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## GENDER, WATER AND HEALTH

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The Maghreb Machrek Alliance for Water **ALMAE** (Annex 1) and the Interdisciplinary UNESCO Chair for Sustainable Management of Water (Annex 2) initiate a project in order to contribute to the qualitative protection of water and this through the impact of the water quality on health and particularly those of the women.

### 1. THE CONTEXT

Morocco, a developing country has many challenges to face and overcome. Thus, the country is registered under a restructuring policy giving priorities to water, women and health that are considered the object of important reforms. We can also state:

- The transition of a slow employment economy into a solid, permanent and creative one.
- The transition of unequal socio-spatial society into a cooperative one based on the reduction of social and geographic discrimination and become able to access the basic infrastructures.

The main axes of this policy are principally apparent in the reinforcement of the women's status, who constitute the core to the family, the actors of development, and carriers of basic concepts having hygiene, prevention, nutrition and education as targets.

Moroccan women's precarious conditions are reflected in different parameters namely in unfavorable environments such as: (shanty towns, rural areas...): poverty, unhealthy housing conditions, high population growth, promiscuity, lack of hygiene, women's inequality to access water (reserves of drinkable water in urban areas is estimated at 80% and 30% in rural areas), illiteracy (more than 70% of women in rural areas) and ignorance...In this system all the elements are interlocked, which hinders the development. However this problematic situation offers different action. However this problematic situation offers different action opportunities.

The link between water and health is being established both qualitatively and quantitatively.

Water rarefaction resources in Morocco is principally due to:

- Insufficient rains, unequal dryness and droughts in time and space.
- Increase and progressive diversity of (agricultural, industrial and urban) demands.
- Impact on quality: Industrial and domestic pollution, the use of pesticides and fertilizers, unreasonable overuse of water.

The vulnerability of this resource, which is the key to permanent development, has an impact on health especially that of poor, sidelined citizens (women and children) who live in unhealthy conditions.

Neither indicators of the water degradation state are not exhaustive and the level of this degradation neither are clearly seen nor evaluated in Morocco, let alone its consequences. Actually, the situation is getting worse because of the lack in the purification infrastructure and the absence of recycling equipment, which is a serious threat to health. The link between the quality and quantity of water is more and more established.

If we consider that the used waters, that are rejected in plain areas, as a source of pollution and a nuisance to health and the environment and particularly to the quality of water resources, this, at the

same time, represents a non underestimated water potential. In fact, if we take into consideration only the urban used waters, the volume is estimated at 500 million m<sup>3</sup> of which 60 million m<sup>3</sup> is reused as such to irrigate 7000 acres in the surroundings of the urban centers situated inside the country per year. This is a serious danger that health is faced with especially when the agricultural products are consumed raw.

Governments and civil societies have admitted that the access to water and sanitation are the human being's rights and they have linked the needs to water purification and hygiene to the largest targets of development and the reduction of poverty using them as springboards to development. This is likely to guarantee health and human dignity. Every individual has the right to be protected against illnesses and sanitary risks caused by the inadequate recycling of sewage and domestic waste.

The 10-95 law concerning water (Dahir n° 1-95- 154 of august 16, 1995: Bo Sep. 20 1995 ) has for the first time introduced, besides **the quantitative protection, a qualitative protection of resources**, but it is still at a slow pace.

The Maghreb Machrek Alliance for water "ALMAE" and Interdisciplinary UNESCO Chair for Sustainable Management of Water contribute to the national programs by interfering in unfavorable environments where women live (outskirts and rural areas) so as to improve the conditions and offer the tools which could help to better the results.

## **2. WHY THE WOMEN, WATER HEALTH PROJECT?**

Today we all agree that prevision healthy drinkable water and the appropriate evacuation of sewage could have an important impact on the development and public national health. Purification or any adapted technical measures are still necessary to make the introduction of a new law concerning water to make polluters pay for their pollutants. The concept of purifying used water and sewage must integrate not only hydraulic aspect like (transportation and flowing), but the treatment as well to protect the receiving environments from the risks of contamination. This allows:

- The protection of individuals from the risks of diseases.
- The protection of underground, superficial, and littoral water resources.
- To preserve the quality of the receiving environment (soil, water flows and lakes).
- The elimination of flies and any insects that carry diseases.
- The prevention of stinking smells and unhealthy aspects.

## **3. GENERAL OBJECTIVES**

Contribution to :

- the millennium objectives;
- the development education planned for the year 2005;
- to reduce the women's water related health risks to a minimum;
- to reinforcing women's capacities in the field of hygiene and the management of water resources;
  - to Rise awareness towards the role of active women in their immediate environment concerning sanitary education and prevention;
  - to minimize the negative impact of polluted waters on environment;
  - to focus on the partnership utility value in the subject matter;
  - to improve nutrition by reducing the loss of nutritious substances caused by diarrhea;
  - to reduce the public health expenses;
  - to confirm that the access to some pecuniary and accessible water services and purification along with hygiene awareness are of paramount importance in the human rights;
  - to allow local communities. Local NGOs, local community organizations, local entrepreneurs, and local administration to work as partners to plan , launch , and manage water and water purification systems;
    - to have a demonstrative accurate effect as a program on hygiene and education;
    - to consider the improvement of programs in water purification and hygiene as the key issue to human development and the schooling system to remedy to poverty and hardship.

#### 4. SPECIFIC OBJECTIVES

- Explaining in simple didactic terms the problems of water preservation to use it and manage it the right way;
- Providing a technical definition of water quality and enhance the attitude of being responsible for the degradation and pollution of this resource;
- Establishing a relationship between bad hygiene and water related diseases;
- Defining knowledge, attitudes and favorable practices while encountering a problem related to water;
- Adopting a preventive optimal attitude towards common hydrous diseases;
- Offering information and training tools adapted to a mass education so that the received information would be disseminated and duplicated.
- Assisting in the organization of active groups in the realm of prevention from hydrous diseases;
- Developing a theme network "Women, Water and health";
- Contribute to the capacity building.

#### 5. TARGET POPULATION

- Women living in unfavorable neighborhoods in Casablanca (shanty towns or suburban areas);
- Women in rural areas;
- Active participants and operators in development broadly speaking and in water in particular;
- Large population.

#### 6. ACTIONS

Our intervention will privilege proximity work and will consist of:

- A diagnostic that will be carried through:
  - a. A questionnaire on knowledge, attitudes and practices when faced with health problems related to water (chronic diarrhea, dehydration and various infections).
  - b. A study on the life conditions of women and their families in a preliminary defined site.
- Investigation through medical visits in the action sites;
- the setting up of a cartography of hydrous diseases;
- sensitizing based on:
  - a. Pertinent acquired information,
  - b. Mediatic supports: Guides, posters and spots....
- capacity building by improving the level of knowledge and the establishment of an organizational capacity network;
  - a regional training program, for trainers, evolving around "Gender, Water and Health";
  - the reinforcement of ALMAE network as far as Women, Water and Health are concerned;
  - educating women to identify the symptoms of the common hydrous diseases and react accordingly;
- carrying on a direct evaluation:
  - a. The same notions will be re-evaluated with the help of a second identical questionnaire for validity purposes.
  - b. The study of the second questionnaire will help us establish a quotation on the impact of our action.

#### 7. THE STEPS

- Definition of a strategy of communication and education;
- Search for financial resources;
- Search for funds;
- Launching the project and meeting target population;
- Field study and census of health problems related to water;
- Informing and sensitizing;

- Diagnostic and distribution of medicines in the action site;
- Intervention in the target population: training and education;
- Diffusing information and exchanging experiences;
- Evaluation and new action plans in a different site.

## 8. EXPECTED RESULTS

- A new education in the field of water through the establishment of a link between Women, Water and Health to achieve a change in behavior which will privilege prevention and health coverage when faced with hydrous diseases;
  - Contributing in the integration of Gender and Health dimensions in the policy national and local action plans;
  - Diffusing acquired information;
  - Establishing a report of activity and guarantee its diffusion.

## 9. ESTIMABLE BUDGET (1EURO=10MAD)

Rubric	Description	Cost per unit MAD	Total MAD	Total Euro
human Ressources	1 Responsible of the project	6000 x 12 mois	70000	7000
	1 Secretary (1/2 temps)	1500 x 12mois	18000	1800
	Vacations	100000	100000	10000
	Sub total 1		188000	18800
Development of the documentation	Conception arabic/frensh	20000	20000	2000
	Impression	20000	20000	2000
	Diffusion	25000	25000	2500
	Conception of the CD Rom	20000	20000	2000
	Duplication	20000	20000	2000
	Sub total 2		105000	10500
Investigation compain	Medical investigation cell	50000	50000	5000
	First aid Kits	35000	35000	3500
	Mobile medical equipment	20000	20000	2000
	Medecines	50000	50000	5000
	10 pers. x 4 days x 200	8000	8000	800
	Sub total 3		163000	16300
cartography of hydrous diseases realisation			50000	5000
Sensitizing	Affiches+ outils de communication + dépliants		60000	6000
Online regional training of trainers	Room Location	10000	10000	1000
	Curricula Conception	15000	15000	1500
	Trainer fees	10000 x 6 pers	18000	1800
	Consumable	2000	25000	2500
	Local Transportation	500 x 30	15000	1500
	International Transportation	6000 x 20 pers	120000	12000
	Logingm(20 internationals + 15 nationals + 6 trainers)	650 x (50x5)	162500	16200
	Meals	100 x (50x3x2)	30000	3000
cafe	15 x (2x3x50)	4500	450	
	Sub total 4		399500	39950
networking			40000	4000
Evaluation			20000	2000
Communication	Tél + fax + mails + Consumable + internet subscription		50000	5000
Capitalization of the information	Guides + reports		20000	2000

Rubric	Description	Cost per unit MAD	Total MAD	Total Euro
Diffusion	The reinforcement of ALMAE network		30000	3000
	Meetings fees		30000	3000
	diffusing acquired information/results		40000	4000
Subtotal 5			115000	11500
Unexpected			15000	1500
Global total			1225500	122550

**Annex:** water and health, Taoufik zeribi, OMS representative in Morocco, in action management and funds strategies. International workshop organized and published by ALMAE in 1996.

Diseases	Morbid cases	deaths	Links with water purification and provision
Diarrhea Diseases	1 000 000 000	3 300 000	Tightly linked to individual and domestic inadequate sewage evacuation.
Histosomniase	1 200 000000		Tightly linked to inadequate sewage evacuation and lack of close healthy water resources.
Acunculose	1,21 00 000		Tightly linked to drinkable water poor quality.
Trachoma	3150 000 000		Tightly linked to insufficient hygiene of the face and is usually caused by the rarity of healthy water resources.
	400 000 000	1 5 00 000	Irrational water storage, flow, maintenance and use.
	1 750 000	20 000	Irrational water storage, flow, maintenance and use.
	114 000		Linked to inadequate sewage evacuation, individual and domestic hygiene and poor quality of drinkable water.
Hypanosomiase	275 000	130 000	Linked to water shortage
Dariose à w. bancrofti	172 800 00		Related to poor water provisions, inadequate maintenance of water outlets and irrational use.
Onchocerosse	1,417 700 00	540 000	Linked to water use problems within projects on a large scale.