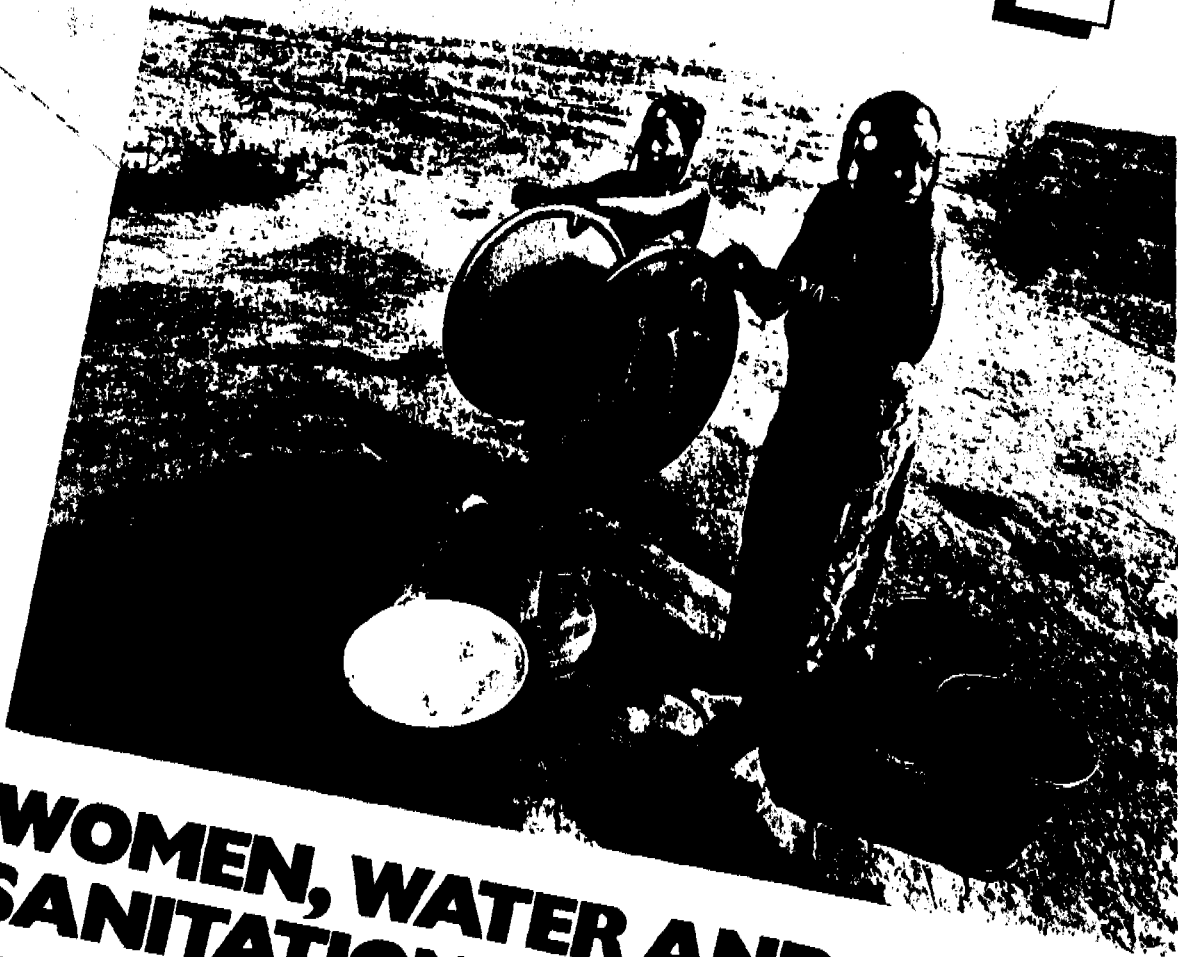


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# WOMEN, WATER AND SANITATION

*Policy on an operational footing:  
main points & checklist*

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This series of Sector Papers on Women and Development (W&D) is produced by the Directorate General for International Cooperation of the Netherlands Ministry of Foreign Affairs. Until now, it comprises the following titles:

1. Women and Agriculture
2. Women and Water & Sanitation
3. Women and Health
4. Women and Energy, Forestry & Environment

Further titles are considered.

The papers are intended for members of short missions, desk staff of the ministry, embassy personnel and others, also interested readers of the international development community, whose concern it is to incorporate the Women and Development theme in the practice of projects and programmes.

With a theme of such recent focus, operational translation is not an easy matter. Much knowledge has yet to be evolved and disseminated, while routines of observation, analysis and application have yet to be acquired by many, among others by sector specialists.

These sector papers provide a working basis in that direction. They outline focal points and substantive issues which the user will have to consider in shaping favourable project conditions for women.

One core chapter guides the reader -also visually- along a series of key considerations, broken down in manageable items in the checklist that follows. This simple structure is not designed for separate coverage of any pursuable W&D objective. It rather puts the emphasis on 'first things that can be started now' by anyone with a positive inclination.

Sector Paper  
Women and Development  
no. 2

# WOMEN, WATER & SANITATION

March 1989

Directorate General for International Cooperation  
Ministry of Foreign Affairs  
The Netherlands

- I Introduction
  - 1 Women and Development (W&D)
  - 2 Netherlands government policy on W&D
  - 3 Function of sector papers
  - 4 Netherlands W&D policy in the sector of water and sanitation
  
- II Women, water and sanitation
  - 1 The general picture
  - 2 Entry points for women's involvement
  - 3 Construction, maintenance, management and actual use
  - 4 Steps towards women's involvement
  - 5 Preconditions, benefits, incentives
  
- III Checklist
  
- IV Further reading

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# Chapter I INTRODUCTION

## 1. Women and Development (W&D)

The advancement of women is a necessary component of development cooperation. It is required both by a fair approach to the female half of the target group, which has too long been overlooked, and by an expedient approach to their substantial contribution, which has too long been underestimated. Thus, while the improvement of the position and status of women is fully valid as an emancipatory end in itself, the utilization of women's potential is at the same time an efficient means to improve the quality of development as a whole.

Particularly since 1975 (UN International Women's Year), the case for women's full and equal participation in development has been compellingly stated and, moreover, convincingly supported by a spate of research results.

Nevertheless, W&D policy has not yet become an automatic perspective for all development issues and a fully established component in the approach to specific environments, sectors and programmes. Nor have the required habits of observation and analysis become part and parcel of everyone's equipment. Knowledge remains superficial in many cases, while routine procedures at desks and time pressures in the field often still lead to non-application of the newly gained insight.

On the whole, W&D policy still lacks a firm operational footing.

## 2. Netherlands government policy on W&D

Through the years, the Netherlands government has developed an outline of W&D policy in a number of fairly general documents. But there were numerous indications that there is not a straight road from principles to practice. The first comprehensive statement in a more operational direction was laid down in the Women and Development Action Programme, which appeared in June 1987.

This document advances structural improvement in the economic, social and overall position of women in developing countries as the principal aim of W&D policy. It states that women's active involvement in the development process should be promoted, that their economic independence and social self-reliance should be increased and that they should be offered opportunities as well as means to influence the changes that are taking place in society. Eight specific objectives are then listed:

1. To improve women's access to and control over production factors, services and infrastructural facilities.
2. To reduce women's workload.
3. To improve the enforcement of laws which lay down equal rights for women.
4. To increase the involvement of women in decision-making at domestic, local, national and international level.
5. To improve the organization of women at all levels.
6. To encourage the exchange of information and communication between women and women's groups and change the stereotypical image of women.
7. To improve women's knowledge and self-awareness.
8. To combat physical violence and sexual abuse.

These objectives show a considerable degree of overlap in priorities and their realization is strongly interdependent. It is hard to see, for example, how better control over production factors and services could be achieved without improving women's participation in decision-making and how this participation can be pursued without women forming groups and increasing their self-awareness. Nevertheless, some objectives are less tangible in an immediate operational sense than others, certainly when viewed in the average project context and from the working angle of most sector specialists. To be sure, such objectives should be anyone's concern and frame of reference and they can never be shrugged off as being 'too sensitive', but they do largely fall outside the scope of the present series, which must focus on first arrangements for the actual and beneficial involvement of women in familiar project settings.

The Action Programme notes further problems regarding the implementation of the objectives. It mentions the international economic recession, the persistent lack of consultation of women themselves and the failure to distinguish between greatly varying cultural contexts. More specifically, it lists the following shortcomings:

Knowledge and understanding of the needs and interests of women in specific project situations is inadequate. In general, too little special expertise on women is available and too little such expertise is applied throughout the project cycle, with the lack of baseline research notably impeding progress in later phases. Practical experience of incorporation of the W&D theme is scant, while there is no systematic dissemination of existing experience. Pertinent to all of this is the problem that W&D policy must be applied differently in each environment, sector and programme, because women do not constitute a uniform target category.

### 3. Function of sector papers

In view of these problems, the Action Programme indicates a number of instruments for increased and improved practical application of W&D policy principles. One of these instruments is the present series of sector papers, as listed on the back cover.

These sector papers primarily focus on those W&D policy principles that lend themselves most readily to sectoral specification, proceeding from relatively familiar project settings, as explained above. The papers are accordingly designed as 'W&D field guides' for members of short missions and as 'operational viewfinders' for project staff. They should also aid desk staff in, for example, drawing up terms of reference. Finally, the papers should make useful reading for embassy staff and many development workers in general.

Because of the diversity of project types and environments, the papers cannot advance a detailed W&D approach for the respective sectors. However, each paper attempts to provide a clear framework of focal points and substantive issues that until now have been largely ignored in most situations. These points and issues are concisely presented in one core chapter and summarized in a checklist.

The lay-out of the core chapter, with key portions in bold type, permits rapid consultation of the main contents during later readings. To facilitate this consultation, the checklist contains occasional references to these portions.

Users of the sector papers should consult other sources to obtain more background knowledge, which is why suggestions for further reading are appended. Users should also consider specific

project situations in more depth and use other tools, such as summaries of secondary data, to complement the application of the checklist. The latter, after all, only mentions components of a W&D structure. The structure itself must be individually evolved in each case. Apart from keen awareness, this often requires adapted habits of observation and analysis, along with new routines in implementation.

In combination with other instruments, these sector papers should provide a working basis for progress in that direction.

#### 4. Netherlands W&D policy in the sector of water and sanitation

Water supply is a prominent concern within the development assistance efforts of the Netherlands government, a concern which is increasingly widened to facilities with a related health impact such as sanitation, drainage and waste disposal. There is also growing attention for the particular urban problems in each of these areas, but, in line with the government's general development emphasis, the main focus is still on the rural setting.

In February 1989, the government's approach to the sector concerned was summarized in a policy document entitled 'Water'. The following principles stand out:

- **Integrated approach to related areas:**  
Water supply improvements are to be linked to improvements in sanitation, drainage, solid waste disposal and hygiene behaviour.
- **User Participation:**  
Users should be actively involved in each project phase, i.e. preparation, implementation and evaluation.
- **Economic Sustainability:**  
Recurrent costs should in principle be covered locally.  
Lowcost technologies should be preferred.  
Local production should be stimulated.
- **Social Sustainability:**  
Institution building should be encouraged and supported.  
Transfer of knowledge should be pursued.

With a view to optimal acceptability, reliability and utilization of the improved facilities, user participation is an essential requirement and this automatically implies that the active involvement of women should be one of the chief working objectives. Women carry prime responsibility for water and hygiene in and around the home and thus have a vital stake in appropriate planning, proper maintenance and effective management.

The present sector paper briefly describes the traditional and new roles of women in the area of water and sanitation. It indicates what bearing these roles have on the wellbeing of households, communities and women themselves. It stresses how project success depends on recognition and upgrading of these roles. And it attempts to outline practical steps to ensure women's genuine and profitable involvement, keeping in mind that their prime responsibility should never become their sole burden.

## Chapter 2 WOMEN, WATER AND SANITATION

### 1. The general picture

In nearly all third world cultures, women -and usually children along with them- collect all the drinking and household water, on average some 40 to 60 litres per household per day. Men tend to assist only when distances are very great, provided they have some means of transport, in which case they may also decide, however, to fetch water for the purpose of selling it.

Water carrying can be very timeconsuming and arduous work. Research in East Africa shows that it can absorb a quarter or more of daily food intake. The task thus leaves less time and energy for other essential activities, such as breastfeeding, childcare, education, community development work, domestic work, food production and income generation. It also poses a serious health risk to women, in terms of less resistance to disease and direct hazards such as bad falls, body deformation, miscarriage, etcetera.

Most of the work in sanitation -including the collection, processing and reuse of waste for fuel, fertilizer or building material- is also done by women, as health providers and as domestic managers. The burden in this area may yet be increased when strong cultural demands for privacy oblige women to surround their personal waste disposal with complicated arrangements.

As domestic managers, women also decide which water sources they will use for what purposes in what season, how much water they will collect, how they will store and use it and how and where they will dispose of the various types of waste water. As educators, moreover, they direct children's water collection and use, and guide them on sanitation, waste disposal and hygiene.

Recent studies further indicate that women's managing role extends, more than previously realized, beyond the home to neighbourhood and community level, where their activities have included maintenance and simple repair of traditional water sources, upkeep of public hygiene, establishment of regulations on water use, execution of user control and exertion of pressure on local authorities to effect major repair or replacements. These patterns tend to be informal and may remain hidden to project designers unless their enquiry proceeds along less conventional lines than customary:

**A.** To identify women's management role in the area of water supply and sanitation, the question 'how' maintenance is done appears to yield more revealing answers than 'who' is officially in charge.

More specific study of 'what' women actually do, or what they aspire to, indicates that they will use water and waste for family welfare and profitable activities such as vegetable gardening and fuel production whenever this is feasible. This feasibility is especially increased when new provisions, notably also in the area of water and sanitation, result in a substantial reduction of women's workload and working hours, as women will nearly always invest freed time and energy in income-generating activities or in development activities such as community work and adult education. The significance of this lies not only in the advancement of women's interests as such. The impact is wider than that:

**B.** When women are enabled to take on new activities on the basis of freed time and energy, they tend to use any additional income, or knowledge, or other advantages that they derive from these activities, to meet basic family needs.

This mechanism of passing on benefits at intra-household level and sometimes community level is one of the few proven instances of the trickle-down theory. The mechanism is less often encountered among men, and this provides an additional reason to single women out as a special target category, most certainly in a sector such as water and sanitation, where so much lightening of traditional chores can be achieved.

The obvious detrimental economic and health impacts of the competitive demands on women's time confirm this. Often, for example, domestic demands constrain women's contribution to weeding and harvesting, so that overall agricultural output is reduced. Or women do not find sufficient time for vegetable gardening, so that the family diet suffers. Or their heavy workload forces them to reduce childcare, resulting in a significantly lower nutritional status of infants. In any case, the physical and mental health of women themselves is at stake, with everything that implies for the family and the immediate environment.

## 2. Entry points for women's involvement

The above indicates strongly that a water and sanitation project which does not primarily work through and with women runs the grave danger of being irrelevant. But an important caveat should immediately be added:

**C. In essence, water supply and sanitary provisions always remain community responsibilities. This implies that the many connected activities, including the new work to realize and sustain improvements, should not be allowed to become women's sole burden, thereby yet increasing the already heavy demands on their time and energy.**

The attempt to pursue project success through intensification of women's key roles is positive in itself, but women have too many key roles (also in agriculture, etc.) to intensify them all. Project appeal to the community as a whole is therefore absolutely required.

### Women's interests

From the general picture in the previous paragraph it should be clear that women have many interrelated interests with respect to water and sanitation:

- their own health
- the health of their families
- their privacy
- their productive use of water and waste
- the time and energy that may be freed for other activities.

Obviously, these interests should be a main point of orientation when projects are set up and carried out:

**D. Women's key roles and primary interests in the area of water and sanitation mean that improvement projects cannot be effectively designed or carried out without their involvement.**

### Women's local expertise

As a result of the cultural division of tasks and authority between the sexes, areas of knowledge frequently differ for men and women. And this is certainly the case with respect to water and sanitation. To the accumulated knowledge of generations, women add their own daily experience. They know things about the physical and social environment that lie beyond the scope of



men and that may escape the attention of hydrologists, project planners and public health personnel. Thus:

**E. Women's unique local expertise makes them indispensable as informants on possible and suitable location, availability and reliability of water sources, the preferred uses of water and waste, and the social acceptability of water sources and sanitary arrangements.**

**F. Women's intimate social knowledge is also of use in finding suitable training candidates for local maintenance and management: people with sufficient time, commitment, trustworthiness and skill.**

#### **Women's orientation on traditional learning systems**

Women are also in charge of the transfer of knowledge on water, sanitation and health. In other words:

**G. Women are familiar with the traditional learning systems that are particularly relevant for effective health education and project communication as a whole.**

Thus, women's networks can be a source and destination of information and feedback, on the basis of which women's organized participation in local hygiene education programmes can be evolved. Such programmes have been found to be of increasing importance to lower morbidity and mortality figures, bringing about the associated benefits of reduced health costs and increased labour productivity.

The success or failure of water and sanitation projects may well hinge on making appropriate use of these three entry points: women's specific interests, their local expertise concerning physical and social factors, and their orientation on traditional learning systems. After all, new facilities will only be effective when women judge them to be acceptable, feasible, possibly profitable and at least an improvement over what they are doing already. Review of over 800 field documents, compiled in the context of a UNDP study, shows that involvement of women in a skilled and organized way contributes significantly to the efficiency and effectiveness of water and sanitation projects. In most of the studied projects, women were not only involved as main users and beneficiaries, but also as producers of family food and (co)producers of family income, as managers, educators, researchers and project staff.

### **3. Construction, maintenance, management and actual use**

For the sector of water and sanitation, low-cost construction of better facilities, their continued functioning and their optimal use are the main working objectives in bringing improved health and greater wellbeing to, in particular, the lowest-income groups in rural areas and urban fringes. Women can play a positive role in each of these activities.

#### **Low-cost construction**

In low-cost construction projects, women have directly participated as voluntary labour or indirectly by providing services and raising community contributions, cutting capital costs in either case. This rendered facilities more affordable to low-income households or left more funds to serve other communities.

In addition, female workers and women's organizations have introduced home improvements which involve traditional female skills such as plastering. And use of trained craftswomen made it possible to enter homes in cultures with strong seclusion of women.

Examples of women's projects are the production and installation of latrine slabs and rainwater storage tanks, produced as part of community hygiene programmes, supplementing external water projects, and as part of independent programmes serving areas where technical projects had not yet arrived or seemed unfeasible in view of scattered settlement.

H. Experience shows that women can financially and practically assist in low-cost construction, that they can come up with their own improvements on the basis of their specific skills and insights, and that they have access to places which external projects can hardly reach for cultural or demographic reasons.

#### Sustained maintenance

For the longer term, maintenance and maintenance costs should be a grave concern. One mechanism to increase the sustainability of projects, tested and advocated by a range of organizations, including the World Bank and the African Development Bank, appears to be the delegation to local people or organizations of part or all of the technical and management work involved. The agency's tasks are then limited to training, monitoring, supervision and periodic support for work and expenditures beyond local capacity. In many parts of the world, women already play an active role in technical maintenance. There are indications that this arrangement may be more cost-effective than others, but proper monitoring systems are still at the stage of development.

I. Technical maintenance of traditional facilities has always largely been in the hands of women. It seems cost-effective to continue this arrangement with new facilities requiring new techniques, provided that a supportive organizational framework is set up, that proper training is given and that a satisfactory balance between benefits and workload is achieved (see C and P).

#### Users' management

Women often have an important role in the informal management of traditional systems (see A), but this role tends to be taken away from them as soon as new, official schemes arrive. While the actual work is done by women, the functions tend to be assumed by men. When women are actually involved in the management, it is most commonly financial responsibility they are entrusted with. This may be a matter of passing on problems, the most thorny of which often end up with women; but it may also reflect the perceived greater dependability of women in rate collection and fund management.

J. Wherever possible, women's traditional role in informal management should be extended to new, more formal situations. This is warranted by their capacities in this area, and by the advantage of having management arise from the main group of actual users.

#### Actual use

Whether new facilities will be actually used and whether children will be guided on their use is largely a woman's decision. Obviously, inadequate use has negative implications for the health benefits of the project.

One of the many negative examples is a large handpump and piped water supply programme in northern Tanzania, not participatory in character and with only a very limited health education component. Internal evaluation showed that 46% of the 259 waterpoints visited were not functioning at the time of survey and that 17% were functioning badly. Average duration of breakdown was 7 months. Of the 143 families interviewed, 47% were still using unprotected sources for drinking water and other purposes at some time during the year, and of those using safe water exclusively, two thirds used risky water storage and drawing methods in the home.

**K.** Without the users' participation in all project phases and without appropriate supplementary health education, it is unlikely that improvements are wholly accepted and understood. As a result, maintenance will be of poor quality, while an overall change in hygiene behaviour will not occur.

#### **4. Steps towards women's involvement**

##### **Project preparation**

When communities do not have a sufficiently felt need for improved water supply and sanitation, they are unlikely to support installation and maintenance of new facilities. Felt needs, however, are often different for men and women and for the various income groups, and it frequently turns out that poor women in particular acutely share water and sanitation problems. Thus:

**L.** Poor women are the target category with the highest amount of motivation, in terms of felt needs. They should be primarily approached and asked what precisely they do, how and why they do it, what problems they face, what expectations they have and how their participation can be organized.

##### **Decision-making**

In certain projects, an external agency has already selected the technology to be used and predetermined the levels of service, maintenance and funding. But even then there is still room then for several locally specific decisions to be taken with involvement of the user community:

**M.** Even with limited delegation of responsibility and authority to the local level, users can always meaningfully participate in decisions on design and location of water sources and sanitation facilities, and on additional provisions for washing, bathing or cattle watering. They can also contribute to decisions on additional funding, manner of payment and control over operation (operating hours, accountability of operating staff to the community they serve, etc.)

Examples of the positive effect of such participation abound. Women have given practical suggestions to change the design of drainage gutters, so as to prevent that children would use them as toilets. They have designed and made latrines which children could safely use by themselves. They have indicated how unpractical laundry facilities could be successfully improved. They have explained why certain water supply schemes would not work, for social or other reasons, and they have come up with suitable alternatives.

Obviously, in community-based (rather than agency-based) programmes, all of the above is more pronounced. There the community itself, or a community organization, becomes wholly or partly responsible for operation, maintenance and funding of recurrent costs. Clearly, members should also have a say then in what they will install, operate and maintain, and how they will do this.

##### **Health education**

As managers of water and sanitation and providers of the first health care in the home, women have from the beginning been singled out as the main target group for hygiene education, assuming this would automatically raise support for intended improvements. Accordingly, when beneficiaries do not use new facilities or use them inadequately, the proposed remedy often is to intensify education of the users. However, education alone seldom makes inconvenient waterpoints acceptable, because of overriding factors such as effort and social access.

Experience shows that the mere provision of general and theoretical health information to passive audiences rarely induces people to change local risky practices and conditions. Consequently:

**N.** Health education had better focus on (1) the marketing approach and (2) the participatory approach. This means that (1) the needs and capacities of each target group are first investigated, with particular attention to women's interests, problems and practical possibilities, upon which the outline of a suitably adapted programme is evolved. It means (2) that target groups are assisted in the joint identification of problems and in joint decisions on solutions. Only then will certain improvements become acceptable and only then will the health message be effectively understood.

In the above, exclusive concentration on the target group of women would be incorrect, as health is really a community concern. It would also be counterproductive, because the cultural division of tasks and authority between men and women often necessitates that also men are involved in health action programmes, for example when it comes to deciding on major investments or carrying out certain construction tasks.

All in all then, project preparation, along the lines of the marketing approach, participation in decision-making and provision of health education cannot be isolated from one another. Health education remains a largely empty exercise when it does not appeal to daily interests and clearly felt needs and when it does not, in other words, fully function as 'user information'.

#### **User information**

Unlike general background education, user information directly bears on actual problems and necessary decisions.

**O.** Project staff should give users sufficient information on the technical, financial, managerial, health and workload implications of the various options. Users can then combine this external information with their own knowledge and experience, weigh advantages and disadvantages, and arrive at careful choices. User information thus is an essential requirement for genuine and effective participation in decision-making.

For example, in discussing suitable sites, project staff may point out the risk of insufficient potential for drainage or other health hazards, whereas users may be more interested in general accessibility and avoidance of domination and nuisance. Various financing systems or types of local management may be similarly viewed from the respective sides, thus adding to the value of the eventual decision and creating awareness of problems that may still be involved in the preferred solution.

#### **Maintenance**

In both agency-based and community-based systems, it is becoming more common for women to be involved in the maintenance of facilities. They are responsible for careful daily management, do simple repairs and take preventive measures such as the lubrication of moving parts. This seems an efficient arrangement because of women's regular visits to the places concerned and it appears to be an effective one as well, because of the more direct interest that women have in well-functioning facilities. But some reservations are in order:

**P.** To play a useful role in careful handling, simple repair and preventive maintenance of facilities, women should get sufficient training, sufficient compensation for workload increases, sufficient back-up for larger repairs and a substantial share in the overall management of the service.

The last point minimally implies that women should be chosen as members of local water or health committees, where they should have more than nominal influence. Without such actual higher-level influence, women can never be assured of the effectiveness of their daily maintenance.

#### **Evaluation of positive and negative impacts**

Only some of the questions to be asked in periodic project evaluations are the following:

**Q.** Do the new facilities continue to function? Are they actually and adequately used? Have hygiene risks been reduced? Do women see the new facilities as improvements, in terms of hygiene, workload and other benefits? Have women any suggestions for adaptation of facilities or improvement of arrangements? Are any (groups of) women excluded from the benefits, disproportionately taxed by workload increases, or actually robbed of income? Etcetera.

Negative impacts of water and sanitation projects on certain groups of women are by no means exceptional. For some women, there are only task and workload increases, not set off by benefits from training, improved status, additional income or a fair share of the advantages of improved facilities. Other women, such as sweepers and night soil collectors, are simply put out of work, without qualifying for jobs or training under the new scheme. Many of such impacts easily escape attention, unless the evaluators make a point of discovering them.

## **5. Preconditions, benefits, incentives**

### **Attitudes**

If women are to be genuinely involved in projects, on the basis of their particular interests, needs, expertise and potential, positive attitudes of policy makers, project managers and local leaders are essential. Sensibilization of each of these groups to women's actual and possible contributions is therefore often necessary.

### **Consultation**

In general, women themselves are the best informants on their own situation and the best advisers on how their participation can be arranged, given specific cultural, social, economic and political circumstances. They can indicate who among them would have sufficient time, authority, freedom and trust for a particular job or how the men of the community could be approached for their support.

### **Participation**

Women's participation should not imply that the entire burden of planning, construction, operation, financing and maintenance is put on them alone. Even equal contributions from men and women still press relatively more heavy on the shoulders of the latter, who have less time and a lower income.

### **Organization**

To increase awareness of their common interests and to be in a better position to exert influence, group formation of women is very useful. Although existing, formal organizations can play a role in this, they tend to be somewhat removed from the scene of greatest poverty and the gravest health risks. Also, cultural restrictions and heavy workloads may prevent women from attending meetings of such organizations. Often, therefore, informal networks, with meetings at home and places of work, are more feasible.

## **Facilitation**

To increase women's involvement at project level, meetings can be held at times and places that facilitate their attendance; seating arrangements can be adapted to avoid that women sit out of hearing in the back; leaders can be asked to organize separate meetings with women; female members of committees, female project staff and female intermediaries can make communication with local women easier; etcetera.

## **Training**

Good training is essential if local bodies are to operate, maintain and manage smallscale water supply and sanitation services. Special measures are often needed to ensure that women can actually participate in and benefit from training in, for example, health aspects, preventive maintenance and administrative or leadership skills. Furthermore, most water and sanitation projects will also need a training component for agency staff, since project workers have often not learned to work with community members as equivalent partners and are not familiar with reasons for and methods of women's involvement.

## **Surveys**

A frequent practice in socio-economic study and evaluation (as one tool for programme planning) still is that only male leaders or only heads of households are interviewed, or that findings are not distinguished for different user categories. To remedy this, female researchers and interviewers should be involved, and discussions with women in small groups might be held.

## **Budgets**

To realize women's involvement, additional inputs of time, staffing and funds are required, but the cost need not be extravagant in comparison with the much larger investments in material and equipment. For low-cost technology projects, recommendations range from 5% to 15% of the total budget. Moreover, the additional inputs should be cost-effective in the long run, as pointed out in the next section.

## **Health, economic and social benefits / incentives**

Proper involvement of women in all phases, in all respects and at all levels, should lead to acceptance and understanding of improvements on the side of the main users, resulting in better management and maintenance of facilities, safer hygiene behaviour and a reduction of women's workload. This can bring the following benefits:

- lower running costs
- better health
- lower health costs
- increased labour productivity
- freed time and energy for other (income-generating) activities
- improved social status of women.

## Chapter III CHECKLIST

*(This checklist does not aim to be exhaustive. It rather focuses on main points, not avoiding overlap where different perspectives seem useful.)*

### policy / attitudes

1. What is the policy and the attitude of government, local leaders and project management towards the involvement of women?
2. Do these parties explicitly view women's involvement both as a condition for the success of project improvements and as a prerequisite of genuine advancement of women's interests?
3. Does the project systematically promote sensibilization of local leaders and own staff in this respect?
4. Is this reflected in staff training and staff composition?

### baseline

5. Have existing water supply and sanitation practices been thoroughly investigated?
6. Have findings been distinguished for different user categories: men and women, occupational and income groups?
7. Have poor women been directly approached as informants on their own particular roles, needs, problems and possibilities?
8. Has this been done appropriately, i.e. by female interviewers in a sufficiently informal setting, asking how things are actually done rather than who is officially in charge? (see A)
9. Have the following points been investigated to arrive at a detailed picture of what is at stake for women in water and sanitation:
  - women's provision of family health in general;
  - their provision of family hygiene in particular;
  - their educating role in health and hygiene;
  - their tasks in collecting, storing and using water;
  - the extent to which they are aided in collection by children, men and means of transport;
  - their tasks in sanitary arrangements;
  - their problems in ensuring their own sanitary privacy;
  - their traditional contribution to design, maintenance and management of facilities;
  - their informal management role at community level;
  - their access to provisions, relative to men and richer women;
  - their household use of water;
  - their productive / profitable use of water and waste (vegetable gardening, fertilizer, fuel, building material);
  - the competitive demands on women's time and energy in general;
  - the share of time and energy devoted to water and sanitation;
  - the negative impact of this workload on women's own health;
  - the negative impact of this workload on other of women's tasks, such as childcare, vegetable gardening, weeding, harvesting, etc;
  - the negative impact of this workload on women's opportunities to engage in new activities, such as income generation, community work and self-development.

### further preparation

10. To what extent do the project objectives address the points enumerated under 9?
11. Have women's desires for changes concerning these points been identified?
12. Has a system been developed to monitor project-induced changes in these points? And does this system rest on continuous consultation of women?
13. Are project targets sufficiently flexible to allow the development of systematic procedures for women's involvement?

### participation and workload

14. Does the project contribute to freeing women's time and energy for other tasks they already have and for new activities they want to undertake?
15. Is there sufficient insight in the benefits that do or might accrue from this, to women directly and to households and community as a result? (see B)
16. Does the project sufficiently appeal to the community as a whole, taking care that women are not inordinately burdened? (see C)
17. What measures are taken to overcome cultural / practical obstacles to women's participation? Think of:
  - convenient times and places for meetings;
  - adequate seating arrangements;
  - female intermediaries / project staff;
  - informal settings for women's groups;
  - sensibilization of local leaders.

### entry points

18. Can and do women participate on the basis of all of their interests and key roles? (see 9 and D)
19. Is women's local expertise utilized to identify suitable locations and to ensure convenient design of facilities? (see E)
20. Is this done with sufficient attention to social factors, such as ease of access for all, prevention of domination and nuisance, respect for privacy?
21. Are women also consulted to find suitable training candidates for local maintenance and management: people with sufficient time, commitment, trustworthiness and skill? (see F)
22. Is women's familiarity with traditional learning systems used as a basis for effective health education and project communication as a whole? (see G)

### construction, maintenance, management and actual use

23. Can women assist in low-cost construction of facilities without being disproportionately burdened?
24. What specific skills and insights can they contribute, what voluntary labour can they do, what can they contribute financially themselves and what community funds can they raise? (see H)
25. How can women's traditional maintenance tasks be extended to the project situation?
26. Is their training adequate, is there sufficient compensation for workload increases, is there sufficient back-up service for larger repair and does a substantial share in the overall management ensure that women can actually control maintenance? (see I and P)
27. Has women's existing informal role in management been identified (see A) and does the project build on this by having part of the formal management arise from the group of main users? (see J)
28. Does the project keep close track of actual and adequate use of new facilities?
29. Are at least 80% of the facilities in well-functioning order? Are frequency and duration of breakdowns within set standards?
30. Do users have reasonable alternatives for safe water supply and excreta disposal when facilities are out of order?
31. To what extent does an overall improvement in hygiene behaviour occur? (safe supply, storage and drawing of drinking water; good personal and school hygiene, etc.)

### Steps towards women's involvement

32. Have target categories been identified on the basis of felt needs, with special alertness to the needs of poor women? (see L)



33. How can users participate in decisions on at least: (see M)
  - design and location of water sources and sanitation facilities;
  - additional provisions for washing, bathing, cattle watering;
  - additional community funding and manner of payment;
  - control over operation, operating hours;
  - accountability of operating staff to the community.
34. Does health education sufficiently focus on the marketing approach, investigating the needs, interests, problems, capacities and practical possibilities of each target group, in particular women?
35. Does health education proceed from there to the participatory approach, assisting target groups in the joint identification and solution of problems?
36. Do project improvements sufficiently rest on these two approaches to become acceptable and effective? (see K and N)
37. Are men, as part of the community as a whole, also involved in this type of health education?
38. Does the project provide enough user information on the technical, financial, managerial, health and workload implications of various options to enable users to make responsible choices? (see O)

#### wrap-up questions

39. Can women, and in particular poor women, participate in the design and execution of project activities, not only nominally but also in practice?
40. Do they have practical access to
  - project information / user information;
  - relevant health education;
  - planning and implementation of hygiene education and hygiene action programmes;
  - technical, administrative and managerial skills training;
  - water users associations and cooperatives, as full members with voting rights;
  - maintenance and management positions for water, sanitation and hygiene improvements at all levels;
41. Can women participate in line with their own wishes and potential, without harm to present tasks and new opportunities?
42. Do women have individual or organized influence on the operation, maintenance and management of water and sanitation services?
43. Are project staff at all levels aware of and familiar with the general goals and methods of women's involvement? And does the project recruit enough additional staff and research expertise on women's issues in water, sanitation and hygiene?
44. Can any of the following positive impacts on women be observed:
  - reduction of women's workload;
  - increase of their time, energy and opportunities for childcare, education, income generation, etc.;
  - better personal health and family health;
  - enhanced status, due to share in decision-making.
45. Can any of the following negative effects on women be observed:
  - increased workload;
  - no access to income or products resulting from productive use of water and waste, or from time and energy savings;
  - reduction of traditional authority in water supply, health care and community development;
  - exclusion of lowest-income groups, such as female heads of households, from services;
  - greatest benefits of services to higher-income groups.

## IV FURTHER READING

### Netherlands Government Policy Documents:

*Women and Development Programme of Action*, June 1987.

*Water*, sector policy paper, February 1989.

### Other:

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