



Women, water sanitation in South West Uganda

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HITHERTO IN UGANDA, Water and Sanitation improvement interventions laid more emphasis on technical interventions, focussing on construction work. Communities were considered as users and beneficiaries. Since the mid eighties possibilities to participate in planning, maintenance, management, effective use and financing were broadened for communities. However when projects reported working with communities, leaders and committees, they almost invariably dealt exclusively with the male population. In the nineties, a more gender sensitive approach showed that women have several roles in water and sanitation interventions, by tradition and by necessity.

As individuals, women are the most directly affected by lack of water. They are the most directly concerned with water and sanitation matters in their households, and have a great interest in a reliable and perhaps good quality service. They also have more management experience in services at a neighbourhood level related to health and food.

The SWIP¹ Programme recognised that community participation in planning, design, management and evaluation is central to sustainable water and sanitation interventions. Particular attention was given to include women and actions that increase possibilities for their empowerment at all levels.

Guidelines were developed and established for mainstreaming the roles of women in the interventions.

Why involve women?

Women in Uganda are largely responsible for all household tasks - all water and firewood collection and ensuring proper use and maintaining whatever form of sanitation exists.

Women play a leading role in carrying out household tasks in relation to domestic water and sanitation, as:

- acceptors of technologies - such as safe water points and improved pit latrines.
- users of improved facilities.
- managers of water and sanitation interventions in households.
- agents of positive behaviour modification in use of improved facilities.

Similarly the SWIP Programme strongly believes that given appropriate training, support and equipment, women can bring about changes in basic hygiene behaviour in daily activities.

Water alone does not bring about proper sanitation or health. Nor do both if households do not wash their hands after using pit latrines. As more water is made available, appropriate containers and proper use is central to increasing the desired health impact. Since women are the key influentials in behaviour changes, their involvement in the interventions was considered to be able to increase the impact.

Along with the introduction of improved community facilities there should be provision for new and appropriate equipment to maximize effectiveness acceptability and use. If the pit latrines continue to smell, nobody may use it. Women involvement in sanitation promotion and pit latrine improvement in particular would perhaps bring this effective acceptability and use closer.

If latrine use is accompanied by hand washing, the chance of realizing the health impact can be greatly increased. Women are in the main, promoters of hygiene practices, and therefore, we need for their involvement in order to bring this reality closer.

Women's active involvement in sanitation platform (sanplat) production was accorded high priority in the Programme supported interventions.

The process of involving women in water and sanitation

For the purpose of this discussion, women involvement in water and sanitation intervention will be limited to sanitation platform, sanplat, promotion and management of water.

The Programme employed the strategy of increasing involvement of women in water and sanitation promotion. Hygiene education and dialogue with community and their leaders was therefore embarked upon. A decision was made to involve women in sanitation promotion with emphasis on sanplat casting, sale and use.

A latrine with a sanplat provided with a tight fitting cover, has a minimal smell, is fly proof, inexpensive, safe and attractive to use, for all categories especially children. It is also culturally acceptable in this part of the country.

Pilot efforts revealed high rates of acceptability, need for flexibility and possibilities of sustainable village level operation and management.

Working with existing women groups was found to be one of the most feasible options.

District authorities identified very active women groups. They were sensitized in sanitation promotion,

hygiene practices and the safe water chain. The groups selected representatives for training in slab/sanplat casting, marketing.

The process of establishing casting yards in the Programme area include the following tasks.

Extension staff working with local leaders identified and selected an eligible community.

Work with community leaders to carry out sanitation base line survey. Analyse and discuss the findings in the community. Dialogue with the community on sanitation promotion and water improvement.

Mobilize the existing women groups for participation in sanplat production technology.

Benefitting womens group selected manson for training at a convenient and suitable site.

Womens group construct a shelter, for casting.

Collect and provide local materials, sand and water for casting the sanplats.

Extension staff assist in transporting external inputs such as cement, chicken wire mesh, tools-molds.

Prepare the workplan for sanitation promotion and water improvement.

Cast, cure and sell the sanplats.

Training the women group in management and safe water chain.

Support supervision by extension staff, community and women leaders.

Groups submit progress report to district administration.

Lessons learnt

Women work in shifts consisting of a minimum group of three's for each of the working days in a week. This arrangement involves saving more time to do other household work.

Women are accorded opportunities to participate in sanitation promotion at decision making levels.

The participation at this level increased their level of knowledge on what constitutes adequate hygiene and diarrhoeal diseases.

A fly proof latrine improved with a sanplat and through safe water practices is now within reach of every household in the Programme supported area.

Women benefit from participation in water and sanitation interventions through savings in time energy and financial resources.

Frequent contaminants and disease are spread rapidly via water. Human excreta contains pathogens that cause many diarrhoeal diseases and this poses a threat to the health of children and infants who are the main victims.

Sanitation platforms fit in user household operation, maintenance and management principles.

It involves some elements of cost recovery from users.

It strengthens private sector involvement in sanitation promotion efforts.

Womens participation is very enthusiastic in most cases and has enhanced efficiency and effectiveness of the use, operation and maintenance of facilities.

Only a small fraction of management positions for water and sanitation is allotted to women. Even the few on management committees may be essentially shy and unable to influence key decisions.

A good number are caretakers of water points as compared to almost nil in positions of community based workers - pump mechanics and gravity flow scheme attendants.

Women do not build pit latrines, especially in this part of Uganda. They are only users but are expected to ensure cleanliness and tidiness of the facility.

They are responsible for ensuring household hygiene which is a critical factor in diarrhoeal disease transmission. Once a child for instance develops diarrhoea, women as mothers are expected to prepare and administer oral rehydration therapy.

Women involvement in water and Sanitation promotion is therefore a crucial factor in child survival and development efforts.

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