

Empowering Women through Drinking Water and Sanitation: The Maharashtra Initiative

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Maharashtra is the first state in India to formulate a women policy in 1994, which was subsequently revised in 2001. This policy provides for participation, protection, economic development, capacity building and creation of a supportive environment for women. Recognising the spirit of this policy, many development projects and programmes in the state are advocating for increased role of women to ensure sustainability of the projects and improvement in their social and economic status. Programmes like Jalswarajya on rural drinking water and Sant Gadge Baba Swachta Abhiyan and Nirmal Gram Puraskar on total sanitation are not only ensuring women participation but also contributing towards their empowerment.

Jalswarajya experiences

Jalswarajya was launched in 2004 by the Government of Maharashtra to scale-up sector reform initiatives through innovative and participatory processes, covering 3,025 Gram Panchayats (GPs) across the state. The project processes include clearly delineated and sequenced activities involving community mobilisation, social action and technical activities. Jalswarajya demonstrated a number of

projects where planning, implementation and operation and maintenance (O&M) of water supply and sanitation facilities was done successfully by GP level institutions.

Gender mainstreaming was one of the guiding principles for the project and for achieving this empowerment of women, it was necessary to forge a balance between men and women to share and control the resources. Recognising the important role played by women in managing water, the state designed a women empowerment component to trigger women's participation in decision making process and management of projects. Accordingly, a sub-project on women empowerment was provided under the project to:

- Mainstream women's participation in water management, sanitation and village development activities
- Build capacities for undertaking economic and village development activities through skilled training.

The project ensured minimum 50 per cent representation for women in its village committees. It was mandatory to organise a women Gram Sabha prior to the general



Gram Sabha to decide the major decisions relating to water supply and sanitation and to ensure that decisions taken in the Gram Sabha of women would be discussed in the general Gram Sabha. These policy decisions helped women become actively involved in decision making.

Strengthening earning capacity

The project advocated for strengthening of women groups, specially the Self Help Groups (SHGs). Under community capacity building initiatives, exposure visits to model villages and dissemination of information related to income generation activities were undertaken. The focus was not only on the creation of new groups but also on the revival and integration of the groups and activities already existing in that village. Due to these initiatives around 17,000 SHGs were formed in Jalswarajya GPs in addition to the 18,435 SHGs already existing. In 26 districts over 1.5 lakh women have benefited from various trainings of which approximately 30,000 women have been helped with seed money.



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Fruits of investment

Involving women as major stakeholders not only empowered them but also brought into the project their knowledge and experience to ensure sustainability of water supply and sanitation intervention. It also helped to expand their capabilities beyond water and sanitation management (See Box: Developing entrepreneurship).

Developing entrepreneurship

For gender mainstreaming, empowerment of women is an inherent component of project. Budgetary provisions helped to improve the capabilities of women through a series of skill based trainings and distribution of revolving fund. In village Bhilar of Satara district the skill based training and distribution of seed money resulted in the development of small entrepreneurship activities like making of candles, opening of shops, production of vermi - compost, etc. The initiatives have helped to improve the economic conditions of women in the village.

The story of Anusuya Kamble from village Bellamb in Osmanabad district clearly demonstrates how capacity building on micro-entrepreneurship development have resulted in income generation as she is now able to earn around Rs.1,000 per month. In village Khamaswadi, one SHG started a small scale milk cooperative unit. There are number of examples where women development initiatives have not only resulted in income generation activities but also in developing decision making and leadership skills.

Community contribution

Mobilising community contribution is one of the major challenges being faced in Jalswarajya. However, in many villages the women and SHGs are coming forward to collect this. In Januna village of Barshi Takli Taluka, of Akola district women have collected community contribution amounting to Rs.64,000. Similarly, in Washim district many villages were progressing slowly because of non-collection of the community contribution but when women groups took over the initiative, works relating to infrastructure gained momentum. In Harali village of Osmanabad district due to group dynamics in the village the process of community contribution, could not start



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and progress was severely affected. The women led SHGs came forward, which not only helped in collecting the required community contribution but also helped resolve disputes.

Sanitation surge

Maharashtra has become the number one state in achieving total sanitation coverage and in getting Nirmal Gram Puraskar. Thousands of villages have already achieved the status of total sanitation coverage and a large number of these villages have been able to sustain the coverage primarily because of empowered women groups and strong village level institutions. There are innumerable success stories which demonstrate the role of women in achieving total sanitation coverage across the state.

Initiative like setting norms for achieving total sanitation coverage, engaging in open defecation free village campaigns, setting up rural sanitary marts and encouraging local co-operatives to help in latrine construction have contributed to the sanitation surge in the state. The above examples clearly demonstrate that empowered SHGs and women groups have helped in making villages open defecation free. These groups have facilitated the construction of individual latrines in many villages through internal lending and setting examples of innovative practices.

A study of Yavatmal district conducted by Geeta Pardeshi from Government Medical College, Akola revealed that women performed varied roles as fund raisers, motivators, initiators, surveillance workers and implementers for achieving total sanitation coverage. The women described benefits at individual, family and community level.

Conclusion

The Maharashtra experience demonstrates that through appropriate capacity building initiatives women can take collective action for improving water and sanitation access, mobilise community resources, take active role in operation and maintenance of water supply systems, mobilise household savings and enhance household income by taking up income generating activities.

The empowerment is reflected in the ability of women's groups to transcend social barriers and their confidence to independently negotiate in the public domain for water supply and sanitation related issues. Some of the significant factors that have sustained women's collective action and their empowerment are the presence of strong grassroots level institutions, enabling government policies, presence of women groups and gender sensitisation under different water and sanitation projects.