Policy Brief

WATER INSECURITY AND GENDER BASED VIOLENCE: EXPLORING LINKS AND STEPS FOR PREVENTION

Dr Stroma Cole, Dr Paula Tallman, Dr Binahayati Rusyidi, Dr Gabriela Salmon Mulanovich, Martha Hebi, Marta Tulis

Background

This research explored the links between Household Water Insecurity and Gender Based Violence in Sumba, Indonesia and Piura, Peru, through funding from the British Academy.

Household water insecurity is the inability to access and benefit from affordable, adequate, reliable and safe water for wellbeing and a healthy life, measured using **HWISE (The Household Water Insecurity Experiences Scale).**

GBV is any type of violence-mental and physical that affects a person because of their gender - our focus was on women.

Summary Highlights

- Parts of East Sumba, Indonesia **suffer from water insecurity.**
- There is evidence of **increased GBV** in areas with more water insecurity.
- Women in East Sumba **lack an awareness of their rights to water and protection from GBV** – and do not know from whom/where they can seek help.
- Community Health Workers **need further training** to recognize and respond to victims of GBV.
- **Access to water for drinking and cooking must be prioritized** for villages with extreme water insecurity via sustainable water delivery and storage.

FINDINGS

GBV was three (3) times more commonly reported in locations with higher water insecurity. In Sumba, we found high water insecurity.

- All the communities have **water shortages and two of them are categorized as water insecure.**
- Only **25% of women have access to piped water;** on average women spend 2 hours a day collecting water.
- In Sumba, norms dictate that water acquisition is the sole **responsibility of women** and particularly burdensome for those from lower castes (Hamba).
- **Gendered and socio-economic disparities** are intensified due to water insecurity.
- **Access is more equitable where women manage water.** In one example, women ensured that all households could only fill 5 x 5 litre jerrycans per day, irrespective of caste, and extraneous activities, eg. washing motorcycles and watering livestock could not take place at this protected source.

Methods

365 surveys in households
IN 4 COMMUNITIES
In East Sumba, half in more water secure villages and half in less water secure villages.

24 interviews
CONDUCTED WITH KEY STAKEHOLDERS INCLUDING 9 VICTIMS OF GBV

2 focus groups
12 MEN AND 13 WOMEN

1 public stakeholder meeting
37 PARTICIPANTS
10 men and women who had previously participated in the study, and 11 representatives from regional authorities.
7 representatives from NGOs,
5 representatives from local universities,
and 4 local and religious leaders.

RECOMMENDATIONS

There is no single solution to East Sumba's water problems that underlie some of the violence against women. Therefore, a multi-pronged strategy is required. Access to water for drinking and cooking for villages where presently women walk more than 500m (due to severe topography) or for more than 30 minutes to the nearest water point, must be prioritized.

01. Sustainable Water Delivery System for dispersed settlements

02. Increase Water Storage Facilities for nucleated settlements

03. Training in Water Planning & Management including recognizing the link between household water insecurity and GBV.

04. On-going, victim sensitive, multi-sectorial education for all health care workers

05. Promote the existence, location, and functions of emergency services for GBV victims

06. Increase the number of female staff in village administrations to act as role models and increase empowerment

07. All the above recommendations should be monitored and evaluated

RECOMMENDATIONS IN DETAIL

In the dispersed settlements of Wunga, Napu, and Prailangina, the provision of water can only be by truck in the short term. Therefore, a sustainable water delivery system needs to be created. We recommend that trucks should be financed by the Dana Desa. Salaries for the drivers should come from the village budget.

Using a single truck per village with 3 drivers to share the work (providing labour for 3 villagers), a budget for fuel and maintenance must be set aside. The Dana Desa should be supplemented by villagers' contributions at affordable rates (e.g Rp5000-/week/household, to be decided by the villagers). Women should be in charge of the administration and given recognition for it. Villagers' contributions and women's management will ensure the villagers own this project.

- In nucleated parts of the villages, the number of community water storage facilities (bak air) that are specifically for drinking and household use should be increased. The positioning and layout should be determined by women. Separate water facilities should be provided for cattle. Women should manage the facilities (following best practices e.g. in kelompok air Kotak Napu) to ensure fair distribution (e.g. 5 x 5 l jerry can per family, no cattle, no washing vehicles, no washing clothes, just taking water). Agreement has been reached from various stakeholders including the church, local NGOs, and local consultants to cooperate on a project close to the water source using a hydropump. They will ensure this is a villager-owned project and we recommend it is managed by local women.

RECOMMENDATIONS IN DETAIL

- Promote the water planning and management capacity of institutions. Technical training from village to Regency level is needed. It is recommended to work with the local university to provide short courses and involve university student community practice at the village level. This should involve community leaders, men, and women. We recommend an integrated policy to govern water management (including funding, maintenance, sanctions, and collaboration) across government levels. This will prevent village-level needs from being ignored at the district and regency levels. Further strategies that require serious consideration are rainwater harvesting and weirs/dikes to dam rivers. A key recommendation for this training is an emphasis on protecting water sources and recognizing the links between household water insecurity and GBV.
- We recommend ongoing GBV training for front-line health workers at community and district levels including nurses, doctors, community health workers, and village midwives. Training should include "victim sensitive" and multisectoral education including Identification of symptoms and the impacts of GBV, the existing laws that protect women, including rights of women and sanctions of perpetrators, and the procedures and sensitivities for services, liaison, and referrals.
- Promote the existence, location, and functions of emergency services for victims of GBV including the women's crisis center run by Gereja Kristen Sumba and the safe house presently being built by Dinas DPPPAKD in Waingapu. Outreach from the safe house to district community health centers and to the village level is required to ensure victims can access these facilities. Specific training should be formulated for Maramba women, Marapu women leaders, and church women commission on all the above topics. Public education on these topics is also required to raise awareness in younger generations.
- Empowerment of women should be enhanced by increasing the level of female staff in the village administration so that women have someone official to report matters to and to act as role models to younger women. We recommend at least two women are appointed every year in each village.

It is essential that each of these recommended initiatives is monitored and evaluated. This could be done in conjunction with the local university.
Questions for monitoring and evaluation include:

- **Recommendation #1:** How many village trucks are running taking water to women living in the remotest locales? Are the village delivery initiatives run by women, are they receiving recognition?
- **Recommendation #2:** How many new village water storage facilities have been built, did women decide where and how they were built?
- **Recommendation #3:** Are women managing water facilities to ensure fair division of the water for appropriate uses? Has an integrated water policy been developed across government levels? Has Technical training programs been provided for all levels of government? How many village men and women have been trained? Has a public education program on water, the environment including the links with GBV, been developed?
- Recommendation #4: How many frontline health care workers have been trained in GBV? How many local leaders have been trained in GBV? How is this training being used?
- Recommendation #5: What public emergency services for women have been implemented and are operational? How many cases of GBV have these responded to? Has a Public education program about GBV been developed?
- Recommendation #6: How many women in each village administration have been appointed?