Ensuring Gender Equitable and Inclusive Access to WASH in the COVID-19 Emergency Response
COVID-19 has resulted in devastating health, social, and economic impacts on communities around the world. Whilst governments have been quick to mobilise response efforts, WASH service provision has not been equitable and inclusive for all.

This research presents the challenges that girls, women, and people with disabilities have faced related to WASH during COVID-19. Providing equitable and inclusive emergency WASH provisions is possible but requires joint action and commitment by all government and WASH actors.

Research approach
The evidence presented here is based on a desk based review conducted by Leeds University and practical field research led by FEMNET across urban dwellings in Ethiopia, Kenya, Rwanda, Tanzania, and Uganda. A specific focus was placed on urban informal settlements and slum dwellings given that this is an often unexplored area of WASH and residents already struggled to meet their WASH needs which was compounded by COVID-19.

Data analysis utilised a gender equality and social inclusion (GESI) lens to examine how intersectional identities can lead to multiple layers of disadvantage that dictates who does, and does not, have access to essential WASH provision and how COVID-19 could have exacerbated this divide.

Data collection took place between August and September 2020 - at the height of COVID-19 restrictions. This presented significant challenges with data collection due to limits on physical movement, and the need to ensure the safety of both data collectors and participants.

Key findings
Women and people with disabilities are not able to meet their WASH needs because they lack decision-making power within the household and community spaces. At the household level, women are responsible for water collection, management, and family hygiene. 76% of research respondents reported men have sole overall decision-making power within the household. This did not shift significantly during COVID-19. As a result, women had little say in purchasing items to meet their universal WASH needs, such as soap, disinfectant, and masks; as well as items that are critical for women and girls in particular menstrual hygiene management. Interestingly, despite water management being one area in which women did report having more responsibility for decision-making in the household, only 57% of FEMENT respondents in Kenya identified menstrual hygiene management as a priority use for water that is available. At the community level, respondents suggest that women and people with disabilities are simply absent from decision-making spaces as indicated in Figure 1.

They may be informally involved or have minimal formal representation. However, it is not substantial enough for their voices to be heard and factored into emergency WASH activities at the community level.

1http://femnet.org
2The various social identities that can result in multiple layers of disadvantage, such as religion, gender, ethnicity, age, disability, sexual orientation, etc.
3Web survey respondents from the desk based review.
COVID-19 messaging is spread through multiple, widely accessible platforms with radio and TV being the most widely used. However, messaging can reinforce harmful gender norms and has not integrated WASH messaging that is relevant to all. 53% of FEMNET respondents in Uganda and Kenya, together with web survey respondents, disagreed that hygiene promotion activities addressed these underlying, structural causes that reinforce gender inequality and social exclusion. Simple messaging such as more frequent handwashing can fail to consider the specific challenges marginalised and excluded groups experience, such as lack of facilities, overcrowding at water sources and the increased security risk, and a lack of user-friendly water access points for people with disabilities. Messaging did not challenge gender norms, for example, emphasising that the work of water collection, maintaining sanitation and practicing extra hygiene, should not only fall on women and girls – particularly in times of crisis.

The coping strategies employed by individuals and households most severely impacts groups who are already discriminated against because of their gender or other social identity. Rationing water and energy was one of the top three coping mechanisms identified. Furthermore, the ability of individuals to implement safe coping mechanisms is greatly influenced by ones gender and social identity(ies). Four coping strategies identified from the research have explicit implications from a gender and inclusion perspective.

Coping strategies used to deal with the crisis:

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limiting food portions</td>
<td>55%</td>
</tr>
<tr>
<td>Food stock</td>
<td>54%</td>
</tr>
<tr>
<td>Rationing water and energy</td>
<td>47%</td>
</tr>
<tr>
<td>Prioritising water and energy (e.g. soap)</td>
<td>41%</td>
</tr>
<tr>
<td>Other - women and disability groups sewing and distributing masks</td>
<td>21%</td>
</tr>
<tr>
<td>Marrying children/ young adults earlier than desired or legal</td>
<td>16%</td>
</tr>
<tr>
<td>Sexual exploitation</td>
<td>14%</td>
</tr>
<tr>
<td>Trafficking in persons</td>
<td>5%</td>
</tr>
</tbody>
</table>

COVID-19 emergency response

WASH services are systematically failing to meet the specific needs and interests of girls, women, and people with disabilities. Safety, privacy, and accessibility issues have for the most part not been adequately factored into the design and implementation of WASH emergency activities. Where efforts are made to meet women’s needs, activities at best meet some of their practical needs, and completely overlook their strategic interests. 75% of web survey respondents report that communal water points, sanitation facilities, and hand washing stations are inaccessible, unavailable, and insecure for women, girls, and people with disabilities. 92% of web survey respondents report that there is not enough water to cover the different uses of water on a daily basis during COVID-19. Some barriers to accessing WASH services include not being user-friendly and physically inaccessible, lack of sex-disaggregated facilities, poor hygiene conditions, and fear of contagion.

The groups who have been most severely impacted by COVID-19 include groups who already experience forms of discrimination, marginalisation, or exclusion. An average of 45% of FEMNET respondents in Ethiopia, Uganda and Kenya felt that adult women have been most severely impacted by COVID-19. For girls and women, this is felt particularly at the household level as government imposed restrictions confining families to their homes. Prescriptive gender norms exacerbated the already heavy burden carried by women to fulfil household demands. 22% of web

*Practical needs meet the immediate, day-to-day conditions of an individual. Strategic needs, once met, promote greater social equity and empowerment, and redress existing power imbalances.
survey respondents report men are more involved in collecting, handling and storing water during COVID-19, however 70% of respondents report women are spending more time on this activity. When it comes to girls and boys, 61% and 67% of respondents report girls and boys, respectively, are spending more time on water collection, handling, and storage. Girls, as well as boys, were also left with additional responsibilities within the household. In terms of education, it is yet to be seen the impact of school closures on whether children return to school once open. This is a particular risk for girls.

The time to act is now

The insufficient understanding and prioritisation of gender and socially inclusive approach to the COVID-19 emergency WASH response has further highlighted and compounded the structural inequalities that place a disproportionate burden on girls and women when it comes to WASH as well as limiting their power to control WASH decisions. It has also exacerbated the difficulties people with disabilities face in meeting and taking control of their WASH needs.

Governments and WASH actors have an opportunity to adapt their practice and ensure that exiting inequalities do not prevent citizens from enjoying their right to WASH by using these findings to support policy and practice reform. As the COVID pandemic continues, building an equitable and inclusive WASH emergency response that services this pandemic and beyond should be a key priority.

The following recommendations set out the actions WaterAid believes governments and WASH actors must take to build equitable and inclusive WASH emergency response efforts:

Short term

• Alleviate pressure on overcrowded water points by mapping existing water points against demand and supporting new ones
• Include pro-poor strategies in all response efforts to ensure affordability and supply of water for those most in need.
• Collect data that allows for disaggregation by multiple markers of social identity in COVID-19 programmes and response work.
• Ensure COVID-19 WASH emergency response efforts explicitly consider and respond to how gender and other inequalities affect people’s ability to meet their WASH needs and how this might be worsened in emergencies.
• National governments and donors should immediately invest in WASH as a priority of COVID-19 prevention and response measures with a focus on at risk communities.
• Governments must support WASH Utilities to carry out infrastructure repairs and install water points and sanitation services in more accessible locations.

Medium term

• Collect and use disaggregated data to drive decisions on WASH policy formation, programming, and resource allocation to support the most vulnerable and in need.
• Conduct national multi-sectoral stakeholder mappings to inform coordinated efforts to WASH emergency response to ensure the interlinkages and impact of other sectors on WASH provision is considered.
• Build a GESI and multi-sectoral approach to WASH emergency response plans that supports those who are best placed to deliver vital services.
• Build inclusive and participatory local governance mechanisms and ensure that marginalised and excluded groups have voice and agency in emergency decision-making processes.

Long term

• Strengthen multi-sectoral lobbying and advocacy efforts for inclusive WASH policies by creating additional avenues for WASH practitioners to engage with government.
• Design and integrate gendered and inclusive data collection methodologies into WASH-related information gathering activities at local and national level
• Prioritise sustainable WASH services to build resilience against future disease outbreaks.
• Ensure national WASH policies and guidelines include clear and effective approaches for integrating gender equality and social inclusion.

Photo credit: UWASNET
Acknowledgements

This brief was written by Natalie Au for the WaterAid East Africa Regional Team. Many thanks to the following individuals who helped shape the policy brief recommendations: Olutayo Bankole-Bolawole, Regional Director, WaterAid East Africa, Priya Nath, Senior Advisor for Equality, Inclusion and Rights, WaterAid UK, Jessica Senyonjo, Regional Advocacy Manager, WaterAid East Africa, and Memory Zonde-Kachambwa, FEMNET.

For more information visit www.wateraid.org