	25	21	4
Ukerewe	Hamuyebi	25	23	2
	Murutunga	17	17	0

Source: HESAWA Phase III Plan of Action: August 1993

Operation and maintenance of water supply schemes

There is a common agreement that "women's empowerment and water advocacy at village level are crucial to continued operation of water supply" (SIDA 1993, Chachange 1991, Mlama 1987, Mlama and Lihamba 1987). According to a report by The World Bank /UNDP; It is a prerequisite for the establishment of a viable maintenance system that the future users really want the pump;... through paying for it in part or in full for the capital cost ... and themselves are able to obtain and pay for the spare parts and maintain the pump (UNDP, 1995). In some areas here in Tanzania women's advocacy to these funds is restricted. Wang in his feasibility study of Shinyanga Regional Water Development 1987, expresses a general concern of women over this crucial aspect when he says; "Women generally are not involved in the collection, management and use of village funds". Binanungu in his paper for HESAWA in 1993 cautions us that women realise how crucial their involvement in the management of water and sanitation work is although they are very conscious about how they state their demands or else they may be branded as social misfits.

Conclusion and recommendation

In most African societies men's and women's situations, interests, and priorities are different not because of biological differences, but because society's conception of male and female roles and qualities positions the two groups in a specific relationship to one another. Another underlying root cause of different priorities of men and women in relation to water and sanitation programmes is the low value which is placed on women's time (SIDA 1993). Women have traditionally been assigned most of the domestic roles, such as giving birth, cooking, disposing human waste, drawing water etc. to the point that their public life is severely limited (IDRC, 1985). Their narrowed public life is further restricted since men hold positions of authority. This confirms Kazinja's argument in her paper that; "Women are still regarded as a subordinate group in the society". What we need to do is enhance educative programmes to women and men on gender partnership where both of them have equal roles to play legally, socially and economically. To mobilize and encourage women to get involved in technical training while at the same time breaking the myth of female inferiority.

Further research

A lot of efforts have been directed towards gender partnership from different aspects of community development particularly by donor agencies, basing on an analysis of the interaction of various gender roles rather than focusing on one particular aspect of women's life. However, there have been very little changes, despite there seems to be a significant gap between policy and the practise of implementation (RNE, 1994). The reasons are not clear but there is a possibility that men and women tend to discourage gender partnership in the fear of increasing their work burden. All these point out to the need for further research.

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