INDIA

WOMEN IN THE NETHERLANDS ASSISTED RURAL DRINKING WATER PROJECTS

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THE INDO-DUTCH DRINKING WATER PROGRAMME AS AN INSTRUMENT IN RURAL DEVELOPMENT WITH SPECIAL REFERENCE TO WOMEN

I. AIM

Recent studies and field experience indicate that the supply of drinking water is perceived as a priority by (poor) women in the drought-prone rural areas in India and in those villages where safe drinking water is not available. In the past the Indo-Dutch drinking water schemes were conceptualized, designed and implemented from a technical point of view under the assumption that, since women traditionally play a central part in collecting and supplying drinking water, any improvements in this field will automatically benefit women.

Reviews and evaluations of the schemes, and recent publications and studies on this subject, however, clearly show that the involvement of women at an early stage in the planning and designing of drinking water projects can improve the functioning, use and maintenance of the facilities and also contribute to the attainment of the wider development goals of rural development.

This paper is based on the assumption that bringing safe drinking water to the rural villages is one of the important and basic instruments in the development of human resources but is not an end in itself.

II. WHY INVOLVE WOMEN

Recent studies gave four major reasons why women must be involved in drinking water supply projects:

a) *Traditional roles:*
As managers of the homes, women have traditionally decided from where to collect water for various purposes and how much water to collect and how to use it. If there is a choice of water sources, they make reasoned decisions based on criteria of access, time, effort, water quantity, quality and reliability. Their opinions and needs thus have important consequences for the acceptance, use and readiness to maintain new drinking water supply schemes.

b) *Health:*
Pure and sufficient drinking water is a fundamental requirement for the health of the people. Lack of it limits the healthy development of human resources, and improper use and management accounts for water-borne diseases like malaria, typhoid, worms, bilharzia etc. Water and sanitation related diseases account for a high percentage of morbidity and mortality in rural areas. The use of potable water, and the safe disposal of excreta can lead to significant reduction of these diseases. Women play the key role in these areas because they manage the domestic use of water and educate and care for the children's health and hygiene.

c) *Economic benefits:*
If the time and energy spent by women on the collection of drinking water is reduced, it will result in a considerable benefit for women in regard to time saved, energy conserved and drudgery relieved. The family as a whole will also benefit, because, especially in rural areas, women have substantial roles in agricultural activities. The time saved on water collection can be used in extra agricultural efforts and hence result in higher output.

Depending on the socio-economic position of women, there is more potential for income generating activities, non-formal education and contribution to awareness building and community development activities.

d) *Project benefits:*
Literature indicates that problems in the use and maintenance of drinking water schemes can (partly) be attributed to insufficient attention paid to the traditional roles of women. Utilizing the traditional skills and knowledge of women and ensuring their participation in the planning, implementation and maintenance of drinking water schemes has proved to reduce the costs of the schemes and accounted for better use and maintenance of the installations.

III. FUTURE PLANNING

Drinking water projects are essentially women's projects. All aspects of drinking water supply schemes must be planned with the situation of women in mind and the technical aspects should be regarded as only one of the components.

This may be accomplished by:

1. Involving the expertise of women in planning, implementing and following up of drinking water projects.

2. Consulting the various women-user's groups (caste, class) within the village while deciding the choice of location of the taps, the technology, operation and maintenance and cost in connection with the drinking water scheme.

3. Educating women, men and children in the use of drinking water and the importance of the health aspects related to it. Health education, proper drainage and sanitation must be an integral part of all drinking water programmes.

4. Making women responsible for, and training them to maintain, new drinking water schemes. Plans should be formulated regarding such training.

5. Following up projects regularly and over a sufficient period of time to make sure that women's interests are being safeguarded.

6. Evaluating all drinking water programmes with special regard to participation of women and to the influence of the projects on women's situation. Such evaluation should be done preferably by female experts.

7. Extending drinking water programmes to include income generating ac-

tivities for women where the water supply permits it, including the training of women in the use of run-off or waste water.

IV. IMPLEMENTATION

In order to be able to implement the above mentioned new approach, it is necessary that:

1. The Indian Government and the Government of the Netherlands agree on the "women oriented" concept of the drinking water schemes under the Indo-Dutch Development Programme.

2. In the subsequent phases of the projects (planning, appraisal, implementation and evaluation) the needs, roles and tasks of women need to be incorporated.

3. At the consultation/decision making level, as well as the implementation level, adequate structures must be identified to facilitate a smooth and speedy execution of the programmes.

At present the drinking water schemes are prepared, negotiated and implemented by the State Water Boards. As the task of these Boards is primarily the technical implementation of drinking water schemes, it does not seem appropriate to burden them with the consultations, decisions and implementation of health education, sanitation and income generating activities for women.

At state level, discussions should start soon to develop the above mentioned structures in such a way that at the levels of consultation, decision-making and implementation those bodies will be involved which have the necessary authority to decide upon and implement the programmes for health and sanitation education.

In this respect it is suggested that a "time-table" of implementation should be made and agreed upon in order to be able to plan a logical sequence of the different activities and to avoid delays in the execution of parts of the programme.

WOMEN TO MEND HANDPUMPS

IN a small but significant development women are being trained to repair handpumps in the villages of Rajasthan. Though handpumps are supposed to be the main source of water in rural India, studies have shown that 10 to 25 per cent of them are not working.

Men who have traditionally been in charge of repair and maintenance of handpumps take anything from 10 to 15 days to repair one after a report of its non-functioning reaches them.

But, if a hand pump stops functioning the persons who suffer the most are the women who have to walk miles to get water. Women would therefore be more enthusiastic and concerned about maintenance and timely repair of handpumps.

Based on this philosophy, in Banswara and Dungarpur districts of Rajasthan, women who have studied at least upto class six, are being trained as handpump 'mistries'.

At Pratapur village of Banswara I saw the first training camp for women handpump mechanics. Twentyfour women, 12 each from Banswara and Dungarpur were being trained and half of them were tribals. Most of the women were married and many had babies with them but for 15 days they had left their homes to undergo the residential, theoretical course.

Most of the courses for repair and maintenance of handpumps are run for men and are conducted by the ITIs. Each course is for three months.

STYLE ALTERED

But the course style has been altered for the women. The in-house, theoretical course was to be backed by two and-a-half months training on the job and in villages with handpumps near their homes.

The women were divided into groups of three and worked together as a team. This made it not only easier for them to get out of their villages for a repair or maintenance job but together they could lift the 10 parts of the 100 to 120' long pipe which has been joined together.

The accent at the camp being run by the Rajasthan public health engineering department was on maintenance. A maintenance schedule was drawn up so that there is periodic greasing of various parts and replacement of washers and rubber cushioning in the hand pump.

A well maintained handpump costs the village panchayat or the government less than a pump that has to be periodically repaired. The women have been told that the money saved on repair would be given to them as bonus.

Since the concept of women mechanics is new a lot of thought has gone into increasing their acceptability in the backward, rural areas. Should the men or the elders of the village ridicule or run down women setting out with tool kit on a repair mission, it would mean the end of the programme. So initially every team is being provided with a complete handpump set. They can replace the faulty hand pump with the spare one. The repair job on the faulty pump could be done at home.

Many of the women being trained as mechanics are already activists in the village. They may have worked as "Social animators" in the guinea worm eradication programme, as "sathins" in the women's development programme or as "prerarks" in the adult education scene.

Each team is expected to look after 50 to 60 handpumps in their own and adjoining villages and each mechanic would earn about Rs.250 to 300 a month.

The idea of training women to be handpump mechanics came from UNICEF. In Sri Lanka and Bangladesh women are already in charge of hand pump maintenance and repair.

Courtesy: The Times of India News Service, Udaipur, March 5, 1989

CHECKLIST WOMEN, WATER AND SANITATION

A. Project/Programme Preparation and Formulation

1. Does a policy exist on community participation/women and development on which operationalization can be based?

2. Are there any experiences with women's involvement in water/sanitation/hygiene education? If yes, how have women participated, to what effect and are there areas for improvement? If no, is there a need and potential for women's participation in the view of (a) the project preparation team, (b) the executive organizations (c) the women themselves.

3. Have women's roles, needs and potentials in water, sanitation and hygiene been identified? Are they reflected in the design of the project/programme and the proposed implementatio strategies?

4. Need the quantitative impacts/benefits of the project on the work and position of women be identified? If yes, have baseline data been collected?

5. Are project/programme targets sufficiently flexible to allow systematic procedures for women's involvement in water/sanitation/health education to be developed, while keeping coverage and per capita cost at a reasonable level?

6. Have budget, manpower and training provisions for women's involvement been made?

B. Planning and Implementation

1. Can/will women participate (a) nominally, (b) in practice, in the design and planning of project/programme activities? Does this include poor women?

2. Can/do women have access to/actually participate in:

   - project/programme information
   - skills training, including technical and administrative skills
   - water users associations and cooperatives, as full members with voting rights
   - maintenance and/or management positions for water, sanitation and hygiene improvements at all levels
   - planning and implementation of hygiene education and action programmes

3. Can/do all women have access to the introduced water supply and sanitation facilities and health education, (a) in theory, (b) in practice?

4. Can/do women participate in implementation, according to their own wishes and potential, without a disproportional claim on their time/income?

5. Can/do women have individual or organized influence on the operation, maintenance and management of water and sanitation services?

6. Are project/programme staff at all levels aware of/familiar with the general goals and methods of women's involvement? Does the project/programme involve/cooperate with female staff and researchers experienced in women's issues in water, sanitation and hygiene when this is culturally necessary?

C. Project/Programme Monitoring and Evaluation

1. Are at least 80% of the facilities in well-functioning order at any time of the year? Are average frequency and duration of breakdowns within set standards? Do users have realistic alternatives for safe water supply/excreta disposal when facilities are out of order?

2. Are safe water and sanitation used throughout the year and in a safe way by at least 80% of the population, men, women and children?

3. To what extent have other risks been reduced or are being reduced along which water and sanitation related diseases can continue to be spread? (e.g. solid waste disposal, storage and drawing of drinking water in the home, personal and school hygiene)

D. Impact on Roles and Position of Women

1. Does the project/programme have intended or unintended effects for the work and position of women,

   (a) positive:
   - reduction of workload
   - increase of time and opportunities for child care, rest, education, income generation activities, etc
   - greater safety
   - enhanced status and share in decision -making

   (b) negative:
   - loss of employment or resources
   - increase in workload
   - no access to income or products resulting from women's productive use of water, waste and/or time and energy savings
   - reduction of traditional roles and authority in water, health and community development
   - exclusion of lowest income groups such as women heads of households from services
   - greatest benefits of service to higher income-groups

USEFUL REFERENCES

DUTCH POLICY DOCUMENTS.

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Government of The Netherlands.

Women in Development Cooperation (September 1980)
Ministry of Foreign Affairs
Government of The Netherlands

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Government of The Netherlands

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Government of The Netherlands

Women and Development - programme of action (1987)
Directorate General of International Cooperation
Ministry of Foreign Affairs
Government of The Netherlands.

OTHER DONOR POLICY DOCUMENTS.

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DANIDA	Plan of Action for Development Assistance to Women. 1987.
ILO	Plan of action on equality of opportunity and treatment of men and women in employment (draft). 1987.
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UNFPA	Women, population and development: A strategy for participation. 1987.
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ADB	Policy and actions taken to implement the policy on the role of women in development, 1968.

"Health Status of the Indian People"
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Ministry of Health and Family Welfare,
Government of India.

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Report on " The Status of Women in India," (1974)
Ministry of Education and Social Welfare, Government of India.

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Heli C. Pevrett
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K.P. Pilipino
International Development Research Centre, Canada.

"The Role of Women as Participants and Beneficiaries in Water Supply & Sanitation Programs"
M.L. Elmendorf and R.B. Isely (1981)
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Occasional Paper Series No.13
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Averthanus L. D'Souza
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UNDP/PROWWESS. New York. USA.

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Alastair White
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C. van Wijk
Technical Paper Series No 22
IRC. The Hague, The Netherlands.

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A literature review
Technical Paper Series No 12,
IRC, The Hague, The Netherlands.

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Anil Agarwal (1982)
Central for Science and Environment,
New Delhi.

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Val Curtis (1986)
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Sumi Krishna Chauhan
Earthscan
London, U.K.

"Methods for gathering Socio-Cultural data for water supply and sanitation projects"
Mayling Simpson Hebert
TAG Technical Note No.1,
UNDP/World Bank
Washington D.C., U.S.A.

"The Local decade: men, women and agencies in water and development"
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Mabelle Arole
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"The Long walk home"
Marilym Carr (1983)
Appropriate Technology.

"Reversible sex roles: The special case of Benares sweepers"
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Pergamon Press, Oxford, U.K.

"Women and Water"
Paula Donelly (1984)
Water and Sanitation: economic and sociological perspectives
Academic Press,
Orlando, Florida, U.S.A.

SELECTED LIST OF SOME ORGANISATIONS

DELHI

All India Women's Conference
6 Bhagwandas Road
New Delhi 110 001

Centre for Women's Development Studies
B-43 Panchsheel Enclave
New Delhi 110 017

Institute of Social Studies Trust
5 Deen Dayal Upadhaya Marg
New Delhi 110 002

Kali for Women
N-84 Panchshila Park,
New Delhi 110 017

Manushi
C-1/202 Lajpat Nagar
New Delhi 110 024

Saheli - Women's Resource Centre
105 - 108, Shopping Centre
Defence Colony Flyover
New Delhi 110 024

YWCA Rural Development Programme
75, Old Roshanpura
Najafgarh
Delhi 110 043

Mahila Dakshata Samiti
2 Telegraph Lane
New Delhi 110 001

National Federation of Indian Women
Ansal Bhawan, 8th floor
Kasturba Gandhi Marg
New Delhi 110 001

Voluntary Health Association of India
C-40 Institutional Area
South of IIT (Near Qutab Hotel)
New Delhi 110 016

Jagori,
B-5, Housing Co-operative Society
NDSE Part I
New Delhi - 110 049

ANDHRA PRADESH

Andhra Mahila Sabha
Mahila Sabha Building
University Road
Hyderabad 500 900

Bharatiya Grameen Mahila Sangh
Malyili Begum Haveli
Shahati Banda
Hyderabad 500 002

Nirmala Mahila Mandal
Mariapuram Post
Cuddapah Dist, A.P.

Stree Shakti Sanghatna
C/o Rama Melkote,
3-5-574, Narayangudda
Hyderabad - 500 029.

GUJARAT

Ahmedabad Women's Action Group
5, Professor's Colony
Ahmedabad 380 009

Women's Equal Rights Group
D/3 Akashdeep Apartments
Ellis Bridge
Ahmedabad 380 006

Self-Employed Women's Association
Gandhi Reception Centre
Opposite Victoria Station
Bhadra
Ahmedabad 380 001

CHETNA
Drive - in Cinema Building
Thaltej Road
Ahmedabad 380 054

KARNATAKA

Institute of Social Studies Trust
"Tharanga"
10th Cross Rajmahal Villas Extension
Bangalore 560 080

Joint Women's Programme
17 Millers Road
Bangalaore 560 046

Streelekha
67, IInd floor
Blumoon complex
Mahatma Gandhi Road
Bangalaore 560 001

WINA India, (Women's Institute
for New Awakening)
92 Lavelle Road
3rd Cross
Bangalore 560 001

Vimochana,
7, Balaji Layout
Wheeler Road Extension
Bangalore - 560 005

KERALA

Vimala Welfare Centre
Chittoor Road
Cochin 628 018

Institute of Development Studies
Trivandrum

UTTAR PRADESH

Lakshmi Ashram
P.O. Kausani
Dist. Almora

Mahila Mandal
Post Garhi
Block Shyampur
Dehradun

Priyadarshini Centre for Development
Studies & Women
111/98-A, Water Works Colony
Ashoknagar
Kanpur 208 001

Sakhi Kendra
78/2 Site No.1, Colony Kidwai Nagar
Kanpur 209 001

SEWA
Safina, 1, Habibullah East,
Hazratganj,
Lucknow - 226 001.

NOTE : This is only a list of some selected organisations from among many others which are active in promoting women's interests and welfare.