



WASEP's role in improving women's participation in WSS projects

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THE WATER AND Sanitation Extension Programme (WASEP) has been working with rural villages in the Northern Areas of Pakistan and Chitral since 1997. The provision of drinking water, sanitation facilities and health and hygiene education are the primary components of intervention in the villages. The ultimate goal of adopting this three-pronged approach is the reduction in diarrhoeal morbidity by 50%. WASEP plans to complete 100 project schemes in remote, mountainous villages by the end of 2001. It is anticipated that this first phase of intervention will be followed by a second phase with 180 new interventions over the next five years.

The sustainability of project work is of utmost priority for WASEP. One of the main criteria for sustainability is user satisfaction. In an effort to make projects more responsive to user interests, WASEP has recognised the need to document women's experiences with the schemes and to determine what is necessary to increase their satisfaction with project delivery. "Women are most often the users, providers and managers of water in the household" (Wakeman, 1995, 7). Additionally, they are the primary caregivers in the household and therefore, are given the responsibility of family hygiene. In this sense, women represent a significant portion of the demand that must be measured if water and sanitation schemes are to be effective in improving village quality of life.

Over the past year, WASEP staff conducted a gender impact study of village initiatives. The purpose of the study was to record the experiences of women with the project in terms of their village scheme. The study focused on five themes of women's experience:

1. Time saving issues;
2. Women's participation at all stages of the project;
3. Women's knowledge of project aspects;
4. Benefits identified by village women of project aspects; and
5. Challenges faced with behavioural changes related to health and hygiene

The findings were reviewed with WASEP's field and management staff to develop a preliminary plan of action for mainstreaming gender in WASEP's second phase. This involved a critical assessment of current operations in terms of gendered participation. Based on this assessment, WASEP staff identified the problem areas and finally developed potential strategies for 'filling the gaps' on the gender component of field interventions. The concept of gender was relatively new for most staff members, requiring an

initial training workshop to introduce the major tools and concept of gender planning for project development.

Methodology

The gender impact study consisted of a number of stages, beginning with initial observations in project villages to talk informally with village women, men and children about their impressions of WASEP's intervention and to document village activities. This resulted in the development of a flexible set of questions for the purpose of interviewing women about their experiences with WASEP. Questions were open-ended and unstructured to allow participants to choose the direction of the interviews. This was particularly useful as it allowed the research team to determine what was most important to village women. A final questionnaire was developed after these initial interviews were conducted and was pre-tested in two WASEP villages before its implementation. The final questionnaire was administered in six villages across the three regions where WASEP is active.

Two villages were selected in each region, one scheme from initiated 1999 and one from 2000. Construction of the water supply system and latrines was still underway in two of the 2000 villages, while facilities have been completely installed in the other four villages in the study. Depending on the size of the village, between ten and twenty interviews were conducted with women. In total, 86 interviews were completed, along with discussions with the water and sanitation committee, the village plumber and the village health and hygiene promoter.

Data was analysed using a combination of qualitative and quantitative analysis. The Statistical Package for Social Sciences (SPSS 10.0) was used to organise and summarise quantitative data. Quantitative information was supplemented by relevant descriptions of findings.

Results and discussion

Women benefit from water and sanitation facilities in terms of improvements in socio-economic and health conditions. The precipitous location of most Northern Areas and Chitrali villages generally means that travel to traditional water sources is extensive and often hazardous. The study revealed that most women (79%) interviewed in the villages made over four trips daily for water collection, taking anywhere from ten minutes to two hours per trip. As a result of the extensive time commitment in water collection, women tended to minimise their efforts in other activities

such as domestic hygiene, child-care and handicrafts. Handicraft work such as sewing, spinning wool and decorative stitching often represent the only source of personal income for village women (WASEP, 2000).

The accessibility of a safe and abundant source of water represented extensive time-savings for many women in the survey. As a result of hygiene education, an increase in time, and the accessibility of water, many women were placing greater emphasis on household cleanliness (45%). Those women who reported spending more time on handicraft work (18%) also stated that they were able to produce more items for sale, which subsequently enabled them to increase their personal income. A further 14% of the sample population reported that they were spending more time on child-care. Few women (10%) found that they had any extra leisure time, suggesting that the intensity of women's other work responsibilities was more than enough to fill the time freed from water collection.

Women's participation at all stages of the project is considered a priority in scheme interventions. In the Northern Areas and Chitral, women are limited in their mobility. As a result, their involvement in project initiatives is limited. The extent of women's participation in the communities visited depended on a number of factors including:

- Local culture and institutions, which can permit, prohibit or discourage an individual's actions in a given context (White, 1961 reprinted in Kates and Burten, 1985, 151);
- The intensity of women's daily responsibilities;
- A woman's household status (WASEP, 2000);
- Women's control over resources; and
- The value women place on their own participation (Moser, 1993)

In order to achieve real consultation in WASEP project initiatives, separate meetings are held with women for participatory rural appraisals (PRAs). This is accompanied by house-to-house visits to acquire in depth information on the particular needs and preferences of all women. Despite these efforts, participation of women with the exception of the health and hygiene component remains minimal in project activities traditionally prescribed to men. For example, the term's of partnership (TOP), signed by the community, stipulates that at least one woman is expected to become a member of the Water and Sanitation Committee (WSC), which manages the scheme for the village. Despite this clause, there is only one village (Hasis) where the secretary is a female and whilst the WSIs are supposed to be part of the committee, their participation is often non-existent. Consequently, it would appear that women are excluded from the management of the scheme. Resistance to this stipulation in the TOP stems from the presence of conservative cultural attitudes that prevent extensive public interaction between men and women in this strong "*pardah*" practising culture. Thus though greater emphasis needs to be placed on including women in the decision-making

activities of schemes, at the same time, however, it is important for project managers to be conscious of the cultural and institutional barriers that exist in project villages. In this sense, there is a need for some middle ground where women are able to contribute to project decision-making in an environment that is not threatening to the community's beliefs.

Women are not only excluded at the community level, but also at the household level. In most communities, the head woman of a family controls household activities. Therefore, when women's participation is required in the project, it is usually this woman or another female she has selected that attends. Younger women often do not have the luxury of choosing whether they will attend project activities. Furthermore, they are often overburdened with their household and agricultural duties to afford the time to participate. Whilst it would seem that WASEP may not be reaching a significant portion of the community with their educational messages and participatory sessions, this situation is mitigated during each household visit by Health and Hygiene Promoters (HHP's) where messages are reinforced.

The ability to affect decision-making at the household level and inevitably at the community level is often dependent on a villager's contribution to household income. The study revealed that there was a significant relationship between earning personal income and access to decision-making. Of those women who had no personal income (67%), most responded that their husbands made the household decisions (53%).

A final component to consider is the value women place on their own participation. When women are so effectively excluded from real decision-making, they often choose to withdraw rather than participate in project planning (Moser, 1993). Therefore, not only are women disconnected from project decision-making, but they may also choose to exclude themselves from the process voluntarily. This point is illustrated by examining women's knowledge of project components (i.e. application process, tariff collection, PRAs). In most cases, women were unable to describe many of the project components suggesting that they had not participated in discussions and decision-making. This was especially noticeable when women were asked to describe the role of the WSC. Half of the sample was unaware of the role of the WSC. This probably stems in part from the "silent" female representation on the committee.

While knowledge among women interviewed was relatively weak in areas where they are not traditionally involved, they demonstrated a strong awareness of health and hygiene issues. Most women (88%) were able to identify common water borne diseases such as diarrhoea and worms and the majority of survey participants (77%) had internalised the key messages from the health and hygiene sessions (domestic and personal hygiene and disease prevention). Furthermore, the women in the sample

demonstrated a clear understanding of the principal benefits of having clean water and using latrines.¹ Three responses were most frequent when women were asked to identify the main benefits of having a clean water supply. Safe water (50%), accessibility of water (48%) and health benefits (44%) were most commonly identified as benefits of having a water supply system. Reduction in open defecation was the most commonly given response (59%) when asked about latrine benefits, followed by privacy (36%) and a decrease in diseases (24%).

As with any change in behaviour, difficulties may arise that prevent immediate adoption. This suggests that long term monitoring of behavioural changes is necessary to determine the inevitable impact of a project. With regard to hygiene behaviours, the adoption of new practices in the household is primarily the responsibility of women. Most women in the Northern Areas and Chitral divide their time between numerous activities each day, leaving little time for domestic hygiene. Therefore, of those that found domestic work challenging, it is not surprising that time constraints proved to be the most challenging aspect to adopting domestic hygiene behaviours (54%). This is especially the case in the summer, when women are working full days in fields that are often far from their homes. Many (22%) also found some hygiene behaviours difficult to maintain in the winter. For example, WASEP's Health and Hygiene message recommends villagers to remove their shoes before entering their houses. Obviously in winter, people prefer to leave their shoes on to keep warm.

Another example of a health and hygiene recommendation is the covering of dishes to prevent contamination. Traditionally, rural villages in Northern Pakistan and Chitral store their dishes and utensils on open shelves or in piles on the floor. As a result, dust and flies contaminate dishes. In some villages, the adoption of this new behaviour was difficult. Dishes and utensils are considered important status symbols in a home and are displayed for guests. This behaviour was particularly evident in Baltistan and Chitral. Other challenges included the necessity of washing the covers frequently, awkwardness in opening and shutting the covers, and children leaving them open. In general, however, most women (69%) did not feel that covering their dishes was a challenging behavioural change to adopt. Rather, they were appreciative of the health benefits related to covering their dishes.

The encouragement of women's active involvement in development projects such as WASEP schemes, may result in increased female participation in other spheres of life. "Participation in projects is seen as an important mechanism to 'overcome apathy' and 'lack of confidence' and can make women visible in the community" (Moser 1993, 102). Furthermore, it may raise awareness in the community that women can play an important role in solving village problems.

Follow-Up

After the research phase of the study, gender-planning workshops were held with field and management staff at WASEP. The workshop objectives were:

- To develop an understanding of gender, planning, and development as they relate to water and sanitation.
- To introduce gender-planning tools (e.g., gender roles identification, gender need assessment, disaggregated data, WID/GID policy matrix) to help staff evaluate project activities.
- To integrate gender planning into operational planning and the institutional structure (Moser, 1993).

After an initial session, where the main aspects of gender planning were introduced, staff members were able to apply gender-planning tools to WASEP activities. Gender diagnosis was selected as the primary means of analysing WASEP interventions. In the first stage of gender diagnosis, several tools were used for assessment. These included the identification of gender tools, conducting a needs assessment and using Women in Development (WID) and Gender and Development (GAD) policies to determine where WASEP fits in gender planning. In the second stage of gender diagnosis, the barriers of gendered participation were analysed and addressed in terms of what is feasible within the cultural constraints

Workshop discussions revealed that WASEP interventions provide several opportunities for women to become more involved in community management. However, it was also agreed that the culture of the Northern Areas and Chitral creates several barriers to effectively implementing full gendered participation. A combination of restricted mobility, poor education, a gendered division of labour and the undervaluing of women's involvement in development by the community are some of the key barriers identified by staff members. As a result of these barriers, women are unaware of project activities. Furthermore, their heavy workload creates a sense of apathy toward improving their participation.

The use of gender diagnosis demonstrated that development work is dependent on the cultural environment. When development workers are considering women's participation, approaches must be limited to what is technically and socio-culturally feasible within the current community system. The example relating to women's participation on the WSC provides a good illustration of this point. As mentioned earlier, the TOP stipulates that women should be on the WSC. Currently, this component of projects is generally not being adhered to. Staff members recognised that it is generally difficult to enforce women participation on the WSC and the development of a separate committee for women would only aggravate current constraints. A final option suggested was to include the spouses of committee members as passive participants which could lead to greater involvement in the future. This

is considered to be a more culturally appropriate approach to gendered participation. While women will not be able to relay women's issues directly to the WSC, they can discuss issues and concerns to their husbands who in turn can communicate them to the WSC.

It is clear from this example that there needs to be greater communication between staff and community members in order to prevent unnecessary barriers from developing. The gender component of WASEP initiatives must be transparent from the initial contact with the community. Along with effective communication and transparency of activities, women need to be exposed to the project from the entry point in the villages. It was suggested that women should be required to sign the terms of partnership (TOP) to ensure their commitment and participation from the beginning of the project. Additionally, other channels of communication must be put to use so that women remain informed and involved in project activities. For example, radio and advertisements can be used to deliver messages to women. Also, there needs to be greater communication with WASEP's sister NGOs working in the same communities to ensure that activities are co-ordinated and communication methods are shared.

As a final recommendation, WASEP staff agreed that there is a need for ongoing monitoring of women's involvement in the project. This will require a commitment at the policy level, the measurement of gender-based indicators in the field and further gender training at the staff level.

Conclusion

WASEP has entered the transition phase of its cycle. While fieldwork continues to occupy much of staff resources, it has become necessary to establish a framework for the next five years of operation. Gender has always been a component of projects, but it is now being recognised as a necessary consideration for project sustainability. Women represent a considerable amount of the demand for water and sanitation facilities and cannot be ignored in the development

of schemes. After extensive field visits and planning meetings with WASEP staff, it was concluded that greater emphasis on women's participation in project activities was necessary. At the same time, it is also important to consider and understand current barriers that restrict women from participating in the project more actively. With a firm commitment to gendered participation in schemes from both staff and communities, it is anticipated that project impact will increase and inevitably result in a greater long-term effect on quality of life.

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¹ Women tended to present more than one benefit making figures sum to over 100%.

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