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GENDER IMPACT STUDY

for the

THE DOMESTIC WATER SUPPLY PROGRAMME

MOROGORO REGION

Patricia Mbughuni

Based on Research by:

Patricia Mbughuni
Joyce Kafanabo
Anna Nkebukwa

*Prepared for the Royal Netherlands Embassy
Dar es Salaam
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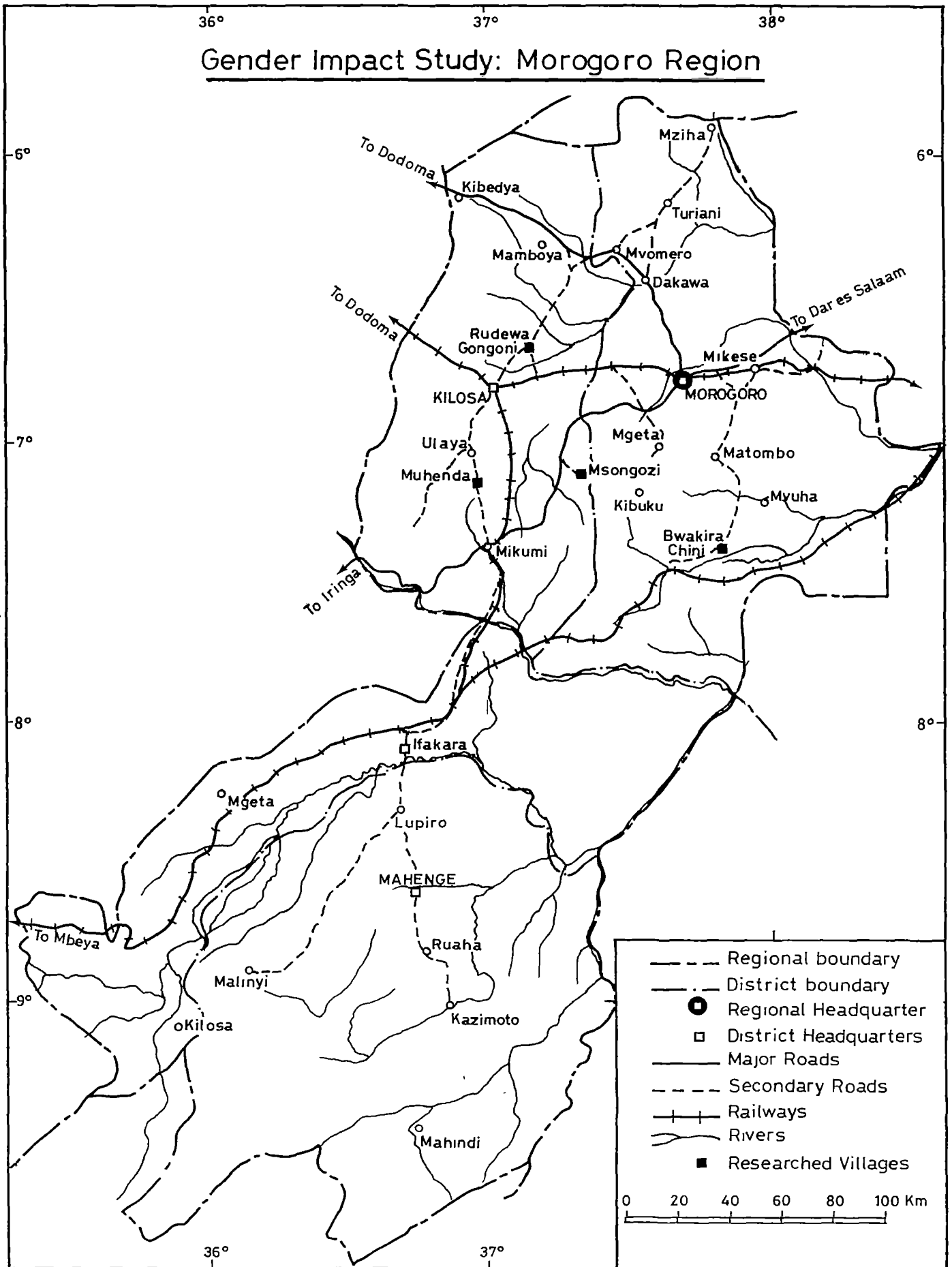
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Gender Impact Study: Morogoro Region





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The Initiators

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The Facilitating Teams

The research which informed this Report was carried out by two District Research Teams, coordinated in each District by a District Research Coordinator under the supervision of a Regional Coordinator as indicated below.

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The Participants

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ABBREVIATIONS

BW	Bwakira Chini Village, MR District
Cons	Consultants to DWS Programme
DCo	District Coordinators of the DWS Programme
DWS	Domestic Water Supply
GER	Gender in Education Review Team
GPO	Gender Planning Officer
HA	Health Assistant
KL	Kilosa District
MR	Morogoro Rural District
MS	Msongozi Village, MR District
MU	Muhenda Villahe, Kilosa District
PRDVL	Planning for Development at Village Level
RCo	Regional Coordinators of the DWS Programme
RG	Rudewa Gongoni Village, Kilosa District
TGNP	Tanzania Gender Networking Programme
UGs	User Groups in the DWS Programme
VA	Village Animator
WEA	Women's Economic Activities (UNICEF Programme)



GENDER IMPACT STUDY THE DOMESTIC WATER SUPPLY PROGRAMME

Morogoro Region

I. INTRODUCTION

The Domestic Water Supply Programme in Morogoro Region is currently undergoing planning for 5 Year Programme. The new Programme aims at developing a more sustainable approach to provision of water supply, and has focused on building a sustainable maintenance and operations system through increased responsibility and cost-sharing on the part of the users, facilitated by the formation of user-groups to demand, maintain and sustain water points.

The new approach presents a major challenge to the villages, and could prove problematic, given the increased cost-sharing measures in all social service sectors and spiralling real income. Sustainability at village level is an unexplored question mark in many water programmes.¹

The current concept of **sustainability** can be clustered around three key factors: financial/economic, organisational and social sustainability. Financial sustainability refers not only to division of financial inputs user/beneficiary vis a vis donor/government contributions, but also government vis a vis donor inputs. Organisational sustainability refers to the capacity and structures put in place to implement the Programme optimally at all levels. Social sustainability refers to the perceived benefits of the Programme: if user groups (in this sense they may be called clients) do not perceive benefits in their own terms relative to other benefits and costs, they are unlikely to make the financial, organisational and managerial efforts needed to sustain the Programme.

This Study will highlight two aspects, **social and organisational sustainability**, as these are more easily overlooked and are crucial from a gender perspective. Women as water managers are central to the sustainability of the Programme. If women do not perceive benefits of new water points supplies, if they have not "improved" their own situation or those of their family, the added cost (and potential social conflict) will not be worth the effort. Organisational sustainability through increased capacity-building is also crucial for women, particularly at the village/ user group level, where the recent history of failed development projects is numerous.

In general, it was found that the DWS Programme has the potential to address both practical needs and strategic interests of women: to provide a service, build capacity and empower women. However, there is a need to enhance and/maximize this potential, particularly in the area of strategic interests, as well as to minimize potential dangers or risks which would negatively affect



women. Adjustments need to be made regarding Objectives, as well as further amplification, detailing and/or fine-tuning of Strategies, Activities and Monitoring Indicators. Other adjustments would include strengthening of the participatory or consultative approach², strengthening of gender advocacy and skills, and a longer duration for community level activities.

II. ANALYTICAL FRAMEWORK AND METHODOLOGY

The analytical framework for the study is based on the Framework for Gender Analysis and the Empowerment Framework (see Appendix, Figure 1). The three-tiered analytical framework identifies conditions or manifestations, underlying or intermediate and basic determinants. Its significance lies in the fact that it allows space to move these "conditions" or "manifestations" to uncover and hence address underlying and basic determinants of different situations of women and men. Interventions aimed at these basic / underlying levels address the **strategic interests** of Tanzanian women, and can bring about what we have termed elsewhere³ **transformative change or empowerment, i.e. change in the gendered social and power relations as well as control over resources**. Interventions targeting manifestations aim at providing for women's practical needs such as water, dispensaries, schools, new technologies. In the past many Programmes have aimed simply at provision of services, however, this approach has not only proven unsustainable, but also it cannot bring about positive change as the root and underlying causes remained unaddressed⁴. Development thinking now realizes that real or transformative change can be brought about by building programmes which address both practical needs and strategic interests⁵.

Provision of services/ service delivery of water supply meets women's practical needs. **Capacity-building** aims at institutions, formal and informal at the intermediate level of the framework, building their capability of improving existing conditions. **Empowerment** interventions target existing gendered social and power relations (sometimes also called "traditions") for change. Given the situation of women in Tanzania, this Study addressed the potential incorporation of empowerment/strategic interests into the Programme, as well as effective delivery of practical needs relating to water supply.

The Study's methodology was meant to facilitate a **process** and produce a **product**. The process refers specifically to the consultative approach and methodology which set off a process of assessment, analysis and action at village and district levels facilitated through a series of Workshops. Two Workshops were held in each District and at each village: one for initial introduction, information-gathering and assessment, a second to present feedback and confirm and elaborate findings. In the first Workshop, participants were asked to assess to situation of women, assess expectations/ goals regarding the water Programme, analyse problem areas and specific constraints to reaching these



expectations and to formulate strategies to overcome constraints. In the second Workshop, facilitators presented the strategies identified, combined with baseline data information. Implementers were also identified. A final Workshop was held at the Regional level to present findings, which consisted of the major recommendations drawn from previous Workshops. The effectiveness and implementability of the strategies was discussed, and suggestions made as to the implementers, indicators and placement of the strategy within the Programme's framework.

Various methods and tools were used at the different levels: visual aids showing gendered time use, voting pocket charts to demonstrate gendered decision-making, dramatizations and small group discussions followed by presentation and discussion of conclusions.

Other research methods were interviews with clients, potential and actual (user-groups or well-users) to confirm/ contradict/ elaborate Workshop findings. Individual households (men and women) were sampled to amplify baseline data as well as to cross-check data from other sources. Participant observation was also used as a cross-check and to assess the level of gender advocacy and knowledge and skills, particularly in Workshops and small-group discussions.

The Workshops were an integral part of the research as process: building capacity, advocacy and analytical skills. They were also essential inputs to the recommendations and analyses which make up the final product, i.e. the Gender Impact Study (see District Reports for a sample of Workshop Proceedings). For many participants, the Workshops provided a first chance to think about, brainstorm on and analyse a programme from a gender perspective. There were some very practical and immediate outcomes (the resolution to seek out more women leaders in Msongozi). Most evident was the enthusiasm shown in Workshop evaluations for the opportunity to speak (particularly at village level) and to speak out and discuss women and gender issues.

Sample

The research covered Morogoro Rural and Kilosa Districts. Morogoro Rural having the largest number of wells and the first to be covered by the Programme, was considered appropriate. The second District was chosen mainly for logistical reasons, as the remaining two are quite distant, hindering continuous coordination activities between the two teams. In each district, two villages were selected on the basis of 1) their socio-economic status as "progressive" or "difficult" villages (one each); 2) utilization of different water technologies (one each piped, shallow well); 3) their current stage in the Programme (user groups formed/unformed) 4) logistical considerations. All villages selected have been served by the Programme. This condition made it possible to assess achievements and problem areas in the Programme from the village point of view.



District officials participated in District and Regional level Workshops. Most of the participating officials were Programme implementers, i.e. Heads of Departments of Planning, Water, Health and Community Development and/or staff designated to the Programme. Other participants included those involved in other district projects which could be supportive to the Programme (Child Survival and Development, Traditional Irrigation) and/or Departments which could be coordinated into the Programme (Adult Education, Natural Resources, Culture, Agriculture). District officials were also debriefed on findings following the District Feedback Workshops. Regional officials (RDD, implementers from Planning, Water, Health, Community Development) were briefed and sample villages discussed. Their attendance and contribution to the Regional Workshop to discuss findings was supportive. Districts not researched in the Study were also present at the Regional Workshop, and were thus given the opportunity to familiarize themselves with the Study and contribute their views on the recommendations.

III. GENDERED CONDITIONS AND SOCIAL RELATIONS

In the past, development interventions often tacitly assumed that villagers are a homogeneous group with similar interests and priorities: "the people" "the masses" "the peasants" or "umma". were common concepts used to characterize in particular the rural population. In current Tanzania, increased differences in i.a. income, education levels, political clout are increasingly apparent. We are no longer dealing with a homogeneous population, but one marked by **escalating axes of differentiation.**

This situation is also marked by **escalating competition for power and control over scarce resources**, including resources from "outside" i.e. government, donors, as well local resources such as land, finance, political power, control of labour, knowledge and information. Aside from escalating differences in income levels, the Tanzanian social fabric "traditionally" differentiates people along lines of age and gender. It is therefore the poor, the young and the female whose position is marginalized in relation to basic power resources.

At village level we are from the outset dealing with a community which has many "communities" within it, groups with different priorities and interests, groups which can be formed, mobilized, unformed, unified when their interests are at stake. The cardinal "communities" within a village are based in the clan or extended family (a strong power base in many villages), gender, age, income level and geographical proximity (often related to extended family). For purposes of this Study, we will focus on gender, but it should be held in mind that gender will intersect with other axes of differentiation/ forms of power such as age, income level and social position (family).

In general, social relations are such that men are gatekeepers to major resources: they control decision-making processes and



marketable resources. They also control the output of productive labour processes, and benefit from the unequal division of labour. Evidence from the Study confirms women's marginalized position in village communities. In workshops, social problems affecting women were consistently identified as: heavy workload, lack of power, lack of control over resources, low educational levels, low income level, low self-confidence and the ubiquitous "customs and traditions" oppressive to women. This means that if the Programme is to maximize benefits for women, it must also effectively address their strategic interests.

The following section summarizes gendered conditions evidenced in the research⁶.

Workload

Women's workload in relation to men's is high. Daily tasks for household maintenance can be divided into two categories: productive and reproductive tasks. Of these, men and women spend roughly the same amount of time in agricultural production (6 hours), but the burden of reproductive (i.e. domestic) tasks squarely on the shoulders of women: water (women, 1-4 hours) and firewood collection (women, sometimes men in MR), food and meal processing (women only), care for the young (women only), infirm and sick (more women), laundering (women only), household and compound cleanliness (women only). Men's work consists of farming, building (note women carry water and sand), purchasing of goods and decision-making (KL). Aside from farming during peak seasons, men's tasks are not daily. This situation means men have excess of leisure time (2 pm till bedtime in dry season) compared to women (mid-afternoon hour or so if at all). The fact that women are responsible for reproductive tasks, including water collection and related activities, means that there is a danger of further increasing her work burden in Programme and water-related activities.

Men's attitude towards changing the division of labour is generally poor, but with significant exceptions. Men in Morogoro Rural stated they may take over some tasks if the women is sick, or they might carry their own hoes to shamba, fetch and carry firewood, and carry water from the household entry to the compound bathing area (MR). A man in Kilosa stated that now that water is nearer, "I help my wife carry the water and do the laundry. I am not alone...but we are afraid to say so in public."

Thus although men realize women are "over-burdened", any effort, particularly any public effort, to do "women's work" is marked as demeaning, ignominious, due to witchcraft, or emasculating. The Programme, by facilitating men's labour in water related activities, has the opportunity for change to "go public" and thus be legitimized.

Decision-making

Decision-making processes are controlled and dominated by men. At household level in both Districts, men dominate decisions (in



comparison with joint or female dominated decisions) on major purchases, what to sell, education of children (MR) personal mobility (of women). Areas where joint decision-making was registered are planting, use of farm income, use of livestock produce, education of children (KL). This "joint" decision-making should be regarded with caution, as in reality it is usually the man who has the final say or veto (MR, KL, Chachage 1990). Women dominated only decisions regarding household requirements on a daily basis.

In regard to formal or public decision-making, women's voice is even less apparent. Attendance at village meetings is higher for men (almost 50% / 31% of women said they did not attend meetings, compared to 38% / 17% of men in MR and KL respectively). Women are also more likely than men to attend meetings other than village meetings i.e. UWT or agricultural extension meetings. Speaking in public by women is rare. No men stated they did not voice opinions, compared to 58% of those women who said they attended meetings (MR). There are very few women in formal leadership positions, and they concentrate in the lower ranked positions. In Morogoro Rural, there were 3 women in each of the village government structures (not necessarily a member of the Village Government), and these were often appointed by influential person/ village or Committee chairperson. In Kilosa there were no women at all in the Village Government. The exception to low leadership participation is the water Programme. There are 2 women in each Village Water and Sanitation Committee. Where user-group committees are operative, 2 (MR) or 3 (KL) out of the 6 members are women. In Morogoro Rural these tend to hold the Secretarial position, but in Muhenda Kilosa 6 out of the 9 user-group chairpersons are women. Although villagers complained of the appointment of all leaders on an ad hoc (power base) basis rather than through democratic procedures, the opening of leadership positions in the Programme to women marks a strategic move towards empowerment which can be further utilized.

Beyond the village level, women's voice and interests are not given adequate representation, i.e. virtually no women in Ward and minimal in District level decision-making bodies.⁷

There are no successful women's initiatives currently operational (income-generation or otherwise), and UWT is non-functional.

The data suggests that the Water programme may be an effective entry point for women's effective consultation in the decision-making process. However, special efforts should must be made to prepare and equip both men and women for effecting this change.

Health

It has proven difficult to gather reliable village-level data on gendered differences in health status. The most frequently mentioned health problem at household level was malaria. The high prevalence of this problem is backed up by hospital reports. The next top five problems reported by health officials are and worms



(particularly for children), dysentery/ diarrhoea/ stomach problems, upper respiratory tract infections, general body pains and anemia/malnutrition (see Appendix Tables xx). In surveyed households, malaria is followed by diarrhoea and bilharzia. This is the same as other household surveys in the Region (Mikumi Ward Survey). One health officer explained that the low reporting of bilharzia at hospitals may be because medication is not always available. **At household and hospital, water-related diseases are among the top diseases. Typhoid and cholera are endemic!**

Evidence also indicates that women's and children's health are in danger. Women in the researched villages had an average of 7 births (MS), 4.6 (BC), 6 (Mikumi Health Centre). Out of the 7 births at Msongozi Mission facilities, an average of 3 (42.5% or 42/100) had died (note that includes young adult/adult deaths). Infant mortality rates registered at health facilities are 7/100 (includes still births) at Msongozi Mission and 6/100 for all Mission facilities in Morogoro (Annual Report). Child mortality rates are estimated at 270/1000 (Mikumi Health Project, Community Ward Survey). These are well above the national estimate of 115/1000 for children under one year, 192/1000 for under fives.

The nutritional status of children in the Region is extremely poor. In Msongozi Mission facilities, babies with a birth-weight below 60% are 4.5% of those born, while those with only 60-80% of standard birthweight are 24%. Turiani Hospital has similar figures, and their survey of Turiani Division estimates that **50% of the children in their catchment area are stunted by chronic malnutrition**. The Child Survival and Development Programme has lower figures for malnutrition. The 1993 Quarterly Report places normal-weight babies at 62%, underweight at 36% and severely underweight at 2%. The difference may be due to the tendency for the worst off to avoid participation in CSD. Low nutritional levels are caused at least in part by eating patterns which favor men, who are more likely to eat three times a day than either women or children (Msongozi).

Figures on maternal mortality were not available at village level. The Mikumi Health Project estimated a maternal mortality rate of at least 14/1000 (Mikumi Health Project, Ward Community Survey). The rate is well above the national estimate of 2-4/1000.

This general overview women's and children's health status suggests **an urgent need for increasing woman's capacity to improve the health status of herself and her children, particularly in relation to water-borne diseases and nutrition.**

Education

Women's educational levels are lower than men's throughout the research area. In Morogoro Rural villages, 47% of female household respondents had no education, compared to 0% for men. In Kilosa, the literacy level of male respondents was 91%, compared to 62% for females. Regional census data shows a



slightly different trend: 53% of the adult population is literate, of which 44% are female (in rural areas). The lower female literacy rate is particularly high among middle-aged women (1988 Census: Morogoro Region). Differences may be due to biased village sample and/or over-reporting of literacy. Young girls have a higher rate of drop-out/non-attendance in the 15-19 age bracket (24% of girls left school compared to 17% boys, 1988 Census: Morogoro Region). National data also indicates that girls' performance in the primary leaving examination is poorer than boys', a trend attributed to the extra burden of domestic work for girl children (Education in Tanzania 1990). Only a few students in Morogoro Rural villages have been selected for secondary school over the last few years. Kilosa has had more success, with 44% selected for secondary school, but with a higher selection rate for boys. Given lower level of educational opportunities for women and girls, the Programme should provide an alternative avenue to increased knowledge and skills.

Income

It is quite difficult to obtain accurate estimates of income, but at least it is quite evident while villagers are generally poor, differentiation is present. Estimated funds spent for weekly purchase of food ranged from less than 500/= (64% of respondents) to more than 1,000/= (9%: Msongozi MR). In all villages, farming is coupled with other activities such as casual labour and petty business as sources for income. Women are often engaged in beer-brewing and weaving. Given the power relations described below, and women's responsibility for daily family maintenance, women's income is more likely to be spent on family subsistence than men's. This tendency has been well-evidenced elsewhere⁸. Given this trend, it is important to ensure that fees are in line with household capacity and that both men and women contribute.

Access to and Control over Resources

Except in female-headed households, land is seen as controlled by men and women jointly. Hoes are generally owned by women as well as chickens. It should be noted that one major resource for production, time, is more accessible to men, as they have a good deal more "free" time than women. Women's "free" time does not seem to exist. Control over other household-generated resources such as finance for major purchases, produce from the farms is in the hands of men. Information is not easily accessible to women, but mediated through husbands/men who are more likely to attend village meetings, the major formal channel of communication. Extension officers, most often male, are not accepted for home visits, and contact is through meetings, not always convenient for women. This situation means that special efforts must be made to facilitate women's access to and control over major resources such as finance, time, information and training.



Self-Image

Women's self-image or perception is at best ambiguous. Lack of self-confidence was consistently mentioned in workshops and discussions as a major constraint to women taking up leadership positions. One needs to examine why men (and women) continue to demean the value of their own activities. The **low valorization of women's work and abilities** is at the core of demeaning social attitudes and practices. Women themselves tend to demean their abilities; when asked what knowledge they possess other than formal schooling, women mentioned only agriculture, weaving and beer-brewing, although they possess a host of additional skills and knowledge (medicines, cultural forms of expression) usually thought of as "traditional."

When asked about their own satisfaction with life, the greatest number of women registered satisfaction with the number of children (50%) but dissatisfaction with their educational levels (47%) (MR). Women sampled considered their greatest successes to be (in order of frequency of mention): bearing and bringing up children (MR and KL), eating (good provider) (MR), providing for relatives (KL) investment (savings, house MR), marriage and agriculture (MR) tied, followed by dressing well. Women considered their failures as inability to build a house, followed by a tie between low levels of income, education and agricultural production, with poor dressing last (MR). **Women's first priority is their children, and their major concerns lie in adequate provision (income, housing, clothing) and education.**

The low value placed on women's time, abilities and knowledge means that special efforts should be made to build skills and confidence among women, as well as targeting **MEN** to support and value women's contribution.

Available Opportunities

Informal or traditional support structures include cooperative labour groups, beer-brewing groups and barter/credit among small groups who have built trust. Formal projects operating in the Districts are: Child Survival and Development and Women's Economic Activities (UNICEF), Planning for Rural Development at Village Level (IDC, Kilosa), Traditional Irrigation Project (SNV, Kilosa). CRDB, CDTF, PRVDL and WEA run credit schemes, the latter earmarked for women. These donor-sponsored programmes are operating through government channels and indicate varying levels of success. There are also several church-sponsored building projects (World Vision, school; Roman Catholic Mission, dispensary both in Msongozi). Programmes which could be coordinated into the DWS Programme are discussed in Section IV.



IV. THE DWS PROGRAMME FROM A GENDER PERSPECTIVE: PROBLEM AREAS AND RECOMMENDATIONS

The following is based on an assessment and analysis of the proceedings from the Workshops and structured discussions with user groups, where expectations/objectives, achievements, constraints and strategies to address these constraints were identified. The assessment is supplemented by participant observation and baseline data, and is guided by the goal of incorporating a balance of both women's practical needs for water supply and her strategic interests.

4.1. CLIENT EXPECTATIONS, CONSTRAINTS, STRATEGIC RECOMMENDATIONS

4.1.1 Introduction

As the Study focused on social and organisational sustainability, it examined user (client) expectations, assessed constraints and formulated strategies at all levels. The following are Client/Implementer and Programme Objectives.

CLIENT/ IMPLEMENTER major expectations/ anticipated benefits as identified in the research are:

- 1) clean and safe water, in continuous supply, closer to homes
- 2) decrease in incidence of disease
- 3) increased personal and family hygiene, increased sanitation including improvement in technologies used for water-related activities (collection, sanitation, household cleanliness)
- 4) decrease in women's workload / in water collection /in water-related activities / freeing of women's time
- 5) change in the division of labour, i.e. more work-sharing between women and men in water collection, laundering
- 6) increased opportunity for women as leaders, decision-makers
- 7) increased advocacy and capacity in self-help activities, increased training
- 8) opportunity for income generation (gardening, brick-making)
- 9) improvement in family nutritional status through gardening/ freeing of women's time

PROGRAMME OBJECTIVES (as stated in the current Plan of Operations⁹) are:

Long Term:

Improve the living conditions of people by providing access to adequate, i.e. sufficient in quantity and safe in quality, water supply within a reasonable distance to the homesteads in a sustainable way.



Medium Term:

- 1) service coverage to be increased
- 2) reduction in workload of women by bringing water closer to homesteads
- 3) improvement in the position of women in decision-making
- 4) sustaining operation and maintenance at user level
- 5) strengthening implementing institutions and resolution of environmental issues.

In general, client and implementers expectations are similar to those of the Programme, but those of clients/implementers are more prioritized, more wide-ranging and with important additions. Women in particular prioritize **safe and clean water with acceptable taste and cooking qualities above distance**. A striking difference is the client and implementer stress on **effective use of water for health and sanitation improvement**, the second is the expectation that the Programme could bring basic or **transformative, strategic changes** i.e. change in the division of labour, increased power of women in decision-making, increased villager (user-group) capacity. In general, major client expectations relate to **specific improvements in family and women's living conditions**.

The Programme could contribute to meeting these expectations. However, due to constraints identified, it will be necessary to amplify and/or finetune components of the Programme in order to ensure maximal provision of adequate water as well as impact on women and family living conditions. In general, it should also be clearly pointed out that **any tendency to emphasize coverage/number of points supplied without attention to fulfilling client expectations regarding benefits will minimize impact and thus impair social sustainability**.

The following sections discuss identified problem areas, constraints in fulfilling client expectations and reaching the objectives, and recommended alternations/strategies/activities. Some monitoring indicators are suggested.

4.1.2 EXPECTATION: WATER CLOSER TO HOMES IN CONTINUOUS SUPPLY

4.1.2.1 Problems regarding distance: There is real difficulty in reaching the objective of bringing water nearer the households, particularly in villages served by shallow wells as these wells are located near traditional water sources (wells, streams). In Bwakira Chini, only 20% of respondents indicated that water was now closer to the household. In Muhenda, more success was registered. The problem is exacerbated by the settlement pattern: there are "pockets" of households scattered throughout villages. The location of a water point, particularly in a piped scheme where more flexibility may be possible, is a political issue, and powerful figures such as the Chairperson have majority rule in their pockets, and prefer siting near their own power bases such



as extended family. Finally, the acceptability of water from certain points is poor due to high mineral content of water in Morogoro. Women will consistently leave nearby points for distant ones to fetch water acceptable for drinking and cooking. In practice, women prioritize water quality: safe, clean, taste to distance. It should also be pointed out that in effect, the practical difficulty of acceptable water nearer to more households means that the objective of reducing women's workload, as currently framed in terms of distance, is in danger of becoming meaningless.

Recommendations:

Identify and inform clients on feasible alternative technologies such as rainwater harvesting, improved traditional wells. Implementers: Con, RCo, DCo, FT, VA.

Use mapping techniques in village investigations to locate all settlement pockets and facilitate their consultation in decision-making. Implementers: DCo, FT, VA.

Ensure women's participation in testing water in potential sites for acceptability. Implementers: FT, VA, GPO.

4.1.2.2 Problems related to continuous/reliable/adequate water supply: There are some technical reasons for lack of continuous supply such as lowering /"movement" of the water table, which is beyond the capacity of villagers/implementers to control. From the villager's point of view, the main problem within their control is the frequent breakdown of facilities. This issue will be discussed under the section Building Village Capacity.

Recommendation:

The technical assessment of continuity of supply should be presented and discussed with clients (particularly women) during community investigations. Implementers: FT, VA, GPO.

4.1.3 EXPECTATION: BUILDING VILLAGE CAPACITY

The expectation of building village level capacity was often voiced in terms such as "we need more training", "our leaders are not trustworthy", "our fundis don't have enough skills". Villagers generally accept the new responsibility for water points are willing to "own" them, but need increased support. The building of village capacity is, in fact a precondition to success of the Programme. Many of the recommendations in other sections refer to training/ procedural changes which are inherently building village or user-group capacity, and should be understood as such. This section will focus on one critical problem, the low village capacity to maintain water points.



The frequent or long-lasting breakdown of facilities was a frequently cited problem. Aside from lack of village and individual income to operationalize maintenance, reasons cited for these breakdowns were: irregular or no maintenance, no payment to fundi, no financial accountability for fund, absence and /or lack of enforcement of rules, inadequate technical skills at the village and poor availability of technical expertise from District, lack of spare parts. This problem therefore has technical, organisational and managerial aspects. The latter two are discussed under the section on women in decision-making (4.1.7).

a. Recommendations for technical problems:

Arrange for more technical training for village fundis.
Implementers: UGs, VA, DWE.

Initiate scheme of apprentice village fundis. Implementers:
UGs, VA, DWE.

Encourage female fundis. Implementers: UGs, VA, DWE, GPO.

District Water Engineer to give guidelines on the purchase of spare parts or maintenance of wells. Implementers: DWE, FT, VA.

The District should step up its technical advice to fundis.
Implementer: DWE, FT.

Provide appropriate camping equipment to enable technicians stay in the field for a longer period. Implementer: RCo.

Recommendations for managerial and organisational problems:

Arrange a contractual agreement between the villages and fundis, enjoining them to include payment. Implementers: UGs, VA, FT.

Ensure democratic election, financial accountability of leaders (see 4.1.7).

Monitoring Indicators:

number and types of facilities working
frequency and duration of breakdowns
availability of spares
technical level and gender of fundis
user-fund contributions available
benefits perceived by user-groups (m/f)



4.1.4 EXPECTATION: REDUCTION OF DISEASE/ IMPROVEMENT IN SANITATION!*

4.1.4.1 Problems in the scope of Objectives for health impact:

Reduction in the frequency of diseases related to water is a priority expectation of women, and can be related to two aspects of water supply: the provision of safe water (as a prerequisite for health improvement) and the effective use of water for health improvement. In order to facilitate the achievement of these expectations, the Programme would need a significant strengthening of the health and sanitation component. For maximum effect, a medium-term objective relating to health should be added, allowing room for additional strategies/ activities to support and monitor the long-range development objective of improving the living conditions of people.

Recommendation:

An Objective should be added to give adequate scope to health and sanitation goals, for example to strengthen the safety and effective use of water. Implementer: RWSC, Cons, RCo, DCo.

4.1.4.2 Problems in provision of a safe and clean water supply

The perceived safety and cleanliness of water together with the taste and cooking qualities i.e. mineral content, are crucial variables for water acceptability. Ensuring a supply of clean and safe water has proven difficult. Water is sometimes infested with "wadudu" (larvae) during the rainy season (Bwakira Chini); dirty water means points are not utilized (Muhenda). The following are identified causes for unclean and unsafe water and appropriate strategies.

Villagers consistently register **difficulties with maintaining well-site cleanliness**. Sites are used for laundering, bathing, washing-up activities. Young men in particular bathe at the sites at night. Mis-users are often recalcitrant and can become offensive when asked to comply with the rules; such requests are looked at as an individual's attempt to commandeer power (kujipendekeza).

Recommendations:

Facilitate user groups to develop and discuss regulations regarding sanitation at the well-site, including location of latrines, gardens, laundering and bathing. This can be inserted in the Step by Step Approach, Operation and Maintenance. Young men (traditional sungusungu) may be used to help enforcement. Implementers: UGs, VA, HA, FT.

* See also preceding section on safe water.



Include information (cost, benefits) on the construction of washing slabs in the Programme package. Given the potential benefits for women of this slab (see discussion on Workload reduction), facilitators should try to build advocacy for it. Implementers: Cons, RCo, DCo, FT, VA, GPO.

Contamination of water sources is a cause for unclean/unsafe water cited at District and less frequently, village level. Catchment areas for water sources are increasingly contaminated by human populations. In Rudewa-Gongoni it was reported that the overflow of the secondary school's cess pit some kilometers up in the hills has caused contamination of the river used as a source for the piped water supply. Increased population in mountainous areas of the Uluguru mountains are also causing contamination from human waste. Protection of water sources requires concerted efforts beyond the power of the individual village or user-group.

Recommendation:

Department of Natural Resources could, in conjunction with the Programme implementers, escalate efforts to protect catchment areas. They could also target user-groups user-villages for further information and advocacy measures to control contamination. Implementers: DCo and District Departments.

Testing and reporting procedures for water safety are irregular and take a long time. Users have trouble requesting tests and gaining access to results within reasonable intervals; health officials register frustration with the length of the process. Clients often identify clean water with safe water, thus endangering the safe water goal.

Recommendations:

Strengthen user-group capacity to identify problems and effect solutions related to water safety and sanitation by enabling community-based monitoring of the water safety and site cleanliness. Activities would include increasing skills in testing and monitoring at village level, using appropriate technologies and methods. Simple bacterial dipslides may be used. This process will also generate awareness and knowledge of water safety (many assume well water is automatically safe) of immediate practical use to the community. Implementers: Cons, RCo, DCo, FT, VA, HA.

Facilitate user-groups to effect treatment of the water such as chlorination. i.e. provide information, train attendants on request. Implementers: RCo, DCo, FT, VA, HA.



4.1.4.3 Problems in improving the effective use of water

Poor sanitation and health practices persist.

Adherence in practice to health procedures is problematic, despite reiteration of the importance of procedures i.e. of boiling of water, use of latrines, hand-washing. Water treatment is undertaken mainly when there is an outbreak of a water-borne disease such as cholera. Constraints to implementing knowledge include increased need for fuel, increased work burden for women, flat taste of boiled water, inadequacy/insufficient number of utensils. Health workers also continue to utilize a "top down" approach to effect change.

Recommendations:

Train health workers in participatory/consultative solving of health problems, using well and household sanitation as an entry point (prior to Step by Step Approach). Implementers: Cons, DCo, related institutions. See also 4.2.2

Add identification and strategizing on health problems related to water use to the agenda of user meetings, with facilitation by trained health worker. Implementers: DCo, FT, VA, HA.

Facilitate community-based safety monitoring and corrective measures by providing groups with information and training health workers. Put findings and solutions on the agenda of group and village meetings, to be monitored at District level. Implementers: Cons, DCo, FT, VA, HA.

Seek alternative appropriate technologies for home water treatment and inform users. Implementers: Cons, RCo, DCo, FT, VA, HA.

A second cause identified was inadequate carriage, storage, utensils for water portage and use which results in contamination during portage or at the household.

Recommendations:

In order to increase the number and adequacy of household utensils, men should be targeted for advocacy as they control the major cash flows within the household. Implementers: GPO, FT, VA.

The Programme should seek alternative and innovative technologies in portage, storage and sanitation utensils successful in other areas and facilitate their use, carts or wagons, bicycles, use of ash to sanitize, hand-washing facilities. Implementers: Cons, RCo, DCo, FT, VA.



Note that measures to enhance the effective use of the water supply will necessitate coordinated activities in all sectors as well as the utilization of other programmes or institutions such as Adult Education, Natural Resources, Child Survival and Development as well as normal health channels.

Monitoring Indicators :

The use of health statistics i.e. incidence of disease, to monitor effective use of water has proven, over the years, to be unreliable. As one Regional Health Officer put it, there is a "grey area" in the chain of causality between effective use and health impacts. Instead, the developing trend is to monitor the "functioning and utilization" of health and sanitation facilities. In this way, "indicators of behavioural change" are monitored as "surrogates for health impact indicators". This system therefore monitors an intermediate step to establish whether "the preconditions for health improvements are being met."¹⁰

- development, results and utilization rate of water safety monitoring system (effectiveness of actions, actions taken, frequency of actions)
- protection of water source
- protection of water point
- number and gender of users
- water transport and storage practices
- household cleanliness
- personal hygiene (bathing, hand-washing, laundering)
- quantity of water collected (can be seasonal)
- time taken to use facilities
- home water protection/treatment practices
- amount of water used for personal hygiene/ household sanitation
- use of other sources of water (ie river for bathing)
- latrine construction and use
- users' perception of health benefits (m/f)
- (decrease in diseases related to water)

4.1.5 EXPECTATION: THE REDUCTION OF WOMEN'S WORKLOAD

Given the heavy workload of women in comparison with men, all efforts should be made to maximize the potential of the programme to decrease women's workload. As stated in the Plan of Operations, the achievement of this objective hinges on bringing water nearer to the household than the traditional source. This means, in effect, that women's workload will be decreased only if the traditional source is further away than the new one. Given the water availability in many of the villages, family preference for "unsalty" water, and the prevalence of the shallow well technology, it is likely that the objective as framed may have little impact for significant change in women's workload.



In fact, the decrease in distance has not materialized for the majority of women.

Expectations regarding decrease in women's workload was framed more broadly among clients and implementers. Women expected that their workload would be eased in time spent in queuing and sanitation activities/ household chores. Women (and some men) also expected that others, particularly children and perhaps men, could help share the task of water collection and other water-related activities.

In order to bring about significant change in women's workload, this objective should be expanded to include other water-related activities such as family sanitation (laundering, collection for bathing, water treatment). This would allow room for strategic change in the division of labour and responsibilities.

It should also be noted that research has indicated that a real danger exists of increasing, rather than decreasing women's workload in the Programme activities. The reason for this danger is the entrenched attitude among men and women that water is women's, not a family or social responsibility. Women are therefore expected to be the **major implementers** of programme activities.

Recommendations:

Amplify scope of the objective to include reduction of workload in water-related activities (including collection, sanitation, site-cleanliness and other programme activities). The latter means ensuring that women alone are not made responsible for Programme activities, including income-generation to support the Programme. Implementer: Cons, RWSC, RCo, DCo.

Include Programme activities to strengthen advocacy for work-sharing in all tasks, using water-related activities as an entry point, in order to effect change in the unequal division of labour. Implementers: Cons, RCo, DCo, GPO, FT, VA.

Involve villagers especially women in the site location and testing for acceptability for drinking and cooking purposes. Implementers: DCo, FT, VA, GPO.

Monitoring Indicators:

nature and amount of women's and men's contributions in programme tasks
number of water-related activities undertaken by men/youth
reallocation or cooperation in women's tasks
water point utilization rate



4.1.6 EXPECTATION: IMPROVEMENT IN THE POSITION OF WOMEN IN DECISION-MAKING

4.1.6.1 Problems in framing the Objective

This Programme objective should be understood as an objective aimed at increasing women's empowerment and autonomy, i.e. aiming at a change in gendered power relations at all levels, household, village, ward, district and region. This needs to be clearly stated as one major danger or problem area is that women's participation will be conceptualized in terms of numbers i.e. in nominal participation rather than effective participation.

Recommendation:

The Objective should be reworded to specify the goal of strengthening women's effective consultation in the decision-making process. Implementers: Cons, RWSC, RCo, DCo.

4.1.6.2 Problems with women "coming forward"

The research has indicated that major efforts must be made to facilitate women's effective participation. It should not be assumed that women will automatically come forward or that they will be supported by men. Major causes/constraints identified are: lack of self-confidence and timidity, poor channels of communication to women, lack of adequate lines of responsibility for gender issues, women's lack of skills and experience, lack of unity and cooperation among women, men's reluctance to allow their wives to participate, and lack of advocacy and knowledge of gender issues at all levels (see Intersectoral Issues). A general constraint to effective group management is the lack of effective accountability procedures and democracy in the groups/committees.

Recommendations:

Train the entire user group in Workshops (with special attention to gendered issues such as power in decision-making) in group dynamics, communications, planning and organisational skills, accountability, accounting, reporting, monitoring costs. Implementers: Cons, RCo, DCo, FT, VA, GPO.

Train leaders in leadership and management skills. Implementers: as above.

Facilitate and monitor democratic elections of leaders after creating the advocacy and awareness. Implementers: FT, VA.

Increase advocacy for increased women's participation in decision-making among men and women, village leaders, implementing personnel. Implementers: Cons, GPO, FT, VA.



Create an enabling environment for effective participation of women in decision-making through separate meetings for women, building organisational capacity and experience among women, establishment of channels of communication and responsibility for gendered issues (quotas at village level, coopted members at Ward level, Gender Planning Officer at District/Regional level see 4.2.1). Implementers: Cons, GPO, RCo, DCo, FT, VA.

Use meetings/workshops of women at village then user group level to identify potential leaders, assess criteria and qualifications needed, identify problem areas, assess causes, recommend strategies. Utilize the space to give women experience in lobbying and negotiating skills. Implementers: Cons, GPO, FT, VA.

Facilitate placing women on the agenda of meetings, creating space and opportunity for them by utilizing such methodology as participatory Workshops set at convenient times, allowing for the formation of a separate women's caucus. Implementers: Cons, GPO, FT, VA.

Arrange time and space for user-groups to agree on incentives for their leaders by placing it on the agenda. Implementers: FT, VA.

Women should be responsible to ensure that they can read and write. Encourage husbands to allow them to attend adult education classes. Implementers: GPO, FT, VA.

Monitoring Indicators:

- number of women/men in leadership positions in Programme
- attendance of women/men at meetings
- number of women/men speakers at meetings
- incentives given to leaders
- number of women's demands on Committee/ Village Government/ District
- number of spin off women's groups

4.1.7 EXPECTATION: INCREASED INCOME-GENERATION AND NUTRITION

The income-generation expectation proved problematic, and there is a long history of failed village and women's projects. Some Community Development staff are still advocating the group income-generation i.e. gardening, brick-making, or the formation of group projects to finance the Programme.

Recommendations:

Leave such projects to individual or group initiative. However, a fee can be set for those who utilize the point for income-generating projects. Implementers: DCo, FT, VA.



Efforts to improve nutritional levels through a gardening or other income project should also be left to individual initiative. However, coordination with appropriate Departments (Agriculture) or Programmes (CSD) can be facilitated by Programme staff. Implementers: RCo, DCo, FT, VA.

4.2 GENERAL/INTERSECTORAL ISSUES

4.2.1 GENDER ADVOCACY AND SKILLS

Implementers' familiarity with gender planning skills, as well as skills for involving women in Programme processes need to be strengthened. Implementers have had no training in gender planning or implementation; in the initial Workshops, for instance, participants originally defined gender as biological differences; concepts of empowerment or transformative change were unfamiliar (but quickly accepted, particularly among women). It also became apparent that the WID approach, particularly in its least transformative aspect of "tacking on" gender or positioning it only within a section of the Community Development Department, is still prevalent.

Advocacy levels also need to be raised. Workshop contributions and small group discussions, roundtable and individual discussions (formal and informal) and participant observation indicate that there is a wide range of variation in advocacy levels from open hostility to keen interest and commitment to contribute to the improvement of the Programme from a gender perspective. Officials and implementers can generally be placed into three categories: those who resist gender-transformative change both personally and professionally; those with personal reservations but who show varying degrees of willingness to work professionally for change; those who are personally committed but have varying degrees of professional skills. Fortunately, the majority fall into the latter two categories. It should also be noted that women are generally more personally committed and excited about producing transformative changes.

It was noted in all initial Workshops that there is no effective line of responsibility/accountability for gender issues within the Programme (or elsewhere). In village Workshops, it was also noted that "women's voice" has most space, opportunity and strength at low levels, i.e. the user group, sometimes the Village Government.

Recommendations:

Identify and utilize strategic/gender-positive individuals in all training and consultative activities regarding gender issues. Implementers: Cons, RCo, DCo, FT.



Build gender advocacy among planners and implementers through gender-sensitization Workshops. Implementers: Cons, RCo, DCo, FT, VA.

Train planners and implementors in gender planning, monitoring and evaluation. Implementers: Cons, RCo, DCo.

Establish lines of responsibility and communication beginning at the user-group level and continuing up through the District/Region through:

Arranging and facilitating the inclusion of transformative/progressive women as coopted members of Village and Ward level decision-making bodies. Implementers: RCo, DCo, FT, VA, GPO.

Placing an adequately trained gender specialist in the Planning and Control Department at District/ Regional level, responsible for control and monitoring of gendered issues in all sectors. Implementers: RCo, DCo.

4.2.2 THE CONSULTATIVE/PARTICIPATORY APPROACH: TRAINING FOR CAPACITY-BUILDING AND EMPOWERMENT

Capacity-building at village level is one of the expectations of villagers and implementers. The consultative approach offers an opportunity to add significant contributions to this process. The approach also creates opportunities for effective participation and an avenue to empowerment. These opportunities are particularly important for women, given their acute need for channels for their voice, organisational and leadership skills.

However, the tendency for non-participatory top-down approach from leaders and extension workers was noted in all villages. Extension workers are listened to with interest, but villager participation means following directives. Participatory, not to mention consultative, approaches are new and unfamiliar to implementers, particularly health and water officials, but also a number of Community Development staff. Some change in methodology has taken place through the incorporation of animation methodologies in the Child Survival and Development Programme. In Kilosa, Community Development staff have been exposed to animation and participatory techniques through PRVDL and CSD and village level animators have been trained, and there is a higher level of advocacy and skills.

Within the new Programme's increased emphasis on capacity-building, it is recommended that the consultative approach be strengthened by providing the field team with appropriate skills and methodologies. Other forms of training other than formal training can also be put to optimal use through the consultative approach, i.e. wider district/regional participation in development of training materials, increase of the use of workshops for training/information inputs.



Recommendations:

Strengthen the implementers' skills in consultative methods through:

Development of a Training Manual for a consultative approach, to be developed utilising District/Regional expertise and current examples (i.e. Planning and Management of Primary Health Care in Tanzania, Training for Development). Methodologies would include village/ user group Workshops, animation, use of personal testimonials, life histories, group discussions, dramatization etc.

Development of indicators for assessing and monitoring actual participation (see Monitoring Section).

Identify and utilize strategic or gender-positive individuals as members of field team, trainers and trainers of trainers. Train them in consultative methodologies and monitoring.

Implementers: Cons, RCo, DCo.

4.2.3 DURATION OF ACTIVITIES/SEQUENCE OF ACTIVITIES AND PARTICIPANTS IN ACTIVITIES

In order to effect a consultative approach, the length of time for many programme activities will have to be increased. For instance, in Step 2 Community Investigation, a General Meeting should be conducted as a Workshop in which users are informed of the results of the Baseline Data and facilitated to reach a decision. his methodology takes time (Workshop perhaps 2 half days). Ample time should also be allowed for giving notice of the meeting and its agenda (best a few days in advance), and its timing convenient to women.

In particular, the duration of village/user group level activities will have to be extended if more than nominal participation is to be expected in, for example, socio-economic baseline data gathering, community awareness, training of committees. In other instances, a wider group of participants is envisioned, i.e. training (information/workshop) for user groups (not just committees).

It should also be noted that because of the new approach, it cannot be assumed that crucial Steps in the Step by Step Approach have already been completed, i.e. community awareness. All those Steps dealing with community involvement should be undertaken. Implementers: Cons, RCo, DCo GPO (planners).

4.2.4 THE MONITORING SYSTEM

Monitoring at community level is important to ensure effective



functioning and facilitate quick problem-identification and solving. The system should therefore have components which are user friendly at the village level. Ideally, indicators should be set according to individual village priorities and perception of problems in the water programme. Materials would be in Kiswahili, using techniques friendly to the orate (non-literate) communications system.

The monitoring system should make specific efforts to include/develop qualitative indicators, indicators of participation and empowerment. The framework suggested by Rifkin et. al. could be utilized to assess gendered participation in the Programme. This system ranks process indicators of participation along a continuum of narrow to wide participation (see Appendix Figure 2). Each Step in the Programme is represented by one strand. Numbers along the strand indicate the quality/level of participation. This monitoring can be done by several individuals and an average reached. The system can also monitor changes over time and space. Other categories/values can be assigned to the spokes and the numbers, depending on the conditions to be monitored, i.e. participation of other disempowered groups such as the poor, the village vis a vis the District etc., assessment of participation in various "small steps" within a Step, assessment of various Programme components (provision of services, capacity-building, empowerment).

Further empowerment indicators might include: increased initiatives within the programme (from user groups, from new clients, villages); increased initiatives from user groups/villages in areas outside the programme; increased demand for programme services; increased demand for services/resources from outside the programme; spin-off organisations.

Recommendations:

Develop a user/community-based monitoring system, preferably a system such as the one mentioned above which stimulates self-assessment. Implementers: Cons, RCo, DCo, FT, VA.

Adopt and further develop the suggested system for assessing and monitoring user group and gendered participation in the programme, as well as other qualitative issues, for use at all Programme levels. Implementers: cons, RCo, DCo, GPO.

4.2.5 PROGRAMME INCENTIVES

The issue of Programme incentives was raised consistently at all levels. Some villagers (particularly leaders) were dissatisfied with the fact that there were no allowances for attendance at Workshops and training sessions. At District and field level, programme implementers and coordinators felt they should be given incentives, particularly in Kilosa, where other programmes,



notably UNICEF, has provided an allowance for staff involved in CSD as well as more generous night allowances. It should be noted that government salaries are insufficient to maintain a family, and in practice allowances and other incentives (transport, responsibility allowance) are a necessary adjunct to income.

Recommendations:

Districts should work out a uniform scheme of incentives, preferably related to productive/performance factors, to be presented for negotiation to donors. A coordination meeting of donors and government officials, in which this item could be on the agenda, is planned on the Regional level. Implementers: RCo, DCo.

User-groups should put the issue of incentives for leaders on the agenda for user group discussion. It is strongly felt that some form of remuneration ought to be made to leaders to acknowledge the time and effort they must put in under the new approach. It is also recommended that these incentives be paid from user funds. Implementers: DCo, FT, VA.

4.2.6 PROGRAMME COORDINATION

The expanded Programme will need concerted efforts for coordination at District and village levels. Other Departments/ Programmes should be called into play a supportive role and to ensure that similar "messages" are sent to the villages.

Recommendations:

For optimal coordination, all Departments (water, health, community development) should be fielded for village level activities. Implementers: RCo, DCo, GPO.

Potential allied efforts from other Departments/ Projects should be identified and efforts made to incorporate them i.e. Adult Education, Culture and Youth (drama, song for mobilization), Child Survival and Development, Planning for Rural Development at the Village Level, Women's Economic Activities (UNICEF). Animators trained under such programmes may also be utilized. Empowered user groups may request loans for income generation. Implementers can utilize the Child Survival and Development Village Health Days as a communication channel. Implementers: as above.

Village animators/ coordinators can be identified and trained. Gender transformative individuals should be selected. As this person(s) will be a key channel between District and village, Programme and village, other Programmes and village, some remuneration should come from the Programme. The training should include animation and consultative methodology. Implementers: Cons, RCo, DCo, FT, GPO.



1. See for instance, the evaluation of Hesawa (Jo Smet at al 1993).

2. The term participatory has become ambiguous. Too often it is used to refer to **financial contribution** rather than equity participation (representative numbers), or the presence of a significant influence originating from participants. For purposes of this report, participatory is meant as a consultative process in which participants have leeway to alter and choose. By nature, this approach also has crucial capacity-building components.

3. In Education in Tanzania from a Gender Perspective.

4. See for instance the history of the development of the women's empowerment objective in the UNICEF Programme, also Education in Tanzania from a Gender Perspective and publications of the Tanzania Gender Networking Programme.

5. For a lucid discussion of practical needs and strategic interests, see Caroline Moser's work.

6. MR in the text refers to Morogoro Rural District, KL to Kilosa District.

7. The policy for up-coming local government elections (quota of 25% women) may change this situation if women are enabled to come forward.

8. See Mbilinyi and Mascarenhas 1983.

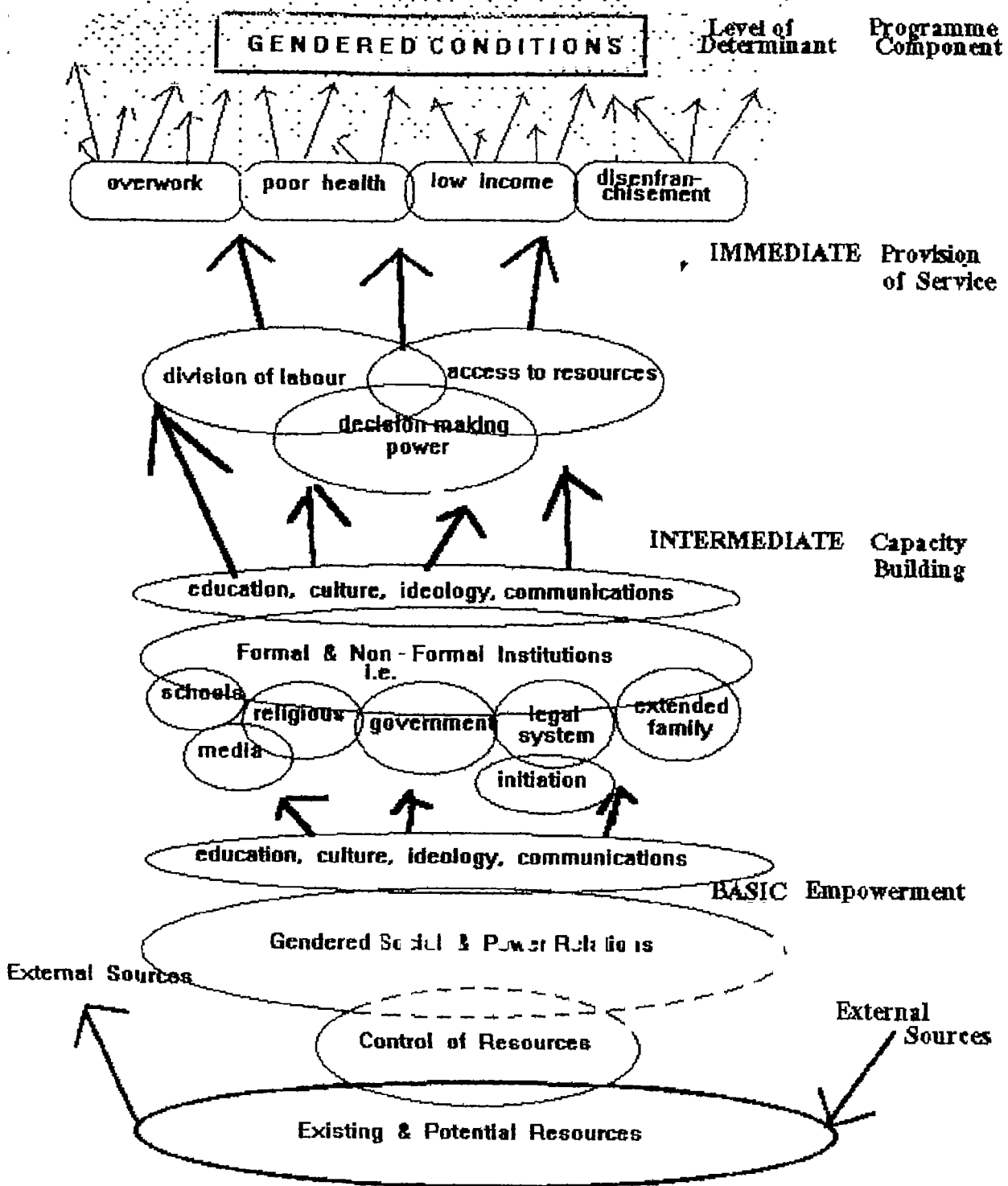
9. Please note that the Plan of Operations is still subject to change. The objectives and wording cited here are those from the Final Draft (n.d.), but these may undergo subsequent changes. If so, it is urged that the points made here from a gender perspective are also taken into consideration, not only for long term development objectives, but also Programme and medium term objectives, assumptions and indicators.

10. Workshop on Goals and Indicators for Monitoring and Evaluation for Water Supply and Sanitation, 25-29 June 1990, Geneva. Suggestions for indicators and monitoring from this source have also been incorporated in this report.



Fig. 1

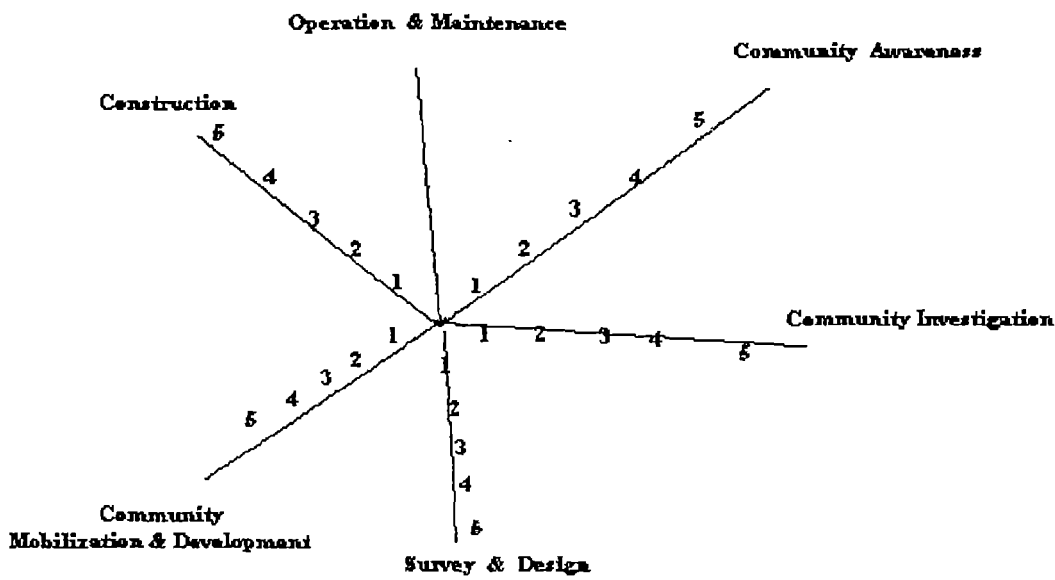
Conceptual Framework for Gender Analysis



Adapted from UNICEF, Child Survival and Development Programme and TGNP, Conceptual Framework for Gender Analysis and Action



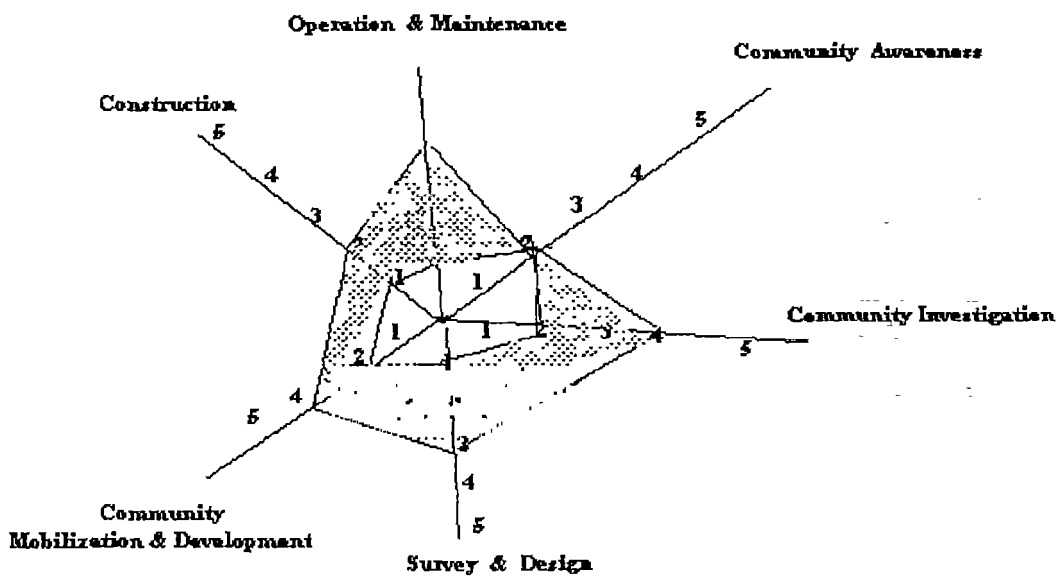
Fig. 2 FRAMEWORK FOR MONITORING PARTICIPATION



Key

- 1: No participation
- 2: Nominal, some present
- 3: Quota reached
- 4: Effective voice, influencing
- 5: Controlling

Adapted from Rifkin et al.



Key: 1991

1993



APPENDIX 2: TABLES

Table 1 DIAGNOSIS FOR OUT PATIENTS: MIKUMI HEALTH CENTRE

Diagnosis	Number of Patients
malaria (+ resistant malaria)	7971
pneumonia and URT	2570
intestinal worms	1677
anemia	1217
schistosomiasis	1166
impetigo + skin diseases	734
lambliasis, amebiasis, dysentery	949

Source: Mikumi Health Project Annual Report 1992.

Table 2 EDUCATIONAL LEVEL REACHED AMONG RESPONDENTS MOROGORO RURAL

	Men	Women
None	0	17 (47%)
Std. 2	0	3 (8%)
Std. 4	6 (50%)	4 (11%)
Std. 7	1 (8%)	5 (14%)
Adult Ed. only	5 (42%)	7 (19%)

Source: Morogoro Rural District Research

Table 3 EDUCATIONAL LEVEL REACHED AMONG RESPONDENTS IN KILOSA

Level	Male	Female
Can read and write	20 (91%)	16 (62%)
Cannot read and write	2 (09%)	10 (38%)

Source: Kilosa District Research



Table 4 TIME USE FOR MEN AND WOMEN IN KILOSA DURING DRY SEASON

TIME	WOMEN'S WORK
5:30	Wake up
5:30-6:30	Clean house, fetch water, do dishes
6:30-7:00	Prepare bath and breakfast for husband
7:00-7:30	Cook for and feed children
7:30-10:00	House cleaning
10:00-10:30	Eat breakfast
10:30-11:00	Look for vegetables for lunch from farm or shop
11:00-12:30	Prepare lunch
12:30-2:00	Serve lunch, may be time for rest
2:00-4:00	Weaving of mats or baskets, fetch water and firewood
4:00-7:00	Prepare evening meal, serve and eat
7:00-8:30	Prepare water for bathing for family
9:00	Sleep
TIME	MEN'S WORK
6:00	Wake up
6:00-7:00	Personal hygiene
7:00-7:30	Eat breakfast
7:30-1:00	Go to work such as casual labour, gardening, livestock
1:00-2:00	Eat lunch
2:00-6:00	Rest
6:00-6:30	Personal hygiene
6:30-7:00	Eat supper
7:00-8:00	Discuss matters with wife (and maybe older children)
9:00	Sleep

Source: Kilosa District Research



Table 5 TIME USE FOR MEN AND WOMEN IN MOROGORO RURAL DISTRICT

TIME	WOMEN'S WORK
5:00	Wake up
5:00-8:00	Light fire, prepare porridge for children, clean and sweep house, wash dishes fetch water
8:00-11:00	Work on farm (carry flour and vegetables for lunch, baby and 2 hoes)
11:00-2:00	Prepare and serve lunch
2:00-3:00	Work on farm
3:00	Return home (with baby, food and utensils, firewood and hoes)
3:00-9/10:00	Dehusk millet, pound, cook, prepare water and bathe children, prepare water for adults (husband, male dependents), have dinner and rest.
TIME	MEN'S WORK
6:00	Wake up
	Go to shamba
	Rest till following day

Source: Morogoro Rural District Report

Table 6 SOURCES OF INCOME AMONG KILOSA RESPONDENTS

Source	Men		Women	
	NO	%	NO	%
Agriculture alone	3	14	3	12
Agriculture and Casual labour	7	31	2	12
Agriculture and petty businesses	9	41	17	65
Agriculture, petty business and Casual labourer	3	19	4	15
Total	22	100	26	100



Table 7 DIVISION OF LABOUR AMONG RESPONDENTS IN KILOSA DISTRICT

Main Women's work:	Number of Respondents	Frequency	%
Women's work			
Cooking	26	18	69
Fetching water	26	22	65
Collecting firewood	26	18	69
Farming	26	9	35
Cleaning the house and general cleaning	26	10	38
Pounding	26	1	4

Men's Main Tasks
 Farming
 Building
 Purchasing household goods
 Decision making

(Total Respondents 49)

Source: Kilosa District Report

Table 8 DECISION-MAKING AMONG RESPONDENTS IN KILOSA

Types of decision	Who makes the decision		
	Women	Men	Both
What to farm			47
What to sell	-	24	18
Household bills/requirements	28	6	13
Educating children	9	13	25
Buying assets	-	25	23
Use of farm income	-	-	47
Use of animal income	3	10	34
No of children	-	31	16
To travel/visit	5	38	4
To attend meeting	5	22	20

Source: Kilosa District Report



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