

Gender Assessment: SDC Rural Drinking Water Program in Tajikistan



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BY LENA KRYLOVA AND NIGORA SAFAROVA

The views expressed in this report do not necessarily reflect the views of the Swiss Agency for Development and Cooperation or the Government of Switzerland

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List of Abbreviations

AKF	Agha-Khan Foundation
CBSG	Community-based Savings Groups
CIG	Community Interest Groups
CWAF	Committee for Women and Family Affairs under the Government of RT
DDP	District Development Plan
DFID	United Kingdom Department for International Development
DPI	Development Partnership International GmbH
GBAO	Gorno-Badakhshan Autonomous Oblast
GoT	Government of the Republic of Tajikistan
IWRM	Integrated Water Resource Management
KAP	Knowledge Attitude Practices
KMK	(Khojagii Manzili Kommunal) Public Utilities and Housing Agency
LSIS	Living Standards Improvement Strategy
M&E	Monitoring and Evaluation
MDG	Millennium Development Goals
MSDSP	Mountain Societies Development Support Program
NDS	National Development Strategy
NGO	Non-Governmental Organization
PRA	Participatory Rural Appraisal
RRWSSP	Regional Rural Water Supply and Sanitation Project
SDC	Swiss Agency for Development and Cooperation
SUDVO	Social Unions for the Development of Village Organizations
UNDP	United Nations Development Program
UNICEF	United Nations Children Fund
USAID	US Agency for International Development
VO	Village Organization
WES	Water and Environmental Sanitation
WHO	World Health Organization
WTF	Water Trust Fund
WUA	Water User Association

Executive Summary

The aims of the gender assessment of the drinking water sector in Tajikistan, commissioned by the Swiss Agency for Development and Cooperation (SDC), were to gain a broad understanding of gender issues in the country context generally and in the drinking water sector specifically, and to conduct analyses of effectiveness and relevance of the gender mainstreaming approaches used by SDC partners in the framework of the SDC Drinking Water Program 2012-15. The assessment has revealed various strengths, weaknesses, opportunities and challenges.

In terms of ***policies and regulations at the state level***, the assessment concludes that framework policies for the water sector reform (including the drinking water sub-sector) are in place but are still incomplete and gender insensitive. Although there are favorable national gender equality policies and related laws in Tajikistan, expertise in mainstreaming gender issues and monitoring changes across various sectors is limited, due to, among other reasons, weak capacities of structures established in the support of the policies implementation at different levels, insufficient integration of these structures into a wider development context and a disconnect with the grassroots.

In terms of ***general gender concerns in the context of drinking water and sanitation*** in the country, women and girls, as providers and managers of water, guardians of hygiene and family health caretakers, are heavily affected by poor access to these services. Poor access impacts on their time distribution, mobility, health and work burden. The burden on women increases as they engage in additional economic activities (especially in rural areas and in the context of massive men labor migration). Yet their productive role is largely underestimated and they have limited control over assets and resources. Labor migration of men presents both an opportunity for women to undertake new roles, and a threat of increased drudgery for women if it is not followed up by role redistribution and better gender equality. This process is complicated by existing socio-cultural traditions in the country, especially in rural areas.

Prospects for gender mainstreaming in the SDC Drinking Water Program are supported by the strong commitment of the SDC implementing partners to the gender equality agenda. However, translating this commitment into practice in the drinking water sector remains a challenging task. Access to safe drinking water has proven to be an important precondition for reducing the burden on women with respect to their reproductive role, but it is not sufficient for meeting women's practical needs if wider concerns of sanitation and health are overlooked.

In terms of the effect of the SDC Program on non-productive and productive uses of water by women, only anecdotal evidence is currently available. In achieving women's participation in quantitative terms, attention needs to be paid to the quality of women's engagement and to avoiding homogenizing women as a single social category. There is also a danger of "gender" becoming a synonym for "women" rather than a transformation of gender relations.

The introduction of new forms of water management creates an opportunity for new dynamics and opens new ways to engage men and women, but sectoral interventions put limits on community empowerment, meeting women strategic needs and strengthening women's role in the public domain. Entry points for more meaningful empowerment, including more active engagement of women, are opening with the introduction of, and increasing emphasis on, integrated participatory local development planning in the country.

On the grounds of these findings, the assessment ***recommends to the SDC Drinking Water Program***, that it adopt a more programmatic approach to planning and implementation of its interventions, that allows: a) effective meeting of women's practical needs through improved and combined access to drinking water, sanitation and health; b) the facilitation of more equitable and sustainable engagement of women into productive roles and redefinition of their position in the family, and; c) the creation of spaces for a more meaningful community and women's empowerment (beyond instrumentalized participation for achieving project efficiency). ***At the project level*** this should translate into an approach to gender equality that emphasizes: a) adequate inputs in terms of comprehensively meeting women's practical needs; b) process in terms of facilitating women's access to productive assets and channels of influence, as well as information and skills, allowing them to switch effectively to new roles, and; c) outcomes/impact in terms of women's and men's access to resources, actual exercise of influence and redistribution of workload and responsibilities between men and women.

1 INTRODUCTION

1.1 Assessment Objectives and Report Structure

This report is a result of the gender assessment in the drinking water sector in Tajikistan, commissioned by the Swiss Cooperation Office in Tajikistan in March 2013. The assessment was implemented by a team of two consultants, Lena Krylova (team leader, DPI Development Partnership International GmbH) and Nigora Safarova (national consultant). All field activities were conducted with the active participation of Shodiboy Djaborov (SDC program specialist).

This assessment is expected to contribute to increasing SDC gender context knowledge and gender sensitivity of SDC interventions in the drinking water domain (Detailed Terms of Reference are attached in *Annex 1*).

The report often refers to the concepts of gender equality and gender mainstreaming, whereby:

Gender equality (syn. sex equality, sexual equality, equality of the genders) implies that men and women should receive equal treatment unless there is a sound biological reason for different treatment; and

Gender mainstreaming is the concept of assessing the different implications for women and men of any planned policy action, including legislation, programs and projects in all areas and levels.

This report is organised in the following way:

- *Chapter 1* contains a brief overview of the projects funded by SDC under its Drinking Rural Water Program and explains the methodology used during the assessment;
- *Chapter 2* presents assessment findings that are based on informed judgements of the team members (*occasionally supported by quotes of men and women interviewed during the fieldwork that the assessment team found indicative of the general feeling and attitude among women*);
- *Chapter 3* concludes with “Three Big Issues” in drinking water and gender to be addressed by the SDC Drinking Water Program;
- *Chapter 4* provides detailed sets of recommendations for both the SDC program and project levels for addressing the Big Issues.

1.2 SDC Drinking Water Program in Brief

The SDC Drinking Water Program is composed of the following ongoing projects:

- Tajikistan Water Supply and Sanitation Project (TajWSS), implemented during the period of 2009-13 by OXFAM GB, aims at securing sustainable access to drinking water and sanitation of rural communities through improvement in policy environment (mainly through establishment of and technical assistance to the inter-ministerial policy group in collaboration with UNDP) and through piloting decentralized water management models. The models are implemented in three communities of Muminabad district and one community of Rudaki district and entail community involvement in operation and maintenance through Water User Associations (WUAs).
- Improved Water Supply Systems and Hygiene Practices in Mountain Regions of Tajikistan has been implemented during the period of 2012-13 by the Mountain Societies Development Support Program (MSDSP) of the Aga Khan Foundation (AKF). The program’s goal is to increase access to safe drinking water, reducing water-borne diseases among the population of the mountainous

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areas of the country through increasing community knowledge and practice of hygiene and sanitation, and by improving the capacity of local stakeholders to organize, design, finance, implement and maintain sustainable water and sanitation systems. On this basis the MSDSP's approach entails establishing an institutional platform in the form of village organizations (VOs) and scaling them up into Social Unions for the Development of Village Organizations (SUDVOs); identification and addressing local development priorities and local resources; and supporting the development of local economic initiatives in every targeted community through community-based savings groups (CBSG) and common interest groups (CIGs), many of which specifically target women. MSDSP, along with the AKF Health Program, was already present in Gorno Badakhshon Autonomous Oblast (GBO), Khatlon Oblast and Rasht valley, where SDC support enabled the program to expand by investing in water and sanitation (SDC Rural Drinking Water Program) and in health (SDC Health Program).

- The Regional Water Supply and Sanitation Project (RRWSSP) has been a transboundary intervention in the Fergana Valley, covering the Andijan and Feragan Oblasts of Uzbekistan (since 2004) and Kanibadam in the Soghd Oblast of Tajikistan (since 2007), implemented by the International Water Secretariat. The main project objective has been to promote sustainable, decentralized management, including operation and maintenance of rural water supply systems, sanitation and hygiene behaviors, straightening good water governance and participatory decision making at local level through drinking Water Associations. The project has also intended to assist the national water supply programs to replicate the approach beyond the project timeframe. Phase III of RRWSSP ended in late 2012.

1.3 Assessment Methodology

The assessment pursued the following specific tasks:

- Gain a broader understanding of gender issues in the country context and in the drinking water sector specifically;
- Analyse the effectiveness and relevance of the gender mainstreaming approaches used by SDC partners within the framework of SDC Drinking Water Program;
- Provide recommendations for increasing gender sensitivity of SDC Drinking Water Program in general, and of its ongoing and future projects in this domain.
- Methods used in the course of the assessment included:
 - Desk review of relevant documents on gender and drinking water in Tajikistan, including existing laws and regulations, national policies, analytical studies and publications, available evaluations, statistical information, and desk review of SDC Drinking water related program and project related documents (The list of main documents is in *Annex 2*);
 - Unstructured interviews with key informants at national level (management of SDC partner organizations and other agencies involved in the sector);
 - Participatory inquiry in the field where SDC-funded rural drinking water and sanitation projects are implemented with project teams, local communities and beneficiaries, local authorities and other stakeholders (groups and individual interviews, focus group discussions and field observations);
 - A workshop with SDC partner organizations, local NGO and district authorities in Muminabad district for verification of findings and recommendations;
 - Verification of findings and recommendations at the debriefing workshop in Dushanbe with the SDC team and SDC partners (drinking water and health programs).

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Fieldworks for the assessment were conducted during March 6-16, 2013 (detailed program attached in *Annex 3*). The assessment had a number of limitations. Due to time constraints and the program layout it was only able to visit two districts (Muminabad and Rudaki) and four communities where SDC funded rural drinking water projects are implemented. Priority was given to visiting Muminabad, as it is the district with the highest concentration of SDC partners implementing drinking water projects, and is a pioneer of decentralized rural water supply management under TajWSS. The assessment did not visit Rasht valley, an area with a peculiar knot of conflict and gender-related sensitivities, and where the SDC drinking water portfolio will expand in future within the framework of MSDSP. However, the team members were able to draw on their background knowledge of this area (two local team members participated in the recent feasibility study commission by SDC in Rasht valley, and the team leader has previous experience of working in this area with other organizations).

2 ASSESSEMENT FINDINGS

2.1 Drinking Water, Sanitation and Gender Issues in Tajikistan

Framework policies for the water sector reform (including the drinking water sub-sector) are in place but are still incomplete and gender insensitive.

In recent years, the water sector reform in Tajikistan has been among the government's key priorities for national development and economic growth. The water policy dialogue cuts across different related sectors, including agriculture and energy. In the drinking water sub-sector ongoing institutional changes related to regulation and operation of the sub-sector yield a varying degree of success in urban and rural areas. Commitment to improving access to drinking water and sanitation, especially in rural areas, has been made in the National Development Strategy, the Living Standards Improvement Strategy of RT for 2013-15, the State Program for Improving Access to Safe Drinking Water up to 2020, and through the new Law of the Republic of Tajikistan (RT) on Drinking Water and Water Supply. The new Law, preparation of which was facilitated with the support of the SDC-funded TajWSS project, by OXFAM and UNDP, foresees a possibility to organize decentralized provision of drinking water to the rural population.

However, the existing policy and regulatory frameworks have a number of shortcomings. The principles of Integrated Water Resource Management (IWRM), which is a universal standard of good governance in the water sector, have not yet been officially endorsed. At the national level there is low awareness about the requirements for sustainable water stewardship, and serious gaps in the sector in scientific, educational, institutional and managerial capacities. Importantly, none of the sector policies, laws and regulations contains gender-oriented objectives or targets. The Constitution of RT guarantees universal equal rights for men and women, but in the context of existing inequalities special measures are required to translate these rights into reality in various sectors, including access to water and sanitation that have a marked effect on women and their reproductive role.

There are favorable national gender equality policies and related laws, but expertise in mainstreaming gender issues and monitoring changes across various sectors is limited.

The government of Tajikistan is generally committed to advancing the role of women and ensuring equal rights and opportunities for men and women in socio-economic, political, cultural and other spheres of life. The government of Tajikistan has signed and ratified the UN Convention on the Elimination of Discrimination of all Forms against Women (1993) and in 199 the Presidential Decree "On Enhancing the Role of Women in the Society" was issued. The "State Guidelines for a State Policy to Ensure Equal Rights and Equal Opportunities for Men and Women in the Republic of Tajikistan in the period of 2001-10" were followed by adoption of the Law on Equal opportunities for Men and Women in 2005. The current National Strategy for the Empowerment of Women in RT for 2011-2020 is reinforced by the recently adopted Law on Domestic Violence (2013). Attention to women's issues seems to have

intensified on the eve of the upcoming elections, in which women will constitute the main share of the electorate present in the country, due to massive labor migration among men. Instruments and expertise for operationalizing the gender equality policies are still limited. Currently they include the State Program “Basic Directions of State Policy to Ensure Equal Rights and Opportunities for Men and Women in RT” that provides Presidential grants to projects aimed at supporting the role of women, and various internationally supported initiatives (mainly focusing on combating domestic violence, increasing women’s awareness about their rights and providing opportunities to women for income generation).

Gender mainstreaming as a concept in Tajikistan is still underdeveloped, although a special Gender Network was established for mainstreaming gender within state ministries/agencies (based on an official agreement between the Committee for Women and Family Affairs under the Government of RT (CWFA) and the eight GoT line agencies). The general national framework policies fail to suggest effective ways of mainstreaming gender in development strategies and monitoring indicators. Neither did gender mainstreaming become a practice in sub-national development planning (e.g. judging from the analysis of drafts DDP for Muminabad where SDC-funded drinking water projects are concentrated). Experience with strengthening the role of women emerges in the non-governmental sector (although often these are programs specifically targeting women and rarely look at changes in gender relations). However, little of this knowledge enters the local governance process due to lack of exchange and dialogue between NGOs and local government structures. At the national level there is also a deficit of research and analytical work related to translating gender equality principles into ongoing reforms by sectors, including qualitative indicators for monitoring gender-related gaps and changes (*“Commonly used indicators are all quantitative and mainly reflect on women’s access to education and health, and women’s representation in governing structures”*).

Structures in the support of the implementation of gender equality policy are established although they lack adequate capacities.

Adequate attention to women rights and issues is meant to be ensured through the national CWFA, the Units for Women and Family Affairs in district administration, and gender focal points in Jamoats (sub-districts). However, the existing structures have various limitations. They are disconnected from the grassroots. Discussions with women in communities indicate that there are few, if any, links between women’s activism at community level and the district Women’s Units. Gender steering committees were created in several social ministries but they are not functional.

Most women interviewed in the communities are not aware of existing structures and have never approached them. Importantly, most district-level Units for Women and Family Affairs have only one or two staff members, lack financial resources and access to information (e.g. limited or no access to the Internet, thus missing the benefit of learning from existing networks/tools and best practices for gender mainstreaming), and lack linkages to their counterparts across jamoats and districts. They interface with different departments and structures at the district level but do not have a clear mandate for effecting their policies and activities for achieving gender equality.

Local authorities, with different degrees of success, have been pursuing gender-responsive recruitment to increase the ratio of female staff in district administration, Jamoats and the management of existing structures and institutions (*“As local authorities, we are trying our best to promote women. While in Muminabad district women constitute some 50% of the population, only 20% of Jamoats are headed by women, and of 50 school masters only 6 are women. We aim at increasing the number of women heading schools and hospitals at least by 40-50%”*). However, a serious hindrance to promoting the role of women in local government and local institutions, especially in peripheral districts and rural areas, is a critical lack of qualified female specialists (*“There are not many women candidates applying for vacant positions in Muminabad district administration. We employed all three women applicants for the positions that were advertised in the beginning of the year”*).

Women and children are heavily affected by poor access to drinking water and sanitation. The needs are still vast, especially in rural areas, while resources available from different sources to meet these needs and to implement the sector reform are scarce.

Women and girls are the primary users, providers and managers of water as well as the guardians of household hygiene. In the country's rural setting, fetching water impacts on women's and children's time and energy distribution, as well as health conditions (*"Our girls and women carry so much water daily - their backs constantly ache and their hands get longer. Children, especially girls, do not have energy for studying"*). In Muminabad and Rudaki, communities targeted by TajWSS, women and children under 14 spend on average 4-6 hours daily for water carrying (in some cases up to 8), which has a significant impact on time availability for women, and especially on children's school attendance.

¹ Usually, the only acceptable reason for a man to carry water is the illness of a female member of the household.

Women and girls spend a lot of time on household cleaning (*"Purity and cleanliness in all senses is in the essence of Islam, and women are mainly responsible for maintaining it."* *"Look how clean are houses and yards in the community, cleanliness is part of our culture. A woman would have a bad reputation if her yard or house is not clean enough"*).

Women bear the main burden of caring for those who are ill, which limits their chances to engage into productive activities and education. Besides, medical costs associated with family illness generate family debt and deepen poverty. Shortage of safe drinking water and sanitation causes multiple diseases in children and adults (especially diarrhoea and hepatitis). Poor water management contributes to malaria. Among main causes of morbidity and mortality in children under-5 in Tajikistan remain diarrhoea, respiratory deceases (also indirectly linked to water and sanitation) and malnutrition. Inadequate nutrition (the diet of many families, especially poor, is very scant) and poor access to water is a tandem seriously undermining health conditions and level of resistance to diseases (e.g. indirectly contributing to anaemia, as well as maternal and infant mortality).

Inadequate water supply and sanitation at local health facilities effects quality of health services for population in general and particularly for women in relation to maternal care and delivery. Lack of decent sanitation facilities in schools influences school attendance by girls in puberty age.

Lack of water and sanitation is also affecting women's mobility. Not only do women spend most of their time fetching water and have narrow paths of daily movement within their community, they are also reluctant to venture from their own communities due to the lack of safe and secure sanitation facilities in public places (market places, etc.).

While the MDGs for Tajikistan have set the target of providing 74% of people in rural areas with access to safe drinking water and 50% with safe sanitation by 2015, at present this number reaches only 43.4% for access to potable water and about 5% for access to safe sanitation facilities. ² Moreover, only 40% of the existing drinking water systems are fully functional and 63% of the supplied water does not meet WHO standards. ³ The situation is exacerbated by a large share of non-functioning decentralized rural drinking water systems built over the past two decades due to the lack of proper operation and maintenance arrangements. Given these existing budgetary and international resource gaps, meeting the MDG targets for access to safe drinking water and sanitation is not feasible.⁴ The number of international agencies investing in the sector has reduced in recent years, and SDC remains the main donor with its current Program (the only practical advantage of this being an easier coordination). In budget allocations preference is given to irrigation water for agriculture, where assets are largely controlled by men.

¹ "TajWSS Baseline Survey in Pilot Districts of Muminabad and Rudaki" (2011).

² "The Status of Potable Water Supply and Sanitation Sector in RT", KMK Survey (2011) and National Human Development Report (2012);

³ "TajWSS Fifth Brief Operation Report" (June 2012);

⁴ "Millennium Development Goals-Tajikistan Progress Report" (2010);

Women in rural areas are already involved in economic activities, although their productive role is largely underestimated and they have limited control over assets and resources.

With the majority of men away as labor migrants, and often without regular inflow of remittances, women, in addition to their reproductive role, have to bear the burden of many economic activities (mainly agriculture, livestock, small trading) and often become the sole family breadwinner. Yet women's productive role is underestimated, and they face inequalities with respect to control over property, access to productive inputs (such as credit), decision-making and distribution of income.⁵

Traditionally in Tajikistan, land titles are registered in the name of men, although it is women who predominantly work on the land. Women are also subject to bias in the labor markets, endure social exclusion, and have limited access to information and knowledge of rights. There is a great disparity between education levels of men and women in rural areas (*"The difference in education between men and women is especially obvious in the case of the generation that was of school age during the civil war in the 1990s"*). In some more traditional areas, such as the Rasht valley, families often do not see the value of providing education to girls as it is harder for them to find jobs upon their return (most vocational education facilities are outside the area); it is also more difficult for them to find husbands (*"Men in traditional communities are very apprehensive about marrying an educated girl. And many women who live in such communities for vocational or higher education are divorced, as we say "women with broken personal lives"*).

Labor migration of men creates a space for the emergence of women's activism and engagement in productive roles; but it is yet to be seen if the migration leads to an increase in drudgery for women or a redistribution of traditional gender roles.

On one hand, continued absence of the majority of men due to migration creates opportunities for women's greater engagement in economic and community management domains (*"During some parts of the year, some communities become Amazons' villages, whereby only women, children and a few elderly men are left"*). On the other hand, it multiplies women's already heavy workload and responsibilities, and in the presence of a powerful mother-in-law or other custodians (usually elderly family members of the husband) male migration does not necessarily lead to increasing women's mobility, but rather may intensify psychological pressure on younger women.

Moreover, male labor migration contributes to an increase in early marriages and early pregnancies in rural areas (*"It has become common for a young male migrant to marry and make a wife pregnant before leaving for Russia, in order to "secure" his marriage"*). Forced marriages at an early age have been identified as one of the factors behind suicide among young women in recent years.⁶

Labor migration has serious demographic consequences for the country that in turn influence men-women relations. It is accountable for a sharp increase in divorce rates, especially among young couples.⁷ Moreover, 30% of non-married labor migrants get married in Russia, while about 50% of married men enter into another marriage there.⁸ They either find another woman in migration and start a new family, or – which is probably even more common – their wives are reported to behave in a "socially unacceptable" way in the absence of husbands when they try to engage in new non-traditional roles (earning, going to market, taking the lead in some affairs). The tradition accepts divorce after the husband says "tolok" to his wife, which nowadays is often done by a phone call or sms. Most vulnerable

⁵ According to the results of the recent USAID gender assessment, 4.5% of the surveyed women obtain credit from micro-finance institutions or other sources. Only 40.6% of women make decisions themselves on crop cultivation. While 65% of women take care of livestock, in 68% of cases men make decisions on selling the livestock and income distribution. Women also do not see themselves as suitable for managing dekhan farms (*"Assessing the Role of women in rural Areas of Tajikistan"* USAID Family Farming Program, 2013)

⁶ "The Linkages between Labor Migration to Russia and Early Marriages and Divorce Rate in Central Asian Countries", UN Women, DFID (2013)

⁷ There are currently around 300.000 divorced women in Tajikistan (Ibid).

⁸ Ibid.

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in these cases are women that cannot claim their rights due to absence of legal marriage registration (*"The law prohibiting wedding under traditional religious ceremony - Nekoh - before formal marriage registration is not always respected in remote areas"*) or basic documents (*"You should not be surprised to find women without passports in mountainous communities"*).

At a community level, domestic and family conflicts are mediated by religious leaders (mullas and senior women that performer hadj⁹). There are mullas that are rather liberal in their views on gender equality and are sympathetic to the situation of women; this was confirmed by the interview with the mulla of Muminabad (*"In the holly Koran men and women are treated equally". "Tajik women are very patient and tolerant. In most cases of family record, which I have mediated, the men were wrong"*).

Divorce, often with no official entitlement for land or other property leaves women and children highly vulnerable. Women may not only be stripped of land rights but may even miss *propiska* (residence registration at the place of their husbands). Although the local social fabric is generally supportive of vulnerable families, many female-headed households are in essence socially excluded (for such very practical reasons as lack of time and other resources enabling them to take part in community life).

Even though remittances bring the very much needed income to families to meet their urgent subsistence needs (for improved nutrition, education, health and housing), the social costs of migration are very high, especially for abandoned families. Labor migration has deprived many children of their fathers, who now miss the opportunity to experience both parents. It is yet to be seen whether the long-term advantages of not experiencing unequal relations between parents will outweigh the disadvantage of lacking the opportunity to learn from both parents. Labor migration, and its entailing absence of male parental guidance, has been largely perceived as negative, due to the psycho-social trauma of children (sadness, aggressive behavior and depression).¹⁰

The last but not the least, labor migration contributes to increase of health risks related to sexually transmitted diseases, controlling which (even given strict regulations for health checks for returning migrants) is not easy with current level of access to adequate health facilities in many areas of the country.

Annex 4 summarizes the findings related to drinking water and gender equity in the country context in the form of a SWOT analysis.

2.2 Gender Mainstreaming in SDC Drinking Water Program

SDC implementing partners are committed to the challenging task of pursuing gender equality agenda while translating this commitment into practice in the drinking water sector.

Both SDC partner organizations, OXFAM and MSDSP, have general gender policies and understanding of the importance of gender mainstreaming (*"OXFAM these days is obsessed with gender. We do not have any choice but to make gender mainstreaming conditional to all intervention"; "For MSDSP gender is a central issue that is transferred into principles, procedures and instruments used by the program"*). Both partners have experience in strengthening the role of women in Tajikistan through various fields of interventions (outside the SDC funded drinking water projects), including through access to economic assets and income generation. In the drinking water sector, however, understanding of gender mainstreaming tends to be reduced to women's participation in project implementation and water system operation and maintenance for the sake of simply achieving project efficiency.

There is a critical deficit of women field staff in both agencies. Although male field workers are reasonably sensitized towards women participation issues, various social and cultural barriers are

⁹ The ritual pilgrimage to the holly sites of Mekka.

¹⁰ "Impact of Labor Migration on Children Left Behind in Tajikistan", UNICEF (2011).

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manifest in their communication with rural women. It is difficult for well-educated Tajik men to withdraw from a patronizing approach when talking to less educated rural women, let alone their ability to broach intimate aspects associated with women's use of water, sanitation and hygiene practices.

Women's participation in quantitative terms is achieved.

Both projects report relatively high female involvement in the process, including project-related meetings and elections of WUAs and VOs.¹¹ A number of objective and subjective aspects contribute to this achievement, including high male labor migration, quotas on women's participation introduced by the projects, interest in water-related gatherings, information sharing and trainings generated among women in the course of project implementation (*"There is not much happening in the village, any event with outsiders is an excitement"*).

A relatively high female involvement is registered in operation and maintenance of WUAs in Muminabad district.¹² However, operation and maintenance is a low paid work, and is more suitable as an extra job for educated women with other employment and sources of income.¹³ WUAs are very interested in getting women as payment collectors (*"Women find it less embarrassing than men to ask for money and to demand the water fee from those reluctant to pay"*). At the same time there are several examples of women water operators who undertake all relevant technical tasks and, thus, challenge the perception of water system operation being a men's business (for example, previous drinking water projects completed by CARITAS with SDC funding).

Women's attendance at training events is rather high. Many information dissemination events, especially those linked to hygiene and health aspects of water use are directed at women. However, women's actual use of the skills received during the trainings is difficult to assess as it is not being systematically captured by the projects' M&E systems. KAP was initially planned by the TajWSS but was never properly conducted. There are also concerns with targeting the groups of women that are actually involved in household chores related to water use, sanitation and hygiene maintenance, as discussed below.

So far only anecdotal evidence of the effect on women of non-productive and productive water uses is available.

The non-productive uses of water (health, domestic chores and sanitation) that are not taken into consideration in economic assessments are typically the responsibility of women. There are multiple examples cited by women when asked about the effects of improved water supply on their families (*"lessening of workload", "more time available for children", "more time for leisure", "improved health situation of children", "easier children care", "easier maintenance of cleanliness in the house"*). There are examples of households reporting savings (in cases of families that used to pay for potable water to vendors).

There is little evidence available on productive uses of water by households apart from some interviewed women referring to their ability to use water for small scale irrigation, cattle care, and expansion of their gardens (mainly kitchen gardens for domestic use). The three water supply systems implemented by OXFAM are newly completed and the communities do not yet have actual experience with the productive use of water during the agricultural season. Women see several areas where improved water supply may impact on their household production: cultivation of land attached to the household, home-based preservation of fruits and vegetables, home-based procession of dairy products (*"... but lack of agricultural tools makes it difficult for women to profit from land cultivation. It is physically hard and time consuming to work on your land, on top of your home obligations."*). Obviously, the potential to use water for productive activities is limited for poor households and poor

¹¹ In MSDSP Khatlon area: Average 33% women on VO Boards and 49% in VO executive Committees (although only 1 woman as VO head), and 19% of women on WUA Boards and 24.5% in WUA Executive Committees.

¹² In all WUAs in Muminabad district women constitute 53% of employees.

¹³ More than one third of women employed in WUA in Muminabad district are those with higher education, and 21% with vocational training.

women who rarely possess such assets as land or cattle. (*"In mountainous areas there is not much land attached to households, some families have cultivated land but it is far, and the main agricultural activity is cattle farming"*).

Access to safe drinking water is an important condition for effecting good health and women's reproductive role, but it is not sufficient.

Both OXFAM and MSDSP drinking water projects have focused on basic hygiene through education (including in schools). The interviewed women refer to the benefits of hygiene education conducted by project partners (*"We learned about hand washing, water boiling and storage, and about ways of checking water quality"*). It was not clear if it was the novelty of basic knowledge introduced through the hygiene component (e.g. related to hand washing practices, safe water use, cleanliness of points of water collection) or the fact of new events happening in their communities that were the point of the excitement for the women (*"But did you not know before about washing hands and boiling water?"* asked one woman of her neighbor explaining what new information she had learned about hygiene).

More obvious benefits of hygiene and health education are reported by the AKF Health Programs that had an opportunity to penetrate deeper into communities with its educational component.¹⁴

Obviously, the effectiveness of hygiene and sanitation practices is dependent on access to clean water. Yet a large share of water-related infections in rural areas are acquired through the faecal-oral route. Adequate latrines, cleanliness to keep human and animal faecal material out of living areas, and washing hands after defecation, are necessary measures to avoid infection. It is also crucial to protect the water sources themselves from faecal contamination and agricultural pollutants.

In this context, in none of the visited locations had sanitation been addressed by the SDC-funded projects. The observation of existing sanitation conditions (including complete lack of facilities in the case of poor households,¹⁵) proves that sanitation is a critical issue. It is the women who are bearing the burden of caring for sick children and other family members. Since it is the women who are greatly inconvenienced by poor sanitation facilities, they showed motivation to undertake improvements of sanitation conditions during the focus group discussions (*"We would like to have the toilets less open, less smelly and closer to the house"*). However, women's awareness of existing sanitation alternatives and the costs of the improvements, that must be covered by men and probably at the expense of other priorities, appears very low at present.

The mission was not in a position to assess the effectiveness of the sanitation component of the MSDSP program in GBAO region and its gender-related aspects (for example, the Ecosan toilet), though the MSDSP management claims successful testing and introduction (including marketing and replication) of the Ecosan sanitation solution. It is doubtful, however, that the Ecosan solution is affordable for poor families.

From sanitation, hygiene and health perspective another important concern of communities is the disposal of solid waste, especially in the face of rising consumption. In rural households, solid waste is also managed by women. Organic waste produced by households is used for cattle feeding or as fertilizer (although women do not seem to be aware of composting techniques) and non-organic waste is either dumped in the surrounding land or buried in the earth. Waste collection is not a service available to rural communities.

There is a need to pay attention to quality in women's engagement and to refrain from homogenizing women as a single social category.

A Tajik rural family is traditionally an extended family, where the mother-in-law holds a powerful position (*"Mother-in-law exercises a big influence in the family, over her son, her daughter-in-law and other*

¹⁴ In GBAO (7 districts and Khorog town), Khatlon oblast (3 districts) and the whole of Rasht valley

¹⁵ Open defecation in Tajikistan is not a large problem, but it is still practiced by poor families and in mountainous communities where terrain is hard for digging a septic pit.

family members). It is the mothers-in-law who are most commonly participating in community meetings, committees and other gatherings (*“Mothers-in-law are sent for the meetings as most respectful family members”, “We have more time to participate in the meetings than our daughters-in-law, and they cannot leave small children behind”*). Although the mothers-in-law have the potential to influence the practices and behaviour of their daughters-in-law, their ability to cascade the knowledge further down to the younger generation of women may be limited due to their lower absorption capacity, their gradual withdrawal from household and children care-related chores, and existing communication patterns between them and the younger women in the house.

Religious and class background of community women seem to determine their ability to engage. In more traditional wealthier families, women seem to be more secluded and are generally less free to move than poorer women that have to work for a living. Yet, greater mobility of poor women does not mean that they can more easily attend community gatherings and educational events, as they often cannot afford spending their precious resources, like time and mobility for other activities than those linked to securing survival for the family (*“I am sorry, I could not come for the meeting as I have so much to do. I am running around to make sure that my four children have something to eat today,”* says a poor woman whose house we visited after a focus group discussion with other women). Typically, most vulnerable families in rural communities visited during the field work are women-headed households, with many children and with disabled family members. Access to water for these families is subsidized by other community members (*“There are four poor families in our community that we know cannot pay. We agreed to pay their contribution into the construction of the water system and to cover for them the water fee”*), but targeting of the most vulnerable women and their participation in project related activities and learning remains a serious challenge.

Certain social patterns are also observed in women’s participation in the community-based saving groups (CBSG) introduced by MSDSP in the areas where MSDSP implements water supply projects with SDC funding. According to MSDSP monitoring data, more than one third of loans in CBSGs are taken by women for productive activities, with slightly less than one third for consumption and one third for petty trade. CBSGs that are working on the principle of group solidarity savings box (mainly borrowing for consumption by their women-members) are attracting rather older women who are more resourceful (have more time and control over cash in the family) and who have an interest in socialization and charity. Women involved in income schemes related to productive activities (predominantly agriculture) seem to be younger women with more mobility (no husbands or custodians, often women-headed households but not very poor, or families with more liberal views). Although activities of these women’s groups are not linked directly to water, they seem to have an important potential for awakening women’s activism and shifting traditional roles of women in the targeted communities (*“I am much more respected in the family, also by the elders, since I am bringing in money”* says a young woman who is a member of a women’s neighbors group running a potato growing business).

There is a danger of “gender” becoming a synonym for “women” rather than transformation of gender relations.

Project gender strategies (as much as their monitoring systems) so far are focusing on women participation rather than on transformation of gender relations. Women’s participation in water projects is a necessary but insufficient condition for women’s empowerment and changes towards more equal gender relations.

Many interlocutors of the assessment mission pointed to the fact that women’s visibility on the community decision-making scene is already an important achievement in itself (*“Women now dare speaking and expressing their opinions in front of men”*). This achievement is even more valued in communities with a more traditional culture than those visited by the mission (Muminabad and Rudaki districts).

Among the key impediments to women’s increased meaningful participation, and more equal interface with men, in the public sphere the mission observed the following: women have limited communication

skills and sometimes have difficulties expressing their views clearly; women have a generally poor understanding of issues related to organizational aspects of water supply and water management (e.g. issues of WUA membership, Board role, idea of tariffs); women's expectations that men will guide them in the public sphere are reinforced by the behavior of men among community leaders and educated project staff organizing the meetings (*"Men are more educated and they know better" says a woman in a mixed meeting when a facilitator tries to encourage women to speak*).

It should be acknowledged, however, that the TajWSS project made an attempt to reach out to a wider audience of women and to touch upon gender stereotypes within the framework of its education campaigns and gender and water trainings. The following media for communicating gendered messages were successfully tested:

- Women to women exchange (*"Women relate much better to other women and are inclined to share their experiences and problems"*), including engagement of a respected woman outsider - a famous radio journalist widely heard by women (*"When women know that I come to the community they all gather, and even bring children along"*);
- Use of radio for reaching women (*"According to a recent survey conducted by Zerkalo NGO, more than 80% of women have access to a portable radio. Women listen to the radio all the time, while working at home or in the field"*);
- Use of cartoons (*"The cartoon of this quality of images and messages is very appealing to adults, definitely more than community theatre where the roles of adults are played by children"*);
- Engagement of respected Hadji women (traditional women religious leaders) in mobilizing young women (*"If you acknowledge her role and status, she is the most powerful mobiliser of women in a community"*).

Positive experience in addressing wider gender issues exists in the AKF Health Program that uses child care as a channel for reaching younger women (*"Child care is an excellent entry point for the mobilization of younger mothers, who are responsible for bringing up our future men and women"*).

Perspectives for transformation of gender roles are bleak if water and sanitation interventions emphasize women's participation, and hygiene and health interventions focus exclusively on women. Women's work increases as they acquire more roles (productive and community role on top of reproductive role), while men's roles and responsibilities are being bypassed. Existing social prejudices do not allow men to enter traditional women's roles (*"If a man is seen helping his wife everyone would say that she keeps him under her shoe hill"*; *"Some men understand when the wife is tired and would be ready to help but they are ashamed to be seen helping her by senior family members or people around"*).

Sectorial approach has limits on community empowerment and strengthening of women's community and political role.

The introduction of new forms of water management creates an opportunity for new dynamics and opens new ways to engage men and women. The application of sectoral approach in the process of generating community participation has limited impact on communities' empowerment in general, as it implies participation of communities (men and women) in an externally defined priority (drinking water) and to a large extent in an externally conceived project via contributions and benefits (instrumentalised participation) as opposed to genuine empowerment.¹⁶ It also restricts space for women's activism by keeping their political representation and access to decision-making confined to the borders of their traditional communities and their WUA.

¹⁶ The concept of empowerment is more deep-rooted in the notion of power. Empowerment is understood as the ability of men and women distanced from power and authority to express their interests, and to challenge and define the agenda for development on the basis of their own priorities (Kabeer, 1994).

A serious limit of the sectoral approach is that it is not supportive of a greater mix of expertise, knowledge and skills in project staff, which is critical for gender-sensitive work.

Although the mission was not in a position to compare more systematically the impact on women and men in two SDC funded projects TajWSS and MSDSP, there seems a greater potential for women to engage in productive and community roles under the integrated approach applied by MSDSP.

Entry points for more meaningful community empowerment, including more active engagement of women, are opening with the introduction of integrated participatory development planning.

In the districts where SDC-funded projects are implemented, development planning represents an important venue for mainstreaming gender issues into the development process at all levels (village-jamoat-rayon). There remains, however, an under-utilised potential to draw linkages between SDC-funded projects and the integrated development of targeted areas, as well as between women's activism at community level and various women NGOs/groups, women jamoat and rayon committees, structures active beyond communities.

Neither the Drinking Water Strategy elaborated by Muminabad district authorities provide a vision on local implementation of the drinking water reforms, nor the commitment to promoting a decentralized water mode is reflected in the Rayon DDP. Both documents are also gender blind and fail to provide important data disaggregated by sex.

Management of water (one of the most strategic natural resources in Tajikistan, access to which in some areas is competitive and causes conflicts) requires a great deal of sensitivity, societal consensus and ability of local authorities to govern in an integrative, inclusive and well-informed manner.

Potential for more women and men to benefit from improved water supply projects funded by SDC and to effect gender relations depends to a large degree on sustainability of the piloted schemes and the resolution of existing potential conflicts.

There are a number of aspects in the piloted drinking water schemes that require consolidation, in order to ensure a sustainable impact on systems expansion and empowerment gains for targeted communities, women and men, as well as reduction of conflict potential. These aspects will be closer studied by the ongoing External Review of SDC Drinking Water Program. This report intends rather to point to a number of existing sustainability threats, including:

- Shortcomings in internal governance of WUAs and the risk of power capture;
- Cost-recovery concerns in the management of water user fees;
- Lack of clarity regarding relations between the decentralized water systems managed by WUAs and the KMK state water agency, and lack of ability of both KMK and the WUAs Federation to reach needed economy of scale for investing into the drinking water expansion;
- Sustainability of the Water Trust Fund model as a source of funding for rural drinking water supply improvement in targeted rayons, beyond the projects and donor funding;
- Ecological concerns related to successful provision of drinking water without sanitation (and wastewater solutions in case of water supply into households).

Annex 5 summarizes the findings related to the SDC-funded projects in the form of the SWOT analysis.

3 BIG GENDER ISSUES

Big Issue 1: The effect of improved access to drinking water on meeting women's practical needs is limited without addressing sanitation hygiene and health issues.

Epidemiological research proves the benefits of combining improvements in water supply, hygiene and sanitation for public health (specifically, morbidity and mortality due to some common infectious diseases) and for addressing more comprehensively women's needs related to their reproductive tasks (health, nutrition, domestic management and childcare).

In mid- and long term, the social and environmental costs of overlooking the sanitation issue (including sanitation facilities, wastewater collection and treatment and solid waste disposal) might be far greater than the costs of incorporating sanitation into the program.

Lessening the burden of family and domestic tasks on women and girls frees up their time and energy for alternative activities that can be both productive and personally enhancing in terms of education and the development of new skills beyond the health and hygiene domain. Monitoring and meeting those expectations is an important precondition for women's and girls' empowerment and engagement in new roles. Concentration of hygiene and health education on women only would prolong gender inequality for women, as they would be further entrenched in their role as caretakers.

Big Issue 2: Lessening of women's household burdens has not yet translated into their ability to engage in productive activities.

For women to eventually become equal partners of men, current inequalities related to access to productive resources need to be addressed. The experience of existing projects supporting women has proven beneficial for redefining women's position in the family and community.

Big Issue 3: Community and women's empowerment (versus instrumentalized participation) requires an integrated, rather than sectoral approach.

Women's empowerment does not equal gender equality and equity but it is an important precondition. At the same time, women's participation in water projects is a necessary but insufficient requirement for their empowerment. The emergence of women in the technological male domain of water management is an achievement that provides a chance for revisiting traditional gender roles. This chance may remain under-utilized if women participation is viewed merely as a way of achieving project efficiency goals at the community level.

Communities and women's empowerment should be viewed more broadly as an expansion of assets and capabilities of both men and women (especially those distant from power) to participate in, negotiate with, influence, control and hold accountable institutions that affect their lives. Thus, women's empowerment should be promoted as integral to wider issues of health, education, economics, politics, legal systems and decision-making bodies in order for a real transformation to take place.

Initiatives beyond communities are needed for achieving the fundamental and far-reaching improvements in living conditions, health and basic service delivery. Currently, communities lack skills and resources to influence the scale of modification required for ensuring integrated development planning and implementation. Additionally, from the point of view of water governance, expanded and effective access to water goes beyond the natural occurrence of water sources and efficient management of decentralized systems as contrived by users at a community level. It involves institutional interventions and societal consensus for wider and more adequate distribution through reticulation and improved forms of delivery on an equitable basis for the broader population.

There is a crucial role for local governments (jamoats and rayons) in ensuring a vision for basic services provision, local economic development, protection of environment, etc.

4 RECOMMENDATIONS

The recommendations in this chapter build on findings and conclusions presented in the previous chapter. The chapter first provides a set of general recommendations for the SDC Drinking Water Program and then spells out their implications for the projects.

4.1 Program Level

To maximize its contribution to gender equity and equality within the framework of the Drinking Water Program in Tajikistan, SDC should pay adequate attention to the above-mentioned three big issues by:

- Increasing the effect of improved access to drinking water on meeting women's practical needs through addressing sanitation\hygiene and health issues that would more effectively address women's reproductive needs.
- Maximizing the impact of improved access to water and sanitation on women's productive activities and roles. This is not meant to suggest that SDC should open a new domain or sub-domain on income generation. Instead, the SDC partners should build strategies into their projects that facilitate both productive use of water and productive use of freed time by women resulting from their reduced work burden. Strategies should also include the facilitation of women's involvement in income opportunities resulting from the introduction into the market of improved sanitation solutions and waste utilization schemes.
- Applying a more integrated/ programmatic approach to its interventions that would widen women's and men's abilities to exercise equal opportunities to influence local development process.

Adopting a more programmatic approach to water and sanitation by taking into account the inter-sectorial linkages between access to water and sanitation and other aspects of wellbeing (including health, education, income generating activities) will help to maximize the SDC contribution to MDGs. The programmatic approach can be achieved through better synergies among different SDC-funded interventions, different projects of the SDC implementing partners, and initiatives of other organizations on the ground (synergies both conceptually and in terms of geographic concentration).

In particular, stronger partnership and programmatic links can be established with:

- AKF Health Program, also funded by SDC, that supports community health promoters and health professionals, as well as UNICEF that invest in improvement of water and sanitation conditions in schools (to better meet women's reproductive needs);
- International and local NGOs (including CARITAS in Muminabad, also supported in the past by SDC) and the OXFAM economic justice initiatives involved in enhancing income generation activities, especially targeting women (for capitalization on women's productive role);
- UNDP that assists districts across Tajikistan in development planning, including elaboration of current development plans in Rasht valley where SDC plans to expand its inputs into the drinking water sector (for strengthening focus on gender and creating equal opportunities for men and women to influence local development process).
- Finally, producing a meaningful impact on gender relations requires a longer-term engagement that the ongoing SDC drinking water funded projects do not presently enjoy. It is recommended that SDC considers an opportunity to consolidate its impact on water governance in general and on gender in particular in the targeted areas along the lines suggested below. This is especially critical in the case of areas targeted by TajWSS, where OXFAM engagement is limited to SDC funding.

4.2 Projects Level

The assessment team suggests looking at the issue of promoting gender equality and equity by the SDC-funded drinking water projects through three lenses – inputs, process and impact (Scheme 1). The Scheme suggests elements for bridging from meeting women’s practical needs to their strategic interests. Practical needs derive from women’s current position and meeting them does not involve challenging the subordinate position of women. Strategic needs are claims/interests that challenge the division of labor power and control and imply a further transformation of existing gender relations.

Scheme 1: Frame for promoting gender equality through SDC interventions in Drinking Water Sector in Tajikistan



Recommendation Set 1: Along with access to safe drinking water and hygiene education, integrate sanitation as a component into the projects, in order to maximize health gains (sanitation facilities and waste disposal).

The projects should pay adequate attention to the following components that affect health: making safe drinking water accessible to communities; improving sanitation facilities of households and in public places; providing hygiene and health education for the population; providing water and sanitation along with hygiene education in schools; and protecting water sources from contamination (solid waste disposal can also be approached from this perspective).

If sanitation facilities do not meet basic safety standards hygiene and health education alone cannot change behavior. Improvement of facilities adjusted to user needs is essential to realize health impacts. It would be important to promote sanitation solutions that are more demand responsive than supply driven (i.e. technology adequate for local physical and socio-cultural environments, solutions for different socio-economic levels of households).

In promoting sanitation solutions a marketing approach should be applied. Solutions would need to be suggested targeting different socio-economic groups. Different solutions would need to be suggested to suit different socio-economic groups, and special attention would need to be given to accessing simple and safe solutions for most vulnerable households. Women of different age and social-economic status should be consulted in the process of defining locally appropriate sanitation solutions.

The main households’ motivations for investing in facilities for human excreta disposal are greater convenience, privacy and safety for women, as well as status. Health reasons may have a much lower validity for the population. Demand for sanitation facilities increases when the existing solutions create serious problems, or when people come into contact with attractive solutions elsewhere.

Since men are less inconvenienced by poor sanitation facilities than women they might be less motivated to invest in their improvement. The main male mobilizing factors that the project can work with include men's responsibility, as husbands and fathers, to provide safety and privacy for their wives and daughters, economic considerations (increased value of the house) and increased status.

It should be noted that the impact of improved sanitation on health is possible with large coverage and that the introduction of improved sanitation is much slower than that of improved water supply.

Recommendations Set 2: Apply a class-sensitive gender approach.

There is a need to differentiate between men and women of different age, education, socio-economic classes, access to resources and power, marital status, family background and mobility (often associated with the presence of custodians – mothers-in-law, brothers, etc. – watching over younger women and women with husbands in migration). A class-sensitive gender approach ensures that control, development outputs and benefits are not limited to certain groups of men and women, but are more widely shared.

Special attention is to be paid to poorer households, often women-headed or with especially high burden on women. Poor women not only have less time and fewer opportunities to take part in meetings, educational activities, etc. they also lack access to basic resources to make health and hygiene improvements in their households, let alone any engagement in productive activities. The physical means for maintaining hygiene are less affordable for poor households than for those which are better off (e.g. just boiling of water that, to be effective, has to be boiled for ten minutes, requires extra firewood, time - including time for cooling down - and an extra vessel for storage).

Recommendations Set 3: Facilitate women's engagement in productive activities.

Projects can facilitate women's engagement in productive activities along the following three strategies: a) support women in productive use of water, b) facilitate women's productive use of freed time and energy resulting from improved access to water and sanitation, c) ensure women's involvement in income opportunities linked to the introduction of improved sanitation solutions into the market and new waste utilization schemes.

Women's engagement in productive activities should be based on market potential. It can include the following sub-sectors linked to improved access to water, hygiene and sanitation:

- cultivation of kitchen gardens and small-scale agriculture (including access to basic inputs to make it more effective and less labor intensive) that can be also linked to promoting kitchen garden products with better nutritious value,
- fruit and vegetable processing (specifically conservation and preservation of fruits and vegetables),
- dairy products and animal skin processing (especially for mountainous areas where access to land is limited).

Additionally, women, as the most motivated advocates of improved sanitation, can be involved in the production and construction of improved sanitation solutions. Health can be an entry point for women to engage in technical training for sanitation. Their socially approved role as health-care givers should enable women to pass the demarcation line between what is seen as women's and men's work. There are many examples around the globe where latrine slabs and other sanitation components are made and sold by women's cooperatives.

Special emphasis on targeting the most vulnerable women and households needs to be ensured. As these women and households lack access to assets (land, cattle, skills, equipment and tools, financial resources, organization, etc.) the projects would need to think through the strategies for capacitating them.

Recommendations Set 4: Facilitate access of men and women to information and skills that not only help them to implement their existing roles effectively but also to undertake new roles.

Information and skills components of the project can be organized along the following lines:

- Aspects required for effective and sustainable implementation of the project, in particular personal and household hygiene (including prevention of faecal-oral transmission of disease, baby hygiene, hygienic cooking practices, etc.); water use (rational use of water, safe water storage, etc.); safe sanitation (safe excreta disposal, alternative solutions to sanitation, waste separation, household recycling and disposal); water quality and water contamination (related to sanitation and dirty surface water, poor operation and maintenance and use of the water supply system); understanding water management issues (governance and functioning of WUA, tariffs, etc.).
- Wider health issues, in particular nutrition (including diet, nutritious value of food and crops, healthy cooking); child care, etc. Health can be a good entry point for targeting younger women and opening up space for challenging gender roles.
- Provide information and skills to women allowing their effective engagement in a productive role (budget management, specific skills related to productive use of water and productive activities mentioned in the Recommendation 2, access to productive assets/ rights, etc.).

In the context of very low levels of education and skills among rural women, creating informal alternatives for communication and learning is a valuable strategy for achieving gender balance.

Position in the household of those educated should matter. Educational activities should target those who are likely to practice what is being learned. The projects should build on their initial experience of influencing behaviors and attitudes through children's education.

To operationalize the principle of gender equity in hygiene, sanitation and health education, adequate attention should be paid to men's and boys' involvement. Targeting women only implies an increase in the amount of their work and reinforcement of already existing gender stereotypes. Health education with male members of households could draw on their responsibility for investing in improvement of housing and sanitation conditions, health care and education, their own hygiene behavior, as well as addressing prejudices around skewed division of labor between women and men.

The following tested means of delivering education and gendered messages can be further used: engagement of volunteer community health workers (introduced by AKF Health Program), sanitation and hygiene specialists (introduced by WUAs) and community women leaders (*raisi zanon*). It would be important to involve women for women's mobilization.

Success in challenging gender roles and existing social values would depend a lot on cooperation of community custodians (mothers-in-law, mullas and women Hadji). Changing women's work from carrying water to earning income on top of their current household responsibilities would not contribute much to improving their position, unless the social context and expectations of men and women roles prevail.

Given the sensitivity of the behavioral changes agenda, more creative ways and places for disseminating knowledge and awareness would need to be identified, involving participatory and user-adjusted approaches (building on people's inputs, interactive, social marketing oriented). Participatory approaches allow men and women to analyze local conditions and practices building on their own, as well as the educators', knowledge; to collect information, raise awareness and understand how access to and control over resources are gender- and class-based; to plan and organize for creative problem-solving, using in the first place the groups' own resources; and to monitor and evaluate progress and results. Production of educational materials should promote images and messages. Choice of place is crucial for reaching critical mass of women and most poor (the latter typically do not have time to attend educational events).

Recommendations Set 5: Further strengthen women’s organization and self-mobilization potential.

Strengthening women’s organisational capabilities is an important precondition for their more effective engagement in both productive roles and decision making activities. This can be done through the following channels:

- Networks of community health promoters and village women leaders (*raisi zanon*) that are instrumental in increasing women’s awareness and can facilitate their access to information and knowledge from outside;
- Strengthening the functioning of community-based organizations, like VOs, whereby attention to the number of women involved and participation quota is important, but it should also extend to quality of participation (different groups of women represented, including poor, women articulating their interests, contributing to formulating and pursuing community agendas in a well-informed manner);
- Further organizational development of WUAs with an emphasis on their internal governance and management practices, including women’s effective involvement in decision-making, beyond numbers, and the ability of women and men to hold WUA leaders accountable), as well as cross-WUA exchange and scaling up of activities;
- Linking local groups of women involved in productive activities to existing market agents and chains, as well as structures supporting women’s economic activities and interests;
- Provide special capacity-building support to current and potential women leaders and encourage women’s peer exchange;
- Facilitate community solidarity schemes, especially those aimed at improving access to basic services, development opportunities and the wellbeing of the most vulnerable women.

Recommendations Set 6: Support channels of citizen and women’s activism and influence beyond communities.

Villagers in general and women and marginalized citizens in particular still lack channels to make their voices heard and acted upon beyond community level. Recently introduced, rayon-integrated development planning and implementation process is the main venue that provides the possibility for communities to exercise their participation skills and operationalize their rights and responsibilities, as well as highlight and redress gender issues. It could be better utilised to allow more engagement in bottom up planning, deliberation, consensus building and linking of community and jamoat priorities with those of rayons, for better governance in water, sanitation and environment (WES) domain. Good WES governance implies meeting water needs for improved livelihoods through access to safe and affordable drinking water and basic sanitation for all. This may be achieved through decision-making from all stakeholders (including women and poor), development of an enabling environment, including supportive policies, legal instruments, institutional set up (incl. economy of scale and ability to invest in service expansion) and fair pricing structures.

Thus, SDC-funded projects can contribute to women’s more active involvement in development through embedding their interventions into locally integrated development planning and implementation. Associating and networking women’s groups, support for women’s exchanges beyond a village, linking them to health structures and women’s committees at jamoat and rayon) are among the strategies for scaling up the influence and integrating gender concerns into the development process.

Moreover, Tajik communities prone to water related conflicts may benefit from integrated approach to development and strengthening of women role. Conflict potential can be considerably reduced through sustainable and participatory management of water resources, enabling contact between government and communities for effective mediation of conflict and greater women engagement.

Recommendations Set 7: Increase gender sensitivity of project management

This final set of recommendations refers to a need to adjust along the following lines the project's management practices, in order to make them more gender sensitive:

- Get acquainted with the SDC Gender Toolkit and Gender Checklist and critically assess which elements of these documents are most relevant for the project interventions and which can be taken into consideration in strengthening gender focus in projects management.
- Improve the project M&E systems by focusing not only on inputs and process level indicators but also on the impact made on communities in general and on gender relations in particular (see [Annex 6](#) for indicators related to gender). Gender-sensitive monitoring and disaggregated data collection goes beyond looking at men and women as beneficiaries, trainees and committee members, and beyond treating gender as a variable affecting effective water management. Rather, gender-sensitivity is revealed through a focus on changes in capacities, division of work, access to resources and influence. As gender work moves into mainstream, more value should be attached to non-quantitative, innovative and challenging ways to monitoring gender-related changes.
- In planning, implementation and monitoring activities make better use of a variety of PRA techniques. PRA techniques are usually well understood by communities and are good for raising awareness among men and women about gender issues (workload, access to resources/assets, productive roles and influence/power), existing inequalities and ways to overcome them.
- Shift from being project implementers towards becoming community enablers, which would imply adjusting approaches (more programmatic, demand-responsive and problem-solving), better understanding of the context of intervention (recognition of the realities of gender, class and other differences), and greater attention to the software components.
- A more programmatic and participatory approach would require a greater mix of expertise, knowledge and skills in staff (which a sectoral approach does not seem to support). More female field staff would certainly improve the project's chances of reaching women, but more women in the team does not necessarily mean the use of a gender approach. Gender awareness and skills do not come about automatically; they need to be learned. Moreover, gender-sensitive participatory development has its sources in people and methods. Attitudes and techniques of staff and community facilitators are crucially important to success.
- Thus, further gender training to benefit the field staff and community workers/trainers should not be limited to looking at gender from the perspective of project efficiency; it should consider division of work, access to resources, power relations, the environment and autonomy of women, as well as the use of participatory methods. Gender training should train both female and male trainers.
- Gender mainstreaming is inherently time-consuming, as gender is deeply rooted in political, socio-cultural, educational and economic aspects and is a major element in the way people identify themselves and others. It involves challenges to values and beliefs, ways of doing things and people's sense of self and their understanding of others. It unavoidably leads to resistance and the potential for conflict. This implies that deeper analysis of the context that is critical to gender-sensitive interventions of SDC-funded projects in more traditional and conflict prone areas, such as those of Rasht valley. Sensible interventions in these areas would also require a longer time frame.



Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Swiss Confederation
Конфедератсия Швейцария

Swiss Agency for Development and Cooperation SDC
Швейцарское Управление по Развитию и Сотрудничеству SDC
Раёсати Швейцария оид ба Рушд ва Ҳамкорӣ SDC

Terms of Reference

in the frame of Swiss Cooperation Office Gender Mainstreaming initiatives in Tajikistan to conduct a gender study in the rural drinking water sector

1. Background

General situation of women in Tajikistan

According to unofficial estimates, internal economic living condition caused around 1.5 million Tajik citizens to work and live outside the country, with women constituting one third of all migrants. Thus, most of women left at home have to fend for themselves, take care of in-laws, raise the children, keep households, and harvest crops on family land plots. Their workload thus significantly increases with no state services available which would provide alleviation. The boundary between what is otherwise considered men's and women's work narrows or disappears completely.

Labour migrants usually return home only for the winter season, if they can afford it, only to go back again in early spring for work for the rest of the year. Such a situation has two main effects: first, it can empower women by increasing their role in the family and second, many women are left behind, in a situation of dependency in their husband's family. Often they do not know their rights and are among the most vulnerable people in Tajikistan.

Legal knowledge and awareness related to land tenure and other legal matters (family law) remains weak among women. The rising divorce rate has become a serious social consequence of the labour migration, especially among young couples. In most cases of divorce, women's entitlement to land and property as well as protection of their rights is limited and often denied due to the absence of a legal marriage registration. Despite increased government efforts to ensure legal marriage registration, in many villages the traditional religious wedding ceremonies (Nekoh) continue to take place.

De-secularization coupled with the devastating impact of the civil war have, in some parts of the country, increased the influence of traditional norms and practices, negatively affecting the lives of women and restricting many of them at home. Furthermore, cultural or religious practices have led women to be systematically discriminated against, excluded from political participation and public life, and segregated in their daily lives. Domestic violence is prevalent in many households.

Gender as a cross cutting issue for SDC programming

The SDC Gender Equality Policy launched in 2003 highlights the following reasons as to why Swiss Agency for Development and Cooperation (SDC) must emphasize gender equality in all interventions:

- Gender equality is fundamental to men's and women's human rights because unequal power relations in the society mean unequal opportunities in exercising social, economic and political rights between men and women.
- Gender equality represents the cornerstone of governance because women's and men's development priorities will be best served if there is equal participation of both men and women in informal and formal decision making processes.
- Sustainability of development depends on both men and women taking on new roles that they have previously been excluded from.
- SDC needs to acknowledge the fact that women and men experience are affected by poverty differently and programs have to offer different responses.

The Swiss Cooperation Strategy for Central Asia 2012-2015 enshrines gender as a cross cutting theme. In order to adequately address gender in the Swiss funded programmes and projects, there is a need to have more information about key issues and reasons for gender inequality in each intervention area (drinking water, health, rule of law and private sector development).

The Swiss drinking water program in Tajikistan

Switzerland recognizes that drinking water supply and sanitation is a key issue for the development of the rural population in Tajikistan. Access to safe drinking water and proper sanitation has a strong impact on the living conditions of the poor, for example in reducing water borne diseases or the workload of women and children who are traditionally in charge of providing water to their family.

Switzerland has been supporting the country to develop sustainable water and sanitation systems since 1998. At least 30'000 people in rural communities have already benefited from these efforts. During the next four years, the Swiss program will build on these successes. Financial and technical assistance will be provided to water authorities and communities to build new safe drinking water systems and to conduct hygiene awareness campaigns. The successful operation and maintenance of public infrastructure also requires know-how and adequate institutions. In rural areas, local communities are being encouraged to set up water users associations: legal entities which are in charge of operating and maintaining the water supply systems. Finally, Switzerland is discussing with the government reforms in the drinking water sector aiming at decentralizing water management from the national to the regional level. This should ensure that the systems are run in a transparent and efficient way and that they operate in a financially and operationally sustainable manner.

SDC has and is supporting several drinking water projects promoting equal participation of men and women in all decision-making processes and activities. One of SDC partners is the International Secretariat for Water (ISW) active with a project in the Ferghana Valley. SDC also supported Caritas Switzerland (Muminabad, Khatlon oblast) and has projects with Aga Khan Foundation AKF (several districts in GBAO, Khatlon and Rasht Valley), both of which successfully implemented a good number of small-to-medium scale community-based rural water supply projects through a local governance and development approach. In 2009 SDC initiated the project entitled Tajikistan Water Supply and Sanitation Project (TajWSS), which is being implemented by OXFAM GB (policy dialogue, network and pilot in Rudaki and Muminabad districts).

Simultaneously to the present gender study in the drinking water sector, an external review of the Swiss funded program on safe drinking water in Tajikistan is being conducted. The purpose of this external review is twofold and relates both to SDC's overall rural drinking water program in Tajikistan and to the TajWSS in particular.

The results of both studies will have an influence on the further development of SDC drinking water domain within Tajikistan.

2. Objectives and Tasks

Considering that Safe Drinking Water and Sanitation is a priority for SDC program in Tajikistan, the goal of this study is to arrange a gender assessment in the drinking water sector with the aim to increase gender context knowledge and, as a consequence, to give recommendations for adapting the Swiss interventions in the drinking water sector with regard to gender issues. The study will focus entirely on rural drinking water in Tajikistan.

The gender analysis for the drinking water domain is planned to be done at two levels, the programmatic and the project levels.

Part 1: SDC rural drinking water domain

1. The objective of part 1 is to understand and discuss broadly the main gender issues in the country context of the SDC Drinking Water domain of intervention. The discussion will lead to the development of realistic and concrete gender equality objectives and/or indicators that will be defined for the domain. The following tasks will be carried out:
 - a) Make an analysis/mapping of gender issues in the drinking water sector compiling existing statistics, studies and documents, including socio-economic, cultural and technical information;
 - b) Make an analysis of Government policies on gender issues in general, of the overall water resources management and in the water and sanitation sector in particular; and on how the policies of overall water resources management impact gender in the drinking water sector;
 - c) Do a Strength, Weakness, Opportunities and Challenges analysis of the context in which the SDC drinking water program is evolving from a gender perspective;

- d) Define the 3 most urgent gender problems in the drinking water sector and provide recommendations for SDC to address them;
 - e) Identify the entry points for SDC program that exist within the context and the different policy dialogue platforms that can be used to contribute to gender equality in the drinking water sector;
 - f) Assess the process that should be used in measuring gender equality: what specific and/or standardized thematic gender indicators to be integrated in the monitoring system of the Swiss Cooperation Strategy (CS) as an outcome or impact allowing a feasible follow-up of changes in gender relations, which baseline are available and how to ensure a realistic effort in collecting data;
 - g) Assess how the domain can link in addressing a particular gender equality issue, i.e. how the domain can create synergies with the health domain (another priority area of the CS) with special focus on hygiene components;
 - h) Assess how the sector can network and link with the different ongoing national processes in the respective sector to mainstream gender equality in the next years.
2. Make conclusions and recommendations on the Gender Equality strategy for the Drinking Water Sector in Tajikistan in the frame of the Swiss Cooperation Strategy for Central Asia (2012-2015).

Part 2: SDC Rural Drinking Water Projects

After working at the programmatic level and setting appropriate gender equality objectives and indicators, the goal of the second phase of the process will be to translate these objectives into concrete measures/outputs and tangible indicators at project level, and to develop a roadmap of the implementation of the gender equality objectives through the different projects of the sector. This will entail in-depth discussion with the implementing partners, in particular gender focal points, and doing joint field visits to a few selected projects for discussions on their conceptualization of gender equality mainstreaming, the processes that they use to mainstream gender equality and the challenges that they face and what they think should be done better to contribute to the SDC drinking water sector' gender equality objectives.

1. Based on the findings and recommendations of part 1 of the assessment, the consultant will be mandated to facilitate a participative reflexion among implementing partners on the following:
 - a) Analyze women's and men's views on existing drinking water and sanitation systems in the community; Summary of men's and women's status and roles in the project area, especially in activities relating to drinking water and sanitation;
 - b) Analyze men's and women's participation in the project (e.g. access to trainings in maintenance, hygiene education, and other skill areas), and what were the benefits of the project activities in terms of gender equity, access to and control over management and resources. This includes assessing types of involvement: decision-making, financial, participation and influence in Water User Committees, and management of water systems¹⁷;
 - c) Examine staff attitudes toward gender issues and how this affects project results; Is staff supportive of gender issues? Have they received gender training? If so, what impact did this have? Should they receive additional or follow-up training?
 - d) Do a Strength, Weakness, Opportunities and Challenges analysis of the projects with regard to their contribution to gender equality objectives in the drinking water sector;
 - e) Assess where the projects can make a difference in gender equality, the entry points that exist within the projects and the different activities that can be used to contribute to gender equality;
 - f) Assess the process that should be used for measuring gender equality within the projects and to contribute to the monitoring of gender equality objectives/indicators at the programmatic level;
 - g) Assess how the projects can link in addressing a particular gender equality issue i.e. what synergies do exist within the projects in the sector.

¹⁷ This analysis should also consider that women often participate and use their time but are still not involved in political decisions above community level, which sometimes entails more burdens for less benefit. Thus, the involvement of men and women and their respective roles shall be considered for each of the levels of intervention: micro, meso and macro.

2. Make conclusions and recommendations for a Gender Equality strategy for the projects and their contribution to the gender equality objectives in the SDC rural drinking water domain of intervention.

3. Methodology

By reading different documents including reports, toolkits and other relevant briefing materials, the consultant will assess the different aspects of Gender Equality mainstreaming in the drinking water sector.

Desk assessment will be followed up by an assessment mission in Tajikistan with meetings and interviews with the responsible of the Drinking Water Sector in Swiss Cooperation Office (SCO) in Dushanbe, local authorities, beneficiaries and project partners.

After arrival of the international consultant in Dushanbe, a briefing will be held with the respective SCO team. From SCO side the consultancy work will be followed up by Mrs. Regina Gujan, Program Coordinator, and Mr. Shodiboy Djabborov, National Program Officer.

Before departure of the international consultant, a debriefing will be held at SCO in Dushanbe, where the preliminary findings will be shared with SCO Tajikistan and the implementing partners.

It is expected that the international consultant (Team leader) develops further the methodology in the frame of an inception report to be submitted to SDC prior to the mission to Tajikistan, in particular regarding the coordination modalities with the external review on water and on the ways to develop a participative process with the main implementing partners for the second part of the assessment.

4. Consultancy Team and requested qualifications

It is expected to mobilise a team of 2 experts that combines 1 international expert and 1 Tajik expert.

The following experiences and competences are expected to be provided by the **international consultant/Team leader** for the assignment:

- Sound practical and theoretical knowledge of Gender mainstreaming activities and at least 5 years of working experiences in this field; previous experience in the water sector will be an asset;
- Excellent knowledge of cooperation in transition context, previous experience in Central Asia or Tajikistan will be an asset;
- Social science or related studies at Masters level or above;
- Excellent writing and analytical skills
- Excellent oral and written knowledge of English, knowledge of Russian or Tajik languages will be an asset.

National Consultant TJ (organized by the SCO Dushanbe): particularly knowledgeable for the drinking water sector with experience and knowledge of the gender context of Tajikistan.

5. Process Timetable

The dates for the assessment mission have been set between 9 and 23 March 2013 (with travel included). The gender study will be held side by side with the mission for the Tajikistan External Review of the SDC Rural Drinking Water Program and the Tajikistan Water Supply and Sanitation Project, this to ensures synergies between both processes and to avoid overloading common stakeholders.

The detailed itinerary will be established by SCO Dushanbe and shared with the consultancy team 10 days prior to the start of the mission for comments and adaptations.

The following **working days allocation is given for the international consultant/Team leader**:

Until 0.5 day Briefing in Bern (or via video conference), possibly together with the consultant mandated for the water review

3 days Preparation/desk study/inception report

12 days Field mission

Until 2 days Transfer to Tajikistan

3.5 days Finalising the report

Working days for Local Consultant read as following:

3 days Preparation/desk study
 12 days Field mission
 2 days Inputs to the final report

6. Reporting

The Team Leader Consultant is responsible for the final report to be written in English. The report should be maximum 20 pages long (without executive summary and annexes). SDC reserves the right to request changes in the report or additional information.

The first draft of the report should be submitted to SDC not later than two weeks after the team leader's departure from Tajikistan. The final version should be submitted not later than two weeks after having received the comments/inputs of SDC.

7. Logistics

SCO Dushanbe will arrange the logistic support for the consultancy team's mission (visa, hotel accommodation, air tickets booking, translator, etc.).

8. Documents for the evaluation

- SDC Central Asia Cooperation Strategy 2012 – 2015
- Results framework for the WSS sector
- SDC Gender Equality Policy
- Gender in Practice: A toolkit for SDC and its partners
- Towards Gender Equality: Capitalization of SDC experiences in gender mainstreaming
- Gender and qualitative interpretation of data (SDC 2006)
- Gender and Water: Mainstreaming gender equality in water, hygiene and sanitation interventions (SDC 2005)
- Gender Assessment in Central Asia, USAID 2010
- Gender Assessment, UN Sepcial Reporter, 2009
- Legal documentation related to the water sector (Water Code, The law on Drinking Water and Water Supply)
- The Programme on improvement of the provision of safe drinking water to the population of RT for 2008-2020
- Credit proposals and project documents of TajWSS, RRWSS, Project "Improving access to safe drinking water systems and hygiene practices in mountain regions of Tajikistan – Rasht Valley";
- Mid-term review report of TajWSS project, 2012
- Results framework for the WSS sector
- External review on RRWSS
- Final report of the AKF project in GBAO, Khatlon and Rasht Valley
- Rasht Valley - Feasibility study report

Annex 2: List of Main Documents Reviewed

- Annual Book of Healthcare, State Statistics Agency RT (2012).
- Assessing the Role of Women in Rural Areas of Tajikistan. USAID Family Farming Program (2013).
- Basic Direction of State Policy to Ensure Equal Right and Opportunities for Men and Women in the Republic of Tajikistan 2001-2010, Progress Evaluation Report (2009).
- Credit Proposals and individual Project Documents/Reports of TajWSS, RRWSS, and Project “Improving Access to Safe Drinking Water Systems and Hygiene Practices in Mountain Regions of Tajikistan – Rasht Valley”.
- District Development Plan of Muminabad 2013-2015 (Draft).
- Gender and Qualitative interpretation of data, SDC (2006).
- Gender Assessment in Central Asian Republics, USAID (2010).
- Gender and Water: Mainstreaming Gender Equality in Water, Hygiene and Sanitation Interventions, SDC (2005).
- Gender in Practice: A toolkit for SDC and its Partners.
- Impact of Labor Migration on Children Left Behind in Tajikistan, UNICEF (2011).
- Law of the Republic of Tajikistan on Drinking Water and Water Supply.
- Law of the Republic of Tajikistan on Equal Rights and Opportunities for Men and Women.
- Millennium Development Goals -Tajikistan Progress Report, (2010);
- National Human Development Report Tajikistan: Poverty in the Context of Climate Change, UNDP (2012).
- Rasht Valley Feasibility Study Report, SDC (2012).
- Report of the UN Special Rapporteur on violence against women, its causes and consequences –Tajikistan Mission, Human Rights Council (2009).
- RRWSSP External Review Mission Report, (July 2012).
- SDC Central Asia Cooperation Strategy 2012-2015.
- SDC Gender Equality Policy, SDC (2003).
- SDC Results Framework for the Water Supply and Sanitation Sector.
- Situational Analysis: Improving Economic Outcomes by Expanding Nutrition Programming in Tajikistan, World Bank/UNICEF (2012).
- State Program for Improving Access to Safe Drinking Water up to 2020.
- Tajikistan Safe Drinking Water Project Final Report, USAID (2012).
- TajWSS Baseline Survey in Pilot Districts of Muminabad and Rudaki, Oxfam (2011).
- TajWSS Fifth Brief Operation Report, Oxfam (June 2012);
- TajWSS Mid-Term Internal Review, Oxfam (March 2012),
- The Linkages between Labor Migration to Russia and Early Marriages and Divorce Rate in Central Asian Countries, UN Women/DFID (2013).
- The Status of Potable Water Supply and Sanitation Sector in RT, KMK Survey (2011).
- Vulnerability Assessment of SDC/SECO Development Programme in Tajikistan: Recommendations for Adapting the Strategic Framework, SDC (2010).
- Water and Environmental Sanitation Strategic Plan of Muminobod for 2010-2012.
- Water Management in Tajikistan, Oxfam (2007).
- Water Sector Reform Strategy of the Republic of Tajikistan, Draft (2012).
- Women and Men of the republic of Tajikistan, State Statistics Agency RT (2012).

ANNEX 3: GENDER STUDY MISSION PROGRAM

March 06-16, 20113

Team members: Ms. Lena Krylova, International Consultant, Ms. Nigora Safarova, National Consultant, Mr. Shodiboy Djabborov, SDC National Program Officer

<i>Time</i>	<i>Activities</i>
Monday, 25.02.13 Dushanbe	Briefing with SCO Team in the SCO Dushanbe Office: Peter Mikula, SCO Country Director, Regina Gujan, Program Coordinator, Ruslan Sadykov, NPO and Shodiboy Djabborov, NPO; UNDP: Shuhrat Igamberdiev, responsible for TajWSS Policy Component; USAID Safe Drinking Water Project (completed in Fall 2012): Mutriba Latypova, Former SDP Project Officer
Thursday, 07.03. 2013 Dushanbe	SCO Program Staff: Ruslan Sadykov, NPO and Shodiboy Djabborov, NPO; OXFAM TJ Team in OXFAM office: Ghazi Kelani - OXFAM Country Director and TajWSS Project Team; UNDP Gender Focal Point: Nargizakhon Usmanova Field Trip to Rudaki District: focus group discussion with Water Trust Fund beneficiaries in Rohati Jamoat;
Friday, 08.03.2013 Kulyab/ Muminabad	Travel to Kulyab MSDSP Khatlon Regional Manager: Jiyonkhon Zulfiev; Field meetings in Muminbad: Village Organization "Qipchoq", WUA "Shodruz", Common Interest Group "Sayora", and Community Based Saving Group "Lola"
Saturday, 09.03.2013 Muminabad	Interviews with Local Authorities of Muminabad: Chairman of the District Hukumat: Mr. Zaripov Pirmatkhon; Head of Unit for Women and Family Affairs, District Hukumat: Ms. Razokova Shahlo; Interviews with: Head of NGO "Muminabad" and representative of the Local Development Council of Muminabad: Mr. Rajabali Bahromov; Head of Women's Public Association "ZamZam": Ms. Odinaeva Tojinniso Head of the Local Drinking Water Federation "Obi Zulol": Ms.Mirzoeva Dilrabo, incl.field staff; Head of the District Vodokanal (Water Supply Agency): Mr. Karimov Jumakhon; Meeting with Chief Mullah: Mr. Odinaev Nurali
Sunday, 10.03.2013 Kulyab	Reserve Day: Desk review and wrap up of preliminary findings
Monday 11.03.2013 Muminabad	OXFAM Muminabad Field office: Mr. Kyumov A., Field Program Officer, Zokirov B., Field Engineer and Ms. Nazokat Isaeva (Oxfam Dushanbe, representative); Water Trust Fund Board representatives: Mr. Karimov Jumakhon, Head of District Vodokanal Ms. Sohibova Zebunisso, Head of District Immunization Department;

	Field meeting with Water Trust Fund beneficiaries, visiting the construction site and focus groups in Delolo Village;
Tuesday 12.03.2013	Meeting with Water Trust Fund beneficiaries, visit to the construction site in Shululu Village and focus group discussions;
Muminabad	CARITAS Muminabad Team: Mr. Willem van Weperen, CARITAS Team Leader, and Ms. Zaro Kurbanbekova, Water for Life – Program Manager; Team preparation for Stakeholders Mini-workshop
Wednesday, 13.03.2013	Stakeholders Mini-workshop , LDC Office
Muminabad	OXFAM TajWSS Muminabad and Dushanbe Team; Stakeholders: (MSDSP, Caritas, Oxfam, LDC, NGO Muminabad, NGO "Obi Zulol", Women's Public Organization "Zam-Zam"; Hukumat Unit for Women and Family Affairs; Travel to Dushanbe Meeting with Ms. Surayo Shujoat, TajWSS Consultant for field training in "Gender and Water"
Thursday, 14.03.2013	Committee for Women and Family Affairs under the Government of RT: Ms. Sumangul Tagoeva, Head of the Committee;
Dushanbe	AKF Health Program, Lailo Kurbonmamadova, Programme Officer – Health; MSDSP General Manager, Mr. Kishwar Abdulalishoev; SCO Health Focal Point, Ms. Mouazamma Djamalova, Preparation for Stakeholders debriefing
Friday, 15.03.2012	Debriefing (Presentation) with SCO full Country Team, Oxfam and MSDSP in SCO Dushanbe;
Dushanbe	
Saturday, 16.03.2012	Debriefing with Mr. Peter Koenig, International Consultant for an External Review of SCO TJ Drinking Water Program;
Dushanbe	Check out from Atlas hotel Transfer to the Airport Dushanbe

Annex 4: SWOT Analysis. Context: Gender and Drinking Water in Tajikistan

STRENGTHS	WEAKNESSES
<p>CONTEXT</p> <ul style="list-style-type: none"> Less conservative cultural norms, restricting women; Interaction between local government, local women NGOs and community women in general is in place; <p>POLICY</p> <ul style="list-style-type: none"> Favorable policy context for water and gender and support from central and local government; Units for women's affairs are established in local hukumats; Gender responsive recruitment policy: increase in the ratio of female staff in raion hukumats and jamoats over the past few years; 	<p>CONTEXT</p> <ul style="list-style-type: none"> Women's access to assets: inequalities found in the androcentric distribution of income, control over property or income, access to productive inputs (such as credit), decision-making resources. Women are subject to bias in the labour markets and social exclusion, have limited access to information and knowledge of rights; Men have deeply ingrained insecurities about the notion of women owing property, including land and water right for farming; Large share of failed decentralized water systems in the past; <p>POLICY</p> <ul style="list-style-type: none"> Lack of specific gender objectives within water and sanitation policies, strategies and legislation (e.g. the water law); Lack of know-how in mainstreaming gender issues in policies, strategies and plans of all levels (although it exists in the non-governmental sector); Limited understanding of requirements for sustainable water stewardship at the national level (gaps in scientific, educational, institutional and managerial capacities); Lack of policy implementation on the ground; DDP (Muminabad) is not being elaborated with the consensus of all stakeholders; Commitment of local authorities to implementing the drinking water reform is not reflected in DDP (Muminabad); Hukumat Units for women's affairs have limited capacity, access to information/networking and budget funding;
OPPORTUNITIES	THREATS/CHALLENGES
<p>CONTEXT</p> <ul style="list-style-type: none"> Labour migration of men allows more space for women activism and empowerment; Local religious leaders (Muminabad) - liberal, supportive with regards to equality of men and women's rights/opportunities; Islam addresses sanitation/hygiene issues as essential; Local community fabric supportive of vulnerable households; Women/girls are the primary users, providers and managers of water in their households and the guardians of household hygiene. Women - as controllers and purveyors in local learning systems related to water, health and sanitation; Women already involved into productive role, although their productive role is underestimated (crops, cattle,..); <p>POLICY</p> <ul style="list-style-type: none"> New LSIS (PRSP-4) pays significant attention to the water sector; Introduction of DDP as a vehicle for local level reform implementation; 	<p>CONTEXT</p> <ul style="list-style-type: none"> Continued labour migration of men increases drudgery for women; the risk of increased vulnerability due to divorce, abandonment. Huge disparity in education levels between men/women in rural areas; Domination of men in the drinking water sector; <p>POLICY</p> <ul style="list-style-type: none"> Overall development vision of local authorities is still linked to large, costly infrastructure rather than small, effective solutions with direct benefit to the vulnerable; But DDP lacks linkage to implementation through the central budget;

Annex 5: SWOT Analysis at Program level

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> • Project approaches are in line with national policies; • Established partnership for policy and coordination platform: IMCC and NetWork; • Experience with integrated approach (MSDSP) – synergies between health and water; • Focus on women economic empowerment/ justice; • Partner organizations have clear gender policies and gendered monitoring process; • Existing know-how on various gender empowerment aspects (presence of NGO initiatives); • Lessons learnt regarding implementation of specific gender equality objectives being documented; • High % of women involvement in water management (both in WUCs and O&M)- women have become more vocal; • Correlation between improved drinking water and impact on water-borne diseases, nutrition and income; • Women have more time for household tasks, incl. child-care, cooking; for themselves\leisure, kitchen garden, small productive activities; • Ownership of assets settled and community responsibility is high; • Payment introduced (often consumption- based with fairly good discipline of payment); 	<ul style="list-style-type: none"> • Program- not targeting the most vulnerable districts (Rudaki vs. Muminabad); • Gender-becoming a synonym for “women” rather than transformation of gender relations; • Water is mostly prioritized over sanitation/hygiene – overall has not been integrated as a mainstream approach; • Sector approach weak (specifically on gender); • What type of women benefit? Women cannot be homogenized as a single social category; • Limited gender disaggregated data; • Limited research and analytical work to identify current gender dynamics, incl. non-quantitative and innovative approaches to monitoring gender related changes/gaps; • Quantity of participation is there, but quality is lagging behind: • low-paid work and low management; • limited political representation and access of women to decision making beyond community; • But no systematic monitoring of impact on health and well-being • Low nutritious level of crops farmed; • Not 100% fee collection; cost-recovery not settled yet; lack of equity in tariff system;
OPPORTUNITIES	THREATS/CHALLENGES
<ul style="list-style-type: none"> • Less donors in the WSS sector - more likelihood for coordination; • Importance of Health in SDC portfolio; • Existing dialogue/interface between NGOs and authorities; • Rise of women NGO activism and their outreach as well as community level activism; • New forms of water management create an opportunity for new ways to engage men and women; • Tested approaches to increasing women’s organizational capacities for mutual support and income-generation; • Availability of well-elaborated education materials on hygiene/sanitation (some even adopted by MoH); • Sanitation: ongoing testing of Ecosan in GBAO – possible to replicate? 	<ul style="list-style-type: none"> • Immense demand in drinking water but limited coverage by donors; • Lack of clarity on interface of state service-providing structures and private operators; • Limited synergy between ongoing decentralized water programs and national know-how institutions to build capacity of local experts; • High costs of projects per households\ beneficiaries; • Limited access to water/sanitation in social institutions – should be targeted in integrated way if health impact to be achieved; • Limited impact on health if drinking water improved, but no sanitation; • Ecological concerns on drinking water without sanitation; • Educated Tajik men working with uneducated rural women - patronizing approach is difficult to avoid; • Limited structured socialization opportunities and socialization skills for women; • Potential to generate income by women from drip irrigation, if they do not have access to other means of production and control over resources (land, property, small machinery, etc.) and required approval of the family (husbands, mothers-in-law, custodians); • Since women benefit from WSS, they are ready to work voluntarily, even at the expense of their precious time (risk of negative impact on women, their families and, in the long run, the community and the service).

Annex 6: Examples of Indicators

NB!!! These set of indicators is indicative. It provides a range of indicators referring to the report recommendations at different level. However, the choice and combination of indicators selected by the SDC Drinking Water Program and its project partners will depend to a large extent on what strategies will be selected for strengthening gender focus and which recommendations will be followed.

Program Level Indicators

Big issues 1: Meeting women's practical needs through improved access to WES

Direct contribution to

Percentage and geographical coverage of population/ households (men and women) with access to safe drinking water (national and regional statistics)

Percentage and geographical coverage of population/ households (men and women) with access to safe sanitation solutions by areas (national and regional statistics)

Water and sanitation solutions equity distribution ratios and geographical coverage (national and regional statistics)

Water and sanitation access ratio per girl/ boy in schools and geographical coverage (national education statistics)

Indirect contribution to

Children school attendance rate (boys and girls) by areas

Decrease in prevalence of water borne and other infectious diseases by areas (national health statistics)

Decreased in morbidity and mortality for children under 5 by areas (national health statistics)

Decrease in maternal mortality rate by areas (national health statistics)

Big issue 2: Ability to engage into productive activities

The proportions of rural women in business by areas (national statistics)

The ratio of women and men owners of land use rights by areas (national statistics)

Percentage of women-led small-scale enterprises or cooperative groups by areas (national statistics)

Rural women access to credit resources by areas (national surveys)

Big issues 3: Empowerment through integrated approach

Gender specific objectives and indicators in national and local WSS policies

Sector level regulations in conformity with national gender equity policies (regulations content analysis)

Availability of WES sector monitoring data disaggregated by sex and age in national sectoral policies (sectoral policies and monitoring reports content analysis)

Ratio of women and men involved in water and sanitation sector management (local government structures, regulatory and O&M structures) in different areas of the country (national statistics)

Ratio of women and men engaged into governing bodies, including chair persons, at community, jamoat and rayon level in different areas in the country (national statistics)

Project Level Indicators

Inputs indicators

Meeting women practical needs

Number of households/ population (men and women) with improved and sustainable access to drinking water and sanitation measured by several sub-indicators (local statistics, project base line and end line)

- Number of households/ population (men and women) within X meters distance to improved drinking water source, including socially most vulnerable and women-headed households (project base line and end line – PRA or survey)
- Quantity of water available on average per person in a household required to maintain a minimum hygiene – 12 l per person/day by international standards - including for socially most vulnerable and women-headed households (project base line and end line – survey and monitoring data of WUAs)
- Number of households/ population (men and women) with access to improved water quality, including socially most vulnerable and women-headed households (water quality control tests)
- Number of households/ population (men and women) using an improved sanitation facility, including socially most vulnerable and women-headed households (project base line and end line - survey)
- Number of men and women users satisfied with the quality of drinking water provided and the hygiene levels of sanitation solutions, including socially most vulnerable and women-headed households (baseline and end line - structured users feedback mechanisms or survey)
- Percentage of men and women applying for connections to improved WSS\ Increase in connectivity level of improved WSS, including among socially most vulnerable and women-headed households (data of WUAs)

Decrease in prevalence of water borne diseases and other infectious diseases\ Incidence drop in intestinal parasites in the targeted areas, including in children (local health statistics)

Availability of safe sanitation solutions in public places along men and women movement axes in targeted areas (baseline and end line – PRA)

Water and sanitation access ratio per girl/ boy in schools in targeted areas (local education statistics or baseline and end line survey)

Dynamic of boys and girls school attendance rate in targeted areas, including from socially most vulnerable households (local education statistics)

Process indicators

Access to productive assets and income

Time saved by women as a result of improved water services and used for productive activities, including from socially most vulnerable households (baseline and end line – PRA or survey)

Percentage increase in income for women and men from productive uses of water and improved hygiene (home –based - e.g. small scale agriculture, conservation of fruits and vegetables, dairy products procession), including among socially most vulnerable and women-headed households (baseline and end line – PRA or survey)

Percentage increase in income for women involved into productive activities not linked to productive uses of water, including among socially most vulnerable and women-headed households (baseline and end line – PRA or survey)

Increase in women access to micro-credits for productive activities, including from socially most vulnerable households (baseline and end line – PRA or survey)

Number of women and men by age groups receiving inputs (from the project or facilitated by the project) for enhancing productive activities, including among from socially most vulnerable and women headed

households. Total value of these inputs for men and women (project distribution lists) – e.g. small agricultural tools, seeds, equipment for food conservation and preservation, dairy products processing, etc.

Number of women and men associated with groups engaged into micro-crediting and productive activities, including among from socially most vulnerable households (baseline and end line survey)

Access to information and skills

Number/percentage of women and men by main age groups trained on hygiene and health aspects of WES, including from socially most vulnerable and women-headed households (training attendance report)

Number/percentage of women and men by main age groups trained on WSS O&M related issues (training attendance report)

Number/percentage of women and men by main age groups involved into gender specific trainings (training attendance report)

Coverage of schools by WES and hygiene related education (curricula and extra-curricular teaching plans)

Improved trainees' awareness, knowledge, abilities and practices in other areas of training (baseline and end line – KAP survey)

Access to organisation and channels to influence decision making

Changes in men and women control over resources in the family – e.g. decision making related to earnings, investments and larger purchases, reproductive decisions, mobility, engagement in public sphere, etc. (

Number/ percentage of men and women by age groups attending WES projects planning and implementation meetings, including from socially most vulnerable and women-headed households (meeting records)

Quality of women's participation measured by several sub-indicators:

- Ratio of contributions in decision making meetings by women and men (meeting minutes analysis)
- Percentage of decisions adopted from women's contributions in water and sanitation (meeting minutes and decisions implementation analysis)

Increase of coverage of WSSs' O&M by WUAs (local sector statistics, statistics of WUAs Federations)

Percentage of WUA in targeted areas meeting good internal governance and management standards (organizational assessment of WUA)

Number/ percentage of men and women by age groups engaged in governing of WUAs and other WSS structures (Board members list)

Number of women trained in leadership and organisational skills (training records)

Availability of WES sector monitoring data disaggregated by sex and vulnerability in local development plans and local sectoral plans (local plans/sectoral policies and monitoring reports content analysis)

Ratio of men and women in CBOs responsible for coordinating community development affairs, like VOs, mahalla committees, etc. (CBO data, local statistics)

Inclusion of Committees for Women and Family into Jamoats and District Development Councils and sectoral policy networks (list of members)

Ratio of women and men involved in water and sanitation sector in LG in targeted areas (local statistics)

Ratio of men and women by age groups engaged into governing bodies, including chair persons, at community, jamoat and rayon level (local statistics)

Increase in associational culture among men and women/ Percentage of men and women associated with some volunteer organisations and networks (baseline and end line - survey)

Instances of self-initiated activities and solidarity action by community groups linked to improved WES situation, including among most vulnerable and women headed households (project monitoring data)

Impact indicators

Access to new resources

Savings

Percentage of income spent by households (women and men) in accessing water and sanitation services, including by most vulnerable and women headed households (baseline and end line - PRA or survey)

Level of medical costs in households (baseline and end line - PRA or survey)

Other gains

Time saved by women and used for personal development, leisure, community activities, etc. (baseline and end line - PRA or survey)

Increase percentage of crops and vegetables with higher nutritious values in the kitchen gardens of the households in targeted areas (baseline and end line - PRA or survey)

Women assess to land use and land ownership in targeted areas ((baseline and end line - PRA or survey, local statistics)

Redistribution of workload/responsibilities

Number of men and women by age groups employed by O&M of WSS solutions, and ratio of men and women wages in O&M (employment list)

Frequency/ Instances of women and men engagement in non-traditional skills areas in relation to WSS and productive activities (baseline and end line - PRA or survey)

Instances of challenging communal, religious or belief systems related to traditional role of men and women. Women and men engagement in non-traditional roles in family and community in (baseline and end line - PRA or survey)

Perception of unequal relationships and access to assets among women and women (baseline and end line - PRA or survey)

Perception of rights awareness and confidence of claiming rights among women (baseline and end line - PRA or survey)

Actual influence over decision making

Ratio of women and men involved in water and sanitation sector management (local government structures, regulatory and O&M structures) in targeted areas

Women and men perception of a degree of influence they exercise on decision making in WES sector and in general over local development

Project management

Gender mainstreaming strategy clearly spelled out for each project

Extent to which cultural and other barriers to women's participation identified and addressed in project implementation (project specific gender strategies)

Availability of gender sensitive indicators and M&E in projects (capturing inputs, processes, outcomes and impact data)

Availability of gender analysis as a part of projects baseline (baseline document)

Collection of sex disaggregated data by projects in relation to WSS (baseline and end line documents, monitoring documents)

Gender balance in the implementing agencies staffing and ratio of men and women trained in gender, especially among field staff, and percentage of them trained in gender (team sex profile and training records)

Allocation of resources by agencies to monitor gender issues (monitoring plans and budgets)