

GENDER, WATER, ENVIRONMENTAL HEALTH -
AN INVENTORY OF SIDA-SUPPORTED PROGRAMMES



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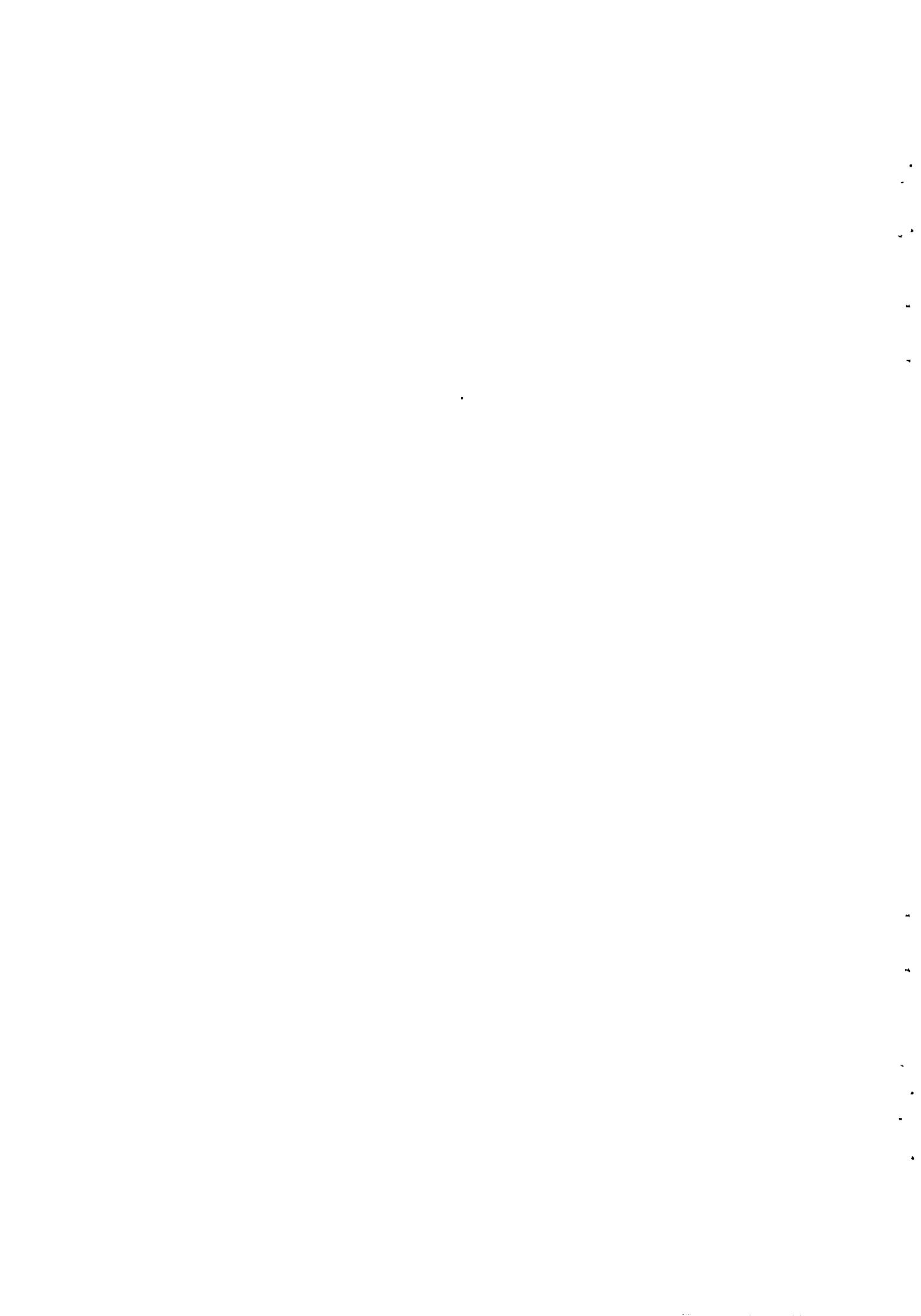
The main body of the information for this report comes from interviews made with individuals who have worked within or with the projects for a long period of years. For their patience and kindness in putting up with the several hours-long interview I want to thank Håkan Wahlquist for telling me and Göran Djurfeldt for commenting on the draft about India, Eva Tobisson for informing and Göran Larsson for commenting on the draft about Kenya, Per Brandström, Carolyn Hannan-Andersson and Rolf Winberg for telling me about Tanzania and Phoebe Baddu for not only allowing me to interview her but also taking me along to interview men and women living and working in and around Mbarara in Uganda, the seat of the SWIP head office. These people provided me with the information on which this report is based. Whatever misunderstandings represented or inadequate conclusions made are my own responsibility.

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EXECUTIVE SUMMARY

- At the end of the 1970's and the beginning of the 1980's reviews of SIDA's water sector revealed that participation of women in water and environmental health projects was negligible. SIDA's water strategy in 1984 was a conscious attempt to remedy this by demanding that, henceforth, emphasis should be given to popular, especially female, participation in all the projects and programmes. The present study was commissioned to find out what, if any, effect the change in emphasis had had on the concrete activities in the respective programmes and countries.
- Despite a large amount of written documentation about the respective programmes it was found that hardly any information existed about the form and content of the step-by-step contacts between projects and target populations. Furthermore, almost none of the information on people's participation was disaggregated according to gender. This lack of, for the inventory basic, information made it necessary to delimit the study to projects in which people, easy to contact for interviews, had worked. As a result, the study deals with the SWACH project in India, the Kwale project in Kenya, the HESAWA project in Tanzania and the SWIP project in Uganda.
- It has been found that all the SIDA-supported programmes exhibit certain similarities with regard to objectives and the means employed to obtain these. The objectives aim at improving the health conditions for and at reducing the work load of vulnerable groups - especially women and children - by providing water closer to the home. The means to obtain these objectives include involvement of local people and local institutions in the planning process, strengthening the capacity of local individuals, especially women, and choosing and using simple techniques.
- In the inventory it was found that in the water programmes, pre-assessments of people's own needs and priorities, local disease patterns and people's economic, cultural and social capacities are not done in any of the countries. Instead ready-made packages allowing for comparatively little flexibility are offered to the target populations which can accept or reject the offer.
- Social mobilization is emphasized in all programmes as something that should be carried out before drilling and other material interventions are introduced. Part of the mobilization message consists in informing the local population about the close relation between dirty or insufficient water and bad health - in SWACH, in India, emphasis is also put on explaining about water and guinea worm; the other part of the message deals with the labour and financial inputs expected from the local people to facilitate drilling and the erection of handpumps or protection of springs etc. However, during this phase, people are very seldom informed that they will be responsible in the future both financially and for the maintenance of any installations although this should be part of the message. They often believe that the government will continue serving them. A frequent problem encountered is that mobilization is very time-consuming, the time needed differing from area to area and therefore difficult to predict, while drilling is much faster with the time span required for each location easier to foresee. Although mobilization of necessity must precede interventions, the different *modus vivendi* of

mobilizers and drillers have created clashes in all programmes, with drilling teams intervening before people have been mobilized.

- The social mobilization teams are trained for the purpose in all the programmes. In India they are made up of local people recruited for the specific purpose while they, in the other three countries, are made up of project and/or government personnel. Women are part of all the teams. In India half the members are women. In the other countries their number is related to the number of women employed in relevant positions. Employment of women in government positions is rare, surrounded with problems, in all countries.
- In general, SIDA's strategy to involve women and men, and thereby develop a gender-aware, popular participation in the water and environmental health programmes has included the following:
 - * to attach great importance to the choice of simple technologies so that maintenance is possible at the community level;
 - * to underline the importance of social mobilization and open meetings so that women and men become aware of the project and its messages, are reached by it and have a chance to participate in and influence it;
 - * to require that women are members of the water user committees together with men since women, generally, give higher priority to a well-functioning water system than men;
 - * to see to it that women, along with men, are elected to the new jobs and positions created within the project and that women and men are trained to carry out these jobs properly;
 - * to train women in jobs that are already their traditional responsibility, like caring for the health of family members and improve the capacities of specialists like the TBA's.
- With the above strategy SIDA has succeeded in accomplishing the most general goal of the projects, namely to provide the people with better quality water at a closer distance from home.
- The more complicated objective, of increasing popular participation in the programmes, has also met with considerable advance. Strict adherence to simple techniques and emphasis on human resources development has made it possible to train and involve women and men in especially operation and maintenance. This gives hope for sustainability. As compared to the beginning of the 1980's SIDA is now on the right track to reach its objectives.
- The inventory also points to some weaknesses in the hitherto applied strategy. First, that the participation of the people is very limited during the pre-assessment and early implementation stages. In the best of cases local people are trained to handle operation

and maintenance. Secondly, the involvement of women is relatively weak, especially in relation to the very strong emphasis that SIDA has given the issue.

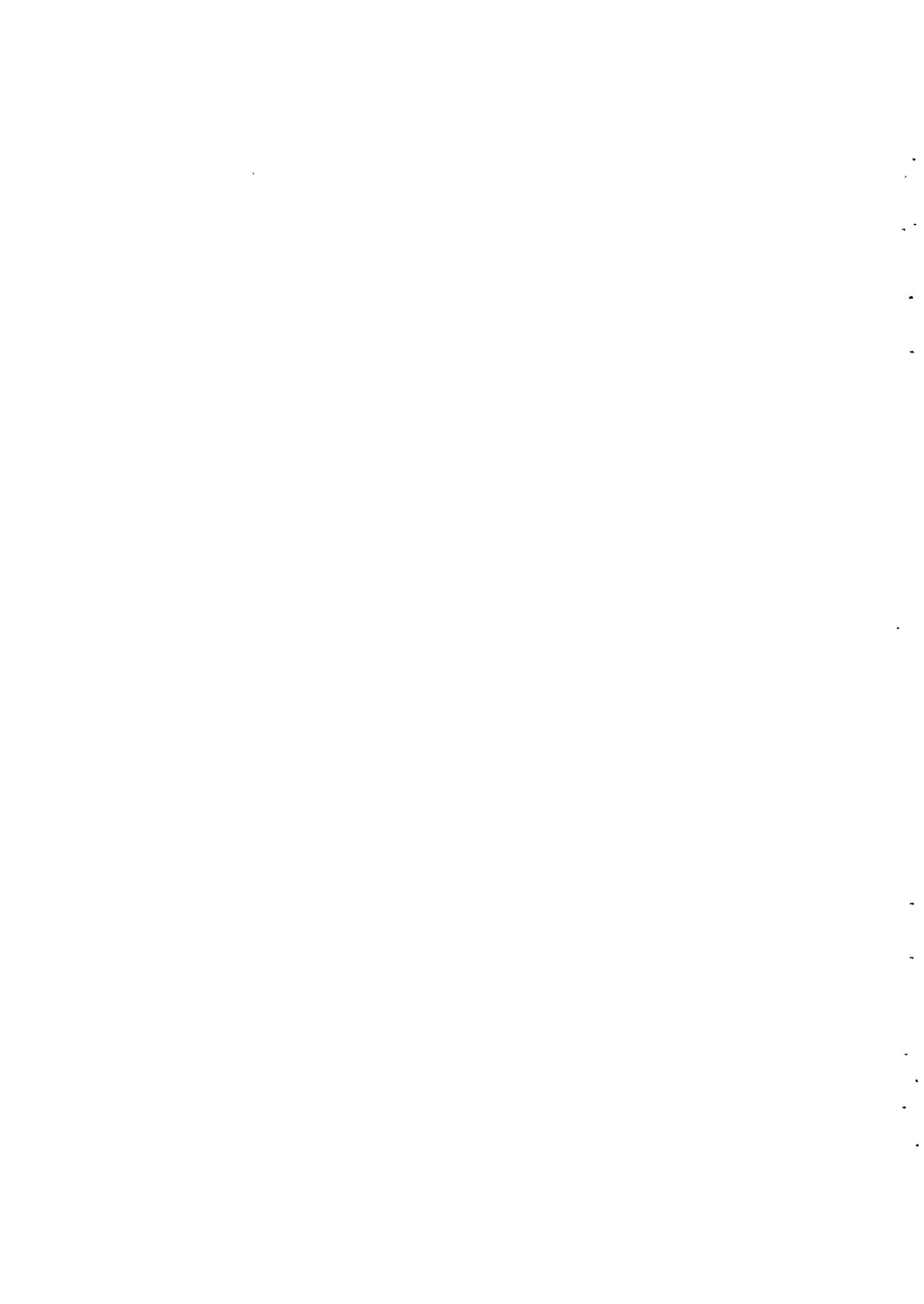
- Popular participation is weak in the early stages of the projects because these are often designed, like ready-made packages, thereby only allowing for little influence and flexibility. Furthermore, the people are often viewed as the "target" of the activities, as people who must be taught what to do. Thus, they are not expected to take initiatives or take on responsibility until later on.

- The limited involvement of women can be attributed to three causes:

- * First of all, people within projects and ministries are not aware of the limited participation of women because gender disaggregated data are lacking. This goes with an absence of a monitoring system that seeks for explanations about **why** and **how** women/men can/not participate and why/how things have become the way they are.

- * Secondly, discussions about the water programmes and election to committees as well as to jobs usually take place during general community meetings. At these meetings fewer women than men attend; older men speak more than younger; and the latter speak more than women. Thus, to hear the opinions of women, it is not enough to hold general meetings with the communities, other means must also be sought.

- * Thirdly, the recruitment to the various positions created within the projects is skewed. In general it was found that greater appreciation is attached to technical training and care of motors than to health and care of human beings. While women are found in positions of lower rank, less pay and caring roles, men learn techniques and motors and have positions of authority. The most frequently forwarded reason for this state of affairs is that "local culture" prevents women from participation. In no case was it clear who represented this local culture. Practical problems, like overnight courses, can always be solved. However, a proper gender strategy must be flexible and based on what women and men themselves want to do. Thus a basic prerequisite for any project is to find out what women and men of different categories want to do and what they are already capable of doing.



I. INTRODUCTION

Reviews of SIDA's water sector by the end of the 1970's and the beginning of the 1980's indicated that women had been neglected in water and environmental health projects. They were seldom involved in concrete activities and even less so in decision-making positions. To remedy this, SIDA tried, through its water strategy (1984), to emphasize popular participation, particularly female participation, as essential for the sustainability of water and environmental health projects.

The present study was commissioned in order to find out if the new emphasis had in fact resulted in a greater involvement of women. According to the Terms of Reference for the review, the *operationalization of the gender perspective* should be in focus. Accordingly, the study explicitly concentrates on the concrete activities carried out within the water programmes, mainly with regard to social mobilization, training, physical interventions, employment and committee membership as well as how and to what degree women have actually been involved in these.

The fact that programme and project documents contain almost no information of the kind sought is important to observe. Consequently, very little detailed information could be obtained from written sources about the content and forms of the social mobilization undertaken by project personnel, the length and quality of the courses held and the positions created within the projects. Furthermore, almost none of the, yet available, information reflects the actual participation by sex. Whether the absence of gender-dissaggregated data in reporting is due to inadequate terms of reference for consultants and project personnel is not clear. It has, however, made it necessary to limit the study to countries where it was possible to interview people who themselves had been employed by or worked within the projects.

In the report the amount and detail of information will vary strongly between the countries. This does not mean that those countries which receive a more cursory treatment have paid less attention to gender, training, operation and maintenance or what the case may be, but rather that the silence only reflects a lack of detailed information. In those cases where it is known that a specific project has focused on an issue of pertinence to the study this is pointed out. It should be noted here that the abundance of material from Uganda is due to the fact that I had the chance to make interviews with personnel from the South West Integrated Project, SWIP, and with people living and working in the area, with terms of reference very similar to those provided for the present study. It was therefore possible to collect extensive first-hand information from Uganda.

The study focuses on activities in India, Kenya, Tanzania and Uganda. The reasons for choosing these four countries are many. Swedish development cooperation with especially India, Kenya and Tanzania is of very long duration and has undergone several stages. In the latter two countries, these stages involve a change of focus from large scale to small-scale from district or region to local communities and from central to local planning with a focus on women. Uganda was chosen because of the possibility to collect first-hand information about the country.

The outline of the report is as follows. First a brief description of the cooperation between SIDA and the above-mentioned countries in the water sector is provided. Next, qualitative and quantitative data on the participation of women and men will be presented according to the steps in the project cycle. This is a mode of approach selected for the good overview it presents of the projects, since they have to go through certain sequential stages to achieve maturity similar to a human being. As a conclusion the effects of the selected approaches on the involvement of women and men will be summarized.

II. SOME CHARACTERISTICS OF THE COUNTRY-SPECIFIC PROGRAMMES

SIDA's water and environmental health programmes are similar in all the cooperating countries. The similarities can be found both with regard to the objectives and the means through which these objectives are sought to be achieved. In brief, the *objectives* can be stated as follows:

to improve the health conditions for vulnerable groups, especially children and women and to reduce the work load for especially women and children by shortening the distance they have to cover to reach the water source.

The *means* through which these objectives shall be attained have been stated as follows:

capacity-building in the local community for solving the water-related problems; support through already existing institutions; a programme planning process at the village level; choice of simple techniques and an affordable maintenance system.

1. India

Swedish cooperation with India in the water sector was initiated in 1979. From the very beginning, the support was channelled through UNICEF. The main part of the support is to UNICEF's Programme on Water and Environmental Sanitation, WES, which in its turn is supporting India's national programme on WES. Thus the support includes assistance to the development of a general Water and Sanitation Master Plan. Part of the WES programme is the Sanitation Water and Community Health, SWACH, in Rajasthan where the eradication of guinea worm is a key component. In the present document the discussion will be limited to experiences obtained from SWACH.

Indian contributions to the water sector consist of 95% of the total investments with only 5% covered by international donors. Until May 1991 SIDA contributed 417 million SEK to the water sector.

2. Kenya

Swedish assistance to the rural water sector in Kenya was initiated in 1970. For many years the emphasis was on large and complex installations but between 1979 and 1984 there was a change in focus towards more "concerned participation" and low-cost techniques. At present SIDA

- * supports two integrated regional programmes, Kwale and Tharaka as well as community-based initiatives through support to NGO's. Experiences from the Kwale programme will be discussed here.

From the inception of the support to 1991 SIDA has paid approximately 350 million SEK to Kenya's water programme. The estimated cost per beneficiary in the Kwale project area for improved water is 250 SEK.

3. Tanzania

- Swedish assistance to the water sector in Tanzania started in 1965. A change in the direction of the activities took place in 1985 and the focus since then has been on low-cost water supply techniques, health education and environmental hygiene. The activities of the integrated programme are concentrated to three regions around Lake Victoria.

The total Swedish assistance to the water sector in Tanzania until June 1991 is approximately 694 million SEK. The estimated cost per person for improved water supply is 270 SEK.

4. Uganda

- Swedish assistance to the Ugandan water sector has been channelled via UNICEF since 1985. Initially the support was provided as disaster relief, and mainly used for the rehabilitation and drilling of wells and installation of hand-pumps. Since 1989/90 support has been given to two integrated UNICEF programmes, the South West Integrated Project, SWIP, and WATSAN or the so-called Umbrella programme. While SWIP has its own project set-up working through the national administration, WATSAN implies support via NGOs who work with the national administration. The same components can be found in SWIP and WATSAN as in the rest of the integrated programmes. SWIP also includes the additional component of establishing well-functioning community based maintenance systems for the water supply and health care systems for safe-guarding people's health.

The total assistance to the water sector in Uganda until June 1991 is approximately 110 million SEK.

III. THE PROJECT CYCLE

1. Pre-Assessment - Appraisal

To increase the possibilities for sustainability of planned interventions, experiences have shown that a pre-assessment or appraisal of the situation in a local community is advisable. Such an assessment usually has three main objectives, namely,

- 1) *emically* - the insider perspective - to define what needs and priorities the different categories of people have,
- 2) *epidemiologically* to establish disease patterns, and
- 3) *ethnographically* to identify local knowledge, culture, standards of living and capacities. With this kind of knowledge interventions will only be introduced to communities with people who need them, wish to have them and to whose culture and resources they can be adapted, making economic, technical and personnel take over possible.

In India, Tanzania, Kenya and Uganda such specific pre-assessments were not conducted, the exception being a baseline survey in the Kwale district undertaken by AMREF, which however, was very little used. Nevertheless, in all four countries it was well known that there existed a need for drinking water at closer distance to people's residences. Furthermore, although no epidemiological studies had been made, the spread of general diarrhoeal diseases, malaria and in India, guinea worm, were well known by the people living there. Finally, in spite of the fact that little information had been collected with regard to local culture, gender roles, economy and ideological systems this lack of knowledge may partially have been counteracted by the fact that many project employees originated in the areas where they worked and that all programmes emphasized the involvement of women in the activities. Most programmes thus developed their own project packages based on, among other things, the following:

- previous experiences in the programme country,
- the objectives set by the water sector of each specific country,
- SIDA's wishes and priorities based upon its own experience as expressed in the water strategy and, in relevant cases,
- the objectives as stated by UNICEF.

2. Social Mobilization

Once the project package has been decided upon the approach used for contacting the villagers differs somewhat between the countries. In the following we shall take a closer look at the content of the **message** delivered to the people, **by whom** the message is delivered, **how** it is delivered and **to whom** it is delivered.

- What Message ?

The SWACH project in **India** emphasizes the importance of not delivering many messages at the same time since this easily creates confusion. The initial purpose is to put the project on the map and in people's minds. For the first visit to the villages it was decided to concentrate on information about the guinea worm stressing the connection between the guinea worm cycle and stagnant water, and the project's support to improving old wells and drilling for new ones. While they were out, the mobilization teams should also identify each and every patient with guinea worm and map the existing wells in all villages. At later visits information on environmental health, latrines etc was given to the villagers.

In the Kwale Water and Sanitation Project (KWASP) in **Kenya** the villagers are informed about the interconnectedness between water and sanitation and that the project will support them with

water if they are prepared to collect necessary funds and assist with necessary labour. The communities are also informed about the importance and role of a village water committee and that they will have to select one as well as a pump care-taker. They are also told about the labour contributions expected of them if they agree to work with the project.

In the HESAWA project in **Tanzania** the villagers are informed about the project's support to improved water sources in the villages. They are also told about the interconnection between water and health. If they want to cooperate with the project they should make a village development plan and submit a request for water. They must also form Water and Health Committees and are expected to contribute to certain costs and help with necessary manual labour. Previously, the environmental health issues in the project's early meetings with the villagers were not strongly emphasized, something which has made later acceptance of these issues difficult to obtain. For this reason, it has been proposed, that health education and sanitation issues are given first priority in the initial stages of the project, before water supply is considered. This kind of approach has also been used in the DANIDA supported RUWASA project in Uganda with the motto: "sanitation first, water second".

In SWIP, in **Uganda**, villagers are told about the relationship between water and health, the necessity of a safe water chain for good health and that the project offers to help in developing clean water sources. The villagers are then told that they would have to help with labour, select a water committee as well as a caretaker for each water source. The villagers are also told that they are expected to take care of the operation and maintenance of the improved water source once it has been developed.

- By Whom ?

In SWACH the initial message was channelled through Village Contact Teams who are made up of people recruited by the project from local organizations, voluntary workers, many from the selected villages with the main criteria being that they should have a good ability to read and write. Each Village Contact Team consists of four to five members with an equal distribution of women and men. The fact that the teams were to stay overnight in the villages made it somewhat difficult to find women who could participate. Those women who could be recruited needed to have a very secure social position for them to be able to stay away during the night. To give them further legitimacy a careful choice was made of the men to be included in the team so that their stability and position in the society would vouchsafe the lot of the women.

In Kwale the promotion team consists of sociologists from the project, mainly male, together with trained extension staff from the area. The extension staff is often female, most of them being recruited from the communities by a Kenyan NGO, KWAHO - Kenya Water for Health Organization. KWAHO is contracted to provide sociological competence to the project, mainly in the field of training for operation and maintenance of water installations and in monitoring and evaluation. KWAHO extension staff are also predominantly female.

In HESAWA there are district promotion officers and interdepartmental teams with representatives from the Ministry of Community Development, Women Affairs and Children, the Ministry of Health, and the Ministry of Water, who introduce the message to the villagers.

In HESAWA there is the unusual combination of several high ranking female promotion officers while there are generally more men on the teams.

In SWIP there is a District Promotion Officer attached to the district but paid by the project. The mobilization teams change membership depending on which category of people that are approached. However, extension agents are mixed with district, county and sub-county employees who together cover the villages in the districts. Both men and women are on the teams. The men mostly rank higher than the women.

- How ?

In India the approach has been developed along a Gandhian ideology, Pada Jatra, which implies walking through the villages, like the villagers themselves would do, and while doing this, listen to the villagers and learn about their wishes and needs. These Village Contact Drives (VCD) all have a duration of 13 nights and 14 days. During this walk 13 villages and the surrounding countryside are visited. Every morning when the team arrives in a new village they go to the school or a panchayat house where they can stay the night. The morning is spent with the students in the school, and the meetings in the afternoons are held mainly with women since many men are migrant workers. The team also splits up so that some can identify the patients with guinea worm and others can map all existing wells. In the evening there is a culture show. The message is occasionally communicated through short lectures, but mainly through puppet theatre, drama performances, songs etc. All communication is done in the local languages in which the material has been developed by local artists and poets. The villages are informed about the arrival of the teams in advance. In essence, the purpose of the VCD's is to obtain a two-way flow of information, from the project to the villages, and from the villages back to the project organization. On each occasion as many village contact teams as required to visit all the villages in the project during the same period, are organized

In Kenya the team holds a baraza - a meeting - with the whole village, using material that was developed by local artists and tested on and adapted to the local situation. The villages are contacted beforehand to agree upon a date.

In Tanzania the concentration areas are decided upon by the districts. They shall base their decisions on information about felt needs and willingness to participate. A general village assembly is held when the promotion team comes to inform about the project. The village is given notice beforehand about the arrival of the team. After the villages have been informed about HESAWA and the conditions of cooperation by the promotion team it is their task to prepare a development plan for the implementation of the project

In Uganda village meetings are held at a date set beforehand. The whole team assists and the message is transmitted through a participatory approach departing from the daily experiences of the villagers, using adult education techniques.

- To whom ?

In India the focus is on school children and women. The latter are also reached through individual and group meetings. Men who are at home during the day or come in the evening participate in the culture show.

In Kenya both men and women come to a baraza although there are usually more men who attend. Elderly men will also dominate these meetings with the women being rather silent. The same seems to be valid for both Tanzania and Uganda. It was mentioned, however, that attendance at village meetings in Tanzania very much depended on the strength and involvement of the village executive committee and that the attendance of women was closely related to whether the committee was active or not.

3a. Implementation - Education/Training

Education and training of many kinds is given at many levels to fulfil what a project has set as its objectives. In the following, focus will be on the types of training offered and whether it is mainly women or men who are trained for a specific task.

Figure 1

Training: Content and Recruits by Gender and Project

Project	Social Mobilization	Water Committee	Pump Maintenance	Health Maintenance	Other
SWACH India	Village Contact teams 50% ♀ - 50% ♂ Village animator 100% ♀		Handpump mechanics All except 24 are ♂	TBA mostly ♀ VHW mostly ♂	
KWASP Kenya	Sociologists, mostly ♂ Extension workers ♀	50% ♀ - 50% ♂ Treasurers ♀ Chair person ♂	Pump attendants majority ♀		
HESAWA Tanzania	Project + government employees ♀ + ♂	HESAWA Committees mostly ♂ in charge	Pump attendants ♀ + ♂ Masons ♂	TBA ♀ VHW 50% ♀ and 50% ♂	Storekeepers Study groups 50% ♀ - 50% ♂
SWIP Uganda	Administrative and Technical personnel at all levels mainly ♂	Minimum 1 ♀ out of 12 members	Caretakers mainly ♂ Plumbers, masons only ♂ Pump mechanics only ♂	TBA mainly ♀ CHW mostly ♂	TBA mainly ♀ CHW mainly ♂

♀ Female ♂ Male

VHW = Village Health Worker

TBA = Traditional Birth Attendant

CHW = Community Health Worker

In **India**, the following types of training is given:

The village contact teams (VCT).

The members of these teams are trained for 4-5 days about the interconnectedness between water and environmental health, adult education, guinea worm and the goals of the project. They are trained on the material created by the local artists which they then take along when they go into the field. As earlier mentioned, half are men and half women.

Teams are recruited from schools, universities and NGOs *to train the VCTs*. Strong attempts are made to recruit women but they are difficult to find. A woman is head of the training team, otherwise the great majority are men.

These trainers also need to be trained, through *training of trainers*, whereby another group was established by the project to train them.

Another category is the *village animator*, which is a pilot activity that never covered more than a limited amount of the project area. A total of 150 animators have been trained. All are women who live in the villages where they work. The main purpose for establishing this category is to have someone who can continue with especially the environmental health message. These animators also check on the handpumps and call for the mechanic when the pump does not work. At the pump they are expected to teach about water, hygiene and health. They also assist in keeping the surrounding of the well clean. The animators are paid a small sum by the project. Very few (2%) of these women can read and write. The drop-out rate is high.

Traditional Birth Attendants (TBA) and *Village Health Workers (VHW)* are other categories of people given a three-day training. The most important aspect of the training is to teach them to connect water and health. While the TBAs are women most VHWs are men

Handpump mechanics is another category that is trained. One mechanic is responsible for 35 - 40 pumps. These pump mechanics are almost exclusively men. However, as an experiment 24 women were taught by the project as handpump mechanics. Since the pumps are heavy two of these women had to work together to manage repairing it. This group of women was very successful both in their work which they managed very well but also for demonstration purposes. They became a show-case and were sent all over India to demonstrate that women can learn technical jobs and that they can also manage them. The handpump mechanics are employed and paid directly via the state budget.

All people within the project are trained in their particular categories or are sent on study visits. Nobody goes abroad, however, but different parts of India are visited.

For Kwale in **Kenya** the following kinds of training have been mentioned:

The members of *Water User Committees*, half men and half women, were trained in health education and sanitation.

Pump attendants, the majority of which are women, are also trained to make simple repairs of the pumps for which they are responsible.

Treasurers of the water user committees get extra training to be able properly to take care of the money paid for the water. They are predominantly women, the reason being that women are held to be more trustworthy than men when it comes to handling money.

Nobody is paid for this work.

In **Tanzania** the following categories of people have been trained:

Village Health Workers, 655 have been trained in environmental health, the most common diseases and how they are caused. They are given a first-aid kit when the training is finished and when the medicines are finished the district health authorities shall renew the content. However, the fact that their knowledge is very limited and that they are not allowed to deal with more serious cases makes their situation precarious. Half are men and half are women.

Traditional Birth Attendants, 231 have been trained until today. They are women, who used to be birth attendants and continue with the same job after the training.

Pump caretakers, 1914 have been trained. Many of them are women, who usually are paid through reduction of communal work

Village masons (fundis), 893 have been trained. All are men. Those who have been recruited are usually people who were already engaged in bicycle repairs. They always get some kind of compensation, mostly through local arrangements.

Storekeepers, 91 have been trained.

Study groups, some 6700 persons have attended study groups. About 50% of these are women and 50% are men. The main subjects they have studied are: improved traditional water sources, nutrition, sanitation/health and about fuel-saving stoves. Nobody is paid at the local level. District staff get their ordinary salaries, while trainers get allowances during the training.

One of the most important effects of the HESAWA way of working is that many of the involved committees from the village, via district, region and zone have become good at making development plans and budgets corresponding to these plans.

In SWIP in **Uganda** the following types of **training** are provided:

Community level

Awareness creation meetings for community leaders. Mainly men.

- Caretakers - very few women.
Pumps: 1-2 days; 1 day health messages, 1 day preventive maintenance.
Springs: 1-2 days; 1 day classroom discussion: health messages of different kinds, waterborne diseases, sanitation, AIDS and 1 day at the spring.
Gravity water scheme caretakers for 1-2 days, has not yet taken place.
- Watsan committee for 3 days about their role, health in general and sanitation, finance and management. Average 12 members, at least one woman. Now SWIP is trying to promote 50% women.
- Plumbers and masons for five days. No women.
- Women groups in basic health messages, water-health, safe water chain, leadership skills, income generation skills and AIDS for two days.
- Community based health care for health committees for 1 week. Each committee about 15, half are women.
- Community Health Workers, once or twice a week. 1 per 15 - 20 homes. Until now mainly men have been recruited but women are often found to be better and in a next round more women will be taught.
- TBAs 6 -7 per community. Two men the rest women.

Sub-county level

- Pump mechanic training of 3 weeks, software plus hardware. Examination, some fail. Those who succeed get a certificate. Men only.
- Orientation seminars for extension staff and community leaders for five days. Purpose, to provide community mobilization skills for facilitating attitude change, communication skills, adult learning skills social mobilization skills etc. Mainly men.
- Training of trainers; four courses taught as 1, 2 and 3 and 4 with three months interval. The trainers will in turn train Community Health Workers. Selected by their communities and government extension staff as well as some key persons like teachers and religious leaders. Most of them are men.

District

County staff and district staff are trained together. They are people who are elected to or employed in positions at these levels. Most are men.

Orientation seminar of five days.

District Planning and Management. These groups define their needs and problems and end up presenting a whole plan on how they will proceed. Most are men.

Financial management for district staff. Most are men.

Orientation of recently employed Community Development staff. Two weeks course given. Mostly men, some female extension workers.

Training of trainers of pump mechanics for health and community development staff, later to teach pump mechanics. Two weeks. Men

Gender sensitization seminars, 3 days for all involved in SWIP activities. Women and men.

Participatory methodology skills planned to take place for 5 days combined with discussions on gender roles. To include men and women.

Facilitators to be trained by people from the national level in health. Hopefully 50% women in the next course.

3b. Implementation - Building/Construction

The building or construction part of the project concerns two different inputs: the provision of clean water and latrines for environmental hygiene. What we are mainly concerned with when dealing with *clean water* are the choices of technology to obtain the goal. They range from hand-dug or drilled wells with e.g. handpumps, a few gravity schemes and the protection of natural springs. Siting becomes a crucial issue both for wells as well as for taps in a gravity scheme. For all the interventions, cash and labour contributions are required and we shall discuss what men and women contribute in the different projects.

With regard to *environmental hygiene*, the projects display a greater variety on their respective menus. Still, all focus on latrines which can be more or less elaborate, from the VIP-latrines to something much simpler and cheaper like sanplats (sanitary platforms). Other technological improvements are drying racks, composts and slabs for washing clothes.

In most countries, including those not discussed in the present report - but except Zimbabwe - projects face problems trying to convince villagers about the need for latrines. Evidently, the villagers' demand for latrines is not as high as the emphasis put upon them in the projects. In spite of this, very little effort has been made to find out why the latrines are so unattractive to the people; whether it is the smell, the price, worry that children will fall down, or that snakes will bite. Out of the four countries reviewed in this report it seems as if Uganda has had greater success with the environmental health package (still without knowing why there is a hesitancy on the part of the villagers) and we shall therefore take a closer look at how the SWIP project works with environmental health. First, however, the choice of technology and inputs required by women and men will be presented by country.

Figure 2

Implementation: Building construction

Project	Techniques	Siting	Technical construction	Technique choice for environmental health
SWACH India	Improve old Drill for new wells	♀ involved	By project personal No local contribution	Latrines for schools Washing slabs Cattle troughs
KWASP Kenya	Drill wells + handpumps	Project committee + few ♂	♀ and ♂ assist	Demonstration latrines
HESAWA Tanzania	Springs Shallow wells Piped schemes	♀ mostly very little influence	♀ and ♂ assist	Latrines Waste disposal Drainage
SWIP Uganda	Improve old wells Drill for new wells Spring protection Gravity flow schemes	♀ mostly very little influence	♀ and ♂ assist	Latrines Drying racks Compost pits

♀ Female ♂ Male

In **India** the techniques for obtaining clean water are limited since there are no springs to protect or gravity schemes to develop in the areas where SWACH is working. The choice stands between improving those wells that can be restored, closing down those which can not and deep drill for new wells. Thanks to the mapping of wells and people with guinea worm done by the village contact teams it is possible to decide from where to start. First priority is given to those areas where guinea worm is rampant.

In the drilling of new wells the siting is always discussed with the women, and if it is hydrologically possible their choice is implemented. Earlier siting had been done along the roads where access was easy and in high caste villages. With SWACH every attempt has been made to reach tribal as well as low caste villages even when they are removed from the roads.

All the technical constructions are carried out by the project and attempts are made to adapt the construction of each well to the needs of the community. Women are involved in everything, being remunerated for their work. No payments are required from the population.

The direct health input is to treat patients with guinea worm. This is done by project-employed Ayurvedic doctors, who are the only ones interested in and knowledgeable about this low-class disease. The environmental health input consists in setting up latrines for schools, slabs for washing clothes and drinking troughs for the cattle. Different drainage systems for the wells have also been devised. Due to Indian politics it has never been possible to demand that villagers

should pay for anything because this would immediately be used by opposition parties who promise that when they come into power everything will again be free of charge.

In **Kenya** the most commonly employed techniques for obtaining clean water is to drill wells and use handpumps. The siting is usually decided upon by a committee formed of project people, primarily the hydrologist and the health officer and two people from the local community, usually male elders. In the siting, tenure rights are important to investigate before drilling starts.

In general, community contribution is minor for pumps on boreholes except for the construction of latrines and roof catchment tanks. Cash contributions are only asked for operation and maintenance and not for initial installations. When there are long delays between the time of the mobilization and the drilling, the villagers' motivation usually declines. The poorer strata of the population will usually keep faith and assist the longest.

Regarding environmental health, the main input on the part of the project, aside from teaching, has been to build demonstration latrines at institutions, mosques and schools. Lately, the priority has been shifted from the construction of demonstration latrines to assist the communities to set up household latrines.

In **Tanzania** the choice of techniques ranges from improved springs and other water sources and low-cost shallow wells with handpumps to piped schemes. The villagers contribute with labour and cash. Men usually pay the money and dig together with the women who also cook the food.

The information with regard to siting in HESAWA is somewhat contradictory. In one study (Evaluation 1992) women in almost 50% of the villages said that they had been able to influence the siting of the well and in another (Helander 1992) decisions with regard to siting of and even need for washing slabs were made without consulting women. The contradictory information may be due to the fact that villagers were asked about where they wanted their wells - and with each well a slab was built, but no one was asked where or if they wanted the slab.

The environmental health message focuses on latrines but waste disposal, drainage and protection of domestic water points are other areas covered by the project.

In **Uganda** the choice of techniques ranges from new boreholes with handpumps, rehabilitation of old boreholes to spring protection and gravity flow schemes. The possible areas for drilling are usually examined and a survey made before villagers are contacted. The final choice is made by a committee of extension people and villagers, mostly men.

In the SWIP project the villagers also have to contribute both cash for e.g. a mason and labour to clear a road for the drilling rig or lorry to reach the site. Men usually do the digging and pay the cash while women collect stones and clay or sand.

The techniques used for improving environmental health in Uganda are latrines, often only with sanplats, drying racks, compost pits and the plastering of houses. It is a male job to dig the pit for the latrines.

4. Operation and Maintenance

In this section we shall take a closer look at the O&M systems in the different countries. First we shall review the maintenance systems of both water and environmental health to find out how they are planned to function. Secondly, we shall identify the positions or functions that have been created in these systems and look at the gender distribution of the positions as well as the status adhering to them and possible payments for services rendered.

In the SWACH project in Rajasthan, there are no village water or water user committees. The person carrying the most immediate responsibility for the pump is the animator who checks on the pumps within her area and reports to the pump mechanic when they do not function. Each mechanic has, as mentioned earlier, the responsibility for 35 - 40 pumps in their pump concentration areas. They are expected to repair their pumps soon after a breakdown, something which does not always happen. Due to frequent breakdowns - in the beginning 20% of the pumps were always out of order - the project changed to preventive maintenance. Mechanics were given further training and gaskets were changed at regular intervals whether they were worn out or not. In this way breakdowns were reduced to 6%.

In India people do not pay for repairs, maintenance or replacements. These costs are covered by the government.

The project plan was to hand over the pumps to the village governments, the panchayats, but for political reasons these panchayats had been suspended. The Public Health Engineering Department continues to be the pump owner.

In those areas where animators have been recruited they are very important for the environmental health care system since it is their duty to report on any epidemics or other health problems to the concerned authorities.

The only positions in the two systems are the animator and the pump mechanic. All the animators are women. They are paid a very small salary by the project. The pump mechanics are almost exclusively men - apart from the 24 women making the exception - who are employed and paid a monthly salary by the local government.

In Kenya the pump attendants are responsible for their pumps and have been trained to take them apart and do simple repairs. When a breakdown is beyond their capacity they inform project extension staff, who are responsible for more difficult repairs. If there is no reaction to this the pump attendants notify the village chairman who goes to the chief who will write a letter to the project office. Even then, help may be delayed.

Each committee pays for the spareparts they require. Mostly a monthly fee is contributed to cover repair costs but in some areas the users pay per bucket of water. The money paid is sufficient for the spareparts but will not be enough to pay for a new handpump. The aim is to have a contractor responsible for repair works and let the communities pay for services provided. At present spareparts are provided free of charge for pumps not handed over to the communities, while those communities, to whom the pumps have been handed over pay for

spares (factory price + 15% overhead). A private spares distributor will sell spareparts to the communities as of 93/94.

The environmental health system is aimed at supporting the use of clean water to promote good health. Thus the preventive aspect is emphasized and the building of latrines one of the main inputs.

The positions within the project can all be found within the water supply and sanitation committee. The committee is elected at the first *baraza* and has nine members. The chairperson is usually a man. There are two pump attendants, who used to be women, until they complained about the heavy work involved and one woman and one man were elected. The treasurer is usually a woman and the secretary sometimes a man and sometimes a woman. The pump attendants are given special training on dismantling, repairing and putting together the pumps. They are also taught about health and sanitation. The treasurer is taught about book-keeping. The whole committee is trained in health and sanitation issues. Nobody is paid for their work. However, the training is seen as a benefit by the individual who also gets appreciation from the community. A handing-over ceremony, ideally, takes place after the pump attendants have been trained. The commitment of the communities may be expected to increase if, and when they have to contribute to the initial installation.

No special positions have been created for environmental health purposes.

In Tanzania, the HESAWA programme approach involves a three year cycle. The first year is devoted to information, mobilization, training and initiation of construction activities in the villages. During the second year all construction and training activities shall be completed. The third year should be a phasing out year when all that has not been completed must be finalized and the water source handed over. This ceremony was to take place one year after the construction of the well and the implication of the ceremony was that the project signed that they handed over a well-functioning water source and the community signed that they accepted the improved source, found it in order and from now on undertook the responsibility for it.

In the process problems were encountered and very few sources have been handed over so that the O&M of the system has not really been tested. In the recent programme proposal the cycle has been extended to five years.

The plan for the O&M is, however, as follows: the pump attendants will make minor repairs and turn to district personnel for major interventions. Each village has a HESAWA account from which money for spareparts can be drawn. There is no money set aside for replacing the old pump. This may, however, be an advantage since inflation is rampant in Tanzania and money in the bank quickly loses its value.

The environmental health system in Tanzania has a strong focus on preventive medicine. The teachings to the HESAWA committees, in the study groups and to the different categories of people trained, focus on imparting knowledge about the connection between clean water and health. People are also taught to be observant about waterborne diseases. A strong emphasis is also given to latrines.

The positions that have been created by the project are many. In every village a HESAWA committee is elected. According to the 1992 Evaluation the mean representation of women was 37%. The chairperson and treasurer are usually men while some secretaries are women. The reason was that HESAWA committee membership often overlapped with other committees.

It was mentioned that quite a few of the pump attendants are women. Exact figures are not available. The training of the attendants is expected to enhance their status in the community.

Other trained cadres are village fundis, storekeepers, village health workers, traditional birth attendants and study group leaders. None of these are paid for their jobs, but VHWs, TBAs and pump attendants were usually exempted from communal labour. While TBAs are women, 50% of the others are men.

In **Uganda** there is a *community based maintenance system* which functions in the following way:

At every water point a *pump* or *spring caretaker* is elected. The caretaker is trained for two days on preventive maintenance and basic health, waterborne diseases, sanitation, HIV-AIDS etc. After the course the caretaker will be provided with a caretaker's handbook. S/he shall be able to inform the users about how to handle the water from source to mouth and carry out preventive maintenance. When a pump breaks down or the cement construction built around a protected spring cracks, the caretaker informs the *water committee* and a *pump mechanic* or *mason* may be called upon to assist. When the fault has been established, the committee will initiate measures. If a pump has broken down the necessary spareparts will be requested from the sub-county or district stores. The committee will also raise the money required for the repairs from the users.

Two *pump mechanics* are selected and trained at sub-county level. Criteria for selection are that they should have some experience of bicycle repairs, be literate, trustworthy and permanent residents in their community. The training lasts for three weeks. Apart from learning about the tools, spareparts and gaining experience with repairs, the mechanics are also taught about water, sanitation and basic health messages. They are examined at the end and get a certificate if they pass as well as a bicycle and a pair of spanners per sub-county.

For spring protection and latrine building *masons* are trained for five days at the parish level, together with parish and sub-county chiefs as well as parish and village leaders.

All training, which is initiated in the project, will first be conducted at district level in the form of "training of trainers". These district employees will then train trainers, usually from the sub-county level, from among extension agents and others. These in turn will train those selected to perform the duties. In this way it is planned that there will always be knowledgeable people ready to train replacements for those who for some reason need to give up their work.

Spareparts are still imported from abroad by UNICEF and distributed to the different districts. Pump mechanics bring a letter from the water/sanitation committee chairman, stating what spareparts are needed and pays for them. Some spareparts can also be found at sub-county level.

In the projects different financial systems have been developed where in some communities the users pay a monthly fee to provide for future maintenance as well as payment of caretakers. In others it was found that the water committees collected money as the need arose. In others again a surplus tax was paid for water and the money was kept at the sub-county level to provide for future needs. Some communities had not needed any repairs as yet and do not know how to go about it if the need arises.

In various follow-ups it has been found that when the social mobilization was forced through at a rapid pace or when caretakers have not been trained, the water-sanitation committees have been badly functioning and pumps have exhibited more frequent break-downs.

In Uganda, SWIP also focuses on preventive medicine under what is called a *Community Based Health Care* CBHC system. At present SWIP is having pilot activities in CBHC. For this purpose "concentration areas" in one parish per county are established. The CBHC stands for a combined health and sanitation approach. A health committee is elected for each concentration area. Most are men. A two-day course is given to the members of the committee. During the first session the members are asked to define what they mean by sanitation (they usually refer to latrines), then taught about other components. The next step is for each member to make his/her own baseline survey of their own village. The number of latrines, composts, drying racks etc in the village will be identified and related to the number of households and people. Common diseases and how they are transmitted are also discussed. Based on the findings the members are asked to make a concrete and realistic plan for their work in the parish with clear targets about what to accomplish, what messages to transmit and within what time-frame. Finally, they set up their own monitoring system to be able to gauge improvements.

To train the parish committee, the county and sub-county health- and community promotion officers are first trained in a three day course. Apart from what they later on will teach the parish committee, they learn about adult education, difficulties in changing attitudes and even more so how problematic it is to make people change their behaviour and practices. The course is completed by each participant developing a concrete work-plan, stating what s/he will do next.

The extension agents at the county and sub-county level, assisted by District personnel, also train three more categories in health practices: traditional birth attendants (TBA 6 -7 per community, all except two were women), village health workers (VHW, 1 per village, almost all were men) and trainers and supervisors of the VHWs. The TBAs interviewed found that they could easier detect problematic pregnancies beforehand and refer these mothers to the clinic. All had practiced as birth attendants before the training. The VHWs were also usually knowledgeable about the treatment of some disease before recruitment to the training. Both TBAs and VHWs had usually obtained their knowledge from a mother or a father or some other relative. Important ingredients in the training are the safe water chain, sanitation and how bad sanitation at your neighbour's influences your health, Oral Rehydration Therapy, good nutrition, the importance of cooperation and self-reliance. Although all appreciated their training and felt they could intervene with greater emphasis with regard to sanitary and other practices in their communities they regretted not having obtained any new tools, kits or drugs as part of their training.

The positions and functions created within the SWIP structure are the following:

The water and sanitation committees. Work on the committees is not paid but takes relatively little time. Furthermore, people elected to these committees have a high status and undergo training which adds to their knowledge both in society's and their own view. In SWIP few women are elected. There were even some committees with no women as members. When women are elected the most frequent reason appears to be that the Ugandan routine of "one woman has to be added" is applied also here. In very few cases was a woman as treasurer or a woman as secretary mentioned. A female chairperson was not heard of.

In the DANIDA supported project RUWASA in Uganda, all water committees are made up of six people, three of whom should be women. Many women are said to be elected as treasurers because, it is said, they can be trusted with the money.

Caretakers. Within SWIP and WATSAN there is one caretaker per water point. Tap caretakers are a new phenomenon of which little is known. No female pump caretaker was heard of but there were a few female spring caretakers. In RUWASA there are two caretakers for every pump or spring, one man and one woman. Caretakers undergo training and gain in status due to this as well as their positions. The work required by a caretaker depends upon the amount of people that are served by the source. The more people, the more work seems to be required. Pumps usually require more supervision than springs. Criteria for the selection of caretakers are that the persons live in close proximity to the water point and that they are reliable and permanent inhabitants of the community. In SWIP and RUWASA caretakers were not directly paid for their work. Instead caretakers were exempted from communal work, an exclusively male task. In WATSAN, a SIDA-UNICEF water programme in Uganda, the same general rule mostly applied. However, it was also found that several pump- and even some spring caretakers were paid a monthly salary by their communities. The Italian NGO, AVSI, working in WATSAN, mentioned that many caretakers for shallow wells were paid, for handpumps most were paid and for springs a few were paid.

Pump mechanics. In SWIP, RUWASA and some areas in the Watsan project no pump mechanic was a woman. The idea appeared unthinkable. Nevertheless, it was mentioned by the NGO, CARE, in Watsan that one female pump mechanic had been trained and that two more were at present undergoing training.

Pump mechanics are selected at the sub-county level and should be experienced in bicycle repairs and have time and opportunity to take part in the three week training. All pump mechanics earn money, the sum depending on several factors such as if they have a regular salary from the sub-county, the community's ability to pay, the need in the community for the water and the pump mechanics' bargaining power. Most projects expect the cost of pump mechanic training to be carried by the sub-county. On several occasions it was found that the sub-counties had not paid for the training but that the mechanics had paid themselves. From this one can deduce that the knowledge and job - an almost monopoly - is considered worth investing in even if it does not provide full time employment.

Traditional Birth Attendants, Village Health Workers, Village Health Committees and Training of Trainers. All TBAs but two are women. Most VHWs, members of Village Health Committees and Training of Trainers at the parish level are men. None of these jobs are paid. TBAs even mentioned that they had **expenditures** for taking care of patients rather than payments for their services. Still, the additional training obtained by all is very much appreciated and strengthened their self-confidence. In one parish, where some interviews were conducted, the TBAs mentioned that they had started to meet regularly and now had a TBA organization where they could discuss matters of concern to them.

Plumbers and Masons. In SWIP and WATSAN the plumbers and masons seem to be exclusively men. It was mentioned that latrine-building traditionally is a male job. Still, RUWASA has supported women's groups to make sanplats for the latrines, an undertaking which provided the women with a good income. Again, the obstacles to change are no real obstacles but rather a lack of gender awareness among project personnel which inhibits them from questioning routine approaches.

Figure 3

Operation and maintenance

Project	Water user committee	Maintenance + simple repairs	Different repairs	Handover	Payment	Financing of future repairs Replacements
SWACH India	None, but animator ♀	Pump mechanics ♂	Government	No	Government	Not considered
KWASP Kenya	9 members Chair person ♂ Treasurers mostly ♀	Pump attendants Most ♀ before Now 50% ♀ - 50% ♂	Project	Yes, but often delayed	Pay monthly or per bucket	Not considered
HESAWA Tanzania	HESAWA Committee mostly ♂ 37% ♀	Pump attendants ♀ + ♂ Masons ♂	District personnel	Very few	To HESAWA account	Not considered
SWIP Uganda	Water and sanitation committee mostly ♂	Pump or spring caretaker mostly ♂	Pump mechanics ♂ Masons ♂	Yes	Monthly fee + taxes + ad hoc	Not considered

♀ Female ♂ Male

5. Monitoring and Evaluation

In this section we shall dwell a little on the existing monitoring and evaluation systems within the projects. The main tasks of a monitoring and evaluation unit are to follow up on the activities carried out in the project and see that they are in line with the general objectives. If the activities strongly deviate from the plans or do not get the expected positive reception from the population, the M&E unit must find out why this is so. A consequence may be that both the objectives and the means to obtain them must be reconsidered and redefined.

The information necessary to evaluate and monitor a project is of different kinds. There is a need for **quantitative** information, stating for example how many wells that have been built, how often there are breakdowns, according to what periodicity people become sick and relationships between factors such as how many women are employed in relation to the number of men. There is also a need for **qualitative** information which has a more explanatory character, informing about how different phenomena might be connected. Qualitative data can, for example, tell about how a system, like that of water maintenance, functions, why people behave the way they do when, for example, they do **not** recruit women although they state intentions of doing so and why women do not get the same positions as men although they and the project personnel want them to and their fellow villagers would not mind.

A monitoring and evaluation unit can store and make use of data in two ways. One way is to keep the information in people's memories from where it is transmitted orally to those in relevant positions and also acted upon. The other way is to write the information down and store it on paper or in a computer so that it can be transmitted in written form. Since everyday life is full of events and project people, farmers, donors and others can all be expected to be fully occupied, it is necessary to define **key areas** that need follow up and monitoring. It is necessary to be very selective when defining the key areas since local community members should not be disturbed, having other things to do than inform project people, and the latter, as well as donors, do not have time to waste on collecting and reading information that is not relevant to the issues at hand. Of primary importance is to decide which topics that need written follow up and in what ways these follow ups should be conducted. It is also important to consider what issues that should be pursued during the more informal, oral, follow ups. Whatever the issues or key areas decided upon, they should be closely related to the project at hand.

The projects reviewed in this study are all dealing with water and environmental health issues emphasizing the involvement of women in all their activities. Key words used in the documents are sustainability, women and children, simple technology, affordability and replicability. These, then, are areas which should be in focus to all the monitoring and evaluation units.

In general it can be said that the reporting within all the projects regarding numbers of wells, springs and other constructions is very carefully done. Reporting on the number of people trained and obtaining positions is also fairly good but in no case have the data been gender disaggregated. This is extraordinary in view of the objectives and focus on women displayed in all the project documents. Apart from this, written reports providing quantitative information, are available and elaborate.

Written reports with information of a qualitative nature are almost totally lacking. Of the few available none seems to deal with the issue of women and their involvement in the activities. This is one of the reasons why the present study was difficult to conduct - the documents did not contain the information required. They do not even describe the set up and working of the systems.

From interviews conducted, both in Sweden and in Uganda it seems, however, as if very much qualitative information exists in people's heads. Project personnel often know very much about what is going on in the projects even if this information is not available in the documents. This is not to state that all information should be contained in documents - that would not be physically possible - and nobody would want to or have time to read it. It is just to enhance the importance of selecting the information that need to be put in writing for reasons of follow-up.

In all the four countries reviewed, India, Kenya, Tanzania and Uganda it thus seems as if all the projects collect written information on quantitative issues - except for gender issues - and collect oral information on qualitative topics.

IV. CONCLUSIONS

1. Approaches used by country - summary

India

The project focus in SWACH is clean water - free from guinea worm - and the eradication of guinea worm. This message was conveyed through Village Contact Teams, half women, half men who walked the countryside and talked to particularly women and school children. Village animators, all women, fulfil the function of being a contact point between project and people, keeping on teaching about environmental health. Supporting them, are trained female TBAs, and Village Health Workers, mostly men. Handpump mechanics are as a rule men. An exception was a team of 24 women that became a demonstration example. Both animators and mechanics are paid but not by the villagers. Their salaries, as well as costs for construction and repairs are all covered by the state. Thus there are no water user committees in India. O&M is in the hands of the state-paid mechanics. On the whole, one can say that little participation is necessary since, for political reasons, people are not asked for contributions. A generally strong focus on women, i.a. allowing them to do the siting of wells, made the project reach them and involve them although it was difficult to get qualified women for higher posts. The environmental health input encountered problems since people were not eager to have latrines. The lasting effects of the project on women and men in the area have not been investigated into.

Kenya

Project focus in KWASP is that people will be helped with clean water if they themselves contribute cash and labour. The clean water should also promote good health. The mobilization to convey this message is done by male project sociologists and female and male extension staff. The meeting between mobilization team and villagers takes place at a baraza, where more men

than women attend and where elderly men are used to speak while women are silent. Responsibility for the wells and pumps is carried by the water and health committee, half of which are men and half women. The chairperson is mostly a man while the treasurer often is a woman. Women are not often involved in siting. The users often pay a monthly fee for the water, or per bucket of water taken. The money is used for spareparts and repairs. Nobody working in the system is paid. Pump attendants, mostly women, are immediately responsible for the pumps and can do simple repairs. For more complicated inputs project personnel is referred to. A small handing over ceremony is held when the attendants finish their training. The environmental health input is facing problems since people in many areas are not convinced of the need for latrines. In highly populated areas the population is easier to convince than in rural areas.

Tanzania

The HESAWA programme in Tanzania offers villagers support with clean drinking water, including environmental sanitation, if the latter provide a development plan with a request for water while they are also prepared to contribute both cash and labour for the installation. The mobilization team is made up of district promotion officers, often female, and extension staff, most of which are male. The first encounter between mobilization team and villagers takes place at a general village meeting. More men than women are present and while elderly and influential men are prone to speak, women are more often silent. A HESAWA committee is formed, ideally with 50% female membership, but mostly much less. In HESAWA much emphasis has been given to health issues and women and men have been trained in the project both in health and construction. Problems that are faced regard very much latrines. Handing over has been delayed and it is not possible to know how the O&M will function with regard to repairs. All villages have HESAWA accounts, some with large and some with small funds. People know that they will have to pay for O&M but maybe not for replacements. No villagers are paid for jobs done.

Uganda

In SWIP in Uganda there is a combined focus on environmental health and clean water from the beginning. The mobilization team consists of Promotion Officers, often male, extension staff, many men and some women and also administrative staff. The encounter between the team and the villagers takes place at a village meeting. More men than women attend and women are often silent. The offer of clean water is made and the duties of the project and the community spelled out in case the community wants to accept the offer. Thus it is made clear that the responsibility for the instalments will be on the community. The system for O&M is clearly set out and the people trained for it. The same is done for environmental health, or community based health care. All in all, few women are involved.

2. Effects of selected approaches on activities/results

All projects have accomplished the most general goal, namely to reduce the work burden of women and children. Women's practical gender needs have in general been met in the sense that easier access to water has facilitated women's lives in many concrete ways such as washing of the body, of clothes, of dishes, and cooking and brewing. Evaluations have also showed that

time gained, from shorter distances to water, has given women the chance, among other things, to go to school and spend more time with their children. In this way, some of the time saved has been invested in those kinds of "reproductive" work that women themselves consider important.

Whether increased access to water has improved the health of the population is difficult to ascertain. The fact that people often state that they feel better is, however, an important subjective statement that has to be taken into consideration.

Otherwise, the **environmental health programme** seems to have met with problems in almost all countries, including the ones not reviewed here. Uganda appears to be the only exception to this, but an evaluation of SWIP, where the advantages and disadvantages of the programme are properly studied, is necessary. Only in this way can the experiences gained be used in other countries.

There may be many reasons why environmental health programmes are met with so little acceptance. As a whole, two stages can be identified when mistakes may easily be made. The first stage occurs when the message is to be defined. Then it is important that the message is adequate, i.e. based on epidemiological research on prevalent diseases and risk factors, and relevant to the context in which it is to be applied; that the advice is simple to carry out and produces quickly observable results; and that the message is compatible with the local culture, the norms, values and priorities that people already embrace. The second stage may occur when the message is communicated to people. Frequent failures in the process are that the message does not reach the intended audience; or does not catch their attention because it does not fit in with their needs or interests; or is not correctly understood since it has not been adapted to people's knowledge or even to the language they speak. Again, the message may still be rejected if badly formulated or communicated or not found relevant or applicable. We know that none of the projects did any epidemiological or ethnographic pre-assessments before proposing the project package to the local populations, a factor that may have contributed to the very limited acceptance reached.

One factor which, however, has been given very little attention is the fact that environmental health is an intervention resulting from experiences with preventive medicine. Preventive medicine is based on knowledge of a biomedical kind characterized by a close linkage between biological cause and effect. In accordance with this credo, water, urine and faeces contain invisible germs which easily transmit disease. This, is a way to reason and analyze taught in western schools to all members of society. In a way we can say that it is part of the western enculturation system. In the west we have a certain knowledge about how diseases are caused and know/are convinced that many diseases can be prevented from attacking us if we protect ourselves properly. Hence preventive medicine. This kind of reasoning can, however, not be expected to prevail in areas where people have little schooling and thus very few are exposed to biomedical ways of reasoning. A majority may, instead, be exposed to other types of cause - effect explanations like illness resulting from envy, or witchcraft from which they try to protect themselves with for example amulets. The environmental health approach used in the different projects may therefore be pregnant with ethnocentrism, especially when "we" require "them" to see things through our glasses. It therefore seems necessary to make a more thorough study of the programme.

Popular participation has been supported by SIDA as a means to achieve sustainable projects. The reasoning underlying the support is the awareness that all people have knowledge accumulated during their life time and this knowledge can be of use to the project. People will also be more concerned about projects or interventions if they themselves are involved in them, especially if they are given the responsibility for the projects. SIDA's support to popular participation has also been an objective in itself since it has been understood as a promotion of democracy.

Popular participation of women and men, was not an approach used in any of the countries to define the respective projects. These were instead presented as a package to be taken in its entirety or not at all. The possible negative effects of not involving the people in the *pre-assessment* stage can only be speculated upon - female involvement might have been greater had more attention been paid to popular participation, environmental health programmes might have been more successful if people's needs and priorities had been investigated into and project activities could have been started in those areas, where the lack of and need for water was felt the strongest, instead of, as in Tanzania, where people were well provided with water and not prepared to pay for it.

In the *implementation* stage all the programmes except the one in India had a strong involvement of local people. Both men and women laboured as well as paid contributions. They also attended courses to be able to help and teach their fellow-villagers.

Popular participation in *operation and maintenance* presents somewhat different pictures in the four countries. The involvement of the local people in India is limited to the mechanics and animators. Both are paid, the mechanics quite a good salary from the state and the animators a small one from the project. The state has more responsibility than the local community. In Tanzania the system of local responsibility for O&M has not yet been tested. In Kenya the locally responsible people manage the daily activities and simple repairs but have to turn to the project for more serious issues. In Uganda the system with local management seems to work very well for different reasons. The people in the communities were told from the very beginning that the installation would be their responsibility. To confirm this, hand-over ceremonies were held, when the responsibility was formally transferred to the local community. Such hand-over ceremonies, confirming that the local community has the responsibility, are also held in Kenya. In Tanzania the project has only recently initiated them. The training in Uganda seems, furthermore, both to be adequate to the requirements and pedagogically well done. The local organization in Uganda also appears well functioning with everyone knowing where to turn when he/she cannot manage on their own. What may be a weak link also in the Ugandan system is that it is mainly based on voluntariness.

Sustainability of interventions is, according to recent development thinking, closely related to the degree and quality of the popular participation in the project or programme as discussed above. Sustainability is also closely related to the technical level of the intervention. When the whole system is dependent on local capacity it is important that the *techniques* are adequately adapted to the knowledge and experiences of the local people. Simple techniques, where spareparts are easy to find and replace and a technical training that goes with this choice, strongly promote the chances for sustainability of the interventions. Such techniques are the hallmark of all the SIDA-supported water and environmental health programmes which also have

put great efforts into human resources development. This approach, therefore, has great chances of promoting the technical sustainability of the programmes.

Sustainability is also closely related to the *costs* of the intervention, spareparts and replacements. When these are affordable to the people in the community, in the sense that the household budgets of a majority of the population contain a surplus which allows them to pay for the water, then there are great chances that the activities will be economically sustainable. In the communities in question, very little knowledge is available of the household budgets in the communities and the paying capacity of the individual households. The choice of low-cost techniques and the fact that even very poor households pay for their water when they have no alternative sources, indicates that the installations are economically viable. Still, more can probably be done by increasing the use of locally available materials and adapting designs of latrines and wells to local conditions.

3. Effects of selected approaches on women, their role and status

Concluding, we can say that *SIDA's strategy to involve women* in the water and environmental health programmes has consisted in the following:

- to attach great importance to the choice of simple technologies so that maintenance is possible at the community level;
- to underline the importance of social mobilization, and open meetings, so that women and men become aware of the project and its messages, are reached by it, and have a chance to participate in and influence it;
- to require that women are members of the water user committees together with men since women usually give higher priority to a well-functioning water system than men;
- to see to it that women, along with men, are elected to the new jobs or positions created within the project and that women and men are trained to carry out these jobs properly;
- to train women in jobs that are already their traditional responsibility, like that of caring for the health of the family members that is the responsibility of each and every wife and mother, and that of serving pregnant mothers, like Traditional Birth Attendants, TBAs.

In spite of this strategy, the involvement of women is relatively weak, especially in relation to the very strong emphasis that SIDA has given the issue. The major reasons for this relatively limited degree of involvement are, **first** of all, that people within projects and ministries are not aware of the limited participation of women because gender disaggregated data are lacking. This goes with an absence of a monitoring system that seeks for explanations about **why** and **how** women/men can/not participate and why/how things have become what they are.

Secondly, that contacts with the community are made through **general community meetings**. There are no separate meetings held with women or other categories apart from village leaders.

During community meetings, decisions are made with regard to whether people should accept the project or not, people are elected to different positions and training sessions, sometimes siting is decided upon and the handing over of responsibilities may be both discussed and executed. In all countries it has been obvious that to these important meetings more men will come than women, that men are more prone to speak during the meetings and, that elderly men will speak more than anyone else. Looked at in this perspective, it becomes obvious that, to keep the main communication between project and community to these general village meetings, negatively affects women. Their chances of making themselves heard, of electing other women and influencing decisions during the meetings are very limited. To achieve female involvement other approaches, like separate women's meetings, must be tried.

Thirdly, that recruitment to the various positions within the programmes is skewed. If we take a closer look at the **positions** created within the project we can see that they can be ranked and put into a hierarchical order according to the status they promote, the salaries they provide and the appreciation given to the training offered. Membership in water and sanitation or village health committees gives both status and training, but they are not paid. The highest position is always that of chairperson while other important positions are held by the treasurer and the secretary. In the projects we have found that it is highly exceptional for a woman to be elected chairperson. There are some female treasurers although strongly outnumbered by men. Most secretaries are also men. The professed objective of all the projects is that membership on the committees should be equally divided between men and women. This is, however, not the case since men as a whole are much better represented than women.

Pump mechanics, masons and plumbers obtain training, rank highly as people with a trade and are paid for their jobs. Almost 100% of the incumbents of these positions are men. A common recruitment criterion is that they should have some experience with bicycle repairs. In Uganda it was found that although some had this experience others did not. Thus, the criterion was not strictly applied when men were recruited. Still, such a criterion may effectively stop the recruitment of any women who usually do not have any experience of bicycles and their repairs. A stronger impediment preventing women from being recruited seems, however, to be the male bias inherent in the thinking of project personnel. It seems as if the idea, that women can learn and do these jobs, is just as strange in these countries as in Sweden.

Pump and tap attendants get training and are provided with some tools. Their status appears higher than that of spring attendants maybe, because the first two need to perform a mechanical activity to bring the water forth. Mostly, these positions are not paid. Still, it is more common to pay for the services of the pump than of the spring attendants. In Kenya a majority of the pump attendants are women. They are never paid. In Tanzania most are men, but there are also many women. None of them are paid. In Uganda, with few exceptions, pump attendants are men, some of which are paid. There are more female spring attendants although the great majority are still male. Few of these are paid.

Traditional Birth Attendants who already have much respect improve their status when they get further training. They are never paid. Almost all are women.

Village Health Workers usually know about the treatment of some disease before they are trained. Their status is thereby improved. Still their situation is difficult. They are allowed to

do very little treatment and would like to do more. With a few exceptions in Tanzania they are not paid. The recruitment by gender of VHWs in Tanzania is equal between men and women. A majority of the VHWs in Uganda are men.

From this brief review it is obvious that greater appreciation is attached to technical training and care of motors than to health and the care of human beings. Although female involvement is very limited in the projects it is still possible to distinguish a common trend, namely that, when involved, women are more often found in the positions of lower rank, less pay and caring roles than in those of authority and technical diligence.

The most frequently forwarded reason for the limited involvement of women is that the "local culture" prevents them from participation. According to this explanation, men are not prepared to let women take on new jobs, which make them work for the community and not only the home, and which also allows other men to see them. Here, it is important to remember that in order not to antagonize the local communities projects should not enforce change which is contradictory to the local culture. No "western" models, as they are often perceived, should be forced upon the local societies against their will. If this is done, no project interventions can be expected to become successful. Thus, the explanation about the "local culture" must be respected and taken seriously. Still, taking the explanation seriously means that we must scrutinize its basis. Who, in the local communities will be antagonized if women are more extensively involved in the projects? Is it men, or women? Do the opponents belong to a specific category of the local community or is the feeling widespread? On what evidence are the conclusions based? This, it seems, must be our point of departure for developing a gender strategy for water projects, because the lack of such a strategy is what makes the promotion of female involvement in water projects extremely difficult.

To try to involve women together with men in decision-making activities means an attempt to promote their strategic gender needs. The promotion of these needs has never previously been specified as an objective in the water and environmental health projects and therefore we should not be surprised that these objectives have not been reached. Another way of expressing the support for gender needs is to talk about it as empowerment, that the women and men in the local societies are made into the actors of the water projects instead of passive recipients. If we aim at promoting the strategic gender needs of women and men we must be prepared for local variations both in the relationship between women and men of different categories and in the priorities they may have. We must also be prepared with a lot of patience because change takes a lot of time and the issue of it might be very different from our initial intentions.

Concluding, we can say that a gender strategy for water and environmental health projects must be flexible, allowing different approaches to be tried. In every community it is necessary to find out, from the women themselves, what they want to do, how they want to be involved. In order to give them a chance to express their thoughts special meetings with women will most probably be necessary. A gender strategy should always provide the opportunity for a fifty-fifty involvement, but not enforce it, if women and men do not want it. It should also depart from the idea that all that men technically, intellectually and administratively can do, can also be done by women. If there are cultural impediments, like difficulties for women to stay overnight away from home, practical solutions can always be found, when looked for. A concrete practical problem is that women have a very heavy workload in all these communities, starting work

earlier and finishing later than the men, which might make it difficult for them to undertake further tasks. Here, the issue of payment comes in, because if women are paid for what they do, they can always engage somebody else to carry out their other tasks.

V. AREAS FOR FURTHER RESEARCH

The following five areas are proposed for further investigation.

The first area concerns "Women as Actors in Water Supply Programmes - Possible Implications"

Above it was mentioned that support to strategic gender needs can be an objective in SIDA's water supply and environmental health strategy. In order to learn from experiences already made, it is important to find out from women, who have already had the chance to take on new, remunerated, positions, if this has had an impact on their situation, status and role in the community. A follow-up study of for example the women in Dodota - or others in a similar position - could teach us about this. The focus should be to try to find out how women view their work as water employees. If, for example, their participation in community affairs has increased after their employment. Furthermore, it is important to find out how women, who are not employed, view those who are. Is it an enviable position or something reprehensible. Does it improve the situation of the individual woman, her family or is divorce a frequent result of women being employed? It has happened that aid projects, aiming for the improvement of the lot of women, have instead worsened their situation. This makes knowledge about the long-term effects of, what appears to be radical interventions, a necessity for further planning.

The second area concerns "A Cultural Understanding of Body Care, Hygiene, Health and Preventive Medicine".

In order to know more about what we should look for when thinking of initiating an environmental hygiene programme a few in-depth studies on the above mentioned topic seem to be necessary. We need to know what people think of their bodily functions and fluids. Where are the issues discussed? Publicly? Within the family? Among women? What rules and norms regulate for example urination, defecation, menstruation? What important rules and regulations are relevant for women and what, for men? Do people see any connection between hygiene and health? Are there any local conceptions of, or importance attached to, being 'neat and clean'. If some people are considered dirty/unhygienic/impure, who are these persons, and why are they perceived of in this way? What local conceptions of preventive medicine exist? Which diseases can be prevented? How and why? Such studies would provide information that is necessary for an environmental health project to have any chances of success, but can not be obtained through for example a KAP study, since the latter is based on our own perceptions of health and hygiene and not on those of the people in the local communities.

A third area of investigation regards "Water Financing Systems" and related to this "Water as an Economic Venture".

To make water supply systems sustainable, one of the main criteria is that they are affordable. Unless people can pay for their water - which they cannot when the installation is too luxurious for their budgets - the installation may, in the long run, be more negative than positive. At present there is a wide variety of financing systems in existence, some communities pay only when the need arises, others make regular payments for spareparts, others again save for replacements while some even pay salaries for their employees. A lot can be learned from these experiences, especially if the people's rationale for their respective system is also studied. This knowledge is needed to improve project work, which, already in the initial, mobilization stage appears to be too cursory when expressing the responsibilities which have to be shouldered by the local communities. A study of this kind would have to pay special emphasis to women in the water projects and their chances of being/not being involved without special remuneration, due to all the other tasks they have to accomplish daily.

What is seldom thought of in water and sanitation systems is to "make water pay". By this is meant that if people from the very beginning are introduced to paying for their clean water - something which many are already used to - the money collected can be used both to pay for jobs carried out within the project and to obtain a surplus. The extra money can, in turn, be used for alternative investments, of a kind which, in the long run, may give the community both new jobs and new sources of income. In this way, a development process can be created where water may lead on to for example handicrafts and/or other income-generating activities and/or education and health, all according to the needs of the women and men in the community.

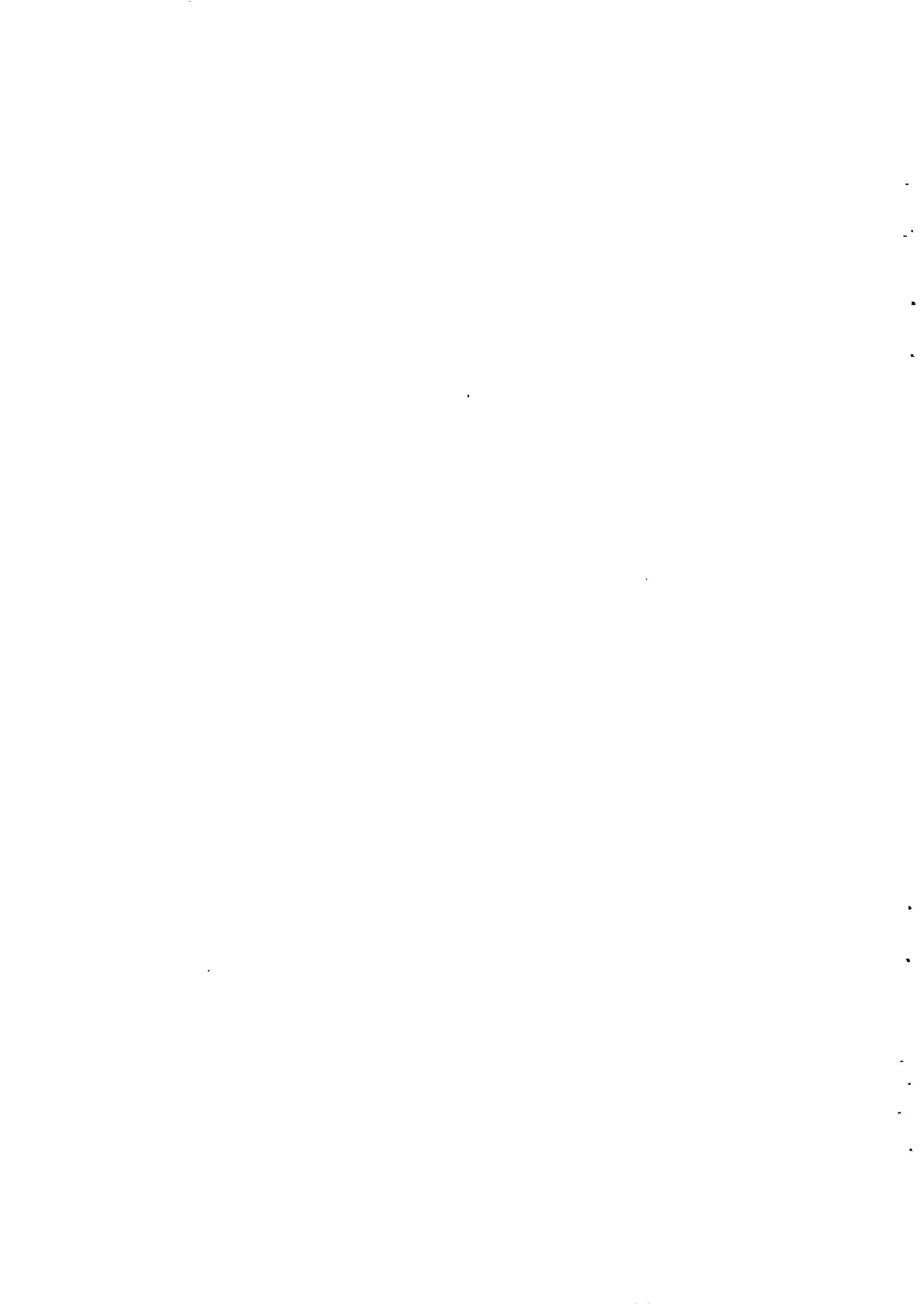
The fourth theme of investigation concerns "**Water as a limited good**".

Water is, more and more, becoming a scarce resource. Countries, communities and individuals fight over access to it, and we need to know much more about what people's perceptions of the limited access to water are. Do shortages always lead to strife? How have they been and can be peacefully resolved? Are there any parallels between shortages and strife between local communities and between states. Are there any good examples of e.g. women in a community that have reached agreements about how to share a limited access to water, from which we can learn.

The final theme is "**An Actor Analysis for a Water Project**".

As has been evidenced in the previous pages no pre-assessment has been made by any SIDA-supported project of any community in view of impending cooperation. No local participants have been invited to identify their needs, resources and priorities. Since it is difficult to conduct such studies for every new area, region or district, that a project enters, it is here proposed that at least one such study is conducted, preferably in a country where a flexible approach can be applied. The flexibility is necessary so that **if** the study leads to a project design, differing from the ordinary approach, this would also be possible to test. Such an actor analysis should identify who the people in the local community are. Instead of referring to a statistic - the poorest 40% designated as the beneficiaries of development assistance - the statistic must be disseggregated and 'the people' defined as men and women, old and young, rich and poor, farmers and merchants as well as combinations of these. The actor analysis should also show who does what in the household and in the community, who performs which activities at what time of the year and who decides about what. Furthermore, practical needs of men and women - those which are

based upon or derived from their everyday tasks - and their strategic needs - those which enable them more directly to influence their communities - should also be depicted. Power relations in the community and on what they are based is another central issue to be discussed. Finally, all topics of concern to a water project should be investigated. The reason why such a study is proposed, is to find out if it is possible to make a more participatory water project and what the possible costs may be.



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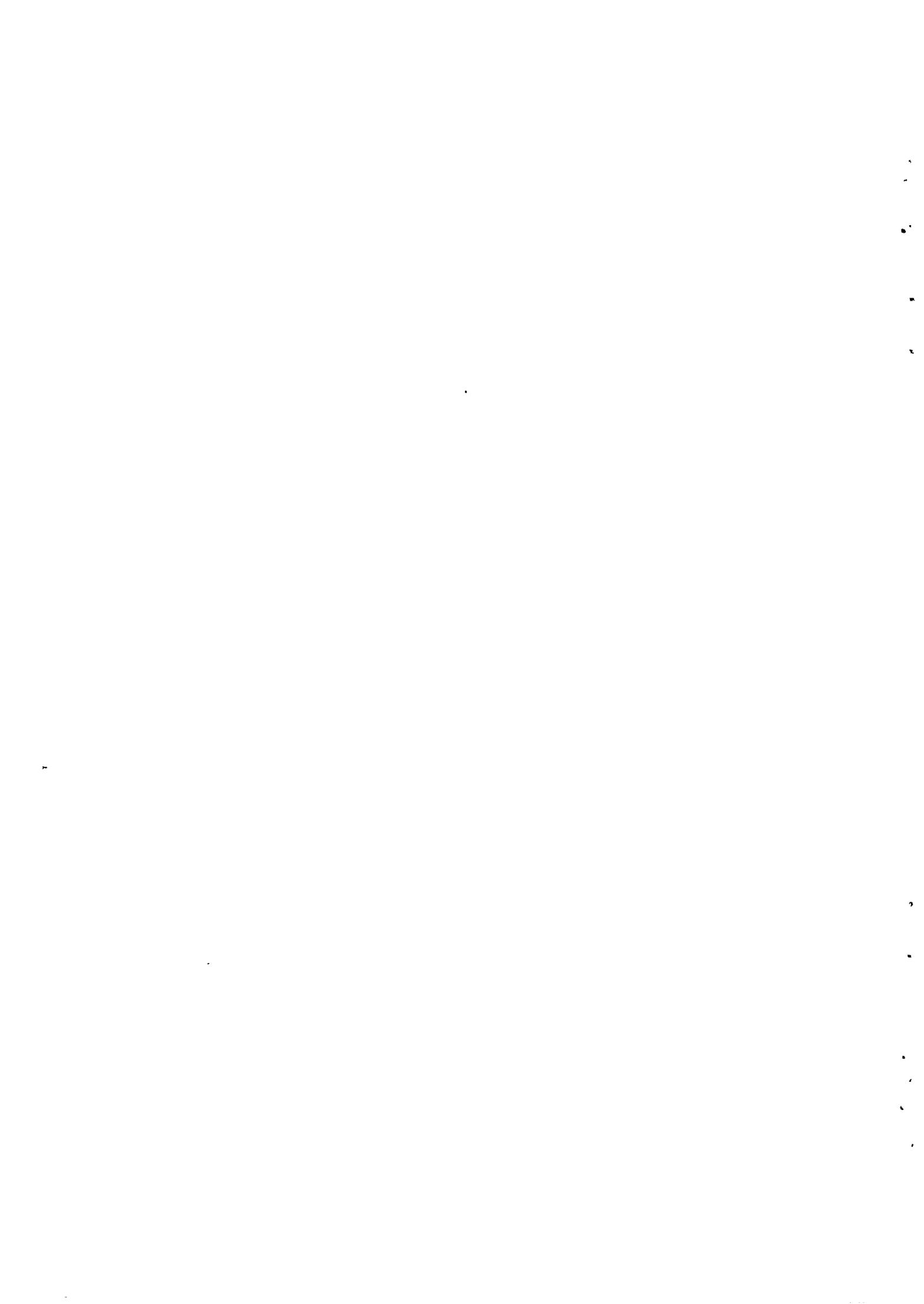
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GENUS - VATTENFÖRSÖRJNING - OMGIVNINGSHYGIEN
EN INVENTERING AV ERFARENHETER I SIDA-STÖDDA
PROGRAM

Bakgrund

I ett antal år har lokalt deltagande, kvinnomedverkan (och senare genusaspekter) betonats i SIDA stödda vatten- och omgivningshygienprogram.

SIDA's vattenstrategi (Landsbygdens vattenförsörjning - Hushållsvatten, Hälsoutbildning, Omgivningshygien - 1984) är styrande vid val av nya insatser samt vid förändringar av pågående program. Strategin anger folkligt deltagande som en förutsättning vid planering, byggande, drift och underhåll samt betonar att kvinnor och barn är en särskilt viktig målgrupp beroende på deras särställning vid hantering av dricksvatten etc.

I strategins analysdel påpekas att kvinnorna ofta är den svåraste gruppen att nå p g a låg läskunnighet, dålig representation inom hantverksyrken samt begränsade möjligheter att medverka i beslutsfattande på hushålls- och bynivå. Strategin betonar att SIDA bör så långt det är möjligt sträva efter att nå kvinnogrupper som kan ta ansvar för vattenförsörjning. En sådan inriktning skulle främja kvinnors medverkan i beslutsfattande på lokalnivå och bidra till att en ökad andel kvinnor omfattas av utbildningsverksamhet i anslutning till vattenprogram.

Vissa delar av vattenstrategin kan ifrågasättas t ex är det långt ifrån självklart att arbete genom kvinnogrupper skulle vara enda eller bästa metoden för ökat ansvarstagande.

Erfarenheter

Från SIDA-stödda program i vattensektorn finns goda erfarenheter av lokalt deltagande t ex från Indien, Tanzania, Kenya och Centralamerika. Att på ett naturligt sätt integrera kvinnor i verksamheten har visat sig svårare än man tidigare trott p g a ovannämnda svårigheter låg läskunnighet, underrepresentation i beslutsfattande m m.

I vattenprogram baserade på folkligt deltagande har seriösa försök gjorts för att öka kvinnors deltagande. Dessa initiativ har många generella drag t ex att öka antalet kvinnor i diverse utbildningsaktiviteter, att genom kvotering få in dem som beslutsfattare i bykommittéer och andra beslutsfattande grupper, att ge kvinnor ansvar och utbildning för drift och underhåll t ex som handpumpsmekaniker och tillsynings"män".

Inga försök har gjorts för att bedöma hur olika angreppssätt påverkat programmen vare sig generellt eller speciellt för kvinnor.

Ett problem i diskussioner med mottagarrepresentanter har i vissa fall varit oklarheter i tolkningen av vad kvinnomedverkan innebär. Mottagaren har ofta tolkat kvinnligt deltagande som liktydigt med att skapa särskilda kvinnoprojekt, vilket går stick i stäv med SIDA's genuspolicies.

Syfte

Det övergripande syftet med denna studie är att utveckla förbättrade riktlinjer för att försäkra både kvinnors och mäns medverkan i vatten- och omgivningshygienprogram på basis av deras roller. Som ett första steg skall erfarenheter från SIDA-finansierade aktiviteter samlas in och analyseras.

Studien skall:

- identifiera vilka angreppssätt som valts i olika program;
- analysera olika angreppssätts påverkan på programmets aktiviteter/resultat;
- analysera olika angreppssätts påverkan på kvinnorna, deras roll, status etc.

Studien skall vidare identifiera sådana kritiska områden som kräver djupare analys. Fördjupade studier planeras i en senare fas genomföras i ett urval programländer.

Uppdraget

Kortfattat kan studien beskrivas som en "desk study", en inventering och erfarenhetsredovisning med påföljande analys.

Uppdraget skall genomföras av Sektionen för utvecklingsstudier vid Socialantropologiska institutionen, Stockholms universitet.

Uppdraget skall innefatta (men är ej begränsat till):

- studier av relevant projektdokumentation från vatten- och sanitetsaktiviteter i BOT, ETI, IND, KEN, TAN, UGA, ZIM och Centralamerika;
- studier av litteratur/rapporter av mer övergripande karaktär relaterad till vatten, omgivningshygien, lokalt deltagande samt genusaspekter;
- intervjuer/diskussioner med svensk/nordisk personal med relevanta fälterfarenheter;
- skriftlig rapport (syntes av erfarenheter) där kritisk verksamhet identifierats;
- muntlig avrapportering i seminarieform där erfarenheter diskuteras/analyseras;
- förslag på uppföljningsstudier av mer kvalitativa karaktär.

Tidplan/rapportering

Studierna skall genomföras under perioden januari - juni 1992. Seminarium för en mindre grupp ämneskompetenta personer skall hållas i augusti 1992.



