



Strategies to involve women in water supply and sanitation



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THE WATER AND SANITATION Extension Programme (WASEP) is a new initiative under the Aga Khan Housing Board which is working to improve drinking water and sanitation facilities in mountain communities throughout Northern Pakistan. WASEP seeks to assist rural people in their efforts to improve their health through safe drinking water and better environmental sanitation. While there have been previous initiatives in the water and sanitation sector in this region, expected results in terms of the reliability and the long-term sustainability of many water schemes have not been achieved. The reasons for these deficiencies are rooted in a range of issues from inappropriate technology to the lack of an holistic approach to development. Probably one of the most critical factors which impeded project implementation in the past was the low level of community involvement. WASEP seeks to rectify these shortcomings through approaches which rely heavily on community participation at all stages of the process of improving water and sanitation.

A key underlying concept of the WASEP approach to this participatory process is to encourage the active participation of women and men in all aspects of projects. It has become evident, however, that the notion of "participation" is an elusive one and does not necessarily guarantee the participation of all project beneficiaries, particularly women, in this social and cultural context. Similar observations are well documented in the literature on rural water supply and sanitation and underscore the theme that social division along gender lines can influence the ability of women to participate in water-related development activities (Wakeman, 1995; Wijk, 1996).

In Northern Pakistan women have a great interest in reliable and high quality water supplies because of their special roles as managers of households and domestic water supplies. Furthermore, they are responsible for the sanitary conditions of households and are the traditional sources of health and hygiene knowledge and education within families and communities. Yet, women's involvement in measures to improve water and sanitation have been constrained by a number of interrelated factors including: cultural expectations of gender roles; the exclusion of women from leadership positions; the gender division of labour; and poor access to education and information (Halvorson, 1994).

The realization of these constraints has led WASEP to begin working with communities to develop gender-responsive strategies to increase women's involvement in water supply, sanitation, and hygiene education projects.

These strategies are designed to identify gender-specific factors, to enable people to address those factors to reduce the risk of disease transmission, and to achieve projects which result in equitable impacts and benefits for all community members. The following discussion outlines three of the strategies adopted to explicitly enhance women's involvement in Programme activities.

Applications of strategies in the programme area

The strategies applied thus far in the Programme area include: one, utilizing participatory methods of collecting gender-specific data; two, developing institutional mechanisms for women's participation; and three, providing health education and hygiene training to women and children. The following discussion will revolve around four project communities – Datuchi, Chirah and Ayeenabad in the District of Gilgit and Suri in the District of Baltistan – in which these strategies have been employed.

Strategy one: participatory methods of collecting gender-specific data

The goal of adopting participatory methods of collecting baseline data on project communities is to disaggregate data related to water, sanitation and hygiene in gender-specific ways (Bolt, 1994). This disaggregated data is essential to project design and implementation suited to local conditions and priorities. In the case of Datuchi very little was known on a gender-disaggregated basis regarding women's and men's practices and attitudes regarding water and sanitation or even about the types of material and human resources available in the village which could be mobilized during project implementation.

Staff teams went to Datuchi and conducted separate focus groups with women and men to collect baseline data on the needs and perspectives of both women and men, to explore the local resources available, and to learn about the community members' willingness to participate in water and sanitation projects. Since the groups were conducted separately this enabled women to discuss their lives and water and sanitation-related issues freely and openly. The five participatory methods employed in Datuchi in the women's groups included:

Focus group discussions

The discussions within these groups provided salient and detailed information on key water, sanitation and hygiene-

Tables

related issues. Furthermore, the groups provided the structure for pursuing the other participatory methods listed here.

Direct observation

Observations took place during village walks. During the walks the women identified important aspects of the settlement pattern, the soil and water conditions, the locations of local materials, and sites and sources of contamination in the village.

Preference ranking

Using this technique the women explored their reasons for wanting potable water supply systems, their preference for standtap locations, and their criteria for selecting the Pour Flush (PF) latrine as a suitable option for meeting their sanitation needs. The following tables provide a sense of women's responses to these issues and how these compare with the responses to the same issues generated by the male participants. In the groups the participants themselves

generated the various categories and then ranked them according to preference.

It is interesting to note that while these women and men both preferred the courtyard as the most suitable location for standtaps, the women specified four other locations within domestic spaces in which they work and spend their time. In this sense the women preferred to keep the standtaps within the "private" spaces of their households. The other option suggested by the men — the communal taps — are located outside the household in more "public" spaces.

In the following tables the sets of criteria which describe why the women and men prefer the Pour Flush (PF) latrine are shown. The women identified five criteria and the men identified three. An important point is that the men highlighted the need to provide privacy for women in their choice of sanitation option, thus indicating their awareness of women's needs. However, in this particular case the men commonly practice open defecation, yet they did not specify privacy as a specific concern of theirs.

Tables

Social mapping

The use of this technique helped the women to get an overall view of their village including the water supply and drainage systems, the time devoted to fetching water; the sanitation situation (i.e., how many people use latrines and what kind of latrines are used); the female literacy rate, and the most acceptable options for improving the condition of water and environmental health.

Daily time budget and seasonal calendar exercises

The outcomes of these two methods provided valuable data on how much time is spent on water, women's responsibilities regarding care of household water sources and hygiene; women's involvement in income generating activities, the time constraints placed on women's everyday lives and the effect of seasonality on these constraints, and the expected impacts of a water supply project.

Overall, these approaches provided a means of exchanging information between the women of Datuchi themselves and between the women and the WASEP staff. By using participatory research methods female community members have been directly involved in the data collection process. Additionally, these methods as well as others can be applied in other project communities and in other stages of implementation and monitoring to establish the strengths and weaknesses of interventions and recommend appropriate gender action.

Strategy two: institutional mechanisms – women's water and sanitation committees

The idea of forming institutional mechanisms to enhance women's participation in decision-making concerning water supplies grew out of the knowledge of constraints which prohibit women from taking on leadership roles or voicing opinions in public settings. Initially Water and Sanitation Committees (WSC) were formed in project communities with the stipulation that a minimum number of women participants would be included. However, it was quickly realized that even if women were included, it did not

automatically ensure that women's priorities would be voiced or that their full participation in decision-making would be realized.

Such fears of low female activity in the WSC has lead WASEP to support all-female institutions such as Women's Water and Sanitation Committees (WWSC). These committees are formed voluntarily and the women of the communities are responsible for selecting the members. In the case of Chirah and Ayeenabad the women felt strongly about the need to have representation of all ages, and hence, selected members who would represent younger, middle and older age groups. Once the WWSC's were formed in these two communities, the women set about identifying the tasks of the committees. In both communities the women decided that the tasks of the committees would include: 1) promotion, maintenance and quick repair of the water standtaps by households; 2) monitoring the use of standtaps to avoid wasteful water practices and issuing fines in the case of non-compliance; and 3) the education of women and children about proper water use and cleanliness around standtaps. In Ayeenabad the women further articulated that the WWSC should assist the male WSC with other tasks such as tariff collection and the maintenance of an O&M fund.

Since their organization the WWSC's have provided a channel through which project information and the process of learning (Strategy One) can be activated at the project level to reach women in a manner distinct from the men. Furthermore, women have gained new skills, a role in planning to reach a consensus about key choices (e.g., fee collection, the design of latrines, and feasibility), and a sense of ownership of the project. While the formation of women's committees may not be acceptable or appropriate in all valleys and villages. While the men in the aforementioned communities have been supportive of WWSC's, it remains essential in this male-dominated society to work within the socio-cultural constraints and maintain a flexible approach to providing support to women's committees.

Strategy three: health and hygiene education training

A third complementary strategy adopted has been to provide health and hygiene education training to groups of women and to individual health and hygiene education promoters who are village-based. This strategy evolved out of the needs identified by women for more education and information about a range of hygiene-related issues and concerns. In both Chirah and Suria hygiene promotion materials designed by health educators and artists based in Gilgit were used as training tools. These materials in pictorial and story form stress practical problems and depict individuals in "real life" settings indicative of the region. For example, the picture cards depict the health hazards of open defecation and sensitive issues such as purdah and how this has a bearing on women's sanitation and hygiene practices. The materials are designed to initiate discussion and problem-solving by the participants themselves.

The sessions conducted in Suri and Chirah included between 10-12 participants and all village women were included. The first health education sessions ever conducted in Chirah were held in January 1998. During the sessions in both of these communities the women were motivated to identify solutions to local problems which they have observed in their communities and which are depicted as problematic by the picture cards. Solutions were generated within the groups themselves by the women participants and included the safe disposal of excreta, the removal of hens and animals from near the houses, and the proper storage of water. At the end of the session the participants issued several requests for more of these types of informal discussion and information exchanges and identified personal hygiene and sanitary food practices as topics for future training sessions. This type of strategy is ideal for enhancing the knowledge of women in an informal manner and has been observed to make women more active as they start to analyze problems and consider actions to protect their water sources and health.

Concluding remarks

In the context of Northern Pakistan, many of the reasons for the existing barriers to enhancing women's participation are highly sensitive and complex. Participatory methods have proven to be very effective in identifying and explaining these factors. If the process of collecting data, for example, did not employ participatory methods for gender-specific data collection, it is doubtful that specific issues of preference would have been reported. Moreover,

these strategies have resulted in tangible improvements in women's technical skills, knowledge of project maintenance, awareness of disease transmission, and hygiene practices.

Because these strategies are designed to be locally appropriate, they have proven to be responsive to the needs and priorities of women and their communities. A key factor relevant to this region is that these strategies have been well-received by men who have supported the institutional measures (i.e., WWSC's) and the provision of information to enhance both women's participation and health knowledge. As such, this is a beginning towards not only capacity building and ameliorating health, but also improving women's position and status in rural societies. Continuing to put these strategies into practice will promote gender sensitization at all levels of Programme activities.

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