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LOCAL ACTION WITH INTERNATIONAL COOPERATION TO IMPROVE AND
SUSTAIN WATER, SANITATION AND HYGIENE SERVICES

**Gender and empowerment through WASH
based on cases from Bangladesh**

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It is often assumed that participation and representation of women in Water Sanitation and Hygiene (WASH) committees will lead to their empowerment. In order to get a better insight into “How” participation in the WASH committees can lead to empowerment of women, Simavi¹ with support from the Gender and Water Alliance² conducted a study to get a better insight on “If”, “How” and “Why” women’s empowerment has taken place as a result of participation in the WASH committees or other WASH interventions in our programme in Bangladesh. The results of this study and recommendation for WASH interventions are presented in this paper.

Introduction

It is often assumed that participation and representation of women in Water Sanitation and Hygiene (WASH) committees will lead to their empowerment. Therefore, in order to get a better insight into “How” participation in the WASH committees can lead to empowerment of women, Simavi¹ performed a study to get a better insight on “If”, “How” and “Why” women’s empowerment has taken place as a result of participation in the WASH committees or other WASH interventions.

During the implementation of WASH Alliance International³ programme in Bangladesh many WASH committees with an impressive number of female members have been (re-)formed. However, only a few women members have shown signs of leadership and seem to get a recognizable voice in their community and in relation to the government authorities. In order to identify the factors contributing to this success, we asked our partners DORP (Development Organisation of Rural Poor) and SLOPB (Stichting Land Ontwikkelings Project Bangladesh) to identify six cases from their implementation area where they believed empowerment of women has been fostered through participation in WASH committees and other WASH interventions.

The six cases provided by SLOPB and DORP were further studied with the following objectives:

- To make an independent and qualitative assessment for each of the identified cases, the tools and methods used in the WASH intervention and other socio-economic /cultural issues, and to identify the critical/key success factors for empowerment of the person presented in the case, the most significant change which was experienced in these cases, their families, their communities, etc. and how it is related to empowerment;
- Determine the reasons for the observed performances and results of objective 1 and draw necessary lessons learnt; in particular to understand why the intervention had the specific effect on the cases studied and not or less on the other targeted women in the same intervention, to better understand the extent to which this would also apply in other settings;
- Recommend adjustment and fine-tuning of future interventions in order to implement effective approaches to realize empowerment of women, in particular through WASH interventions including indicators to measure them.

This paper describes the findings of this study. It starts with the definition of the concept of empowerment as was used in analysing the cases, and continues with the methodology of the study. After that a comparative analysis from the cases are presented and some recommendations are provided.

Empowerment in this study

In this study, we considered empowerment as a process of change that enables people to make choices and transform these into desired actions and results. When doing so, people, not just women, are taking control of their own lives, improving their own positions, setting their own agenda, gaining skills, developing confidence in themselves, solving problems and developing self-sufficiency. In other words by empowerment we are referring to increasing the economic, social, political, physical strength of any individual or entity. In order to capture this definition of empowerment during this study, we looked at four different elements, as are defined below:

Physical empowerment

The right to decide about one's sexuality, to decide about the number of children and spacing between them, right to proper healthcare, right to clean water, sanitation facilities and dignity, access to proper menstrual management, the ability to resist violence, the right to safety and security (for example not to be harassed or, worse, raped during nightly sanitary visits), having rest - particularly during pregnancy and menstruation period, physical mobility, family planning methods/use of contraceptive, choice of food, etc.

Economic empowerment

Right to choose one's education, same income for same work, right to work that one enjoys, right to decide about spending benefits and income, access to relevant resources. Sometimes women have access to income but have no control over it, e.g. handing over salaries to husband, son, brother or mother in law. Economic empowerment leads to equal access to and control of means of production and ultimately, to economic independence.

Political empowerment

The right to organize one self, the right to take part in democratic processes and to influence wider development efforts: to be allowed to vote and to be voted for, to take active part in Water User Associations (WUA), Small Farmers Groups (SFG), to participate at the decision making levels (Executive Committee of the SFG, etc.), to be confident in getting extension services from the local level nation building departments like Directorate of Agricultural Extension office, to be a member of the Union Parishad (UP), etc. It leads to a political say and the creation of a power base in a self-determined direction.

Socio-cultural empowerment

Social empowerment means a positive self-image, social status, how does the society see you? Right to education, is your voice heard? And does your opinion matter? It leads to the right to one's own independent identity and a sense of self-respect.

All the four elements of empowerment are interrelated and together they indicate the degree of empowerment of an individual or group. It is important to realise that these four aspects of empowerment should not be seen in isolation. So, for example, just being educated (socio-economic empowerment) on its own does not mean a woman is empowered, if her husband does not allow her to work after marriage. Groups and individuals (not only women) who are on the lower side of the hierarchy, empower themselves if they are convinced, and if they are able.

Methodology

The basis of this study are the six cases identified by DORP and SLOPB. An independent expert organization, Gender and Water Alliance was hired to review the relevant documents, conduct focus group discussion, structural individual interviews and initial analysis of the findings. The final recommendations were formulated in consultations of all the involved partners.

Brief introduction to the cases used in the study

Case 1- Noorjahan Begum

60 years old traditional birth attendant, married to a deaf farmer, has 4 children. Her son supports the family. She studied 8 class.

- Volunteer for SLOPB since 1997, member for the Ward Health Development Committee since 2008. She also became a Union Health Development Committee member
- She received 2 trainings: as a volunteer and as a birth attendant, she spends 5-7 afternoons/month on the voluntary work for SLOPB

Signs of empowerment:

- *She has received trust and recognition of the local people due to her gained knowledge and hard work.*
- *Had been elected as member for UP in reserved women's seat.*
- *Recognises that due to volunteer-work her confidence has been increased*

Case 2. Ward Health Development Committee of ward 1 Betagi Sankipur Union

- The WHDC consists of 13 members; 9 women, 4 men
- SLOPB proposed who would participate in the WHDC
- Received 3 days training and spend 2-3 afternoons a week on their work

Signs of empowerment:

- This WHDC successfully managed for budget allocation of Union Parishad (UP) for WASH-facilities
- They have good contacts with the UP, and are invited to the meetings of the WASH standing committee.
- The health situation in the ward has increased and the members get a lot of respect from the local people.
- Esteem for women in general has grown and there is no objection to them taking leadership positions

Case 3. Nayanessa Begum

- 62 years old, married to a retired soldier and has 4 children. They have some land property, a pension of her husband and support of her son. She studied till class 5.
- Volunteer for SLOPB since the start of the programme. She has become the president of the Ward Health Development Committee.
- She received 3 day training and she spends 2-3 hours/day on the voluntary work for SLOPB

Signs of empowerment:

- She became a Union Health Development Committee member.
- She has received trust and recognition of the local people due to her gained knowledge and hard work, increasing her social status.
- Has been elected as member for UP in reserved women's seat
- Her husband is proud of her and supports her

Case 4- Jahanara Begum

- 58 years old, a retired Family Welfare Visitor, and still active birth attendant. Married to a retired teacher and has 2 sons. Studied till Graduation of Higher Secondary Level.
- Volunteer for DORP since the start of the programme. She was asked to become a member of the WASH Budget Monitoring Club at upazila level in 2007.
- Signs of empowerment: She managed to establish a family welfare clinic, funding for a drainage system, get maternity benefits for poor mothers and teaches young girls at school about menstrual hygiene
- Her social status is increased, she is asked to speak and advise for the UP on many topics.
- Her confidence has increased through her work for the WBMC

Case 5. Dalim Begum

- 45 years old and married to a former business man, who got paralysed last year. She is landless and they have no income. She has 4 children and studied till class 5.
- She is a volunteer for DORP since they started the Village health Group. She is the president of the group, and has motivated many to join.
- She spends 2 days per 15 days on the voluntary work for DORP.

Signs of empowerment:

- She speaks at UP meetings and in pre-budget, open-budget and post-budget meetings
- She has gained respect and trust of the villagers as well as of the decision makers at UP level
- Recognises that due to volunteer-work she learned how to motivate others and speak in public, increasing her self-confidence.

Case 6. Ritu Sardar

- 23 years old, married to a day-labourer and has 1 son. She studied till class 8, and has small piece of land where she grows vegetables for sale.
- She attended a meeting of DORP when they visited her village and expressed her worries about the drinking water situation. Then she became involved in the mothers' club as well as in the Mothers' parliament.
- She spends 3 hour/day on the voluntary work for DORP.

Signs of empowerment:

- She has received trust and recognition of the local people due to her hard work for WASH, increasing her social status enormously
- She has also gained the love and respect of her husband
- The health situation in the village has improved a lot since the activities of the Mothers' Parliament

Level of progress in elements of empowerment

We assessed if empowerment had taken place in each case, by analysing the level of progress in the four elements of empowerment. To get a better idea of why some women were able to empower themselves more than the others, we compared the differences between Noorjahan, the members of the WHDC of ward1, Nayanessa, Jahanara, Dalim and Ritu, with the other women in the targeted community, interviewed during focus group discussions. From the analysis we concluded the success factors for empowerment, as follows:

Physical empowerment

In all of the six cases studied, physical empowerment was increased. In every case the women mentioned improvements in health due to construction of latrines, access to safe drinking water and training on health and sanitation issues. This health improvement goes beyond the individual level of the women part of the case study, but extends throughout their villages or wards. The decrease of diarrhoea in the village as a whole, as well as the abandonment of open defaecation, is mentioned by all respondents. Other improvements that were mentioned was decreased of early marriages, reduction of child mortality, decrease in violence against women, increase of school attendance as result of WASH intervention. It was, however, noticed that this was the case for all the women in the community and not only for the women identified for this study.

Economic empowerment

It was observed that all women spend huge amounts of time as volunteers, which was unpaid and unrecognised even by the women themselves. Benefit received was the improved health situation, with less expenditure on medicine and doctors and time spent to care for the sick in the family.

Political empowerment

In all of the six cases, political empowerment has increased. In every case the individual woman responded and the interviews with focus groups confirmed the increase in visible participation at different levels. In all the cases, they have become active initially in decision making positions in committees started by the project. It had enabled them to also take up positions in government institutes such as Union Parishad, and speak out in official meetings at Union and Upazila levels.

Socio-cultural empowerment

In all cases it is very clear that both the self-confidence of the women as well as the respect for them by others increased a lot. Their families were also proud of their achievements and supported them.

Determining factors for empowerment

When looking at the four elements of empowerment considered in this study, the WASH interventions have been instrumental in increasing physical, political and socio-cultural empowerment of women. Less progress was seen in the part of economic empowerment.

Nonetheless, all cases show that it was the motivation, dedication and hard work of the women themselves that led to their empowerment, the WASH-committee or intervention were means to an end. They all were in a position that they could make use of the opportunity offered, and compared to other women in their community they had a relative advantage, i.e. being included in the decision making in their family or active in the community as birth attendant, etc. Only the case 6- Ritu Sadar was the one that did not have a comparative advantage compared to other women in the country, on the contrary, she was from a poor family and a stranger in her community. Her perseverance and attitude seemed to be the only determining factors for her empowerment.

Therefore, from these limited number of cases it appears that the most determining factor for empowerment is the attitude of the woman (or man) herself (himself). Programmes and projects can provide opportunities that women (or men) can use to empower themselves, but if the opportunities are not used the project or programme cannot ensure empowerment. From the above analysis the following factors have influenced the possibility of the women to take the opportunity offered:

- Motivation, determination and willingness to work hard without direct personal (financial) benefit
- Education
- Encouragement by husband and relatives to be active
- Social status within society (good family, profession)
- Financial situation
- Mobility
- Talent & leadership skills.

As these are all aspects that are related to the individual situation of the women, projects or development interventions can hardly influence these. What we can however learn is how WASH projects or programmes can create an enabling environment to facilitate the empowerment. The following interventions showed to have been effective in creating enabling environment for women from this study:

- Providing knowledge and information on health, sanitation and rights through several techniques: courtyard sessions, training workshops, posters, leaflets and banners, exposure visits
- Providing a platform to discuss and share this knowledge with others and advocate and claim rights
- Mentoring and coaching on how to claim their rights and participate in decision making processes
- Creating an enabling environment to claim rights, and assist in building linkages and participate in decision making processes.

Recommendations for WASH interventions aiming at empowering women

Keeping in mind that WASH-interventions and participation of women in WASH-committees should be considered as a mean to an end, the following recommendations are made:

- Assess the level of empowerment of the women to be invited/selected in leadership positions at WASH committees at the beginning of the project or programme as well as at the end. Some of the factors which can be considered for this include: level of education, social status within society (good family, profession), financial situation, degree of mobility, and support of husband and relatives to become/ stay active and personal enthusiasm/perseverance.
- Look at all four aspects of empowerment in any WASH-intervention and develop specific activities to strengthen the most limiting element.
 - - Develop assessment tools
 - - Use Participatory Monitoring and Evaluation for monitoring progress
 - - Build capacity of staff in analysing activities from a gender and empowerment perspective and in the use aforementioned tools and PME.

- Develop an exit strategy together with the local people, how to ensure the results obtained and continue without external support.
- Encourage empowered women to mentor one or more successors. Use this as an indicator for example: number of successors mentored.
- Empowerment processes take time therefore opportunities to continue the empowerment process either by internal resource mobilisation or linking to external programmes should be explored.

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Notes

1. Simavi is a development organisation which realises structural improvement to the health conditions of people in marginalised communities in Africa and Asia. Simavi concentrates its efforts in the two areas of Water, Sanitation and Hygiene (WASH) and in Sexual and Reproductive Health and Rights (SRHR), as these are vital for people to be able to lead a healthy life.
2. The Gender and Water Alliance is an international organisation which aims to promote women's and men's equitable access to and management of safe and adequate water, for domestic supply, sanitation, food security and environmental sustainability. GWA believes that equitable access to and control over water is a basic right for all, as well as a critical factor in promoting poverty eradication and sustainability.
3. WASH Alliance International (WAI) is alliance of 9 Dutch WASH NGOs, led by Simavi and more than 100 partner NGOs in 8 countries, including Bangladesh. The WASH alliance programme has implemented its first phase of programme over the period of 2011-2016 with the finance of Dutch Ministry of Foreign Affairs.

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