



## An East African Study

# The Gender, Equity and Inclusion Dimensions of the COVID-19 WASH Emergency Response





Nitsuh (15, left), Belayush (teacher, 24) and Ansha (12) who are part of the Gender group at the Frat School. Frat, Ethiopia. February 2020 WaterAid/ Joey Lawrence

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## Executive Summary

When an emergency strikes, the immediate and long-term effects on populations are felt by all, but are disproportionately allocated. Those who already experience some form of discrimination, whether a result of gender identity or other social factor, are likely to be more adversely impacted as a result of systemic, longstanding social norms that favour those with privilege and power. Resources become an even greater lifeline, and those who have little or no access to, or control over, face greater risks. When it comes to accessing WASH in emergency situations, girls, women and people with disabilities face unique challenges that limit their ability to meet their WASH needs, whilst also forcing them into highly risky situations.

This report provides insight into how the world's greatest public health emergency in recent history has played out in meeting the WASH rights of some of the most vulnerable and excluded groups in East Africa. Whilst it is widely recognised that access to clean and safe WASH services are a lynchpin to prevent the spread of COVID-19, these groups have been failed by COVID-19 WASH emergency response efforts. Their needs continue to go unmet and unaddressed as a result of systemic, widespread gender inequality and social exclusion. Despite emergency response efforts in recent years shifting to include gender-responsive approaches, more work is required to understand how emergencies uniquely affect marginalised and excluded groups' ability to access WASH services and how to design and deliver WASH emergency response efforts that meet the needs of all.

Two key pieces of work comprise the foundation of this report – the first is a theoretical review conducted by Leeds University examining the intersection of gender, equity and inclusion in WASH emergency response contexts. The second is a research study led by FEMNET in Ethiopia, Kenya, Rwanda, Tanzania and Uganda capturing the experiences of girls, women and people with disability in informal settlements in how the COVID-19 emergency response has impacted their ability to meet their WASH needs. A feminist and GESI lens framework has been applied to data analysis to examine the ways in which the underlying causes of gender inequality have or have not been addressed by WASH emergency response work. Furthermore, the framework acknowledges that people's multiple social identities shape their experiences and ability to fully participate in society and realise their rights and seeks to understand how this has affected people's ability to meet their WASH needs.



A woman living with disability uses the newly constructed handwashing facilities at Busia border in Kenya, funded by WaterAid East Africa. WaterAid/ Sam Vox

## Summary of Findings

- **Girls and women's ability to meet their menstrual health and hygiene needs have been severely affected by COVID-19 response measures.** Reasons for this include falling incomes which leaves no resources to purchase menstrual materials, as reported by 38% and 48% of web survey respondents in Tanzania and Uganda respectively. Other reasons include little or no water to use for menstrual hygiene purposes and a lack of clean, private and safe public sanitation facilities due to existing absences in safe services or lock down restrictions. 39% of FEMNET respondents in Kenya reported that using water for menstrual health was a secondary need and only used for this purpose once primary needs such as cooking, cleaning and other hygiene needs were met. Amongst FEMNET respondents in Kenya, cooking was identified by all as a priority use, followed by 75% who identified cleaning was another priority. Only 57% of respondents reported menstrual hygiene management (MHM) as a priority use for water.
- **Girls and women's responsibility to fulfil certain roles to meet household and community WASH needs during COVID-19 significantly increases their safety and security risks.** Their responsibility for water collection means they must leave their household which increases their risks of contracting COVID-19 and increases their risk of being harmed. Risk of gender-based violence (GBV) has also increased for girls and women during COVID-19 as physical movement is limited and there are increased pressures within the household due to factors such as loss of jobs and income. If GBV does occur, women have little or no means to access support. According to FEMNET respondents in Tanzania and Uganda, 45%<sup>1</sup> report that mechanisms to denounce GBV and receive support do exist but they are very little or are inappropriate; 34%<sup>2</sup> report some services are available but women are too afraid to speak out and receive support; and 10%<sup>3</sup> report that services have been suspended and support is not available.
- **Women continue to lack decision-making power within the household on items required to meet their gendered WASH needs despite being responsible for water collection, management, and family hygiene.** As a result, they have limited ability to influence key WASH decisions such as

<sup>1</sup>55% of respondents in Tanzania; 34% of respondents in Uganda.

<sup>2</sup>38% of respondents in Tanzania; 30% of respondents in Uganda.

<sup>3</sup>8% of respondents in Tanzania; 13% of respondents in Uganda.

purchasing soap, disinfectant and masks. 67% of web survey respondents report that the husband has sole decision-making power and control over household assets. 50% of these respondents report that COVID-19 has made no impact on who holds decision-making power within the household, 21% report that decision-making is shared between husband and wife, 17% report the husband now has more power and 13% report wives have more decision-making power. These findings are validated by the theoretical review, which evidenced women's roles key role in water collection and management, but little power when it comes to other household decisions. Women, therefore, remain responsible for maintaining family hygiene but are hindered in their ability to make decisions on preventative issues such as purchasing soap, disinfectant and masks<sup>4</sup>.

- **WASH services being delivered by key actors as part of COVID-19 emergency response efforts are failing to systematically respond to the specific needs and interests of girls, women and people with disabilities.** Safety, privacy and accessibility issues are not being systematically factored into the design and implementation of WASH emergency activities. In terms of accessibility, 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 the emergency. The same percentage also report that people had to pay for water before the emergency and continue to do so during the emergency. This is also supported by FEMNET respondents in Uganda, 90% of whom report that they used to pay for water and continue to pay during the emergency. Where efforts are made to meet women's needs, activities at best meet some of their practical needs, and completely overlook their strategic interests.
- **The sources of sanitation accessed by girls, women and people with disabilities during the emergency present significant physical, psychological and safety issues.** Whilst these groups attempt to mitigate the risks by employing some coping strategies, it is clear that the design, implementation and management of facilities lacks consideration for these groups' specific needs. 70% of web survey respondents did not feel the specific needs of women and people with disabilities were considered in the design and location

<sup>4</sup>Benini, Desideria. 2020. WASH and emergencies through a gender lens. Examining the integration of gender into the COVID-19 WASH response and why it matters. [Published master's thesis]. Leeds University. Available here: <<https://centreforfeministforeignpolicy.org/feminist-resources-on-the-pandemic>>.

of emergency WASH facilities and in the distribution of hygiene kits. Reasons given for this include no women-friendly or disabled-friendly toilets (81%), no menstrual hygiene items distributed (56%), safety concerns not being considered (44%), locations did not minimise water collection time (18%) and a lack of sex-disaggregated facilities (19%).

- **WASH emergency response decision-making spaces at community level is limited in who is invited to engage in these spaces.** Any community engagement that does exist systematically fails to meaningfully include diverse groups such as women or people with disabilities – whether it be through formal or informal representation. 52% of FEMNET respondents in Uganda and Kenya and web survey respondents report that when marginalised groups do participate in WASH activities, their presence is not meaningful and 56% report that there are no spaces for women and people with disabilities to articulate their needs, priorities, concerns or complaints about WASH activities.
- **COVID-19 messaging is spread through multiple, widely accessible platforms, however messaging can reinforce harmful gender norms and has not integrated vital WASH messaging.** Messaging does not attempt to tackle taboo subjects such as menstrual hygiene management and often does not target specific groups such as women and people with disabilities with relevant information. Even simple messaging such as more frequent handwashing can fail to consider the specific issues facing marginalised and excluded groups, such as lack of handwashing facilities, overcrowding at water sources and an increased security risk, particularly for women and girls, and water sources that are not accessible to people with disabilities.
- **The coping strategies employed by individuals and households most severely impacts groups who are already discriminated against as a result of their gender or other social identity.** Rationing water and energy was one of the top three coping mechanisms identified. Furthermore, four coping strategies were identified that have explicit implications from a gender and inclusion perspective; marrying off children or young adults, trafficking, sexual exploitation and abuse and prioritising food over other items like soap. These are all issues that are more likely to affect individuals who are already discriminated against due to their gender and/or social identity.
- **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 respondents in Ethiopia, Uganda and Kenya felt that adult women have been the most severely impacted by COVID-19<sup>5</sup> for reasons including increased demands on caring for family members and increased financial pressure due to loss of income from informal economic activities. In Ethiopia, for example, 76% of respondents report that women hold jobs as health workers as opposed to just 24% who report men working in this role. The second most impacted group was reported to be people with underlying health conditions at 27%, followed by women with disabilities at 25%<sup>6</sup>.

- **As families were confined to their homes due to government imposed restrictions in multiple countries, the demands this placed on the household was disproportionately felt by women, as well as girls and boys.** Prescriptive gender norms exacerbated the already heavy burden carried by women to fulfil household demands and placed additional responsibilities onto girls and boys. 22% of web 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.

<sup>5</sup>Country specific statistics are 52% in Ethiopia, 42% in Uganda and 42% in Kenya.

<sup>6</sup>Aggregate statistics for FEMNET respondents in Uganda and Kenya only.

## Recommendations

Ensuring that future COVID-19, and other WASH emergency, response efforts are GESI responsive should be a major priority for WASH and humanitarian actors. Response efforts that meet the WASH needs of all groups will more effectively manage public health risks and ultimately build back more equitable, accountable and resilient societies. Key recommendations include:

### Short term

- WASH actors to identify where water points are needed most by mapping existing water points.
- Initiate pro-poor strategies to ensure affordability and supply of water for those most in need.
- Start collecting data that allows for disaggregation by multiple markers of social identity.
- Ensure COVID-19 WASH emergency response efforts explicitly consider the gender and inclusion dimensions that affect people's ability to meet their WASH needs.
- 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.
- Government support is required towards WASH Utilities to help them carry out infrastructure repairs and install water points and sanitation services in more accessible locations.

### Medium term

- 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.

- Government to spearhead collaboration and information sharing between key stakeholders to share data with WASH Utilities services and other key WASH actors to improve the utilities performance in supporting marginalised communities.

### 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.

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## Acronyms

<b>COVID-19</b>	Coronavirus disease
<b>GBV</b>	Gender-based violence
<b>GESI</b>	Gender Equality and Social Inclusion
<b>MHM</b>	Menstrual Hygiene Management
<b>NFI</b>	Non-Food Item
<b>PWDs</b>	Persons with Disabilities
<b>SDGs</b>	Sustainable Development Goals
<b>SRHR</b>	Sexual and Reproductive Health and Rights
<b>WASH</b>	Water Sanitation and Hygiene
<b>WA EART</b>	WaterAid East Africa Regional Team

## Glossary

<b>COVID-19</b>	Coronavirus disease is an infectious disease caused by a new strain of coronavirus. The disease discovered in November 2019 with a global pandemic <sup>7</sup> being declared in March 2020.
<b>Gender</b>	The socially constructed characteristics associated with being male or female.
<b>Gender analysis</b>	A basis for robust analysis into the differences in women's and men's lives, including the factors that lead to social and economic inequity for women, including the underlying causes of such inequities. Findings should be applied to policy development and implementation, programmatic approaches and service delivery to ensure gender equity is achieved.

<sup>7</sup>World Health Organisation, 2020. WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020. Available at: <<https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>> [Accessed 20 November 2020].

<sup>8</sup>UNESCO, 2003. UNESCO's Gender Mainstreaming Implementation Framework. Available at: <<http://www.unesco.org/new/fileadmin/MULTIMEDIA/HQ/BSP/GENDER/PDF/1.%20Baseline%20Definitions%20of%20key%20gender-related%20concepts.pdf>> [Accessed 11 March 2021].

**Gender and social inclusion** The process of assessing the experiences and implications for excluded groups in any planned action, including policies, programmes and access to services, in all areas and at all levels. It focuses on rebalancing unequal power relations, reduce disparities and ensure equal rights, opportunities and respect for all individuals regardless of their social identity.

**Gender blind** A failure to consider the unequal power relations between girls, women, boys and men and how this influences and shapes their access to, and control over, resources and participation in decision-making in social, cultural, economic and political contexts.

**Gender equality** Women and men having equal opportunities to realise their rights, and contribute to, and benefit from, economic, social, cultural and political development.

**Gender equity** The process of being fair to men and women. To ensure fairness, measures must often be put in place to compensate for the historical and social disadvantages that prevent women and men from operating on a level playing field<sup>8</sup>.

**Gender norms** Standards and expectations to which women and men generally conform, within a range that defines a society, culture and community at that point in time. Gender norms are ideas about how women and men should behave and act.

**Gender transformative** Interventions that challenge gender norms, attitudes and behaviours and address power inequities between persons of different genders. Enabling environments are created to provide girls and women opportunities to influence interventions through active participation and decision-making.

**Health equity** The recognition that every individual has a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential.

**Informal settlements** Synonymous to slums, focusing on the informal status of land, structure and services. Three main criteria define them: 1. Inhabitants have no security of tenure vis-à-vis the land or dwellings they inhabit, with modalities ranging from squatting to informal rental housing, 2. The neighbourhoods usually lack, or are cut off from, essential formal services and city infrastructure, and 3. The housing may not comply with current planning and building regulations and is often situated in geographically and environmentally hazardous areas, and may lack a municipal permit<sup>9</sup>.

<sup>9</sup>UN-Habitat, 2015. Habitat III, Issue Paper No. 22 on Informal Settlements. Accessible here: <[https://unhabitat.org/sites/default/files/download-manager-files/Habitat-III-Issue-Paper-22\\_Informal-Settlements-2.0%20%282%29.pdf](https://unhabitat.org/sites/default/files/download-manager-files/Habitat-III-Issue-Paper-22_Informal-Settlements-2.0%20%282%29.pdf)>.

## Leave no one behind

The central, transformative promise of the 2030 Agenda for Sustainable Development and its Sustainable Development Goals (SDGs). It represents the unequivocal commitment of all UN Member States to eradicate poverty in all its forms, end discrimination and exclusion, and reduce the inequalities and vulnerabilities that leave people behind and undermine individuals and humanity's potential.

## Persons with disabilities

This term applies to all persons with disabilities including those who have long term physical, mental, intellectual or sensory impairments which, in interaction with various attitudinal and environmental barriers, hinders their full and effective participation in society on an equal basis with others<sup>10</sup>.

## Sexual Reproductive Health and Rights (SRHR)

Girls and women's right to make decisions and choices, free of violence, coercion and discrimination, regarding one's body and sexual and reproductive health. This includes unhindered access to health facilities, goods, services and information. SRHR further encompasses "underlying determinants", including access to safe and potable water, adequate sanitation, adequate food and nutrition, adequate housing, social inequalities such as poverty, unequal distribution of power based on gender, ethnic origin, age, disability and other factors, systemic discrimination, and marginalisation.

## Social Exclusion

When individuals are unable to participate fully in economic, social, political and cultural life and the processes leading to explicit and implicit discrimination and sustaining such a state.

## Social Inclusion

The process of improving the ability, opportunity, and dignity of people, disadvantaged based on their gender, race, ethnicity, religion, sexual orientation and gender identity, or disability status, to take part in society. It is concerned with meaningful 'equal participation, equal opportunity and empowerment for all'. The ability to participate in society, free from discrimination and disadvantage is enshrined as a basic human right in the Universal Declaration of Human Rights (UDHR). It requires changes in policies, rules, and social practices and shifts in people's perspectives and behaviour toward excluded groups.

<sup>10</sup>United Nations Secretariat for the Convention on the Rights of Persons with Disabilities. Frequently Asked Questions. Available here: <<https://www.un.org/esa/socdev/enable/faqs.htm#:~:text=The%20term%20persons%20with%20disabilities,in%20society%20on%20an%20equal>> [Accessed 11 March 2021].

# Section 1: Introduction

## 1.1 Setting the context

The COVID-19 public health emergency is the greatest threat to global development in recent times. With many of the world's governments setting an unrepresented scale of lockdowns and restrictions, the public's vulnerability to job insecurity, weakened health systems, poor governance and meeting universal basic needs has never been greater. COVID-19 is not unique to other emergencies in that every individual affected by the emergency is more vulnerable in one way or another as a result. However, vulnerability is not proportionally distributed across populations and often exacerbates existing inequalities.

Individuals who are already marginalised based on factors such as gender, age, ethnicity and disability are disproportionately impacted by emergencies. Girls and women in particular are exposed to greater risks and have reduced ability to cope as a result of the discrimination they already face<sup>11</sup>. For example, the impact of COVID-19 across the East African region has led to nearly a 48% increase in gender-based violence (GBV) cases reported<sup>12</sup>. Despite the fact that each emergency situation is shaped by unique factors and circumstances, consistent patterns can be identified across time, space and emergency typology that validate the disproportionate burden placed on girls, women and people with disabilities. This is particularly applicable to the water, sanitation and hygiene (WASH) sector, whose contribution is critical in emergency response.

Access to clean and safe WASH services are fundamental<sup>13</sup> in the fight against the spread of COVID-19. Yet progress is too slow for too many girls, women and other marginalised groups when it comes to their ability to meet basic WASH needs. Groups whose overlapping social identities such as gender, race, religion, class, and sexual orientation lead to added layers of discrimination or disadvantage, it is much more likely that their specific everyday WASH needs are not considered in emergency response efforts, let alone their strategic interests<sup>14</sup>.

<sup>11</sup>Benini, Desideria. 2020. WASH and emergencies through a gender lens. Examining the integration of gender into the COVID-19 WASH response and why it matters. [Published master's thesis]. Leeds University. Available here: <<https://centreforfeministforeignpolicy.org/feminist-resources-on-the-pandemic/>>.

<sup>12</sup>East Africa Community. Gender-Based Violence and COVID-19 in the EAC. Available here: <<https://www.eac.int/gender/gbv/gbv-and-covid-19>> [Accessed 20 November 2020].

<sup>13</sup>Casey, Vincent, 2020. Four things that help water services to combat the COVID-19 pandemic. Available here: <<https://washmatters.wateraid.org/blog/four-things-that-help-water-services-to-combat-the-covid-19-pandemic/>> [Accessed 20 November 2020].

<sup>14</sup>Based off of Moser's (1989) work. 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.

Scale emergency response efforts to COVID-19 have lacked approaches that tackle the root causes of exclusion or marginalisation based on gender and other identify factors. Without clear strategies that recognise and address the complexity of inequality and exclusion, emergency response efforts will lack effectiveness and sustainability whilst perpetuating factors that reinforce disparities faced by those who are most marginalised in a society. Gender equality and social inclusion is fundamental to designing WASH emergency response efforts in order to understand and respond to people's unique situations.

This report examines the ways in which girls, women and people with disabilities have struggled to meet their WASH needs and have not been strategically considered by the WASH response to COVID-19. It will provide concrete examples of how COVID-19 WASH emergency response efforts failed to consult or consider the specific needs of particular groups, particularly girls, women, and people with disabilities. Evidence from East African countries is offered to showcase the ways in which the COVID-19 response has reinforced gender-based and other forms of discrimination and inequality. Lastly, recommendations are offered for how WASH policy and programming in emergencies can integrate gender responsive measures through the effective design and delivery of policies, programmes and funding mechanisms.



Fiona, 15, WASH Club member (C) stands with Musa, 12 (L), John Baptist, 14 (2nd L), Mary, 14 (3rd L), Amelia, 12 (4th L), Miriam, 11 (5th L); Jeneviv, 13 (3rd R) Jemimah, 10 (2nd R) and, Jeneviv, 13 (3rd R) at St Mary's School, Namalu, Nakapiripirit District, Karamoja Region, Uganda, July 2017  
WaterAid/ Eliza Powell

## 1.2 Applying a gender, equity and inclusion lens in WASH emergency response

Girls, women and other excluded group face an array of challenges in meeting their WASH needs in non-emergency contexts. For example, accessing WASH services, fulfilling household and community WASH-related responsibilities and bearing the responsibility for water-correlated tasks such as cooking, washing and cleaning:

- Girls and women are often made to experience stigmatisation, fear, hardship and shame related to bodily functions such as menstruation, pregnancy, childbirth and menopause;
- The gendered division and burden of domestic labour sees women and girls primarily responsible for finding and sourcing water needed for drinking, washing, cleaning and cooking. This can expose them to physical, psychological and safety risks that boys and men do not experience as well as impacting their time for other activities;
- Women are exposed to greater health risks as they are the primary caregivers who look after those that are sick within the household and community<sup>15</sup>.

Such challenges are further compounded in emergency situations and for individuals who are excluded for multiple reasons, such as a woman who also has a disability. Research validates the additional disadvantages of people living with disabilities, particularly women living with disabilities, face in being able to access WASH services, such as the physicality of WASH access<sup>16</sup>.

Deeply entrenched gender norms and structural power imbalances perpetuate and reinforce who has access to, and control over vital resources, including the provision of WASH. This is true in non-emergency contexts but is particularly true during emergencies when resources become scarcer and households face additional burdens such as financial loss, psychological hardship and lack of security. With the majority of decision-making, including around water and sanitation issues, is still predominantly held by men, this can result in failing to adequately consider the needs and priorities of women and other excluded groups. These groups are silenced and unable to meet their WASH needs whilst simultaneously being exposed to greater risks when accessing WASH in emergency situations.

<sup>15</sup>Benini, Desideria. 2020. WASH and emergencies through a gender lens. Examining the integration of gender into the COVID-19 WASH response and why it matters. [Published master's thesis]. Leeds University. Available here: <<https://centreforfeministforeignpolicy.org/feminist-resources-on-the-pandemic>>.

<sup>16</sup>Ibid.

### 1.3 The need for inclusive emergency response in WASH

Global emergency response efforts that fail to acknowledge and respond to structural inequalities run the risk of reinforcing such inequalities, or even potentially causing further risk. Of late, development and humanitarian actors who provide emergency response support have seen an increase in the production of tools, guidance and frameworks that firmly place gender at the heart of emergency response. This is a welcome shift from a longstanding history of emergency response practitioners and policymakers being gender blind and ignoring the need for gender-responsive approaches over the immediate concern of protecting lives<sup>17</sup>.

When basic information like sex- and age-disaggregated data is not collected in emergency interventions, it is those who face every day and systematic marginalisation or exclusion that run the greatest risk of becoming invisible and either not benefitting from response efforts or worse, being further harmed by response efforts. A shift in how emergency response efforts consider gender equality and social inclusion is required to ensure all individuals' practical and strategic WASH needs are addressed. When the needs of marginalised and excluded groups are meaningfully built into emergency response efforts, structural power imbalances and discriminatory norms can be tackled in a way that ensures no one is left behind as well as ensuring response efforts are truly sustainable.



Joyce Mwita washes her hands at the Machochwe water kiosk. Serengeti, Tanzania. May 2021  
WaterAid/ Sam Vox

<sup>17</sup>Ibid.

## Section 2: Methodology

This report brings together two key pieces of work. The first is a theoretical review conducted by Leeds University on how gender, equity and inclusion intersect with WASH responses in emergency situations. The second is country-based research led by FEMNET that gathered evidence on how the COVID-19 emergency response played out in reality across five East African countries – Ethiopia, Kenya, Rwanda, Tanzania and Uganda.

The FEMNET research focused on urban dwellings given the unique pressure COVID-19 added to these contexts where access to WASH was already a significant challenge. Prior to COVID-19, urban planning has not been able to keep up with the rapid rate of urbanisation across the East African region. As a result, informal and unplanned settlements within cities have grown in abundance and resulted in dire access to WASH services. COVID-19 not only exposed service gaps in WASH within informal settlements but also increased health risks for residents who must frequently leave their homes to access shared handwashing and sanitation facilities.

This report acknowledges the specific challenges populations in rural settings and in other urban contexts beyond informal settlements have faced during COVID-19. However, for the reasons stated above, it was felt that a specific examination of the situation faced by those living in urban informal settlements would give light to how some of the most marginalised communities have been affected by COVID-19 in meeting their WASH needs.

### The objectives of this report are to:

- Contribute to the existing body of knowledge around COVID-19 response in relation to gender and WASH;
- Provide the evidence and practical examples of what is needed for gender responsive WASH programming in emergencies in order to tackle existing or exacerbated inequalities and marginalisation;
- Assess and recognise the direct impact of COVID-19 on women and girls and those with disabilities, in WASH access and make suggestions for policy and practice, alliance building and funds allocation that can help elevate some of these risks;
- Support national governments, utilities and service providers in their obligation to respond to all groups as countries continue to respond to COVID-19 and its aftermath for years to come.

## 2.1 Theoretical review

The focus of the theoretical analysis sought to understand how the WASH sector includes gender in its response to emergencies. Specifically, it examined why gender matters in emergency WASH work and what gaps exist in WASH emergency response, both in policy and practice from a gender and inclusion perspective. The two methods employed were a web survey and document analysis.

### Web survey

A web survey<sup>18</sup> was administered to practitioners working in community, national and international organisations whose focus is women's rights, disability rights and/or WASH. This approach was taken due to the literacy, safety and security constraints faced with directly reaching girls, women and people with disabilities residing in low income countries, especially given COVID-19 restrictions.

### Document analysis

Five prominent websites aimed at global WASH actors were identified<sup>19</sup> and searched for documents that were focused on gender, WASH and COVID-19. A series of search criterion were applied to these websites to find the most relevant resources. The search was narrowed down to include four key resources for in-depth analysis based on the relevance of the search criteria used and the prominence of the institutions who published them. One additional document was added at a later date to broaden the study's perspective by including a donor agency policy, bringing the total documents analysed to five<sup>20</sup>.

## 2.2 FEMNET country research

Water Aid took an explicit interest in ensuring a feminist and intersectional approach was applied across all methodological approaches. The African Women's Development and Communications Network (FEMNET)<sup>21</sup> provided a rich setting for this lens to be applied given the nature of their focus and membership base of pan-African feminist organisations. FEMNET brings the voices of African women into strategic spaces to ensure their needs and interests are reflected in policy

<sup>18</sup>A breakdown of web survey respondents' country of origin (and number of respondents) in East Africa include: Uganda (13), Tanzania (5), Rwanda (3), Ethiopia (2), and Kenya (3).

<sup>19</sup>Hygiene Hub (2020, Sanitation and Water for All (SWA, 2020), Global WASH Cluster (GWC, 2018), The Global Handwashing Partnership (GHP, 2017) and ReliefWeb (OCHA, 2020).

<sup>20</sup>The following documents were reviewed: Global WASH cluster: COVID-19 Response Guidance Note (GWC, 2020a), Global WASH cluster: COVID-19 Response Guidance Note #02 (GWC, 2020b), Water, sanitation, hygiene, and waste management for the COVID-19 virus (23 April 2020) (WHO and UNICEF, 2020), UNHCR Technical WASH Guidance for COVID-19 Preparedness and Response (UNHCR, 2020), and USAID Water, Sanitation and Hygiene (WASH): Strategic Approach to COVID-19 Response (USAID Water Leadership Council, 2020).

<sup>21</sup><https://femnet.org/>.

dialogues and outcomes that directly impact their lives and continue to be strong advocates for ensuring girls and women are able to realise their rights at all levels.

### Data collection

A mixed methodological approach was adopted by FEMNET, combining quantitative and qualitative techniques such as Key Informant Interviews, Focus Group Discussions, remote communication (e.g. telephone interviews) and face-to-face activities (e.g. in-person interviews and physical observations). Secondary data was collected through a desk reviews of policies and government COVID-19 response plans. National researchers were recruited from FEMNET member organisations to collect data across the 5 countries using a questionnaire that was adapted to each country context. The questionnaire was administered remotely via an online platform, mobile application and through physical data collection where feasible.

### Sampling

A total of two-hundred and one community members residing in urban informal settlements were interviewed from across the five countries. Forty individuals were interviewed in each country, with forty-one being interviewed in Uganda. The original ambition of the research was to sample a larger population size, however, due to severe COVID-19 restrictions in place during the research study, and to ensure the safety of the researchers, the sample size had to be reduced. Each informal settlement was selected based on common features shared by all study sites, such as significant population size, lack or limited access to safe and sufficient water and sanitation and areas that the national researchers were able to access within urban informal settlements given government directives and travel restrictions. In addition, a small group of actors delivering WASH services and government representatives spoke with FEMNET to provide their experience and insight into the gendered and inclusion dimensions of the COVID-19 response.

### Limitations

Data collection in the five countries took place between August and September 2020, at the height of COVID-19 restrictions being in place. This caused significant challenges with data collection with each country presenting its unique challenges. Heightened safety measures due to COVID-19 affected factors like the physical movement of researchers in accessing the sampling population and limited ability to hold in-person FGDs. Remote data collection was used where possible, yet this posed challenges as the sample population in terms of literacy rates and access to the internet and mobile phones.

Each country's government also imposed different restrictions in place which affected the researchers' ability to collect data. For example, in Tanzania, the President's declaration of the country as COVID-19 free posed risks as respondents had little to no awareness of the virus. Wearing masks in areas perceived to be COVID-19 free exposed the researchers to security threats as they were thought to be 'carriers' of the virus. This limited the researchers' ability to engage a diverse range of individuals. Lockdown measures meant researchers were severely limited with being able to physically access research sites. As well, government officials in some countries declined being interviewed due to certain protocols and fear of reprisals. In some instances, they were not able to provide any information due to government restrictions on communicating about COVID-19.

It is also important to acknowledge that this research was conducted over a short timeframe and thus, presents a snapshot of circumstances affecting those interviewed at that moment in time.

Due to the challenges with data collection and limited ability of the researchers to carry out their assignment, the data collection process resulted in some information gaps from respondents, which limited the ability to understand the ways in which COVID-19 affected different groups' ability to have their WASH needs and interests met.

Lastly, the research sought to review government emergency response plans to understand the gendered and inclusive nature of various policies and plans. However, many government officials were not accessible and/or unwilling to share specific plans. The reason given for this was the fast-paced and changing nature of the pandemic. As such minimal data was collected, meaningful analysis was not possible and therefore left out of this report.

Under this light, findings from the country research left some gaps as the safety and well-being of the researchers and participants was prioritised and, in some instances, limited data collection efforts. However despite the above, the study still provides a valid snapshot of the immediate and disproportionate impacts that were felt by particular groups as a result of COVID-19 and how that affected their ability to fulfil basic needs and rights and provides a solid foundation for more in-depth research.

## 2.3 Gender equality and social inclusion analysis (GESI) framework

Both the theoretical review and FEMNET study utilise feminist analysis and a GESI lens to understanding how gender inequality is challenged or maintained, and the extent to which girls and women's unique experiences, strategic needs and interests are considered in WASH emergency response and specifically in the COVID-19 response. Applying these lens to WASH allows for a richer understanding of the social inequalities at play that dictate who does and does not have access to essential WASH provision. The feminist analysis is critical to this study as it asks questions and seeks perspectives of women's lived realities that are often overlooked in data analysis; if certain questions are not explicitly asked, they will simply go overlooked and risk the root causes of gender inequality going unaddressed. A GESI lens acknowledges the ways in which one's social identities intersect and affect one's experiences which is particularly important for understanding what factors lead to increased marginalisation, exclusion, and discrimination.

Feminist analysis asks questions such as What matters? Who will be affected? Who will be left out? Whose voices were listened to and whose were not? Who needs to speak and be heard? Who will benefit? These questions ensure policies, programmes and investments are assessed by, and respond to, the specific and unique gendered differences, risks, vulnerabilities, and challenges faced by girls, boys, women and men. It aims to interrogate the rate of equal representation in leadership and decision-making and holds institutions and governments to account for their commitment to achieving gender equality in respect of the COVID-19 response and in building gender equitable health, social, economic, and governance systems.

GESI lens recognises the importance of understanding how people's multiple social identities intersect to shape their ability to participate in society, access resources and exercise power. Factors that lead to social exclusion are considered and addressed to ensure that policies, services and other interventions leave no one behind. It is important to recognise that social exclusion varies by context and can shift over time.

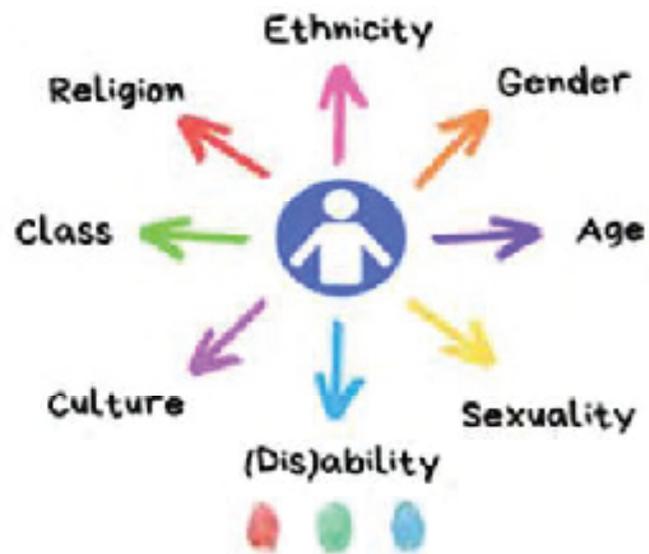
Within this is intersectional feminism<sup>22</sup>, a concept applied throughout the analysis, which identifies how different aspects of social and political discrimination overlap

<sup>22</sup>UN Women, 2020. Intersectional feminism: what it means and why it matters right now. Available here: <<https://www.unwomen.org/en/news/stories/2020/6/explainer-intersectional-feminism-what-it-means-and-why-it-matters>> [Accessed 20 November 2020].

with gender. There are various forms of social stratification, as depicted in Figure 1<sup>23</sup>, which are included in the consideration of intersectional feminism and its social and cultural effects.

Intersectionality recognises there are multiple and interrelated ways that social identities can result in discrimination, and take this into account when working to promote social and political equity<sup>24</sup>.

**Figure 1: Intersectional identity**



It is also important to acknowledge that socially excluded groups or genders are not universal and are not always the minority. For example, women and youth make up the highest population in the world but are still marginalised. Older people may be vulnerable and excluded in terms of access to health, but they are the predominant landowners and, in Africa, make up the majority in local and national leadership. Analysis that applies a GESI and intersectional feminist approach will identify and contextualise socially excluded groups and develop strategies that address the root causes of discrimination.

<sup>23</sup>Diversity and Ability. Identity beyond Disability. Available here: <<https://medium.com/dna-s-blog/identity-beyond-disability-3d59d19b1dad>> [Accessed 12 April 2021].

<sup>24</sup>Overseas Development Institute, 2014. How does social protection contribute to social inclusion in Nepal? Evidence from the Child Grant in the Karnali Region. Available here: <[https://www.researchgate.net/publication/268809079\\_How\\_does\\_social\\_protection\\_contribute\\_to\\_social\\_inclusion\\_in\\_Nepal\\_Evidence\\_from\\_the\\_Child\\_Grant\\_in\\_the\\_Karnali\\_Region/link/547734520cf293e2da25e356/download](https://www.researchgate.net/publication/268809079_How_does_social_protection_contribute_to_social_inclusion_in_Nepal_Evidence_from_the_Child_Grant_in_the_Karnali_Region/link/547734520cf293e2da25e356/download)> [Accessed 29 November 2020].



Mulu Moges Kebede, 60, the unofficial water guard. Dere kwa, Ethiopia.  
February 2020 WaterAid/ Joey Lawrence

## Section 3: Findings

### 3.1 Overview of findings

COVID-19 has led to devastating impacts on all facets of people's lives, including social, economic and health conditions. However, as this report highlights, this impact is further exacerbated for groups who are already disadvantaged, marginalised or discriminated against in some way based on their gender, race, ethnicity, religion, sexual orientation and gender identity, or disability status. The report findings shed light on the ways in which gender and exclusion affected people's experiences of WASH during COVID-19 across a number of dimensions with key findings presented below.

- **Women continue to lack decision-making power within the household on items required to meet their gendered WASH needs despite being responsible for water collection, management, and family hygiene.** As a result, they have limited ability to influence key WASH decisions such as purchasing soap, disinfectant and masks. 67% percent of web survey respondents of report the husband has sole decision-making power and control over household assets. 50% of these respondents report that COVID-19 has made no impact on who holds decision-making power within the household, 21% report that decision-making is shared between husband and wife, 17% report the husband now has more power and 13% report wives have more decision-making power. These findings are validated by the theoretical review, which evidenced women's roles key role in water collection and management, but little power when it comes to other household decisions. Women, therefore, remain responsible for maintaining family hygiene but are hindered in their ability to make decisions on preventative issues such as purchasing soap, disinfectant and masks<sup>25</sup>.
- **WASH services being delivered by key actors as part of COVID-19 emergency response efforts are failing to systematically respond to the specific needs and interests of girls, women and people with disabilities.** Safety, privacy and accessibility issues are not being systematically factored into the design and implementation of WASH emergency activities. In terms of accessibility, 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 the emergency. The same percentage also report that people had to pay for water before the emergency and continue to do so during the emergency. This is also supported by FEMNET respondents in Uganda, 90% of whom report that they used to pay for water and continue to pay during the emergency. Where efforts are made to meet women's needs, activities at best meet some of their practical needs, and completely overlook their strategic interests.

- **The sources of sanitation accessed by girls, women and people with disabilities during the emergency present significant physical, psychological and safety issues.** Whilst these groups attempt to mitigate the risks by employing some coping strategies, it is clear that the design, implementation and management of facilities lacks consideration for these groups' specific needs. 70% of web survey respondents did not feel the specific needs of women and people with disabilities were considered in the design and location of emergency WASH facilities and in the distribution of hygiene kits. Reasons given for this include no women-friendly or disabled-friendly toilets (81%), no menstrual hygiene items distributed (56%), safety concerns not being considered (44%), locations did not minimise water collection time (18%) and a lack of sex-disaggregated facilities (19%).
- **WASH emergency response decision-making spaces at community level is limited in who is invited to engage in these spaces.** Any community engagement that does exist systematically fails to meaningfully include diverse groups such as women or people with disabilities – whether it be through formal or informal representation. 52% of FEMNET respondents in Uganda and Kenya and web survey respondents report that when marginalised groups do participate in WASH activities, their presence is not meaningful and 56% report that there are no spaces for women and people with disabilities to articulate their needs, priorities, concerns or complaints about WASH activities.
- **COVID-19 messaging is spread through multiple, widely accessible platforms, however messaging can reinforce harmful gender norms and has not integrated vital WASH messaging.** Messaging does not attempt to tackle taboo subjects such as menstrual hygiene management and often

<sup>25</sup>Benini, Desideria. 2020. WASH and emergencies through a gender lens. Examining the integration of gender into the COVID-19 WASH response and why it matters. [Published master's thesis]. Leeds University. Available here: <<https://centreforfeministforeignpolicy.org/feminist-resources-on-the-pandemic>>.

does not target specific groups such as women and people with disabilities with relevant information. Even simple messaging such as more frequent handwashing can fail to consider the specific issues facing marginalised and excluded groups, such as lack of handwashing facilities, overcrowding at water sources and an increased security risk, particularly for women and girls, and water sources that are not accessible to people with disabilities.

- **The coping strategies employed by individuals and households most severely impacts groups who are already discriminated against as a result of their gender or other social identity.** Rationing water and energy was one of the top three coping mechanisms identified. Furthermore, four coping strategies were identified that have explicit implications from a gender and inclusion perspective; marrying off children or young adults, trafficking, sexual exploitation and abuse and prioritising food over other items like soap. These are all issues that are more likely to affect individuals who are already discriminated against due to their gender and/or social identity.
- **Girls and women's ability to meet their menstrual health and hygiene needs have been severely affected by COVID-19 response measures.** Reasons for this include falling incomes which leaves no resources to purchase menstrual materials, as reported by 38% and 48% of web survey respondents in Tanzania and Uganda respectively. Other reasons include little or no water to use for menstrual hygiene purposes and a lack of clean, private and safe public sanitation facilities due to existing absences in safe services or lock down restrictions. 39% of FEMNET respondents in Kenya reported that using water for menstrual health was a secondary need and only used for this purpose once primary needs such as cooking, cleaning and other hygiene needs were met. Amongst FEMNET respondents in Kenya, cooking was identified by all as a priority use, followed by 75% who identified cleaning was another priority. Only 57% of respondents reported menstrual hygiene management (MHM) as a priority use for water.
- **Girls and women's responsibility to fulfil certain roles to meet household and community WASH needs during COVID-19 significantly increases their safety and security risks.** Their responsibility for water collection means they must leave their household which increases their risks of contracting COVID-19 and increases their risk of being harmed. Risk of gender-based violence (GBV) has also increased for girls and women during COVID-19 as physical movement is limited and there are increased pressures within the

household due to factors such as loss of jobs and income. If GBV does occur, women have little or no means to access support. According to FEMNET respondents in Tanzania and Uganda, 45%<sup>26</sup> report that mechanisms to denounce GBV and receive support do exist but they are very little or are inappropriate; 34%<sup>27</sup> report some services are available but women are too afraid to speak out and receive support; and 10%<sup>28</sup> report that services have been suspended and support is not available.

- **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 respondents in Ethiopia, Uganda and Kenya felt that adult women have been the most severely impacted by COVID-19<sup>29</sup> for reasons including increased demands on caring for family members and increased financial pressure due to loss of income from informal economic activities. In Ethiopia, for example, 76% of respondents report that women hold jobs as health workers as opposed to just 24% who report men working in this role. The second most impacted group was reported to be people with underlying health conditions at 27%, followed by women with disabilities at 25%<sup>30</sup>.
- **As families were confined to their homes due to government imposed restrictions in multiple countries, the demands this placed on the household was disproportionately felt by women, as well as girls and boys.** Prescriptive gender norms exacerbated the already heavy burden carried by women to fulfil household demands and placed additional responsibilities onto girls and boys. 22% of web survey respondents report men are more involved in collecting, handling and storing water during COVID-19, however women are spending 70% more time on this activity. When it comes to girls and boys, their involvement at the time of the study went up 61% and 67% respectively.

The following case studies present data collected by FEMNET across the 5 East African countries from interviews with individuals living in informal settlements.

<sup>26</sup>55% of respondents in Tanzania; 34% of respondents in Uganda.

<sup>27</sup>38% of respondents in Tanzania; 30% of respondents in Uganda.

<sup>28</sup>8% of respondents in Tanzania; 13% of respondents in Uganda.

<sup>29</sup>Country specific statistics are 52% in Ethiopia, 42% in Uganda and 42% in Kenya.

<sup>30</sup>Aggregate statistics for FEMNET respondents in Uganda and Kenya only.

## Kenya case study

When COVID-19 hit, government shutdown, job loss, limited mobility and overcrowding left many citizens facing increased exposure to health risks as challenges in accessing WASH provisions. As many respondents access water through privately owned kiosks, the cost has forced individuals to source water from contaminated springs and pipes.



- Respondents felt that **42%** of adult women and **19%** of teenage girls were most severely affected by the COVID-19 emergency compared to **10%** of adult men and **13%** of teenage boys.
- **92%** of respondents report that women decide how water is used in the household. **86%** of respondents report the emergency has not changed as to who makes decisions on water collection, storage and water usage, validating that pre-COVID-19 and during the emergency, women have remained in control of how water is allocated at the household level.

Only **14%** of respondents **feel spaces** have been created to **allow women and PWDs to articulate their needs, priorities, concerns and complaints** about WASH programmes.

*“My entire household uses a bucket and we pour the contents in the river, I live a few steps from the river. This is because we cannot afford to keep on paying to use a toilet.”*

A respondent's reflections on access to WASH services.

## Rwanda case study

COVID-19 struck Rwanda in the midst of an economic boom. As formal and informal economic activity came to a halt due to a rapid lockdown, citizens had little time to prepare households with sufficient food stocks, water, medicine and other priority items. A continued decrease in income since the beginning of the pandemic has left households struggling to buy items to meet their basic needs like food, housing and WASH.



- **97%** of respondents said that informal/unpaid work for house chores – mostly done by women – increased as a result of the lockdown compared to the time allocated for men to work.
- **85%** of respondents reported they did not have enough money to pay for vital healthcare services. Specifically, **87%** of respondents said they had less money to pay for SRH services such as family planning and maternal health.

**51%** of respondents felt the **WASH infrastructure** set up by the government **failed to consider the needs of girls, women and people with disabilities** – in addition to being virtually **inaccessible** to those living in **informal settlements** as facilities were only set up in business areas.

## Tanzania case study

With more than 50% of Tanzania's urban population living in informal settlements, the risk of contamination and spreading of COVID-19 is high due to overcrowding and lack of adequate water and sanitation facilities.



An initial government-imposed ban and closure of schools aimed to curb the spread of the virus which put particular strain on residents in informal settlements who are often unemployed or underemployed and rely on daily wage earnings to survive.

- 57% of respondents said water management in the household is jointly shared by both the husband and wife
- 50% of respondents indicated the responsibility of household water management shifted during the emergency towards shared responsibility between the husband and wife
- 54% of respondents felt emergency WASH facilities are not women and disabled-friendly.

**77%** of respondents felt community members participated in the design and implementation of WASH response activities. Yet when asked specifically about **participation from women and persons living with disabilities**, respondents said their participation was **down by 70-80%** compared to other community members because they were not invited or informed.

*"No, I have never seen the authorities dealing with gender roles, issues and expectations".*

A respondent's answer in relation to WASH activities and COVID-19 messages challenging or reinforcing gender roles and expectations.

## Uganda case study

The government's response to COVID-19 affected both the formal and informal sectors, adding significant pressure on households who suddenly lost different sources of income. Increased demands were placed on girls and women with respect to meeting household and community WASH needs as they occupy the roles that bear more WASH responsibility.



- **83%** of respondents said women and women with disabilities have been excluded or only informally involved in decision-making spaces related to WASH during the COVID-19 emergency response. This figure rises to **85%** for men with disabilities. These statistics reveal the significant barriers women and people with disabilities face in having their voices heard and represented in decision-making spaces related to WASH.
- Respondents report that water supplies from public taps have been nearly the same during the emergency as they were pre-emergency, at **88%** and **83%** respectively. The National Water and Sewerage Corporation's pro poor strategy was identified as the reason uninterrupted water supply.

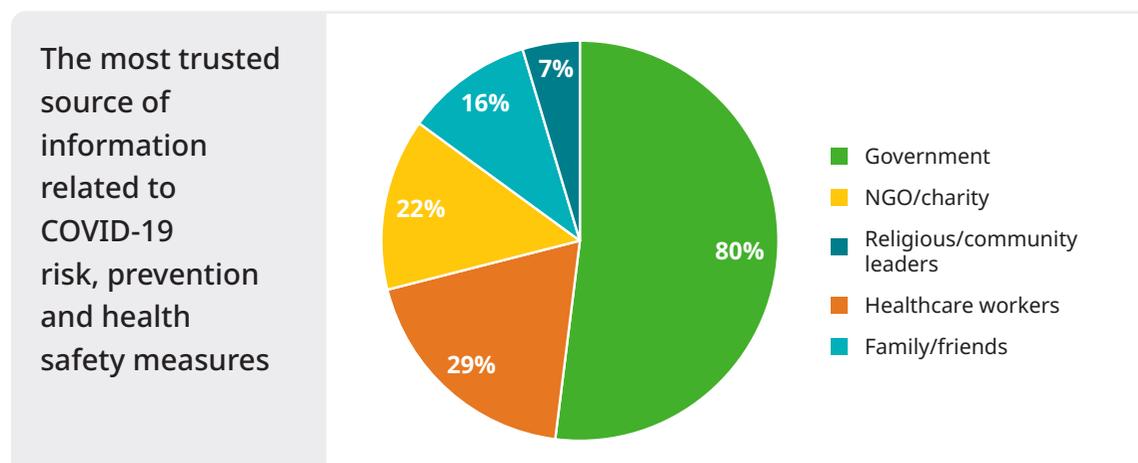
**68%** of respondents felt that **communal water points, sanitation facilities and handwashing stations were inaccessible, unavailable and insecure** – especially for people with mobility and communication challenges and women and girls.

# Section 3: Findings

## Communication and information dissemination

During a global health emergency, the timely dissemination of reliable, accurate and targeted information are critical steps required to enable communities to make informed decisions and take precautions to protect their health.

This research has found that contradictory, false and delayed messaging reaching communities are some of the main barriers that have prevented communities, including women and people with disabilities, from following prevention and hygiene messaging.



The table below details the main means of spreading information:<sup>31</sup>

### Main means of spreading information:

Radio	82%
TV	79%
Posters	23%
Whatsapp	28%
Healthcare workers	25%
Community leaders	18%
Community groups/networks/associations	12%
SMS	5%
Information van	17%

<sup>31</sup>Aggregated data from FEMNET respondents in Rwanda, Uganda and Kenya and web survey respondents.



Sharon, 14, WASH Club member, holds up a sign during a march to raise awareness of WASH practices near Namalu, Nakapiripirit District, Karamoja Region, Uganda July 2017 WaterAid/ Eliza Powell

The fact that radio was reported to be the most common means of spreading information is positive as radio is one of the most affordable information sources that are accessible to those living in poverty<sup>32</sup>. 40% of web survey respondents felt that the means of information listed above are able to reach all segments of society, whereas 60% disagreed, for reasons such as no access to TV, radio, mobile phone or computer, no internet access, illiteracy and no inclusion in meetings. Those who have less decision-making power and authority within the household are less likely to have access to and control over things like the TV and radio, which could indicate groups such as women and people with disabilities have less access to such information devices.

In terms of the messaging itself, there were mixed views as to whether or not targeted information and communication opportunities were provided for women and people with disabilities. Aggregate data from FEMNET respondents in Ethiopia, Uganda, Kenya and web survey respondents found that 36% agreed that opportunities existed and 47% disagreed. In Kenya, however, only 18% of respondents agreed. Furthermore, 70% of FEMNET respondents in Uganda felt that COVID-19 messaging reinforced gender roles and expectations.

<sup>32</sup>FEMNET Uganda country research report, 2020.

When it comes to hygiene promotion activities, only 31% of FEMNET respondents in Kenya and web survey respondents agreed that activities addressed cultural practices, taboos and social norms, for example educating listeners that the work of water collection (relevant to the increase in water required) and sanitation should not only fall on women and girls and challenging stigma around menstruation. 53% of FEMNET respondents in Uganda and Kenya, together with web survey respondents, disagreed that hygiene promotion activities addressed these underlying issues that reinforce gender inequality and social exclusion. For example, in Uganda, government issued prevention and hygiene messages that included individuals to frequently wash their hands. However, for some groups like women or those living in extreme poverty, this posed a challenge as there were few handwashing points within settlements, overcrowding at water sources meant women were put at greater security risks, and there was a lack of money to purchase items such as soap. The failure of mass media messaging to address both the practical needs and strategic interests of disadvantaged groups is another example of how emergency response efforts lacked an integrated, holistic approach that sought to consider and respond to all groups' needs and interests.

Unfortunately, even when timely and accurate messaging reached communities, barriers such as lack of access to facilities, lack of money to purchase hygiene items and lack of sufficient water limited women and people with disabilities' ability to following prevention and hygiene messaging.



Tigelana Fidah, 44, senior nursing officer, getting safe drinking water from a water purifier provided by WaterAid, the water point is located at a busy children's immunisation centre, Ndejje Health Centre IV, Makindye Ssabagabo Municipality, Wakiso district, Uganda, May 2020. WaterAid/ James Kiyimba

## Gendered impact of COVID-19 at household and community level

### Most affected groups

An average of 45% of respondents in Ethiopia, Uganda and Kenya felt that adult women have been the most severely impacted by COVID-19<sup>33</sup>. Reasons given for this include increased demands to care for household members including those who become sick, increased financial pressure placed on them due to loss of income from informal economic activities and being predominantly responsible for caring for sick people by profession. 76% of respondents in Ethiopia report that women hold jobs as health workers as opposed to just 24% who report men working in this role. As well, respondents noted the overburdened gender roles placed on women as a result of COVID-19. This includes increased demands of them to fulfil productive, reproductive and community roles. Other reasons that lead to girls, women and people living with disabilities being negatively impacted include stigmatisation, isolation and abuse of COVID-19 survivors according to the web survey respondents' answers. The second most impacted group was reported to be people with underlying health conditions at 27%, followed by women with disabilities at 25%<sup>34</sup>.

Data available from the FEMNET research finds teenage girls were ranked as somewhat impacted by 22% of respondents in Uganda. These findings indicate that teenage girls are not widely considered as being negatively impacted by COVID-19, despite findings from this research that indicate the gendered nature of coping strategies households have adopted to cope with the emergency.

When asked what the most negative effect of the government's emergency response has been on women, girls and people living with disabilities, an average of 30% of Ethiopian and Kenyan FEMNET responses reported the loss of formal and informal jobs<sup>35</sup>. This is followed by an average of 18% who report increased consumptions needs for items such as food, electricity and water for these groups<sup>36</sup>. It is recognised that the loss of jobs has not affected solely women and people with disabilities. In Ethiopia and Uganda, an average of 54% of respondents report that men are usually responsible for formal economic activities within the household<sup>37</sup>. However, 27%<sup>38</sup> of respondents in Ethiopia and Uganda report that women are

<sup>33</sup>Country specific statistics are 52% in Ethiopia, 42% in Uganda and 42% in Kenya.

<sup>34</sup>Aggregate statistics for FEMNET respondents in Uganda and Kenya only.

<sup>35</sup>Country specific statistics are 43% for Ethiopia and 16% for Kenya.

<sup>36</sup>Country specific statistics are 21% for Ethiopia and 15% for Kenya.

<sup>37</sup>Country specific statistics are 48% for Ethiopia and 59% for Uganda.

<sup>38</sup>Country specific statistics are 28% for Ethiopia and 25% for Uganda.

responsible for formal economic activities in the household. This is in addition to 49%<sup>39</sup> of the same respondents who report women are also responsible for informal economic activities. Whilst these findings show that both men and women are facing economic burden, women appear to be shouldering additional burden given their existing responsibility to generate income from both formal and informal sectors.

## Household responsibilities

Many countries' COVID-19 response measures have included the closure of schools for some period of time, which has meant more time at home for adults who have lost their job but also children who are not able to attend school. The result of more household members at home has disproportionately increased the burden placed on women and girls as they are the main ones responsible for tasks such as household chores, sourcing water to fulfil drinking, cooking and hygiene needs. However, FEMNET respondents in Ethiopia did report some shifts in husbands' roles in various household and economic activity; 43% report an increase in household chores, 33% report an increase in informal economic activity, 15% report an increase in formal economic activity and 5% report an increase of both caregiving and collecting water.

Respondents from the web survey, however, did not find a huge shift in household responsibilities between men and women but did see a shift in the age of household members contributing to household chores. More girls and boys are now more involved in household chores and the collection of water, and girls are contributing to child-care and hygiene practices. Whilst this undoubtedly raises questions around the harmful impact on children's well-being, this also presents significant risks to girls' ability to return to education<sup>40</sup>.

In terms of collecting, handling and storing water, web survey respondents report an increase across the board for men, women, girls and boys, but this is not proportionately allocated. 22% of respondents report men are more involved in collecting, handling and storing water, whereas 70% report women are spending more time on this activity, with 61% reporting girls and 67% reporting boys are more involved. However, this is a different picture in Ethiopia with 33% of FEMNET respondents reporting that girls and boys are equally responsible for collecting and storing water and 18% of respondents citing that both men and women are

<sup>39</sup>Country specific statistics are 38% for Ethiopia and 59% for Uganda.

<sup>40</sup>Benini, Desideria. 2020. WASH and emergencies through a gender lens. Examining the integration of gender into the COVID-19 WASH response and why it matters. [Published master's thesis]. Leeds University. Available here: <<https://centreforfeministforeignpolicy.org/feminist-resources-on-the-pandemic>>.

<sup>41</sup>Ibid.

equally responsible for this task. This finding contradicts the literature reviewed in the theoretical analysis that cites evidence of women and girls primarily being responsible for sourcing water for the household<sup>41</sup>.

## Decision-making

Within the household, prevailing gender norms means that husbands will often hold the decision-making power within the family and the wife will have little to no say in the decision-making process. This is supported by web survey respondents, 76% of whom report the husband has sole decision-making power and control over household assets. In terms of how the COVID-19 emergency has shifted power relations within households, there was no common trend identified across the five countries. 50% of web survey respondents report that the emergency has made no impact on who holds decision-making power within the household, 21% report that decision-making is shared between husband and wife, 17% report the husband now has more power and 13% report wives have more decision-making power. Interestingly, one domain where women do assert authority is in regard to deciding how water is managed and used within the household. 80% of web survey respondents report women typically hold this responsibility and 61% report this has not changed since COVID-19.

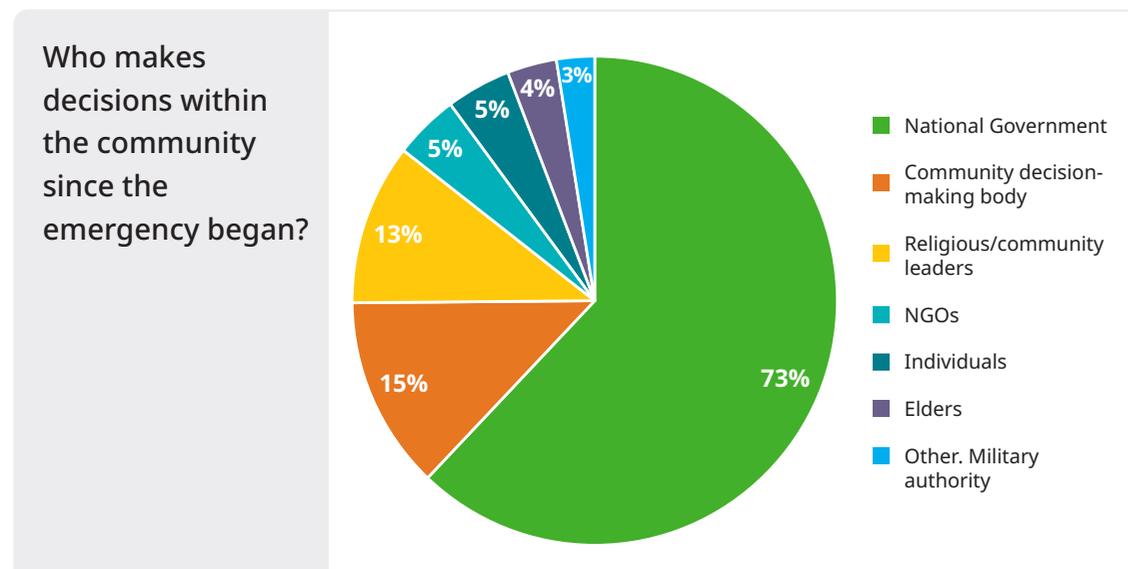
FEMNET responses were not able to identify trends across the five countries and in Tanzania and Kenya, this household responsibility is approached very differently. In Kenya, 93% of respondents report that the wife has more power in deciding how water is managed within the household, whereas in Tanzania, only 32% of respondents agreed, with 57% noting that it is shared between the husband and wife.



Igalana Fidah, 44, senior nursing officer, talking to parents about malaria control as they wait for their children to be immunised, Ndeje Health Centre IV, Makindye Ssabagabo Municipality, Wakiso district, Uganda, May 2020. WaterAid/ James Kiyimba

However, both countries did not report any changes in who decided on water management within the household as a result of COVID-19. These findings are validated by the theoretical review, which evidenced women's roles key role in water collection and management, but little power when it comes to other household decisions. Women, therefore, remain responsible for maintaining family hygiene but are hindered in their ability to make decisions on preventative issues such as purchasing soap, disinfectant and masks<sup>42</sup>.

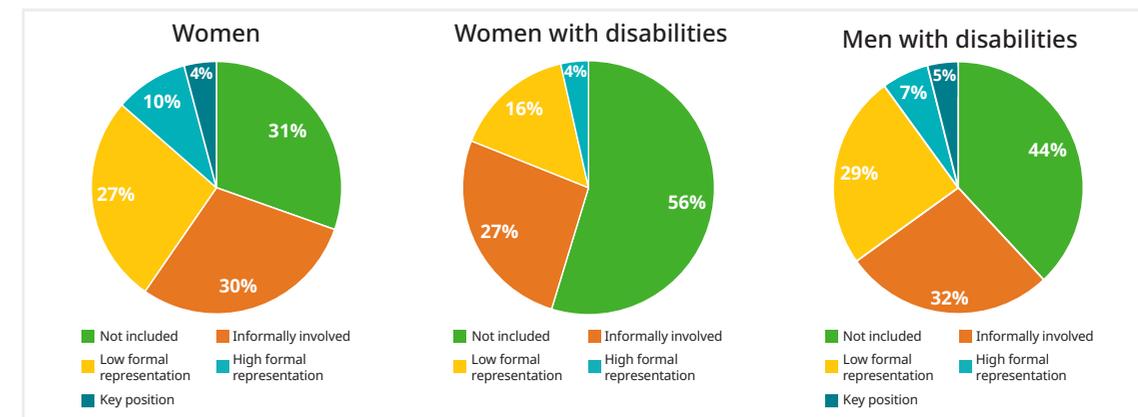
Within the community, decision-making on COVID has largely been led by the national government according to aggregated data from FEMNET respondents in Ethiopia, Tanzania and Kenya, and the web survey respondents. As detailed in the chart below, community decision-making bodies and religious/community leaders also make up the next largest proportion of community decision-makers.



The research did not examine which actors delivered specific services in the emergency response. However, Ugandan FEMNET respondents provided information on specific actors and the services they delivered: Civil Society Organisations, Women's Rights Organisations, and Disabled Peoples Organisations distributed items such as menstrual hygiene products; International Non-Government Organisations donated hand washing points; and the government public utility company, National Water and Sewage Corporation, who is predominately responsible for managing water supply in settlements, ensured residents continued to have access throughout the pandemic by not disconnecting any water points and keeping rates for water low.

<sup>42</sup>Ibid.

In terms of the level of participation of community members in decision-making processes, respondents were asked to what degree they felt women, women with disabilities and men with disabilities participated in these decision-making spaces. The charts below showcase aggregated data from FEMNET respondents in Ethiopia, Uganda, Kenya and web survey respondents<sup>43</sup>.



The data above highlights that from a gender and inclusion lens, women are given more opportunities than women and men with disabilities to participate in decision-making processes no matter how they are involved – e.g. through formal representation or informally involved. Women with disabilities were identified as being least involved of the three groups. These findings validate the evidence analysed as part of the theoretical review that women's participation and gender issues are not adequately factored into decision-making and planning processes in emergency-affected communities, despite a recent upsurge in the number of policy tools, frameworks, and guidelines developed related to implementing gender-fair emergency actions<sup>44</sup>.



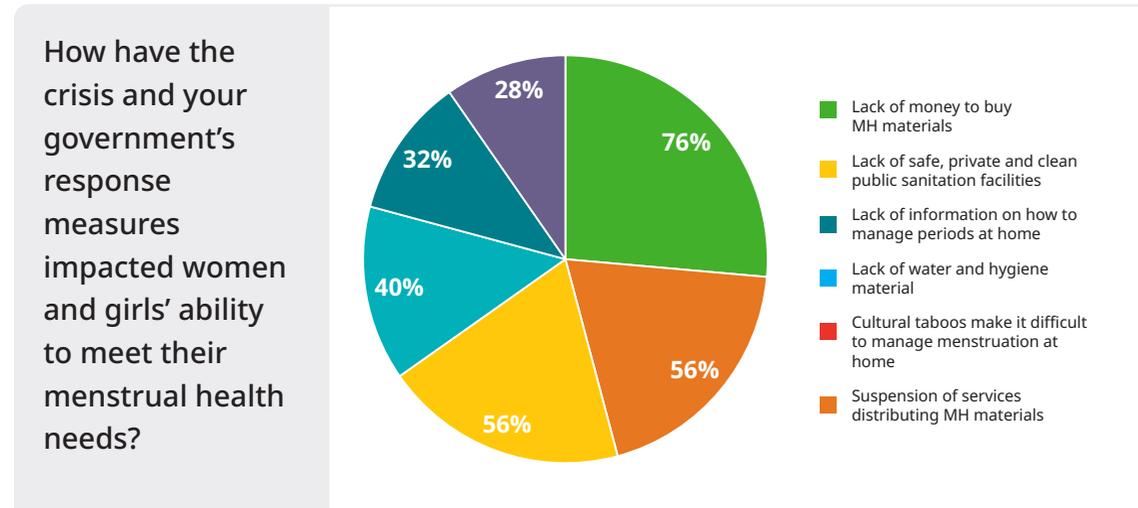
Tiru Yemire, 50, Enatayehu Demissie, 60, Zewdie Yihun, 36, are part of the leadership team of a women's group in Dere kwa woreda, Burie, West Gojjam, Ethiopia, July 2019. WaterAid/ Genaye Eshetu

<sup>43</sup>Data on women is taken from FEMNET respondents in Uganda and web survey respondents only.

<sup>44</sup>Benini, Desideria. 2020. WASH and emergencies through a gender lens. Examining the integration of gender into the COVID-19 WASH response and why it matters. [Published master's thesis]. Leeds University. Available here: <<https://centreforfeministforeignpolicy.org/feminist-resources-on-the-pandemic>>.

## Meeting menstrual and sexual health needs

COVID-19 and government response measures have drastically affected girls and women's ability to meet their menstrual health needs. A number of factors are limiting girls and women's ability to meet their needs. The web survey results below summarise the main limitations:



A lack of money to buy menstrual hygiene material was identified as a key challenge by respondents in Tanzania and Uganda, with responses at 38% and 48% respectively. Respondents in Kenya indicate the availability of water poses a challenge for girls and women to meet their menstrual health needs, with 57% reporting using water for menstrual health was a priority, however 39% report it is a secondary need and only used for this purpose once primary needs such as cooking, cleaning and other hygiene needs are met.

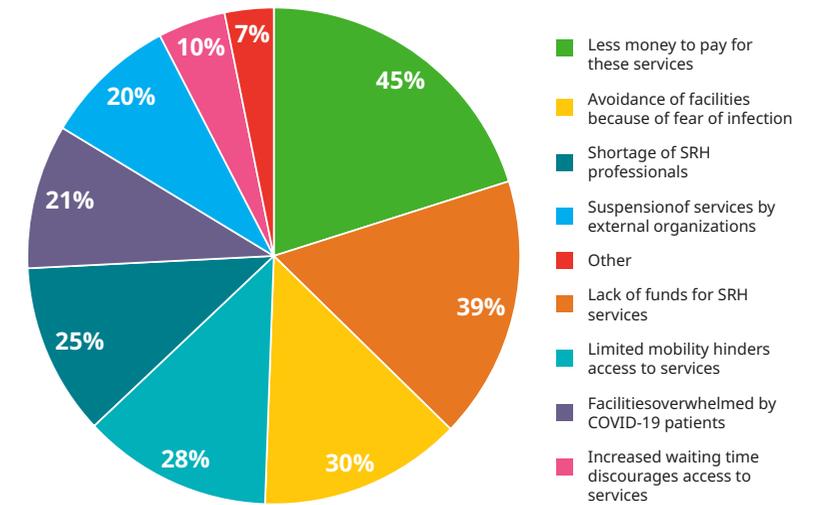
These constraints pose significant challenges for girls and women in meeting their menstrual health needs. This is coupled with prevailing gender norms and cultural taboos attached to female bodies that require girls and women to have privacy and modesty<sup>45</sup>. In Tanzania, some respondents reflected on the fact that menstrual hygiene management is not included in COVID-19 community messaging, reinforcing this as a taboo and stigmatised topic that is seldom addressed publicly.

Girls and women have also experienced significant challenges in meeting their sexual health needs. The chart below are aggregate findings from FEMNET respondents in Ethiopia, Rwanda, Uganda and Kenya and respondents from the web survey.

<sup>45</sup>Ibid.

<sup>46</sup>Ibid.

**How have the crisis and your government's response measures impacted access to SRH services such as family planning and maternal health?**



As indicated in the figure above, a lack of available funds is the main driver preventing girls and women from accessing SRH services, followed by external factors such as lack of funding for services or suspension of services. Girls and women are also further prevented from accessing services when they are available due to government enforced lockdown measures which has prevented movement outside of the home. This context underpins an already precarious situation girls and women face in non-emergency contexts in regard to the low levels of autonomy and control they are able to exercise over their bodies<sup>46</sup>.



Winfred, 13, sharing with her mother skills of making sanitary pads. "What I learn from our School Health Club does not stop here at school, some times when I go back home I teach my friends and people at home. I have taught my mum about the benefits of hand washing after using a latrine and how to make reusable sanitary pads," Kyenjojo District Uganda. WaterAid/James Kiyimba WaterAid/ James Kiyimba

## Safety and security

Safety and security concerns for women, girls including those with disabilities in accessing WASH remains a significant problem. COVID-19 heightened this in a number of ways, as indicated by the responses from the web survey, detailed in the box below.

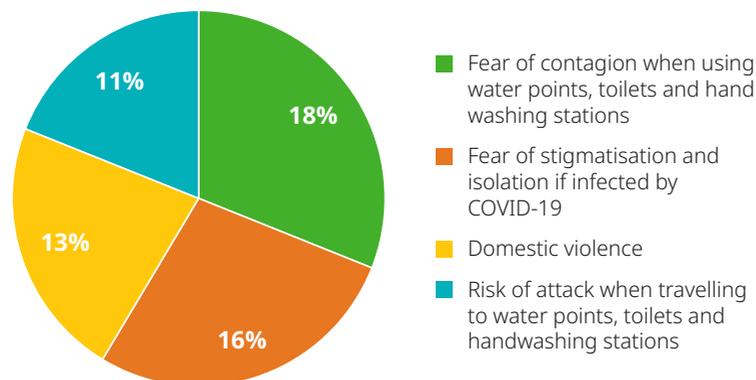
Most significant security concerns for girls, women and women with disabilities during the emergency, ranked from most significant to least significant concern:

- Fear of stigmatisation and isolation if infected by COVID-19
- Unable to access resources
- Domestic violence
- Fear of contagion when using water points, toilets and handwashing stations
- Unable to access services and assistance
- Being asked to marry by their families at a young age
- Risk of attack when travelling to waterpoints, toilets and handwashing stations
- Being trafficked or sexually exploited

As previously indicated in the report, COVID-19 has led to an increased burden placed on girls and women to source and provide water for the household. It also increases their health risk of contracting COVID-19 as they are forced to leave their house and source water. This is a gendered risk that girls and women face at much than their male counterparts and highlights the gendered impact of COVID-19 in relation to WASH.

These findings are validated by the Ugandan FEMNET respondents who ranked safety and security concerns, as presented in the chart below.

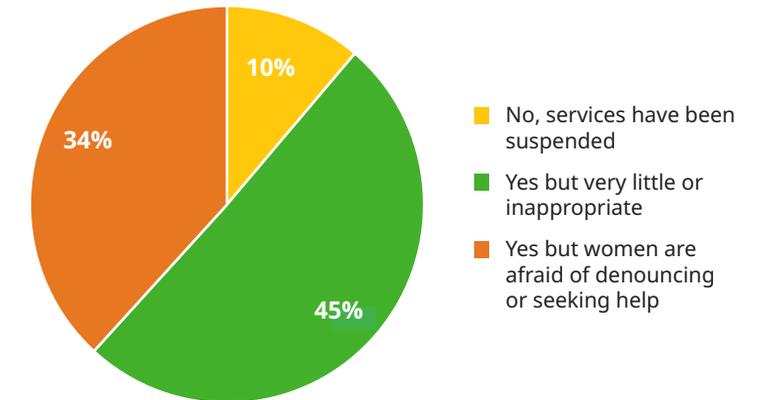
### Most significant safety and security concerns for women, girls and WWDs



Violence experienced by girls and women in emergencies is well documented<sup>47</sup> and COVID-19 is no exception. Anecdotal reports from FEMNET respondents in Uganda confirm an increase in gender-based violence (GBV) experienced by girls and women. In the absence of usual ways to denounce GBV and seek help, girls and women were left with little or no means to access support. The chart below presents aggregated findings from the FEMNET research in Tanzania and Uganda.

However, interestingly in Tanzania, FEMNET respondents reported that 50% had heard of GBV incidents since the start of COVID-19 and 50% of respondents had not heard of any GBV incidents occurring. The reason behind these findings is likely to be down to the fact that incidents of GBV are not often reported and therefore, just because rates of GBV reports are not known, it is not reflective of the lived realities of those who experience GBV.

### Mechanisms to denounce GBV and receive help and support in Tanzania and Uganda



In Uganda, one respondent reflected on the dire situation women are experiencing. Due to COVID-19 constraints and standard operating procedures, close to ten women who sought refuge in a local shelter had to be quickly reintegrated with their families. This left women unable to access referral pathways which some felt were illustrative of the lack of gender considerations in government response measures to COVID-19<sup>48</sup>.

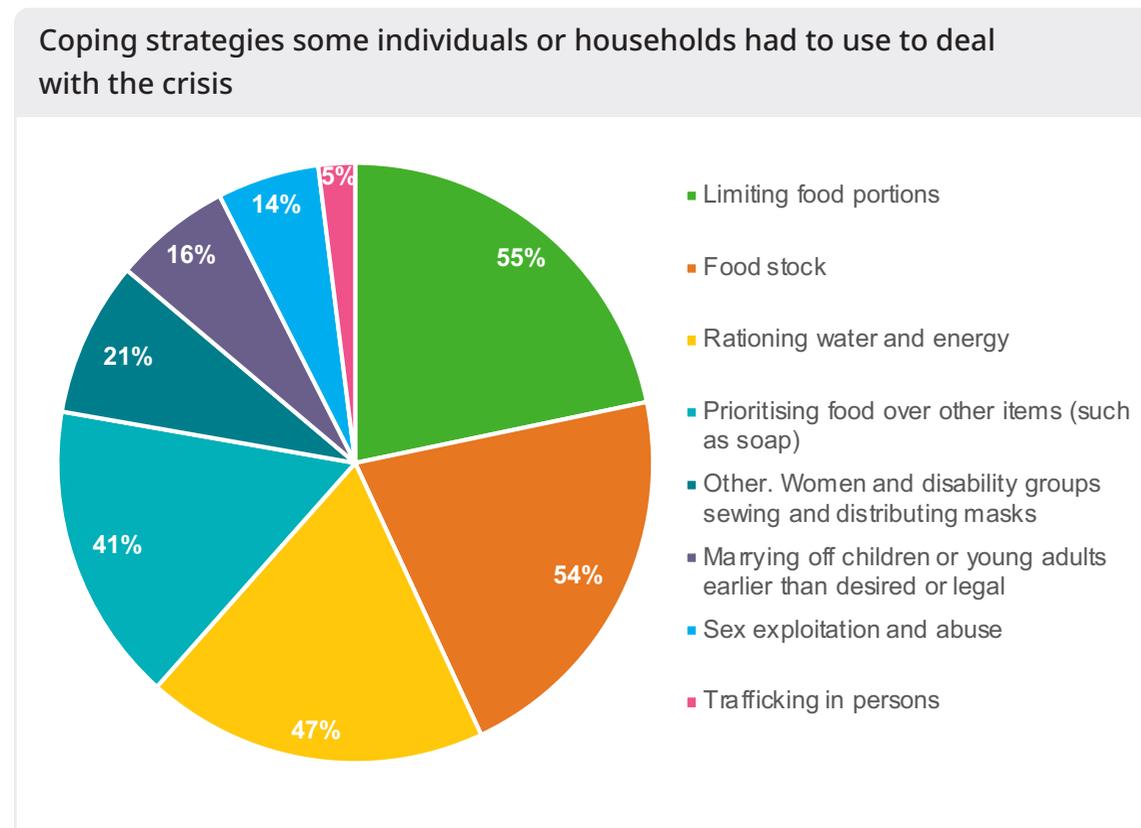
<sup>47</sup>Ibid.

<sup>48</sup>Taken from a KII from a respondent working for ActionAid in Uganda.

## Coping strategies

A number of strategies have been employed by individuals and households to meet their most pressing needs during the emergency, particularly in light of the loss of household income due to job loss and mobility restrictions in some countries due to lockdown measures. It is important to note, however, that underlying structural inequalities decrease the range of coping strategies available to some groups, particularly women and people with disabilities, during emergencies. For example, the increased productive, reproductive and community roles women are expected to fulfil, coupled with restrictive gender norms, limit women's mobility and access to decision-making spaces<sup>49</sup>. Evidence from this research highlights how the ability of individuals to implement safe coping mechanisms is greatly influenced by one's gender and social identity(ies).

The chart below provides an aggregate picture from FEMNET respondents in Tanzania, Uganda, Kenya and web survey respondents in the coping strategies that have been used to deal with the emergency.



<sup>49</sup>Ibid.

It is important to analyse the gendered and inclusion dimensions of the coping strategies employed. Whilst the research did not collect data to understand, for example, who in the household ate less when food portions were limited, four coping strategies have explicit implications from a gender and inclusion perspective; marrying off children or young adults, trafficking, sexual exploitation and abuse and prioritising food over other items like soap. These are all issues that are more likely to affect individuals who are already discriminated against due to their gender and/or social identity. Some respondents reported that women and disability groups were opportunistic and financially benefitted from making and selling masks. Whilst it is positive to see such groups mobilise themselves, it is noted that their productivity is not sustainable in the long-term and requires government investment and allocation of assets to truly support community groups to generate their own income and manage their own resources.

*"I am a mother of three. Before Corona, I worked as a domestic worker in the Kilimani area, Nairobi. I lost my job due to Corona and I have my children at home. I remember trying to get ten shillings to buy green vegetables and I could not manage and that is how I started engaging in sex work to fend for my family."*

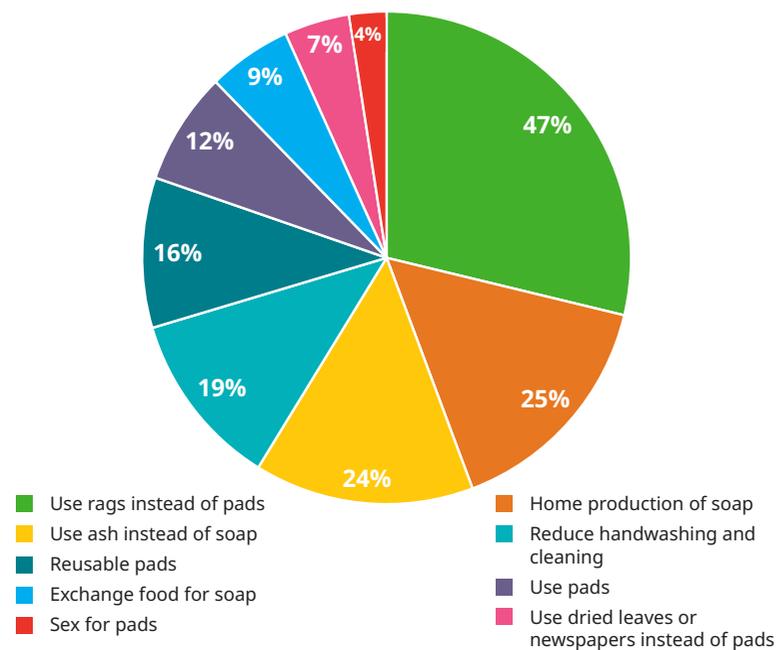
Kenyan FEMNET respondent

The social-economic insecurity caused by emergencies is a factor that significantly shapes the experiences of women and girls. Girls and women often lack access to education, skills building opportunities and steady employment, leaving them in more vulnerable and with less bargaining power than other individuals. Emergencies can further exacerbate these vulnerabilities and bargaining power, including their decision-making power even more before. As the FEMNET data has demonstrated, a number of coping strategies adopted by households have heightened risks for certain groups, particularly girls, women and those who already face some form of discrimination.

## Menstrual hygiene management

FEMNET respondents in Uganda and Kenya report that a key coping strategy has been to limit water and energy usage in order to meet their daily needs. This was identified as the second most utilised coping strategy by respondents. This strategy, together with prioritising food over items like soap has significant implications for girls and women's ability to meet their menstrual health needs. With little available resources to meet their menstrual health needs, girls and women have resorted to a number of alternative coping strategies, as indicated below. The chart presents aggregated data from FEMNET responses in Uganda and Kenya, together with web survey responses.

Mechanisms and strategies women, girls have employed to face lack of hygiene products and menstrual pads



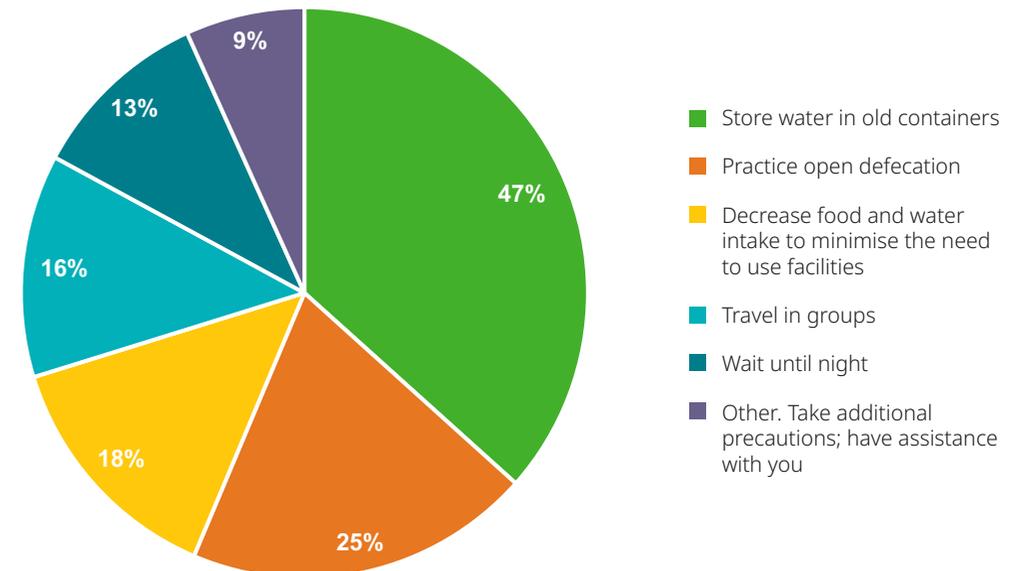
*"I am a mother of three girls plus me four people who need sanitary towels every month. On the lower side, this is a minimum of two hundred shillings and this is usually a lot of money because I do not have a sustainable source of income. So I make pads from old clothes, I cut the old cloth into pieces and that's what we use."*

Kenyan FEMNET respondent

## Access to WASH

When it comes to accessing water points and sanitation facilities, as this report has highlighted, girls, women and people with disabilities face significant access challenges and safety and security risks, for which they have adopted a number of approaches, as presented in the chart below.

Mechanisms and strategies women, girls and people with disabilities have adopted to face the fact that water points and sanitation facilities are not easily accessible and/or safe during the crisis

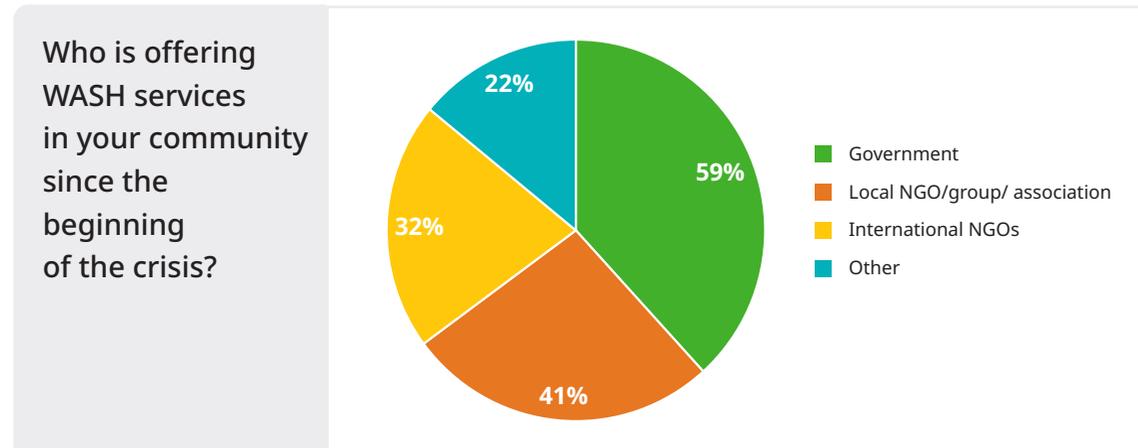


## Meeting WASH needs in the COVID-19 emergency response

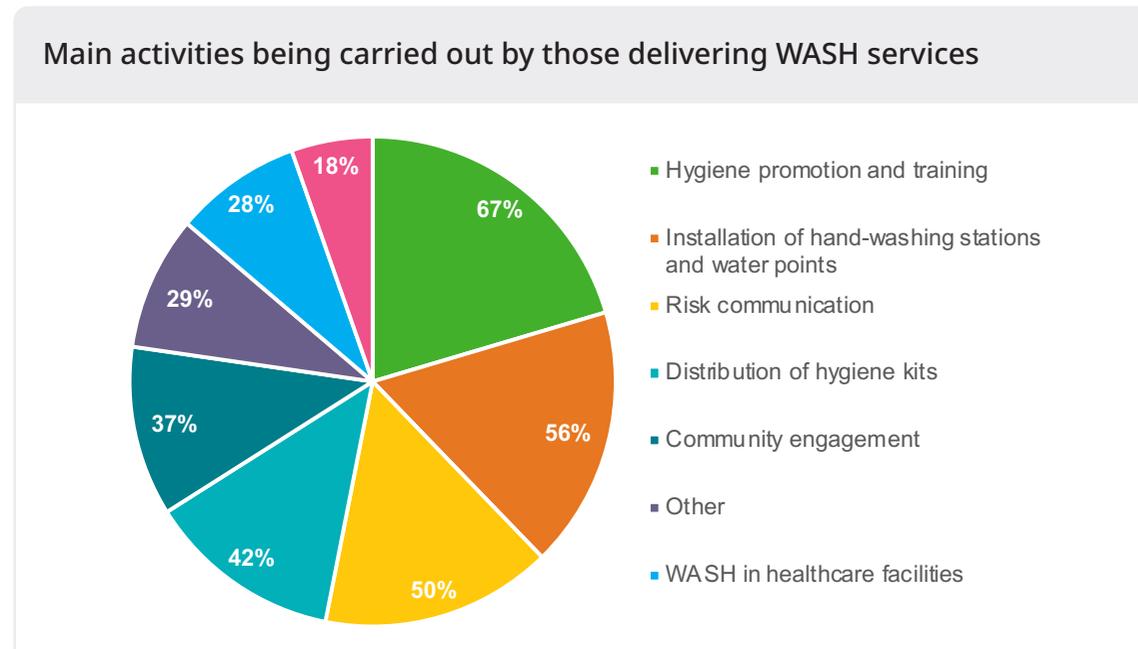
When asked what the three top priority needs are for girls, women and PWDs, only FEMNET respondents in Kenya named water and sanitation and hygiene in their top three priority needs; food was the top priority (30% of responses), followed by water (29% of responses) and sanitation and hygiene (16% of responses). FEMNET respondents in Uganda were the only country in the study to identify sanitation and hygiene as a top three priority; food was the top priority (63% of responses), followed by sanitation and hygiene (61% of responses), followed by cash (59% of responses). FEMNET respondents in Ethiopia, Rwanda, and Tanzania did not identify water or sanitation and hygiene as a top three priority need.

## WASH provision

A range of actors have been providing WASH services throughout the emergency response. The chart below provides aggregated findings for respondents from the web survey, Tanzania, Uganda and Kenya.



Respondents from the web survey and FEMNET research in Uganda identified the following activities being provided from the actors identified above.



As previously mentioned, these services do not appear to include critical messaging on issues such as menstrual hygiene. In terms of the level of priority assigned to different WASH issues, the Ugandan respondents of the FEMNET research provided the following views:

In your opinion, what is the level of priority assigned to each of the following WASH targets by WASH actors in your country?

	Not considered	Very little interest	Some engagement	Very important	Top priority
Decrease the spread of the virus			40%		24%
Increase availability of water (supply & storage)	42%		22%		
Hygiene promotion & risk communication			42%	20%	
Ensure WASH needs of everyone – especially vulnerable groups – are met	46%		27%		
Support multiple uses of water, including for food production & livestock	61%	15%			
Engage the community in WASH activities	42%		37%		
Provide long-term sustainable solutions	49%		22%		
Advocacy and support for women's rights, gender justice & disability rights	37%		39%		

In terms of the web survey respondents, they were asked to rank the list above in terms of the level of priority given to each by those delivering WASH. Their list, in order from top priority to not being considered are as follows:

- Decrease the spread of the virus
- Hygiene promotion and risk communication
- Increase the availability of water
- Engage the community in WASH activities
- Ensure WASH needs of everyone – especially vulnerable groups – are met
- Advocacy and support for women's and disability rights
- Provide long term and sustainable solutions
- Support multiple uses of water

As the data demonstrates, that in emergency contexts the requirements of some groups continue to fall down the list which impacts their immediate experiences and realities within the crisis.

An example from Kenya illustrates that even when WASH services are provided, they fail to meet the needs of specific groups such as people with disabilities. In Kibera Township Centre a free water source expected to serve the whole Kibera population was putting individuals at risk due to the high numbers of people gathered to collect water. The newly added free water point was placed at an accessible place but there were no measures to ensure persons with disabilities were within reach of the water such as special queues, accessibility to fetch the water among others<sup>50</sup>.

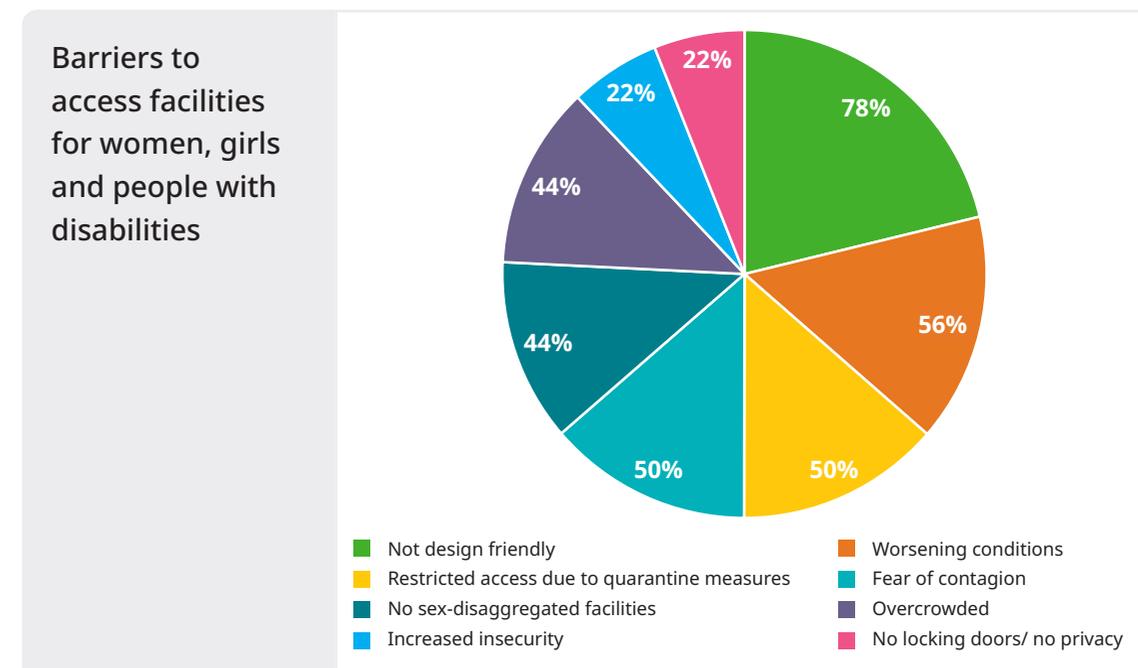
57% of web survey respondents agreed, and 44% disagreed, that specific activities have been carried out by WASH actors that target women and people with disabilities. Such activities include design of women-friendly WASH facilities, raising awareness on COVID-19 and WASH and distributing hygiene kits with sanitation pads. Respondents noted that all activities focused on meeting practical gender needs, especially in relation to menstrual hygiene. However, none of them focused on strategic gender needs, such as challenging women’s subordination position within the household and community and promote their empowerment.

Interestingly, 70% of the same group of respondents did not feel the specific needs of women and people with disabilities were considered in the design and location of emergency WASH facilities and in the distribution of hygiene kits. Reasons given for this include no women-friendly or disabled-friendly toilets (81%), no menstrual hygiene items distributed (56%), safety concerns not being considered (44%), locations did not minimise water collection time (18%) and a lack of sex-disaggregated facilities (19%).

<sup>50</sup> As noted by the FEMNET researcher’s observations.

## Accessibility

In terms of accessibility, 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. The main barriers are named in the chart below.



The barriers listed above highlight a number of concerns specifically related to girls, women and people with disabilities. As highlighted previously in the report, fear of contagion by using public facilities and risks of attack when travelling to places such as toilets and handwashing stations present security risks to women and girls. In addition, the fact that these services are inaccessible to people with disabilities means there are only limited groups of the population who are able to safely access critical WASH facilities during a public health emergency. This results in already vulnerable groups who already experience multiple forms of discrimination being further marginalised and unable to meet their basic needs<sup>51</sup>.

When it comes to the most commonly accessed sources of water within the community during the COVID-19 emergency, the table below provides aggregated responses from FEMNET respondents in Tanzania, Uganda and Kenya, combined with responses from the web survey.

<sup>51</sup>Benini, Desideria. 2020. WASH and emergencies through a gender lens. Examining the integration of gender into the COVID-19 WASH response and why it matters. [Published master’s thesis]. Leeds University. Available here: <<https://centrefor feministforeignpolicy.org/feminist-resources-on-the-pandemic/>>.

Source	Before the emergency	During the emergency	Difference
Private tap/private vendor	32%	24%	-8%
Public tap	36%	36%	0%
In-house tap	28%	56%	+28%
Tanker truck	24%	3%	-21%
Protected spring	28%	16%	-12%
Unprotected spring	28%	20%	-8%
Other, a well	36%	28%	-8%

Some sources of water present significant health risks to communities, for example households in Kenya who source water from unprotected springs use it for washing clothes and cleaning as it is unfit for human consumption. The shoreline had evidence of open defecation being practiced with a significant number of sanitary towels, used nappies and other waste products being found in the spring. This did not only present health risks but also additional security risks to girls and women. Pipes are also a common source of water but presents significant health risks. They are made of plastic and often run above ground, making them susceptible to structural exploitation such as cracking from foot traffic or intentional tampering with a competing distributor.

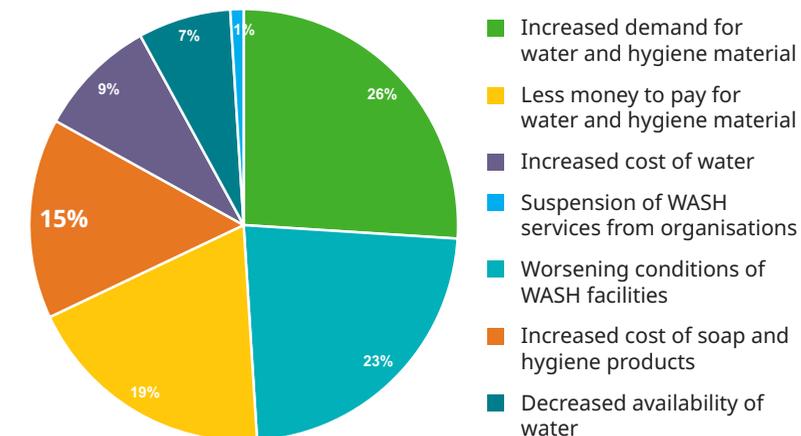
In Uganda, the National Water and Sewerage Corporation has a pro poor strategy and ensured communities had access to uninterrupted water supplies via public taps throughout the emergency. Having this strategy in place meant that communities in the research sites only saw a 5% reduction in sourcing water from public taps during the emergency. Unfortunately, observations by the FEMNET researcher found that water points were not designed to be accessible to people with disabilities and therefore limiting who has access to this water source.

Additional FEMNET research in Uganda provides an illustrative picture of how the impact of the emergency and the government's response measures to access WASH have affected girls, women and PWDs.

*“Buying water is very expensive...so what we do we fetch this water for other uses other than drinking and cooking. We buy water for cooking either from the water kiosks or from private vendors. Water from private tap is Kes 5/= per 20 litre Jerrycan while from a private Vendor since they will deliver the water at the doorstep we pay Kes 20/= per jerrycan. That is why we are forced to use water from this river to minimise expenses. However... waterborne diseases are quite common in this area.”*

Kenyan FEMNET respondent

Impact of the emergency and government response measures to access to WASH for women, girls and PWDs



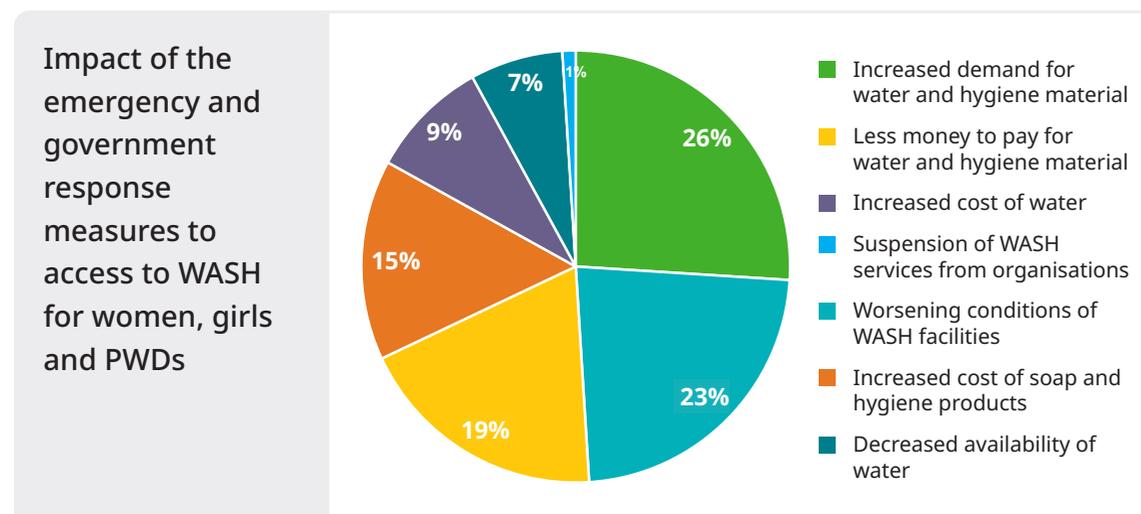
### Availability and affordability of water

92% of web survey respondents report that there is not enough water to cover the different uses of water on a daily basis during the emergency. 92% report that people had to pay for water before the emergency and continue to do so during the emergency. Only 8% of respondents said that people used to pay before the emergency, but it has since been made free since the emergency began. These findings are supported by FEMNET respondents in Uganda, of whom 90% report that they used to pay for it and continue to pay for it during the emergency.

As the data suggests, there is not enough water to meet the daily needs of households. This means families have to choose how to use the water they

are able to obtain. FEMNET respondents from Kenya provide insight into how households prioritise water usage. Cooking was identified by all respondents as a priority use, followed by 75% who said cleaning was a priority, and lastly 57% who report menstrual hygiene management (MHM) as a priority use for water. This data indicates that girls and women's practical needs around MHM have not been met during COVID-19. This is despite the fact that, as presented earlier in the report, women are the main decision-makers over how water is managed and used in the household. This is likely a result of prevailing gender norms that see women prioritise water usage for activities that all household members benefit from, even if it means sacrificing meeting critical needs like MHM. Only 4% identified livestock and small scale gardening as a priority use for water. In terms of secondary use, 56% identified cleaning, followed by 39% for menstrual hygiene management and cleaning as identified by 25% of respondents.

Respondents from the web survey and the Uganda FEMNET research shared their views on the impact of the emergency and their governments' response measures to access WASH for women, girls and PWDs, as highlighted in the chart below.



As the data indicates, these groups have been left facing particularly extenuating circumstances as their specific needs have increased whilst services being suspended and a loss of income resulting in not being able to afford certain items like soap and having to prioritise water usage to meet competing demands.

## Sources of sanitation

During the emergency, sources of sanitation have varied greatly for girls, boys, men and women, and those with disabilities. Aggregated data from FEMNET respondents in Uganda and Kenya, and web survey responses, are provided in the table below.

### Most commonly accessed source of sanitation within the community during the COVID-19 emergency

Group	Community toilet/latrine	Private toilet/latrine	Bag/bucket	Open space
Women/girls	33%	63%	28%	18%
Men/boys	37%	61%	9%	40%
Women/girls with disabilities	26%	61%	25%	31%
Boys/men with disabilities	37%	64%	22%	23%

Men interviewed for the FEMNET research in Kenya reported being uncomfortable using bags and buckets and would wake in the early hours of the morning to defecate near the shore of the river or wait until night. Women and girls defecate any time and pour the contents on drainages.

It is worth highlighting the sources of sanitation for people with disabilities and the fact that such a high percentage rely on community and private toilets/latrines. The research team in Uganda observed the public toilets and noted that they were all inaccessible to those with physical impairments due to multiple stairs required to access the facilities. This highlights the lack of inclusion considerations being factored into building such facilities.

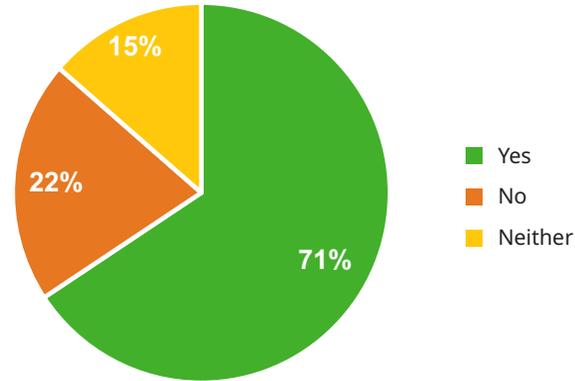
Poor mental health outcomes for women and girls in WASH are also correlated to the fears associated with being exposed to violence while using public facilities or openly defecating. Inadequate design, lighting and location of facilities all contribute to increased risks of violence to girls and women<sup>52</sup>.

<sup>52</sup>Ibid.

## Community participation in WASH response to COVID-19

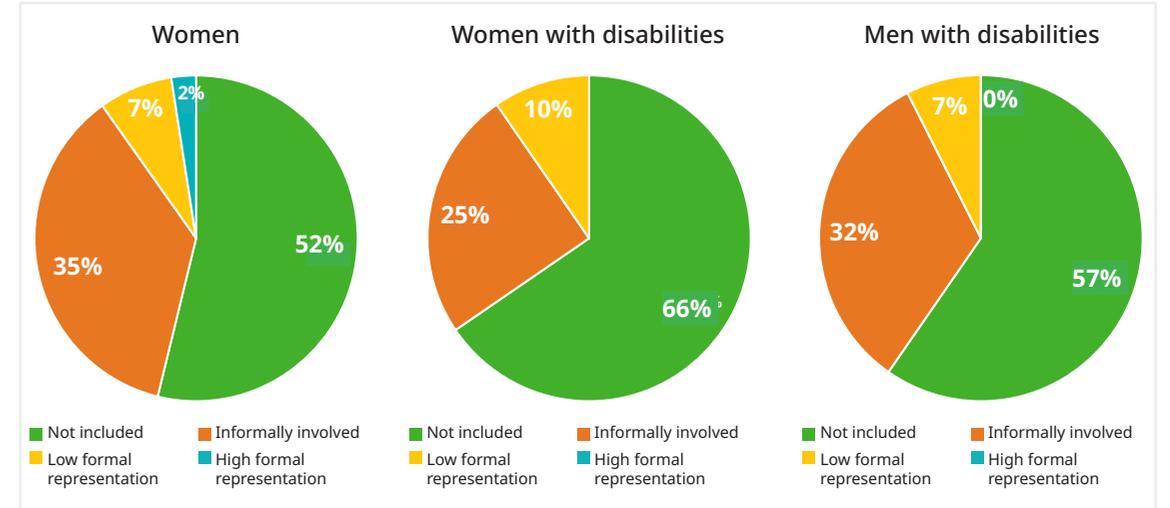
Designing effective and responsive WASH activities during an emergency must critically involve those the intervention is targeting. As detailed in the chart below, aggregated data from FEMNET respondents in Uganda and web survey respondents shows community members have not been adequately engaged in the design and implementation of WASH response activities.

Do you think community members have been successfully engaged in the design and implementation of WASH response activities?



It is also well evidenced that community decision-making spaces around water are dominated by male elites which gives little room for women or other marginalised groups the ability to meaningfully participate and have their voice their needs and priorities<sup>53</sup>. And, even when marginalised groups are formally engaged in water governance, their ability to influence these processes are severely limited by patriarchal norms, values and traditions<sup>54</sup>. 55% of FEMNET respondents in Uganda and Kenya and web survey respondents felt women and people with disabilities are not assigned leadership roles in WASH activities; 19% felt they were assigned leadership roles in WASH activities and 32% were undecided. They are also not represented in the powerful decision-making structure or committee even in the newly formed and existing WASH structures such as WASH committees, community hygiene promoters or as sanitation workers. Findings from the FEMNET research provide evidence to further substantiate this evidence base, as showcased in the charts below drawing from aggregated data from FEMNET respondents in Uganda and Kenya.

<sup>53</sup>Ibid.  
<sup>54</sup>Ibid.



This leaves women and marginalised groups such as people with disabilities unable to voice their needs which leaves WASH emergency response measures failing to account for particularly vulnerable groups' practical needs and strategic interests, which further exacerbates the multiple forms of exclusion and marginalisation they already experience.



Fiona, 15, WASH Club member (C) demonstrates the correct handwashing technique to Asha, 13 (to her left), Martha, 11 (to her right), Esther, 15 (back right) and Emelia, 10 (right) at St Mary's School, Namalu, Nakapiripirit District, Karamoja Region, Uganda, July 2017 WaterAid/ Eliza Powell

For example, in Uganda, one female respondent from the FEMNET research noted that women with disabilities have many decisions made for them on behalf of their caregivers. These decisions are not always made in their best interest which can exacerbate their marginalisation or discrimination they face. 52% of FEMNET respondents in Uganda and Kenya and web survey respondents report that when marginalised groups do participate in WASH activities, their presence is not meaningful; 20% feel their presence is meaningful and 34% were undecided. 56% of this same group of respondents also report that there are no spaces for women and people with disabilities to articulate their needs, priorities, concerns or complaints about WASH activities; 16% feel these spaces do exist and 36% were undecided. The structural, social and cultural barriers present numerous challenges to ensuring the meaningful representation of marginalised groups. This barrier prevents their voices from being heard and thus, influences the design and implementation of WASH emergency response activities that systematically fail to meet their needs.



A WaterAid trained pump mechanic and local leader, Gaudence Mukahabyarimana, washes her hands at the handpump in Nkange, Rwanda, February 2018. WaterAid/ Jacques Nkinzingabo

## Section 4: Conclusion & recommendations

Water and Sanitation is a human right that is enshrined in the Sustainable Development Goals, particularly SDG 6. This right must be fulfilled by governments by providing WASH services that are affordable, safe and accessible for all. Achieving this in an emergency context, however, presents significant and unique challenges that require governments and other responding organisations to take additional measures to ensure they are able to fulfil their commitment to support all citizens. It is particularly relevant that a multi-sectoral approach is taken to planning, preparation, and implementation of emergency response efforts. As this report demonstrates, the COVID-19 WASH emergency response in East African countries included in this study has failed to ensure women and people with disabilities are considered at every stage of the response and consistently failed to meet their practical needs and strategic interests related to equitable access to WASH. Response efforts did not consult communities to identify their unique and specific WASH needs which left many groups who already faced some form of discrimination or marginalisation even more vulnerable and less able to cope with the challenges COVID-19 brought. This compounds the systemic barriers and discriminatory social and gender norms that reinforce and exacerbate who is, and who is not, able to access WASH. Under this light, girls, women and people with disabilities are disproportionately affected by the COVID-19 WASH emergency response which also heightens their inability to meet other basic needs.

The COVID-19 emergency response has been largely gender blind which has not only exposed these structural inequalities, but have created additional barriers that have increased girls and women's risk of experiencing gender-based violence. It is well reported that the pandemic has increased the rate of violence in domestic situations, increased risks of sexual exploitation and as a result, exposed women to more challenges as they seek WASH services. Additionally, for women with disabilities, the limited data on their realities continues to pose a great threat towards access to WASH and their participation in decision-making platforms. A lack of data that presents a holistic picture of the challenges and inequalities faced by marginalised groups is also impairing effective emergency response planning and thus, compounding their access to effective WASH services.

In all of the study's countries there exist immeasurable gender gaps in basic access which has further heightened by the loss of sources of income. Women,

girls and PWDs are viewed as the sole providers for WASH in the households yet the discrimination and burden they experience is a result of COVID-19 WASH response efforts lacking solutions to address their specific needs such as safe and accessible WASH provisions, MHM, SRH, and economic empowerment.

The pandemic has also exacerbated demands on women to meet household demands and failed to recognise the unpaid care work they provide, especially during the pandemic when most children are at home as well as many husbands. The loss of jobs and sources of income, coupled with additional expenses for WASH services, have mounted pressure at household levels and forced them to prioritise household needs. This has left many unable to meet their WASH needs and placed them at increased risk of harm when attempting to access WASH services and facilities.

In the wake of COVID-19, this is a moment for governments worldwide to recognise the structural inequality that is built into social, political and economic systems that prevent citizens from enjoying their fundamental right to WASH. There is an opportunity now to draw on evidence of how COVID-19 has disproportionately impacted girls, women and people with disabilities and integrate lessons learned into policy reform aimed at sustainable WASH provision. This, together with building in effective governance and accountability mechanisms will enable future WASH emergency response efforts to be gender transformative in nature and inclusive for all.

### Recommendations

As global emergency response efforts to the COVID-19 pandemic continue, there is an urgent need to ensure WASH provision is prioritised in a way that meets all citizens' needs, including those who are highly marginalised. The recommendations are presented in short, medium and long term actions WASH actors must consider to ensure this and future emergencies provide inclusive WASH provision.

#### Short term

- **Urgently identify where water points are needed most:** Government, working alongside Civil Society Organisations and other stakeholders who hold data on water access points must collaborate and map existing water points. This will help to identify water stressed areas and enable the

government to take swift action and target investment in water points. This, in turn, will alleviate significant pressures and challenges faced by those responsible for water collection at overcrowded and unsafe water points.

- **Initiate pro-poor strategies to ensure affordability and supply of water:** Pro-poor strategies seek to ensure those who are most in need have access to basic commodities such as water. Such strategies are essential, particularly as part of emergency response efforts, in ensuring cost is not the driving factor preventing individuals from meeting their basic needs.
- **Start collecting disaggregated data:** It is important to recognise that people of the same locus are not homogenous. Work with local Civil Society Organisations and community-based groups to develop approaches to data collection that allow for disaggregating by multiple social identities that affect particular population groups.
- **Ensure COVID-19 WASH emergency response measures explicitly consider the gender and social inclusion dimensions that affect people's ability to meet their WASH needs:** Government response measures to emergency WASH efforts must address the specific needs of individuals who are marginalised or excluded based on their social identities. This includes specific provisions for needs such as MHM and access to GBV support and SRH services. Likewise, WASH facilities and access points must reach everyone, which means considering the needs of people with disabilities and those who cannot access them for other reasons, in the design and implementation of such activities.
- **National governments and donors should increase immediate investment in WASH, including hygiene, as a priority of COVID-19 prevention and response measures, with a focus on at-risk communities:** At-risk communities include those living in poverty, living and working in densely populated areas, and women-led households. As countries wait for vaccines to be availed to all, prevention is the only defence against COVID-19. Hygiene promotion and behaviour change as a first line of defence is paramount to limiting the transmission of the virus.
- **Government support is required towards WASH Utilities:** WASH Utilities require support to carry out infrastructure repairs and install water points and sanitation services in more accessible locations.



## Medium term

- **Make data-driven decisions on WASH policy formation, programming, and resource allocation:** Examining emerging patterns from data collected by WASH actors will paint a picture of the root causes and interlinkages that affect certain group's ability to access WASH provision. This is particularly relevant for groups who experience multiple forms of discrimination and marginalisation. Tracking resource allocation according to social identities such as disability, gender and socio-economic status will encourage investment according to vulnerability and need.
- **Conduct national multi-sectoral stakeholder mappings to inform coordinated efforts to WASH emergency response:** WASH is not a single sector issue and more coordinated efforts are needed to understand the interlinkages and impact of other sectors in ensuring access to adequate WASH provision.
- **Build a GESI and multi-sectoral approach to WASH emergency response plans:** Invest in gender-transformative and social inclusion approaches where civil society organisations can play a key role in curbing the impacts of COVID-19. It is critical for governments to include Civil Society Organisations in their emergency response plans, particularly those representing the people who are likely to be marginalised or otherwise excluded. They are not only well placed to deliver essential services to communities, but can also play a key role in developing response plans as they have local expertise that will ensure plans respond to the unique needs of the communities they serve.
- **Build inclusive and participatory local governance mechanisms:** Ensure that marginalised and excluded groups have voice and agency in emergency decision-making processes. This can be achieved only when institutional discrimination faced by women and other marginalised groups are recognised as equals, and with specific needs that require the utilisation of resources. Equitable emergency response WASH guidelines must acknowledge the need to design inclusive services that meet certain group's specific WASH needs. These groups must be invited to participate in planning processes at national and local level to ensure their voices, needs and interests are built into WASH emergency response efforts.
- **Government to spearhead collaboration and information sharing between key stakeholders to share data with WASH Utilities services and other key WASH actors:** By doing so, this will improve the utilities performance in their ability to better respond to the needs of, and support, marginalised communities.

## Long term

- **Strengthen multi-sectoral lobbying and advocacy efforts for inclusive WASH policies and infrastructure investment:** Create additional avenues for WASH experts and other sector stakeholders and practitioners to engage with government to ensure they remain accountable in their commitments and delivers inclusive WASH strategies that foster public participation and lead to greater impact. Water and sanitation efforts continue to be grossly under-resourced in national budgets. Stakeholders with a strategic interest in WASH must strengthen its efforts to collective and lobby national governments to invest more budget to deliver adequate WASH provision that meets all citizen's needs.
- **Design and integrate gendered and inclusive data collection methodologies into WASH-related information gathering activities at local and national level:** Inclusive and responsive WASH provision cannot be provided if data gaps related to who can and cannot access WASH for whatever reason continue to exist. Both government bodies and Civil Society Organisations play a critical role in collecting information that examines the gendered and intersectional nature of WASH accessibility, affordability and decision-making power. For government, including gender and inclusion in national plans and surveys on different aspects of WASH will provide an accurate understanding from which policies and plans can be formed. It is also critical that data be shared with other stakeholders working in other sectors to ensure a holistic response can be delivered.
- **Prioritise inclusive and sustainable WASH services:** This is vital for resilience against future disease outbreaks. WASH is a critical first line of defence that is necessary for resilience to future health crises.
- **Ensure national WASH policies and guidelines include clear and effective approaches for integrating GESI:** Policies and guidelines must be rooted in citizens' views on their needs and interests. Critically, these views must reflect the diverse demographic of a nation's population and ensure those who are particularly marginalised are meaningfully consulted. They must also consider the intersectional needs of marginalised and disadvantaged groups in order to deliver holistic and effective services. It is also important to draw on good practice from across the humanitarian sector, lessons learned from the COVID-19 emergency response and previous health emergencies to set commitments for ensuring gender and social inclusion are considered alongside any emergency response. Ensuring clear commitments to achieve gender equality and social inclusion in sector policies and guidelines will mark a commitment to ensure WASH efforts consider GESI approaches from the outset.

## Appendix 1: Summary overview of validation webinar

The Water Aid East Africa Regional Team hosted a webinar in August 2021 to present a draft of this report to 62 key stakeholders in the WASH sector to validate the research findings. Below is a summary report from the webinar.

The webinar began with a brief summary from Water Aid East Africa on the impact of COVID-19 on people's livelihoods, and in particular those who already face some form of marginalisation or discrimination. Water Aid presented an overview of the study and reflected on the aim of the study to contribute to a body of growing evidence that can be used to influence the development of gender equal and inclusive WASH programming and increased investment in WASH through strategic, multi-sectoral partnerships.

In order to provide webinar participants with a solid foundation of the two pieces of work produced for this study, presentations were delivered by Desideria Benini, who led the theoretical review on how gender, equity and inclusion intersect with WASH responses in emergency situations. The second presentation was delivered by Memory Zonde-Kachambwa and Hellen Apila from FEMNET, who led the in-country research across the five east African countries.

Two experts, Rita Hope Aciro-Lakor, Executive Director, Uganda Women's Network (UWONET), and Vincent Ouma, Head of Programmes, Kenya Water Sanitation Network (KEWASNET), were then invited to present their reflections and critiques of the report.

These stakeholder presentations garnered significant engagement from participants who offered their own reflections and insights. A number of themes emerged throughout the webinar discussion:

- A deeper reflection is required on the strategic interests of women and girls that were overlooked. These groups were left out of decision-making processes, and they have not been meaningfully consulted in response plans or how resources should be allocated to ensure their WASH and other needs are met.

- It is a challenge to understand exactly what response plans governments across east Africa implemented given the fast-paced nature of COVID-19. It would add richness to understand in more detail the specific country challenges girls, women and PWDs faced in accessing WASH.
- WASH practitioners must consider how to engage policymakers so that gender and inclusion issues become 'second nature' in how they approach policy development and resource investment in WASH emergency response and programming.
- The importance of acknowledging the multi-layered ways in which gender inequality result in vulnerability, and that this vulnerability is not homogenous and affected by characteristics such as age, location, socio-economic-status, etc. It is critical that future research, policies, investments, and programmes understand intersectionality and how it can lead to multiple disadvantages. Some discussion was held on the importance of identifying what resources were allocated by the government and other stakeholders delivering WASH emergency response, and if the resources have been proportionate to the levels of vulnerability faced by certain individuals and groups.

*“Women’s vulnerability, in general, is heightened by multiple markers such as age, race, and so on leading to inter-sectionalism.”*

Webinar participant

- Decision-making – who is included, and who makes decisions – was a recurring theme raised by participants. This applies both at the community level up to national level where representation from all groups should play a key role in decision-making processes related to their WASH practical needs and strategic interests. It is also critical that there is communication with communities about how the decisions for interventions were made.
- The coordination required from all sectors to ensure groups' specific WASH needs are met is critical. Participants did not feel there had been a strong multi-sectoral approach taken to date in the COVID-19 response and noted this is critical for future emergency response efforts to be sustainable.

*“We can use such evidence-based study to collaborate with civil society and advocacy groups/ women networks to amplify their voices at different levels of decision making for equitable and inclusive WASH service delivery.”*

Webinar participant

- One of the key challenges faced by the sector is a lack of disaggregated data that is collected and used to engage policymakers and inform decision-making. This is an issue that needs to be urgently addressed if responsive policies and planning can be achieved. Policymakers must make decisions that are grounded in rich data and insights that highlight systemic and root challenges around issues such as gender, MHM and women’s health.

*“Indeed there is a greater need for embedding gender lenses in national demographics, plans, considering the existing makeup of the society – cultural, religious, social aspects and so on.”*

Webinar participant

- A gender and inclusion lens cannot be viewed as an approach that is narrow. All groups have been affected by COVID-19 but some have been much more affected than others, and this is a result of factors such as gender and other social characteristics like age, religion, location, etc. To effectively respond to this and future pandemics, the gender and inclusion lens should be used.
- A human rights lens to WASH should be considered. It is language that can help put pressure on governments and other key stakeholders to swiftly respond.

**One participant shared that in Uganda, there was a serious flood during the first wave of COVID-19 which displaced communities and compounded PWDs existing vulnerabilities. This participant questioned what resources were being driven to support people in these circumstances and if not, how has COVID-19 exposed inadequacies in government policies and plans.**

**One participant reflected on how she witnessed individuals with specific needs fail to receive adequate support from government response plans – for example a pregnant woman with a disability. Not being able to meet basic WASH needs exacerbated her vulnerability and increased her exposure to risk.**

The study findings were supported and validated by a number of participants, several of which shared that some findings mirrored that if research their organisation had conducted, such as the lack of MHM access for girls and women due to lockdown restrictions, limited mobility and not attending school where these provisions had been provided; the additional burden placed on girls and women to fulfil household responsibilities and the additional risk they were exposed to when collecting water; the further marginalisation that PWDs experienced which required them to adopt more coping mechanisms than some other groups; most people sought information via the radio and television and listened to information shared by the government over other sources.

Lastly, there was a consensus from participants that the study’s recommendations would be most effective presented in short, medium, and long-term actions stakeholders can take. This is particularly important as emergency response efforts related to COVID-19 will be in place for some time and there is a need to respond to immediate situations as well as strategically consider how gender and inclusion can be intrinsically built into future WASH policy, investment, planning, and delivery efforts.

The research was lauded by many as revealing the extent to gender and inclusion issues, particularly factors that affect PWDs, are overlooked in policy, planning, and emergency responses/interventions for WASH services. Some discussion points that were raised by participants as ways in which this study can encourage further interrogation and exploration of the issue includes a comparison of policies within the region to learn from countries that are performing better; how social inclusion in the context of WASH is measured; the need to embed a gender lens into national demographics and plans, and the need for comparative analysis of the response efforts in place at the time of the study through to the most recent plans being implemented by government.



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