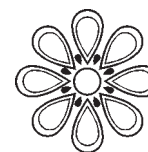




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REACHING THE UNREACHED: CHALLENGES FOR THE 21ST CENTURY**Empowerment of women for sustainable development***Jayanta Ray, India*

WHEN MALATI PRESSES her way into the bazaar of the railway city of Kharagpur (Medinipur district, West Bengal), she alternately smiles and glowers. Newly knitted grass mats are piled on her head, and she smiles at prospective customers, advertising her inventory. But whenever a bazaar hoodlum crosses her path, symbolising the obstructions she has faced in the past as an unaided poor working woman, she glowers. The last four years have flung some slender but serviceable bridges to women of Medinipur district to begin the journey from a limited unfulfilled existence, to a life of purpose and dignity, and Malati is on the bridge.

Women themselves have chiselled the tools which are now heaving them out of the inner spaces of society where they were confined. Their strength has found expression in an exploding grid of women's organisations. The stirrings of strength have risen from barren land, from mud walled huts, from exhausted fields. Women have responded to depleting resources, modernisations, inflation, and acted spontaneously to seek stable income, and some dignity. An infinitesimal percentage has succeeded, but the beginning is substantial.

Aparna Gharui of Deora village in Hugli district (West Bengal) has a daughter and two sons. She has to shuttle between the wider domain of rural development and the narrow confines of her home where her children are to be nurtured. She is the newly elected Gram Panchayat Pradhan.

In West Bengal, the mandatory representation of women in one third of the seats among the newly elected 71,000 Panchayat members has redefined the rural power structure at the grassroots level. The women members are slowly overcoming the difference that had so long held them in thrall. Regular training and orientation courses are being organised by the government to initiate them into the broad spectrum of rural development. For the first time the village women are on the threshold of making their voices heard.

For the women members, Panchayati Raj stands for the power to organize the community to assess the development needs, and to explain to them how education and health care, along with safe water and improved sanitary interventions can be basic inputs for economic upliftment.

Mrs. Gharui has mobilised 198 families, out of total 271 in her area, to construct their own "self help" latrines; the rest will be covered very soon. There are four TARA handpumps installed totally with community contribution and the WATSAN committees have shouldered the maintenance responsibility.

Women's work is a statistical paradox. Official statistics recognise only one-seventh of the country's women as gainfully employed, while the rest are presumably non-gainfully engaged. This raises the question of the valuation of women's work. In other parts of the World, the question of evaluation of women's work engages attention, but defies solution. Modernising society assesses workers via the index of cash earnings. Women work predominantly in the non-valorised, unorganised and household sectors, where transactions are not monetised. And women's contribution to family life is without a price-tag. Women weave the tapestry of life with wisdom, resourcefulness and extremes of self-effacement.

To quote the Administrator of UNDP, the "sustainable human development is development that empowers people rather than marginalising them. It is development that is pro-poor, pro-women, pro-children and pro-nature".

Deep concerns animate women's lives. They do not have the resources and skills for permanent, well-paid jobs. They are investing disproportionate time and energy into firewood collection and fetching drinking water. Women do not yet determine their own fertility and tend to be in poor health. Their children lack opportunities for a life of joy and achievement. Society subjects women to acts of physical violence. Women are themselves thoughtless practitioners of infructuous social practices which have to be shunned. Women seek status in the family. They seek dignity in society.

Anjali Panda: TARA handpump caretaker; Village: Bachipur; District: Medinipur: "I have always wanted to do something other than domestic jobs. Before my marriage, when I was living in the army quarters with my parents, I used to participate regularly in social activities, which stopped once I came to this village after my marriage. I was overwhelmed when the village committee wanted me to be trained as the TARA handpump caretaker. My husband is an artist and sings songs in the villages with his folding screen of pictures (Pats) and earns his living. Before the sanitation programme came to our village we used to go to the nearby village twice to fetch two pitchers and two buckets of drinking water. Now, with the TARA pump in the village, a good amount of our time is saved. Once my children are in the school, I draw the "Pats" (folding pictures) for my husband. I also attend the mothers' meeting in the village three days in a week. I feel proud of myself as the SARA pump caretaker and thus doing something good for the village".

Gradually we begin to see the new woman arising out of the past tradition and current imperatives. There is transformation, but not, it seems, complete rejection of social values. The women's movement is assisting society to create space for the new Indian women - a significant being who is poised to conduct India into the next century. Nobody is asking if the accompanying social revolution is feminine or masculine, because they know that it is human.

Sandhya Jana of Kanajuli village in Hugli district wiped her hands, left some instructions, collected her small "Tool Bag" and hurried down to see what was wrong with her TARA handpump in the village. On the way she called another woman, Mala Dhar, to help her with the job. There was a crowd of women waiting for her near the handpump. They had all come with their buckets and pitchers from far and near. They made way for her. She put down her bag on the clean cement platform and got busy. Within half an hour she was back to her kitchen wiping sweat off her face, tired but happy.

She, a newly emerged personality, is the TARA handpump caretaker in the village performing something beyond her everyday familiar duties. She is now involved in a social phenomenon, enjoying her new responsibility as a social being for which she doesn't even expect a remuneration of any kind.

The demand for water supplies among rural population in developing countries, and therefore their popularity, is driven not by the promise of improved health, but by the enormous gain in accessibility of something fundamental to human existence.

Mrs. Suniti Raut, the wife of the village grocer, (Village: Kaliachak, Block: Pataspur, District: Medinipur), faced the usual problem in the afternoon on 28th November 1994, when she found that the small pitcherful of drinking water she had brought in the morning had been emptied by her younger son while playing in the kitchen. She has to offer lunch to her husband coming back to the house from the village primary school. She has to cross the "nallah" (irrigation canal) in front of her village to go to the other village to bring one pitcher of water from the handpump installed in front of the BDO office; where, there are always lot of people during the day.

She called two more girls from the village, and three of them swam across the nallah, and with two pitchers-full of drinking water, they once again swam across the nallah to reach the village. This was the daily routine for all the village women till the time the District Magistrate, Mr. Manabendra Nath Ray, visited the village.

On 28th November 1994, when Suniti came back to the village, she heard the news of the District Magistrate's visit to her village in the local Youth Club compound. She got the opportunity and requested her mother-in-law to offer lunch to her husband. She mobilised about 35 women from the village within a short span of 20 minutes and lead a deputation to the District Magistrate. All of them demanded a handpump for the village and got it, because

for the district magistrate also, it was like "seeing is believing". Today, the women of Kaliachak don't have the problem of swimming across the nallah any more to fetch drinking water from the other village to satisfy the need of their families.

Since women are the arbiters of health behaviour in the home, as well as the usual haulers of water, ways must be found of targeting women with health education messages. It has also become clear if women are to be the prime recipients of information about water use and sanitary practices, they must be involved in the Management.

Women in general are responsible for everything to do with the use of water and disposal of waste in and around the household; yet paradoxically, they played no role at all in the rural water supply and sanitation programme. Given that the vast majority of women are confined to the home, it was not easy to reach them, much less to identify ways of bringing them into the programme activities. The only obvious avenue for bringing women into the water supply and sanitation programme was through the handpump caretaker trainings.

In 1983, a major survey of handpump caretakers conducted by UNICEF suggested that women are better caretakers than men. They report breakdowns more quickly, they are more inclined to keep the handpump platform and the surroundings clean and free of debris and their ability to dismantle the handpump and understand its technical workings is no different from that of men. Women are always willing to carry out certain caretaking duties and health education duties voluntarily, but men are not likely to be motivated without some incentive. The conclusion is, women, as the handpump's direct beneficiaries, are more motivated. Now with growing awareness, the womenfolk in West Bengal are gradually coming out of their confinement and slowly overcoming the gap with their male counterpart that had held them in thrall from time immemorial.

The "women handpump caretaker" concept represented a departure in rural water supply programme in two important respects. First, it gave an actual handpump user, someone with an inbuilt motivation, a sense of responsibility for ensuring the handpump's smooth operation. This represented the first step towards building a sense of active community participation in the programme.

Second, and as important, it presented the first opportunity to bring women actively into the programme. The caretaker also serves the link between the village handpump users and the authorities, viz., the Panchayat functionaries at Gram-Panchayat and Block level. A sense of status, of self-esteem and of usefulness provide forceful motivation and an inspiration for other kinds of Community development activity.

It is important to decentralise the operational locus of the rural water supply programme as soon as possible with the eventual target of placing it at a level within easy reach of the user communities so that it can interact with them

on a regular basis. As the process of decentralisation moves ahead, inter-sectoral mechanisms needed to be set up at every level in the administrative chain of command: state, district, block and village cluster.

The intensive rural water supply programme started in West Bengal during 1992 following CDD-WATSAN (Control of Diarrhoeal Diseases through Water and Sanitation inputs) strategy in Medinipur district; and CBCS (Community Based convergence of Services) strategy in Hugli district. After three years of successful programme implementation, there are more than 3,600 TARA direct action and 930 India Mark III handpumps working in the two districts with the willingness from the community to shoulder the operation and maintenance responsibilities. It was possible to go to scale with the programme implementation mainly because of the total commitment of the women handpump caretakers to render their services voluntarily. The success of this self-sustainable programme also depend much on the women members in the Village Level Committees (VLCs).

The village level operation and maintenance (VLOM) strategy places the key responsibility for handpump management and repair in the village hands, with the basic concept that the task of handpump maintenance should be brought within the Socioeconomic life of the village, with particular reference to women. A basic assumption is that there is no one right way, no one correct technological or strategic response, but the right mix is the particular circumstances, achieved partly by prior planning, partly through trial and error, is the most effective way forward. From the very beginning of the programme activities in West Bengal, community contribution system was introduced, such as:

- Initially, the community will organize themselves and establish the Village Level Committee (VLC) with minimum 50 per cent women among the total 8 to 10 members. These multisectoral committees provide a mechanism for ensuring social equity at the community level, as well as forging the links at operational level between the various categories of functionaries whose activities contribute to overall programme success. Women's special interests in water supply and waste disposal are represented at all levels of programme management. This is most easily achieved by including women in the membership of these multi-sectoral committees and ensuring that women are selected for duties at community level, either alongside men or independently;
- The women members identify the handpump site after consultation with other women in the village and the committee get the landowner's legal affidavit towards donating the land for public use;
- The committee collect initial contribution of Rs500.0 from the communities and the fund is managed by the VLC under the banner of THP A/c (TARA Handpump maintenance account);
- The women members of the committee identify two other women members from the village and obtain consent from them as well as from their family members that they will perform the functions of handpump caretakers voluntarily.
- In groups of 20 to 30, the women handpump caretakers attend a three days' training programme, at which they are taught all about the TARA handpump's autobiography, vital statistics and its basic functioning. They are given practical demonstrations of carrying out the regular preventive maintenance and breakdown repairs. The training also focusses on health education and on the protection of children from infectious diseases, particularly diarrhoea and others associated with water use and poor sanitation;
- Under the supervision of the block level engineer, the women handpump caretakers oversee the sinking of tubewell, check its depth and water quality and quantity, construction of the platform and installation of the new TARA handpump, enter the statistics in the handpump register and ensure the return of the unused materials;
- The women handpump caretakers collect monthly contribution from the user families at the rate of 50 paise per family every month and deposit the monthly community contribution with the THP account (recently this monthly contribution has been increased to Re.1.00 per family);
- The women handpump caretakers and the other women members of the VLC organises weekly mothers' meeting, preferably in the village Anganwadi centre or the Post-literacy centre, to discuss among themselves various development issues in their village. The most important issue for discussions in these meetings is the construction of latrines and sanitation coverage of the village.
- And lastly, the women handpump caretakers take care of regular preventive maintenance and breakdown repairs of the TARA handpump in their village and maintain the records in the Handpump Maintenance Log Book.

Usually one handpump is provided for every 40 families. Thus the community contribution, @ Rs.1.00 per family per month, towards handpump maintenance comes to Rs.40.00 per month, or Rs.480.00 each year. The intensive R&D on field performance analysis of TARA handpumps in the Intensive Sanitation Project (ISP) area in Medinipur district has proved that, it takes only Rs.43.00 to maintain one handpump for one full year. Thus, Rs.437.00 accumulates yearly in the VLC maintained THP A/c.

The R&D on TARA Handpumps Field Performance Analysis and the Community Based Handpump Maintenance Programme in 12 blocks in Medinipur district is in progress since late 1991 and till date there are about 7,000 trained women handpump caretakers managing more

than 3,600 TARA handpumps in equal number of villages. Total Rs.12.67 lakhs have been accumulated in the THP accounts in the bank (Dec.1995), under the custodianship of the village level WATSAN committees.

Razia Khatun is only 22 years old, has passed her matriculation examinations in 1990 and was happily married with Rais Ahmed, the village carpenter {village: Chanditala, block: Pandua in Hugli district. But the next year, her husband had deserted her and left for Saudi Arabia. Razia keeps herself busy with private tuition for small children in her village and contributes financially towards the family of five brothers and sisters. Before her elder brother's marriage in last June '94, she somehow convinced her mother to construct one latrine in their house mainly because she did not want her newly wed sister in-law to go to the field every morning. But where was the money? Razia started another two private tuition and earned another Rs.30.00 every month. After six months, she deposited Rs.180.00 with the village Youth Club and convinced them for a loan of another Rs.100.00. She got their own latrine constructed with this fund and with help of the club members just before the marriage of her brother. She repaid back the loan within four months. This was her personal contribution to welcome her sister in-law, Fatima. After this incident, Razia was so involved, today she is one of the most successful ORS depot holder and her average sales per month is about Rs.550.00. She has also managed to convince her brother and parents to let Fatima work as handpump caretaker in the village.

The formalization of the role of the women handpump caretakers has made the community based system very practical. In addition to the technocrat and the political policy makers, a third force, the community with women in the leading managerial capacity, has now emerged as an operative factor in Medinipur's Rural Water Supply Programme. User groups and women handpump caretakers, by their financial contribution and their knowledge of how things are supposed to be done, are an integral part for the programme's sustainability. VLOM (Village Level Operation and Maintenance), still a dream elsewhere, has become a reality in West Bengal.

The only protection, ultimately, is consumer power: both the knowledge to recognize a job correctly done and suitably priced, and the influence to obtain redress where necessary. With increasing information and knowhow at their disposal, the women handpump caretakers in West Bengal's intensive rural water supply programme areas have already reached that level of empowerment.

Women have often been regarded primarily as beneficiaries. In exchange for the gift of a handpump which could reduce their water hauling workload, they are expected to provide free labour for construction, and to perform routine tasks on a voluntary basis such as attending to the cleanliness of the handpump platform and its surroundings.

The community based programmes in Medinipur, Haora and Hugli districts of West Bengal have effectively

demonstrated that rural women, can make a significant contribution to the rural drinking water supply sector.

The Community-based Water Quality Surveillance and Monitoring programme, started as a R&D project in Daspur ICDS block in Medinipur district in collaboration with All India Institute of Hygiene & Public Health (AIHH&PH), Calcutta. The objectives of design and development of the most low cost and user friendly water quality field test kit and also to institutionalise the water quality surveillance and monitoring system at the village level on a routine basis with the help of the Anganwadi workers of the ICDS programme. The overall community participation in this R&D project was so encouraging that, within a short span of only 10 months, the most low cost and the user friendly water quality field test kit was developed, with the kerosene lamp powered Incubator for bacteriological testing. The Anganwadi workers and the village women could handle all the Physical (Turbidity), Chemical (pH, Hardness, Chloride, Iron, Nitrate, Fluoride, Arsenic and Residual Chlorine) and Bacteriological (presence of undesirable bacteria) testing of drinking water sources with ease. The kerosene powered incubator was the appropriate answer to the frequent power cuts at the village level.

The overall strategy being followed in this programme is that, one water quality field test kit, cost: of which is Rs.7,335.00 only, has been provided for every five Anganwadi centres and the Anganwadi workers have been fully trained. Under the joint supervision and guidance of GP (Gram Panchayat) level Panchayat functionary in Charge of Public Health and the Community Development project Officer (CDPO) at the block level, the Anganwadi workers carry out periodical water quality tests for all the drinking water sources, generate three times in a year.

With the encouraging and enthusiastic experience gained from this R&D project, the community based water quality surveillance and monitoring programme has been broad based in all the ICDS blocks of Medinipur and Hugli districts. The Anganwadi workers are being trained and they are also getting active help and co-operations from the Panchayat functionaries and local youth club members. With this ongoing programme, a tremendous amount of awareness has been generated among the village community.

Women are no longer the target groups. In fact, they are active agents who can contribute in decision making, policy making, mobilizing labour, provide resources and disseminating and implementation of innovative strategies. By involving women, particularly in the planning, design, operation and maintenance stages, as well as in complementary health education programmes, the water and sanitation projects can be expected to be more effective in achieving their ultimate objectives for improved water quantity, quality and health. Moreover the active participation of women can lead to the much needed empowerment of women.