

## **Egypt:**

### **Empowering Women's Participation in Community and Household Decision-making in Water and Sanitation**

#### **Challenges**

This study documents how the Better Life Association for Comprehensive Development (BLACD) used a gender-integrated approach as an integral part of the water and sanitation project they implemented in the village of Nazlet Fargallah in Upper Egypt from January 2003 to December 2004. The project was aimed at approximately 700 households without sanitary facilities; 60 per cent of the people targeted were women (BLACD, 2002). Most of the residents work as casual labourers in agriculture and have little predictable income. There is one primary school and one health unit in the village. Prior to the project, more than half of the 1500 households in Nazlet Fargallah lacked latrines and access to clean and reliable running water. The most common preventable illnesses, including diarrhoea and kidney disease, were directly correlated with the lack of potable water and poor sanitation practices. Women are responsible for providing their families with water for drinking and washing and for waste disposal. Before the project, their main water source was communal hand pumps. Important concerns in Nazlet Fargallah included:

#### *Water and sanitation:*

- Gathering water, which required much time and effort as women had to make up to four separate trips a day to obtain adequate water. The time this consumed kept women from other household tasks, personal sanitation and other activities;
- Washing clothes and dishes in water contaminated with sewage;
- The practice of throwing human waste into the canal, contaminating the water and giving it a yellow colour as well as a bad smell and taste;
- Women and girls having to wait until after dark to relieve themselves. This affected their health and made them vulnerable to violence;

#### *Traditional gender roles and gender imbalance:*

- Traditional gender roles, allotted few rights to women. Women rarely took part in activities outside the home, and were fully occupied collecting water, looking after their children, and performing other household tasks. They were unable to participate in external social roles and most are illiterate; and
- Using legal obstacles to prevent women's participation in community life. Many lack proper identification, since as women, it has not been deemed important for their births to be registered.

#### **Programme/Projects**

The people of Nazlet Faragallah first approached BLACD for help after observing successful installation of latrines and taps in neighbouring villages. The project in Nazlet Faragallah had three main components: water connections; latrine installation at the household level; and hygiene education. BLACD worked actively to integrate gender considerations into its new projects, to strengthen gender-mainstreaming initiatives and increase project effectiveness. This led to the development of the health visitor model in which women could still be actively involved at all levels despite male objections to their formal presence in project management.

BLACD helped the village health visitors plan awareness raising campaigns about water and sanitation, and provided training on water and sanitation, basic health, nutrition, child and reproductive health and first aid as well as communications skills. The health visitors participated by choosing the project beneficiaries based on agreed-upon criteria. Both women and men were involved in the project's planning as well as household-level decisions to participate in the project.

### **Outcomes**

BLACD's success includes the following:

#### *Impact on health and sanitation:*

- Provided 700 households with two taps and a latrine each, giving them direct access to a clean, convenient source of water and a more sanitary means to dispose of their waste;
- Increased awareness of disease prevention, leading to change in sanitation behaviour; and
- Decreased time spent (mainly by women) collecting water and disposing of waste.

#### *Gender mainstreaming and empowerment:*

- Successfully integrated gender and the particular needs and interests of women into the project in a traditional male-dominated community;
- Demonstrated that female health visitors can have a significant impact in the community;
- Significantly and visibly increased women's empowerment in decision-making at the community and household levels, particularly with regard to health, well-being and livelihoods;
- Developed a sense of pride, in both men and women, over their households' independent access to water; and
- Increased women's security, dignity and sense of self-sufficiency.

#### *Further activities and development goals:*

- Established a women-based community development association for those who wanted to continue their community activities after the project's completion;
- Provided a basis for women seeking other rights in addition to access to water; and
- Increased the likelihood of achieving other development objectives.

### **Main Obstacles**

Existing power structures hindered women's empowerment, particularly at the management level. Although the project was welcomed by both villagers and local authorities, initially there was resistance to women's involvement. Community leaders insisted that only men serve on the project management committee. Some health visitors faced opposition from male family members, as did some women who wanted to participate in the water connection programme.

Despite numerous obstacles, the development association that was formed as a result of this project has now been formally registered.

### **Key Factors for Success**

The project provides an effective model for implementing gender-sensitive water and sanitation programmes. It further demonstrates that women's active participation in water and sanitation projects is essential because of their key roles in the provision and maintenance of water, sanitation and hygiene at the household level. The project also recognized that in working together in partnership, women and men are effective and can foster increased collaboration between the two sexes at the household level.

### **Looking Ahead – Sustainability and Transferability**

This project has shown that it is possible to both respond to the needs of marginalized communities while promoting changes in traditional gender roles. The development association formed provides a base for further activities using the experience gained through the course of this project.

### **Further Information**

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- For information about the Better Life Association for Comprehensive Development: <http://www.novib.nl/content/?type=Article&id=3572> (organization introduction) or email info@blacd.org
- For information about Diakonia: [http://www.diakonia.se/main\\_eng.htm](http://www.diakonia.se/main_eng.htm)

### **Source**

Office of the Special Advisor on Gender Issues and Advancement of Women, *Gender, water and sanitation; case studies on best practices*. New York, United Nations (in press).