



Evolution of women's involvement in projects in N. Pakistan

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THE WATER AND Sanitation Extension Programme (WASEP), an initiative of the Aga Khan Planning and Building Service, Pakistan, has been actively involved in improving the quality of life of the target population in the Northern Areas and Chitral (northern Pakistan) through access to safe water, sanitation facilities and improvement in hygiene behaviour. WASEP in its five year implementation plan (1997-2001) is expected to complete its integrated interventions in 105 partner villages. So far WASEP has completed intervention in more than 40 communities and similar a process has been initiated in more than 30 communities for the year 2000. Research carried out on the role of women in water and sanitation projects in different part of the world including Northern Areas of Pakistan has established that without proactive participation of women, maximum impact and sustainability of water and sanitation projects can not be ensured (1994; von de Korput et al., 1995; Wakeman, 1995; Halvorson, 1996; IRC/PROWESS, 1997; van Wijk-Sijbesma, 1998; World Water Vision, 1999; IIAV, 2000). Keeping in view this fact, WASEP carried out elementary gender specific analysis to determine the roles of women in the northern Pakistan with special reference to water, sanitation, and hygiene. The results of the analysis showed not surprisingly that women were traditionally responsible for collection, storage, and handling of water for household consumption in addition to other tasks like cooking, looking after children, washing, cleaning of household environment, disposal of wastewater, solid wastes, and children's faeces, and maintaining livestock. In some parts of northern Pakistan women also contribute in collecting firewood, harvesting, and processing of crops.

In order to achieve its main objectives and make water and sanitation projects sustainable, WASEP, taking prevailing socio-economic, cultural and religious factors into account, has involved men, women, and children in water and sanitation projects based on their respective roles and responsibilities. The paper will briefly describe the evolution of women's involvement in water and sanitation projects in northern Pakistan from the traditional system to date and will show how the real success of water and sanitation projects also depends upon the proactive participation of women along with men.

Phase 1: Women and traditional water supply systems-experiences from the North

Majority of the population in northern Pakistan still do not have access to safe water and adequate sanitation facilities

and therefore heavily rely on the traditional sources of water. Traditional systems that provide drinking water include nallahs, springs, rivers, man made channels, and watercourses traversing from distant sources. Water is either collected directly from these sources or conveyed to individual or communal traditional water pits for storage and subsequent use. Traditionally construction, and maintenance of open channels is the sole responsibility of men while women and sometime children ensure that water is available in the house for drinking and other domestic consumption. Rarely do men help in fetching water for domestic use.

In many cases water sources are located far from the village. In some of the villages it takes about 1-2 hours for the women to make one trip and thus makes water collection a full time job for some of the women. During the winter season all the available channels freeze and cannot be used to convey water to the village. In northern Pakistan water collection from a typical glacial source located at the base of mountain or from a distant river is a hazardous job for women especially in the freezing cold winter in temperature upto -25°C . Walking tracks to the water source are covered with ice and snow, and many women receive severe injuries-some have lost their lives while fetching water. Women of Aanderab describing their hardships regarding water collection said, "*Water collection is our biggest problem, we have to carry jerry cans (container that can hold about 22 litres of water) on our shoulders to fetch water from a distant river which takes more than two hours for one trip and sometime we receive injuries while walking over dangerous tracks packed with ice.*" In the same meeting at least 20 women reported receiving severe injuries and showed the permanent marks of injuries. In some villages donkeys are used for carrying water from a very distant sources. One women from such a village (Teru) reported, "*One day in freezing cold weather I was guiding a donkey loaded with containers filled with water to walk over a sloppy and rocky track covered with ice, suddenly the donkey slipped and fell upon me that resulted in breakage of my arms and ribs. Even after a year of this incident I still have the pain in my ribs.*"

Phase 2: Women and piped water supply

Due to efforts of various government agencies working in water supply since the late seventies, traditional water systems in some of the villages were replaced with piped water supply systems, which alleviated the hardships of women in fetching water to a great extent. However,

despite their crucial roles in water and sanitation, implementing agencies in the regions did not, to a great extent, involve women in different stages of project implementation i.e., from problem identification to the management of the new systems. It may be relevant to add that the implementing agencies also did not play an effective role in ensuring proactive and broad participation even of male members of the community. Consequently most of the projects faced failure mainly due to lack of community involvement and technical problems (Ahmed and Langendijk, 1996).

In 1994, IRC, The International Water and Sanitation Centre, The Netherlands, initiated a four year (1994-1998) Participatory Action Research Project (PAR Project) in four villages (all having piped water supply systems) in northern areas on "*The Role of Communities in the Management of Rural Water Supplies*". The overall objective of the project was to improve the community management of rural water supply systems. This project was also initiated in 5 other countries (Columbia; Guatemala; Cameroon; Kenya; Nepal). The partner organisation in Pakistan was Water, Sanitation, Hygiene and Health Studies Project (WSHHSP). In 1997 WSHHSP moved into an implementation phase under the name of WASEP. In the initial phase, the PAR project concentrated on building the capacities of target groups so that they can identify, prioritise, and solve problems related to their existing water supply systems. Some of the important outcomes of PAR interventions are as follows:

Formation of women's committee

Due to interventions of the Aga Khan Rural Support Programme (AKRSP) since 1982, village women started to form Women Organisations (WOs) all over the northern Pakistan. In general, AKRSP through WOs concentrated on areas that were considered to be gender specific (e.g., nursery development, livestock, food processing and handi-craft) and involved Village Organisations (VOs) (parallel organisations of men) in carrying out activities thought to be specific to men (e.g., link road, irrigation channel, micro hydel power plant and water storage reservoirs). As mentioned earlier construction and management of rural water supply systems was thought to be a man's job and women had no roles except fetching water and using it for domestic purposes. The PAR project for the first time recognized the need of actively involving both men and women in rural water supply sector in northern areas. In order to transform it into local actions, the PAR project in all the four communities managed to develop consensus on this issue. Consequently, parallel to the men's water committees, women selected members for water committees giving representation to every ethnic group and *mohallah* (separate cluster of houses in a village). The two committees (of men and women) are considered to be an integral part of a single body called the Community Research Team (CRT).

Enhancement of women's skills

A series of workshops, exchange visits, and meetings were arranged to build the management skills of the local women, especially members of the women committees. These workshops helped women in defining roles and responsibilities for the committee, identifying drinking water related problems, analysing and prioritising these problems and finally proposing solutions and strategies for identified problems. After understanding the dynamics of problems related to existing water supply systems, women's committee initiated the process of raising awareness among other women of the community through meetings and household visits. It should be noted that men's committee also carried out similar activities in villages. Male and female staff of the PAR Project filled the gap between the men and women as in some villages it was not possible to have a joint meeting for men and women due to cultural constraints. However, with the passage of time this gap reduced significantly in some of the villages and men started directly listening to the women on pertinent issues and the process of working together started to take root under the umbrella of CRT.

Increased roles of women in water

Due to the PAR initiatives the role of women in the rural water supply system increased significantly. Women in all four communities played far reaching and results oriented roles by proposing strategies and making crucial decisions in the rehabilitation of the rural water supply systems under PAR Project and reshaping and improving the community management of water supply system. For instance, in one of villages (Hoto) both men and women came up with final but different solutions to improve their water supply system: men wanted to extend the existing distribution line to provide access to all the households in the village while women thought it was useless to extend the service without building a new water storage tank as some of the households despite having standpost were not getting water due to inappropriate location and design of the existing tank. At the end new water tank was built based on the women's strategy which benefited 70 per cent of the community members and cost only Rs. 20,000 (390 US \$).

As a result of PAR, communities introduced water tariff to generate funds to meet operation and maintenance (O&M) costs. This concept being new in the region did not work well. The men's committee faced great difficulty in collecting tariff from users and so the women's committee was approached to tackle this issue. The women's committee after chalking out different strategies visited all those households who were not paying tariff and listened to them and explained the importance (why they are paying, where will this money will be used, what benefit they are going to receive if they pay and otherwise what impact will it have on the water supply system). In this way, women's committee became successful in motivating families who were opposed to water tariff payment. The success of women's

committee in collecting water tariff not only improved the management system but also influenced the traditional thinking of male members of the community towards women's involvement in water supply projects.

Phase 3: Women, water, and WASEP

Based on the experiences of the PAR Project and findings of WSHHSP (Halvorson, Aziz, and Alibhoy, 1998), WASEP ensured proactive participation of both men and women in the water and sanitation projects being implemented in northern Pakistan. The nature of participation of women in WASEP projects is different from that of the PAR Project in a sense that WASEP involved women in all phases of interventions (i.e., identification, planning, selection of appropriate options for hardware, implementation and in the management of the new systems) while in PAR a water supply project (built by the government agencies without involving women) was already there. Apart from the above WASEP proactively involved women in sanitation and hygiene education components which were absent in the PAR Project. PAR project aimed at improving the management of the rural water supplies system while WASEP interventions aimed at giving the real ownership of the improved systems to the communities. The following sections will briefly describe the mechanisms and strategies used to proactively involve women in water and sanitation projects and the outcomes of such measures:

Women's involvement in planning

In the process of village selection for interventions, a series of Participatory Rural Appraisals (PRAs) are conducted in the potential villages both with men and women separately and where possible jointly. The first step for the communities to qualify themselves for the WASEP's interventions is to raise maintenance fund in advance at the rate of Rs. 1000 per household. Results of hundreds of PRA sessions with men and women indicates that women take tremendous interest in having access to the improved water and sanitation facilities as compared to the men. In many villages women motivated their husbands to deposit the compulsory O&M fund. In a meeting a lady of about 40 years old, representing the women of her village said, "*Our men are not taking interest in the projects because we make water available in the home for their use. They don't feel our hardships in fetching water from distant source. They (men) are used to open defaecation even during the day but we women cannot...If they are not paying the money we are ready to raise it by selling our cattle...*" Just after this meeting two women were reported to deposit their shares of Rs. 1000 each and many asked community leaders (male) to sell their cattle. During the planning phase women are asked to prepare a village map showing the location of their houses, water sources, and possible routes of pipelines to be laid amongst others details. Similarly they are consulted to make site selection for their proposed tapstand and choose the type of sanitation facilities to be installed. Different tools like group discussion, household

visits, interviews, preference ranking, seasonal calendars and daily routine are used to understand women's problems related to water, sanitation, and hygiene so that practical measures can be taken in the implementation phase to address these problems.

Women's involvement in management

At the onset of interventions the communities select members for the Water and Sanitation Committee (WSC). In order to ensure women's representation in the WSC, WASEP has created a position of Water and Sanitation Implementer (WSI) for women only. This female (WSI) receives proper training and manual, and represents women in the management committee. She implements and monitors health and hygiene activities in the villages by visiting every household fortnightly. Besides the WSI, in some of the villages women in collaboration with WSC have developed voluntary sub-committees to ensure proper water tariff collection, proper usage of water and sanitation facilities and adoption of healthier behaviours. In order to create general awareness and make women take action to improve the management of their own project, WASEP conducts education with women on various management issues (e.g., tariff collection, breakage and repair of the system, who is to report in case of problems with water supply, consequences of misuse of water). After having such an education session women in Gulshanabad and Ahmadabad agreed to monitor misuse of water and to impose fine in the range of Rs. 50-100 (1 to 2 US \$) on those who misuse drinking water (e.g., for irrigating vegetables).

Women's involvement in hygiene education

In order to reduce water and sanitation related diseases, WASEP has a unique health and hygiene education programme for women in the partner communities in addition to school health intervention programme of school going boys and girls at primary school level. Hygiene education sessions are regularly conducted with women once in every six week continuously for two year after the onset of the interventions in that village. Besides education sessions, WASEP's HHPs also regularly visit every household to discuss various issues and to gather data on the status of water, sanitation, KAP, and hygiene. The outcomes of the data analysis are also shared with the women.

Women making impacts

Although women, water, sanitation and hygiene are inseparable, it has been extremely difficult to involve women in water supply and sanitation projects. The main reasons for this have been the gender specific role of women and religious-cum-cultural constraints. In most of the Northern Area it is not even possible to have a joint meeting of men and women. For WASEP, it was crucial to involve women in projects because its main objective is based on health benefit of the projects rather than making water accessible. It has an integrated approach towards water,

sanitation, and hygiene, which cannot work without involving all stakeholders in the villages, especially women—the major stakeholders. Through its culturally acceptable unobtrusive approach towards women’s participation, WASEP successfully involved women in all phases of project implementation and thereafter in the management of the system. This involvement provided an opportunity for women to make decisions about the location and type of facilities being provided, occupy a permanent seat in the water sanitation committees, and form voluntary sub-committees to assist in management. These initiatives produced significant impacts. Women involvement in the management of the system improved O&M through better tariff collection and proper usage of the water. Making hygiene education an integral part of water and sanitation projects resulted in adoption of healthier behaviours thus significantly improving hygiene status, resulting in reduction of diarrhoeal diseases by more than 50 per cent. Other impacts include user satisfaction (both men and women) with services provided, creation of a sense of ownership and acceptance of the crucial roles of women in the projects by men. Based on WASEP’s experience it can be concluded that without involving women in water and sanitation projects expected health benefits and the chance of long term sustainability of the community based rural water and sanitation projects cannot be guaranteed.

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