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Rivista telematica di studi sulla memoria femminile

A feminist study on the impact of COVID-19 on WASH access and the WASH sector response[1]

di

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Abstract: Through a feminist approach to qualitative online survey and document analysis, this research explored how social inequalities intersected with the COVID-19 impact to shape access to WASH in developing countries while also examining the integration of gender into COVID-19 WASH interventions and policies. After describing the inspiration for this study, this article reviews relevant gender studies' scholarship to explain why gender matters when responding to emergencies through WASH. It also presents the criticism addressed by gender scholars to the emergency community in general, and the WASH sector in particular. In discussing the research findings, this article shows that the pandemic has exacerbated existing gendered barriers to WASH access in surveyed communities and reinforced an unequal gendered division of labour. It thus argues that women, and especially those living with disabilities, are disproportionately vulnerable to the impact of COVID-19 on WASH. In looking for gender gaps in the WASH response to COVID-19, it suggests that gender was not successfully factored into five documents selected from WASH international policies for COVID-19, while interventions in surveyed communities tended to adopt a simplistic and apolitical approach to gender.

Introduction

"The provision of safe water, sanitation and hygienic conditions is essential to protecting human health during all infectious disease outbreaks, including the COVID-19 pandemic" (WHO 2020, 1).

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[1] This article presents my final research project at the University of Leeds, originated from the collaboration with WaterAid, an international non-profit organization focused on WASH, and the pan-African network FEMNET.

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A disease outbreak as the COVID-19 pandemic can either represent an emergency in itself or be an indirect consequence of another kind of emergency, such as natural disasters or armed conflicts (Travis Yates et al. 2018). Although the nature of humanitarian crises may be varied, water, sanitation and hygiene (WASH) interventions are a key component of infection prevention and control, as they can reduce the transmission of diseases by promoting good hygiene practices while providing safe water and excreta disposal (Yates et al. 2018). Given that 29% of the world's population do not have access to safe drinking water, the majority of whom live in Sub-Saharan Africa and South Asia (Hanna Ritchie, 2019), the work of WASH actors – from communities and governments to local and international non-governmental organisations (NGOs) – within developing countries is deemed essential.

Since the early stages of the COVID-19 crisis, the feminist community has voiced strong criticism for the lack of gender sensitivity in the global outbreak response, advocating for gender equality and women's rights to be placed at its core (Feminist Alliance for Rights 2020). So far, there has been little investigation on gender mainstreaming in emergency WASH, but evidence clearly indicates a tendency towards gender-blindness (Sheller et al. 2013; Mosello et al. 2017; Farrington 2019). However, decades of research on WASH and gender have demonstrated how access to water and sanitation is shaped by social norms, roles and identities. Overlooking these structural features in policy and practice means WASH provision is rarely gender-equal and often produces gender-unequal outcomes, despite the sector showing strong rhetorical support of gender equity (Miletto, Pangare and Thuy 2019; Seager 2010). In times of emergency, the typical "gender gap" of the WASH sector is further exacerbated by the nature of the context, as research shows that humanitarian policymakers and practitioners inadequately and inconsistently practice gender mainstreaming; rather, they view it as a luxury (Lafrenière, Sweetman and Thylin 2019).

In this light, my study aimed to analyse how the WASH sector includes gender in its response to emergencies. To do so, it first examined the nexus between gender inequalities, people's experience of crises and WASH access through an online survey, using the COVID-19 pandemic as a case study; second, it identified and analysed gender gaps within the international WASH response to COVID-19. On the one hand, this research has highlighted the importance of addressing gender inequalities through WASH by showing the disproportionate effects of COVID-19 on women and girls due to their social identity. On the other, it has confirmed the gender blindness of emergency WASH by demonstrating how gender has been overlooked both in policy and practice.

I conducted this project as a postgraduate student at the University of Leeds, in partnership with WaterAid. WaterAid is an international not-for-profit working in thirty-four countries, determined to ensure that everyone has access to clean water, decent toilets and good hygiene. They are working to tackle inequalities in all aspects of WASH and strengthen the system for sustained change. Therefore, this study was designed to help WaterAid better understand gender inequalities in the context of the COVID-19 WASH response. Moreover, this research provided the

theoretical foundation upon which WaterAid East-Africa, in collaboration with the pan-African network FEMNET, has been developing a context-specific gender analysis of COVID-19 in the region, which complements the wide-angle lens I applied to my investigation.

Before presenting my findings, I will discuss relevant gender scholarship on emergencies and WASH to frame the topic within an intersectional feminist perspective.

Literature review

Gendered vulnerability in emergencies

According to Bridget Byrne and Sally Baden (1995), vulnerability assessments encompass the level of intensity with which people experience a shock and their ability to recover from that shock through the adoption of coping strategies. Whilst an essentialist view of vulnerability identifies biological or physical attributes as the main cause of women's weakness in sites of crisis, an intersectional feminist perspective stresses the historical, cultural and political contexts that shape the impact of emergencies on people's lives as well as their capacity to cope (Ní Aolain 2011). From this viewpoint, women are the primary victims of crises mainly because of structural power inequalities within social institutions that underpin their marginalisation and subordination (van Dijkhorst and Vonhof 2005). This "gendered vulnerability" is further exacerbated by the intersection of multiple markers of social identity like age, disability, class and race which determine compounding experiences of discrimination.

Every emergency presents context-specific features, but recurrent gender themes have been identified across time, space and crisis-typology (Quay 2019). First of all, although the health and well-being of the entire community can deteriorate, women and children face unique challenges. During emergencies, a central source of trauma is the experiencing of "layered violence" (NíAolain 2011, 12), resulting from the combination of pre-existing patterns of gender-based violence with the new circumstances created by the context, often conducive to increasing violence against women and children (Peterman et al. 2020). Under these conditions, finding help and support becomes extremely hard in view of the disruption of services and assistance, including sexual and reproductive healthcare. Nevertheless, health emergency policies usually deprioritise this component, as was the case during the Ebola outbreak in West Africa, where all resources were focused on preventing the spread of the virus (Smith 2019). Ultimately, feminist researchers stress that women's ability to access vital health services is often jeopardised by a low level of autonomy and control over their bodies, determined by a low socio-economic status (Davies and Bennett 2016).

Women's key role as responders in emergencies also has important consequences for their health. As women bear the greatest burden of caregiving within households and communities, they act as first responders to the new physical and emotional needs of family and community members in the aftermath of a disaster (Enarson 2000). Sophie Harman (2016, 2) even argues that women's unpaid care-

giving labour in private and public spheres acts as a "shock-absorber" in times of crisis, to the detriment of their well-being. Moreover, disasters increase and add complexities to women's domestic workload by requiring more time to be spent in usual daily tasks (Quay 2019). Feminist scholars also contend that gender expectations on women's care role have determined the feminisation of the formal care economy, especially healthcare (Yeates 2009). As a result, women healthcare workers are disproportionally exposed to health risks during crises while also overburdened with additional work (Harman 2016).

Both Aolain (2011) and Enarson (2000) stress the economic insecurity that characterises women's experience in crises. As women have limited access to employment opportunities, education and training, the overwhelming majority of female workers in developing countries are informally employed (Bonnet, Vanek, and Alter Chen 2019). Therefore, they are not legally entitled to social protection, and their need to be compensated could be also overlooked by aid programmes. Moreover, women's low (or lack of) income combined with unequal customary and formal laws on inheritance, property rights and access to finance sustain women's economic dependence on men. This further weakens women's decision-making power within households, contributing to the adoption of damaging coping mechanisms to deal with crises such as sexual exploitation and child marriage (Peterman et al. 2020).

Women's increased workload, restrictive cultural norms and protection risks also reduce their mobility, limiting their access to decision-making spaces, humanitarian assistance as well as services and resources such as information, shelter and WASH (Quay 2019). Among the contributing factors to gendered vulnerability during crises, unequal access to water, sanitation and hygiene plays a key role, derived from the recognition that WASH is a deeply gendered experience.

Gender and WASH nexus

The gender-WASH nexus is broad, and it has been widely explored by gender studies scholars focusing on Africa, South Asia and Latin America. Above all, women have special WASH needs due to female bodily functions such as menstruation, pregnancy, childbirth and menopause (Pouramin, Nagabhatla and Miletto 2020). Besides, lack of WASH services overly affects women and girls because of culturally ingrained social norms regarding people's bodies and identities. Women and girls' WASH needs are usually intensified by cultural stigma and taboos associated with urination, excretion and menstruation that exacerbate fear and shame. This could result in women's segregation, especially when menstruating is associated with impurity and pollution, or even harassment and violence when women are not able to meet patriarchal expectations of privacy and modesty (Sweetman and Medland 2017). The inability to meet WASH needs not only has adverse health consequences but also prevents people from equally participating in society. For example, studies show that lack of WASH infrastructures in schools is strongly correlated with high levels of female absenteeism and even school dropout (Kayser et al. 2019). A similar problem is faced by those women who are informal-

ly employed in street markets, who have to rely on public infrastructures (Nguendo-Yongsi 2017).

The usual family division of labour determines women's role as primary water purveyors, forcing them to travel long distances to fetch water; this very often results in physical pain and psychological stress (Pouramin et al. 2020). Gender roles also determine women's responsibility for all water-correlated tasks, such as cooking, washing and cleaning, as well as family hygiene, sanitation and well-being. These obligations severely limit girls' access to education and prevent women from the opportunity to earn an income, engage in politics or spend time in leisure activities (Kayser et al. 2019). Poor mental health outcomes for women are also correlated to the fear of gender-based violence while openly defecating or using shared toilets; it has been proven that inadequate location, lighting and design of WASH facilities (e.g. no locking doors) increase the chances of harassment and assault. Consequently, "lack of latrines that are safe, secure and private represents a major engendered barrier" (Pouramin et al. 2020: 20). The physicality of WASH access also implies that women with disabilities are among the most disadvantaged in accessing these services (Enfield 2018).

Furthermore, since neo-liberalization processes within the water sector resulted in the commodification and privatisation of water, affordability has become a key determinant in accessing WASH (Sweetman and Medland 2017). However, while financing represents a major barrier for all those living in poverty, the most adversely affected by water pricing are poor women and girls (Mishra Panda 2007). To illustrate, Kaveri Thara's (2017) six years of research in slum areas of Bangalore revealed that the commodification of water had enormously increased the workload of women in ensuring household sanitation as they struggled to find water from different sources. Moreover, it is often impossible for women to access priced water autonomously; rather, they need to rely on male earnings, perpetuating their dependence.

Ultimately, gender scholars assert that limited WASH access is related to structural power imbalances which permeate both the private and public sphere (Ahmed and Zwarteveen 2012). Patriarchal hierarchies within households determine that women have low decision-making capacities on water and sanitation issues (Zulfawu Abu, Bisung and Elliott 2019). Similarly, community decision making spaces around water are dominated by male elites so that women and all socially marginalised groups are unable to advocate for their needs and priorities (Jha 2012). Yet, even when marginalised groups are formally involved in institutions of water governance, multiple studies show that their ability to influence governance arrangements is severely limited by informal structures of cultural norms and traditions, such as the idea that being talkative in public meetings could ruin married women's reputation (Cleaver and Hamada 2010). At the same time, hierarchies among women are also key to accessing WASH (Leder, Clement and Karki 2017). As such, when a young woman enters a patrilocal family, she usually becomes subordinated to the older women of the house who pass on the heavy workload of water collection. Within communities, upper-class, upper-caste women are in a better position to be heard and to claim water.

Integrating gender equality

As shown above, an intersectional feminist lens enables us to see that access to and experience of water, sanitation and hygiene are determined by a host of societal and material inequalities. Therefore, WASH provision has a differentiated impact on men and women depending on their gender role (Bennett, Dávila-Poblete and Nieves Rico 2008; Sultana 2012). From this viewpoint, providing universal and equitable WASH access largely depends on bringing about structural change towards social equity (Gosling 2010). This requires WASH programmes to be grounded in social sciences expertise instead of being considered exclusively a technical matter.

Based on Caroline Moser's work (1989), many argue that social change could be achieved by simultaneously addressing practical and strategic gender needs (Leahy et al. 2017): while the former refers to those necessities which are practical in nature, usually regarding inadequate living conditions, the latter describes those needs that arise from people's subordinated position in society and therefore, once addressed, foster greater equity and empowerment. Interrelated strategies for empowerment in WASH include not only the participation of beneficiaries in programmes' activities but also inclusive decision-making, access to information, capacity building (especially providing training in non-traditional roles), women's leadership and educational classes for behavioural change (Dery et al. 2020; Sweetman and Madland 2017). Ultimately, the success of gender-responsive WASH programmes rests on thorough gender analyses intended to understand "how multiple social markers intersect to shape access to water within local communities" (Leder et al. 2017, 104).

The importance of integrating gender equality is even more prominent when WASH actors are involved in crisis responses. A great amount of evidence shows that a gender-blind attitude could compromise the impact of emergency assistance, as aid fails to reach everyone equally while neglecting gender-specific needs (Quay 2019; Farrington 2019). Moreover, if humanitarians underestimate women's capacities in recovery efforts, their knowledge could be lost and their skills not built upon (Hoare, Smyth and Sweetman 2012). Even worse, their work as key responders could be exploited instead of supported, so that gender discrimination is reinforced, and women overburdened with additional workload (Smith 2019). Against this backdrop, both efficiency and human rights offer a rationale for gender-fair humanitarian aid (Clifton and Gell 2001). In other words, gender equality programming ensures that more lives are saved in the aftermath of a crisis regardless of any social differentiation while it works to tackle structural vulnerabilities and strengthen community resilience on the longer term. By doing so, it protects and promotes the human rights of all crisis-affected people.

Gender gaps in crisis response and WASH provision

> "The international community must (…) close the rampant gender gaps in humanitarian action and crisis response" (Lafrenière et al., 2019: 199).

Although important steps forward have been recently made, numerous authors are still very critical of the work of humanitarian practitioners and policymakers, lamenting the lack of widespread and sustained commitment to gender equality. Besides the absence of any gender-transformative action in emergency responses, studies have observed a serious lack of age- and sex-disaggregated data alongside a limited and sporadic use of gender analysis (Quay 2019). The same applies to emergency policies: Smith (2019), Davies and Bennett (2016) and Harman (2016) have condemned global health policies against Ebola and Zika for failing to recognise and address structural gender inequalities. Researchers have also shown that the meaningful involvement of crisis-affected communities in decision-making about emergency planning is still much neglected (Niederberger and Glanville-Walli 2019). Especially, women-led and women's rights organisations are markedly excluded (Al-Abdeh and Patel 2019).

Gender scholars have identified several structural barriers to the integration of gender equality into relief work (Clifton and Gell 2001). On the one hand, institutional and staffing obstacles are created by outsider-driven, centralised, donor-dependent operations, where the technical prevails on the social. On the other hand, conceptual barriers originate from the imperative of humanitarian action: the primary aim of relief work is to save crisis-affected people's lives as quickly as possible; any additional reflection on the root causes of people's vulnerability is viewed as an extra burden (Bennett 2015). The "tyranny of the urgent" (Smith 2019, 357) is therefore employed by emergency actors to prioritise those issues which are framed as the most pressing concerns while leaving for "later" ordinary structural problems; namely, intersectional inequalities.

At the same time, it has been claimed that WASH strategies struggle to ensure equitable and empowering WASH provision in times of crisis and peace alike.

> Despite the countless number of gender and inclusion strategies within the water management sector, a clear gap remains evident between policies and practice and, most importantly, on the field, where progress remains limited (Miletto et al. 2019, 16).

First of all, gender is usually equated with women, focusing on their biological sex and practical needs (Joshi 2005; Leahy et al. 2017). Without a relational and processual understanding of gender, intra-household power differentials, as well as patterns of inequality among community members, are usually not investigated (Joshi and Zwarteveen 2012). As a result, although "community engagement" has become a standard component of water supply and sanitation programmes since the 1990s, such participatory approaches often lack inclusive and transformative elements, optimistically relying on community action as the catalyst for increasing sustainability, effectiveness and equity of outcomes (Cleaver and Toner 2006). As a consequence, communities are often entered through their elite so that existing

inequalities are reproduced (van Koppen, Cossío and Skielboe 2012). Similarly, critics assert that the conceptualisation of "women empowerment" has been reduced to a simplistic and apolitical process of increasing the number of women involved in project activities and water institutions. Yet, in addition to establishing representative quotas for women, no efforts are made to challenge the informal structures that hamper their meaningful participation (Leder et al. 2017).

Evidence from the COVID-19 crisis

Against this backdrop, I will now turn to the discussion of my research's findings, obtained from the use of two different methods. First, I designed a web survey comprised of forty-six questions, distributed in association with WaterAid in fourteen countries across Asia and Africa[2]. While part A of the questionnaire was created to examine the gendered impact of the COVID-19 pandemic, part B aimed at investigating to what extent WASH emergency interventions in surveyed communities had integrated gender equality in their programming. Second, I produced a document analysis of COVID-19 resources for the WASH sector, to reflect on the integration of gender at international policy-level. Initially, I identified online COVID-19 resource pages for WASH actors globally (namely, Hygiene Hub, Water and Sanitation for All, The Global Handwashing Partnership, Global WASH Cluster and ReliefWeb) where I searched for documents focused explicitly on gender, WASH and COVID-19. On these pages, I later selected my sample, composed of five documents by leading humanitarian institutions on the WASH response to COVID-19. Finally, I approached them using a feminist discursive technique, aiming to understand whether these policies had considered the differing roles and experiences of various social groups and whether they aimed to maintain the status quo or promote gender transformation.

Gendered dimensions of the COVID-19 emergency

The analysis of survey responses, gathered from seventy-six practitioners working in community, national and international organisations, brought to light the gendered dimensions of the COVID-19 emergency through the eyes of those who work daily with affected communities, and see how the crisis is impacting lives in that context. In relation to WASH access, I found that while COVID-19 has increased the demand for water and hygiene material to follow preventive measures, it has also compounded people's difficulties in meeting WASH needs: almost two-thirds of participants (65%) stated that water is not enough to cover different uses on a daily basis during the emergency.

[2] Respondents' country of origin (and number of respondents): Bangladesh (36), India (1), Nepal (1), Uganda (13), Tanzania (5), Rwanda (3), Ethiopia (2), Kenya (3), Mozambique (1), Madagascar (1), Somalia (1), Zambia (3) Nigeria (2) Ghana (1).

Under a feminist lens, these findings suggest that the negative impact of COVID-19 on WASH access in surveyed communities has not been experienced by all people equally. Rather, the pandemic has disproportionately affected women and girls by exacerbating *already existing* gendered barriers to WASH, which create unique challenges for women and girls on a daily basis. I will now touch on each barrier.

Affordability, inaccessibility and inadequacy

From survey analysis, economic hardship emerged as the most negative effect of COVID-19 within surveyed communities. According to 78% of participants, members of their community used to pay for water and still have to pay during the pandemic while 61% claimed that the cost of water and soap has even increased. Hence, in a context where financial resources have dropped, affordability is seen as a major barrier to WASH access. For instance, 73% of participants claimed that in times of COVID-19 women and girls cannot meet their menstrual health needs because of lack of money. Concerning menstrual health, cultural taboos also play a key role: in times of lockdown, when resources are scarce and the entire family is under house confinement, it might become even harder to meet patriarchal requirements of privacy. Furthermore, respondents reported that the main mechanism employed by households to cope with COVID-19 is prioritizing food over other items (such as soap). Taken together, these factors have important gendered implications: multiple studies show that lack of clean water and soap places disproportionate burdens on women, girls and children's health due to their additional needs for WASH seen above (Pouramin et al. 2020).

As already explained, for biological as well as socially constructed needs, inaccessibility and inadequacy of WASH facilities are some of the greatest existing gendered barriers to access WASH at community level. On this subject, 51% of respondents overall, 75% of those established in East-Africa, answered "no" when asked if communal water points, sanitation facilities and handwashing stations are available, easily accessible and secure for everyone during the crisis. Similarly, 55% of respondents reported a lack of safe, private and clean public sanitation facilities in their community where women and girls can manage their periods. Although the data presented a wide variety in the perception of why this is the case, the option "no gender- or disabled-friendly" scored the highest. In terms of barriers created specifically by the pandemic, three factors emerged: "restricted access due to quarantine measures", "fear of contagion" and "worsening conditions".

Most importantly, respondents expressed concerns over WASH infrastructures not only in relation to public spaces but also in healthcare and quarantine facilities, pointing out the lack of clean water and handwashing stations as well as the absence of facilities adapted for menstrual management and people with mobility problems (Figure 1).

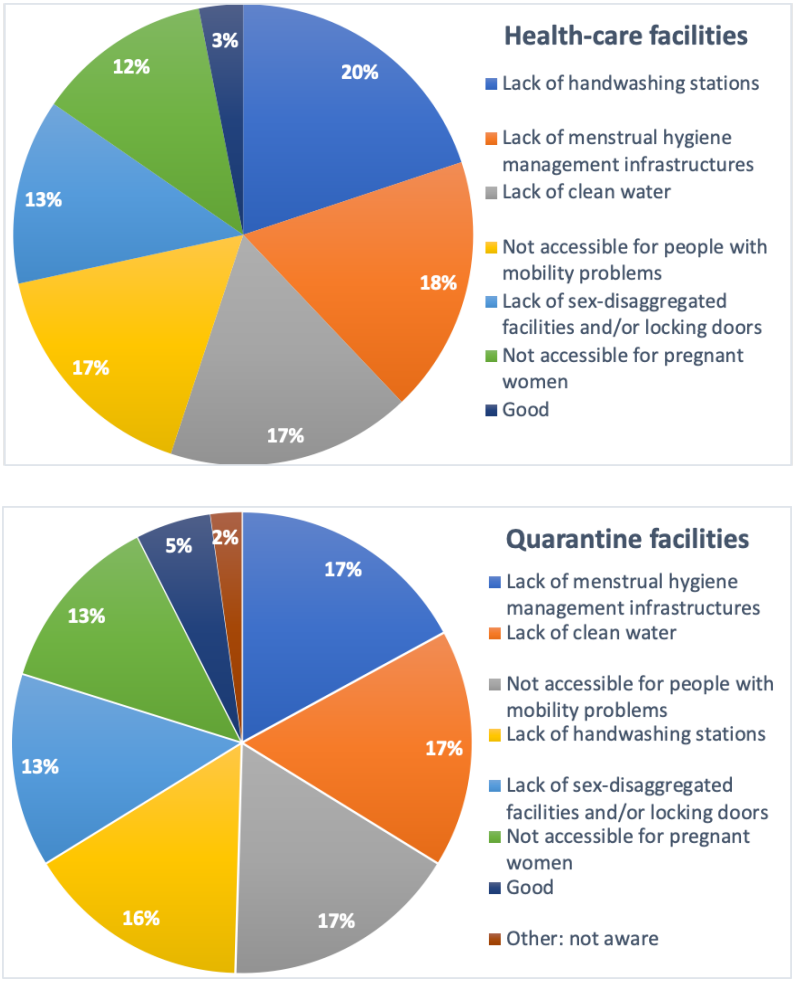

Figure 1. Q.31-32: What is the situation of WASH in healthcare and quarantine facilities during COVID-19?

Unequal power distribution

According to those surveyed, the balance of power within households and communities is overwhelmingly male-dominated and this has not changed as a result of the pandemic. The (formal and informal) exclusion of women from decision-making spaces could represent another way in which gender inequalities shape access to WASH and people's vulnerability in times of COVID-19.

Reinforcing the idea that men have a firm grip on household power, 65% of respondents stated that husbands have more decision-making power within families

while a mere 3% claimed that wives do. Similarly, 61% of participants reported that husbands control financial resources and asset. From a WASH perspective, studies by Mitsuaki Hirai, Jay P. Graham, and John Sandber (2016) and Paramita Routray et al. (2017) demonstrate that when women have a say on major household purchases, the level of family sanitation and hygiene improves. It is therefore conceivable that women's ability to take decisions about preventive measures against COVID-19, such as the purchase of soap, disinfectant and masks, could be hampered by gender forces, limiting household resilience.

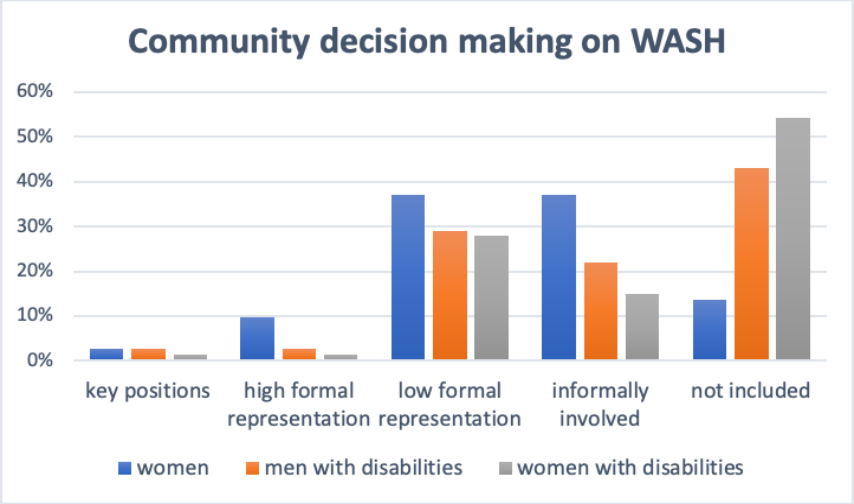

Figure 2. Q.18: What is the level of participation of women and people with disabilities in decision-making spaces during COVID-19?

From the responses gathered and summarised in Figure 2, it seems that responders believe there is a power hierarchy in community decision-making on WASH where women are present but not influential while people living with disabilities, especially women, are placed at the bottom. The majority of responders identified physical inability and social norms as the main barriers to the capacities of women and people with disabilities to influence decisions and exercise their voice. Some reported that these groups are usually ignored or not taken seriously because considered less able (or even "people of little help"). Others stated that women are not supposed to speak or challenge the opinion of men. As decisions are influenced by the most powerful voices within the community, it follows that gendered needs and concerns are not taken into account, while perpetuating exclusion and marginalisation.

Gender roles and responsibilities

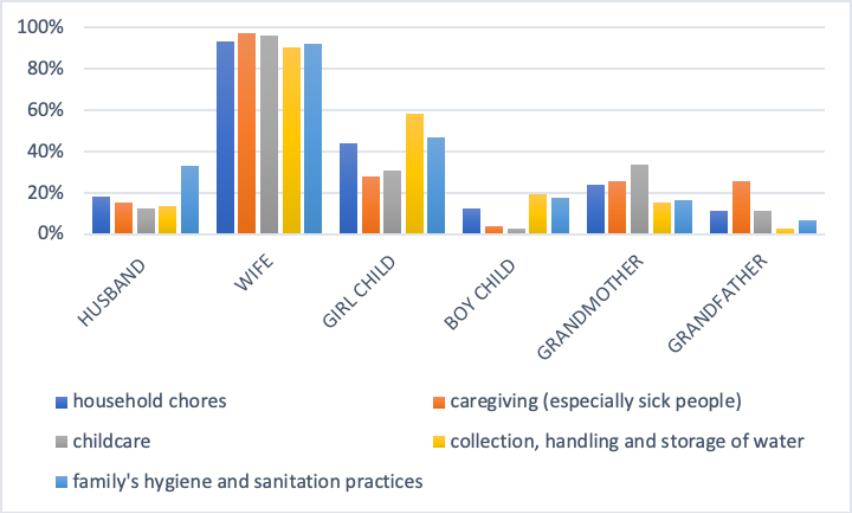

Figure 3. Q.7: Who is usually responsible for the following activities within households?

As shown in Figure 3, nearly all the respondents reported that women perform the lion's share of domestic and care work within families, including WASH-related tasks, supporting the well-known argument that these are gendered obligations which mainly involve women and girls. Participants also agreed that men are overwhelmingly responsible for formal economic activities, suggesting within multiple open-ended questions that they are typically assigned the role of the household breadwinner. According to respondents, the pandemic has not shifted this roles' distribution on the axis of gender but rather on the axis of age as it seems that children, especially girls, are now more involved in household chores. The experience of the Ebola outbreak teaches us that this could put girls' education seriously at risk (Malala Fund 2020).

Furthermore, it appears that whilst the pandemic has not redistributed gendered responsibilities it has enormously increased the time allocated to domestic duties: 89% of respondents described an increase in the time devoted to family hygiene and sanitation practices; between 60 and 65% reported the same for childcare, caregiving for sick people and household chores. Whilst this sample size is not representative, this evidence from the COVID-19 pandemic nonetheless mirrors similar findings during the Ebola outbreak, where women's care burden was found to absorb the shock of the crisis by taking on greater welfare responsibilities (Harman 2016). This would suggest that an increasingly unequal division of labour represents one of the most prominent gendered impacts of the COVID-19 emergency.

According to respondents, women are primary caregivers not only within families but also within communities. 71% of respondents stated that women constitute the majority of health-care workers, while 63% reported that more women than men work as health-care facilities' service staff. This helps consolidate feminist researchers' claim that both the informal and *formal* care economy is highly feminized (Harman 2016: 526). In the context of COVID-19, this could represent another gender-specific source of risk and vulnerability. It should also be mentioned that 76% of participants claimed that the majority of waste and sanitation workers in their community are men. This data is crucial to understand how gender plays out to put both men and women at risk of infection, although in different ways (Carter, Dietrich and Minor 2017). Another gendered differentiated risk identified in this research is linked to the responsibility of collecting water. "Fear of contagion when using water points, toilets and handwashing stations" was ranked third among the most pressing security concerns for women and girls, immediately below "fear of stigmatization if infected by the virus" and "domestic violence".

The integration of gender into the COVID-19 WASH response

The second part of this research focused on identifying and examining possible gender gaps in the WASH emergency response for COVID-19, both in policy and practice. In the remainder of this article, I will present my findings on this question, obtained from data triangulation between document analysis and part B of the survey questionnaire.

The online search for documents focused explicitly on gender and inclusion within COVID-19 resource pages for the WASH sector revealed a reasonable number of publications, indicating some degree of gender awareness within the large WASH community. However, these documents were mainly published by NGOs whose work in WASH is usually sustained by a strong dedication to gender issues, such as CARE (2020) and Plan International (2020). In contrast, the feminist discursive analysis of five flagship WASH emergency guidelines[3] demonstrated that gender was either absent or treated as a mere add-on by high-profile international institutions. Similarly, survey analysis showed that WASH interventions in surveyed communities tended to overlook strategic gender interests and only focus on biological needs. Therefore, while lip service was paid to the importance of mainstreaming gender into COVID-19 WASH strategies, it seems that gender inequalities remained a side issue both in policy and practice.

[3] These were:

1. Global WASH cluster: COVID-19 Response Guidance Note (GWC, 2020a)

2. Global WASH cluster: COVID-19 Response Guidance Note #02 (GWC, 2020b)

3. Water, sanitation, hygiene, and waste management for the COVID-19 virus (23 April 2020) (WHO and UNICEF, 2020)

4. UNHCR Technical WASH Guidance for COVID-19 Preparedness and Response (UNHCR, 2020)

5. USAID Water, Sanitation and Hygiene (WASH): Strategic Approach to COVID-19 Response (USAID Water Leadership Council, 2020.

As Panda (2007) explains, gender mainstreaming in policies is about centre-staging gender issues and making a gender perspective visible. Conversely, only one of the five sample documents mentions "gender", which is cited as one of the "Mainstreaming and overreaching approaches" (GWC 2020a, 2) alongside people with disabilities, elderly and marginalised groups. Except for providing a link to another brief, this document by the Global WASH Cluster (2020a) does not expand further on the relationship between gender, COVID-19 and WASH, omitting any practical or technical guidance on the subject. Arguably, the idea that mainstreaming gender could be successfully achieved by clicking on a link to an external document contradicts the fundamental notion of gender mainstreaming as a strategy for integrating strategic gender issues at every step of policy-formulation.

Similarly, the words "women and girls" (GWC 2020b, 5) appear only once, concerning the distribution of menstrual hygiene items. This speaks to the point raised by authors such as Joshi (2005) and Leahy et al. (2017) who have denounced a narrow approach to gender as to meeting practical women's needs, mainly related to biological factors.

Survey evidence seems to indicate that the same approach was adopted by WASH actors working in surveyed communities. Specifically, 60% of participants reported that the needs of women and people living with disabilities were considered in the design and location of WASH emergency facilities as well as in the distribution of hygiene kits. 57% of respondents also agreed with the statement "Targeted information and communication opportunities have been provided for women and people with disabilities". It could be inferred from these results that WASH services and activities for COVID-19 in surveyed communities were designed to meet gender differences, but simply viewed as practical gender needs. Conversely, strategic gender interests were mainly disregarded, as the next section will show.

Community Engagement

Given the responses gathered in part B of the survey, it appears that power dynamics were not factored into WASH emergency programming; in other words, interventions in surveyed communities preferred to focus on local elites. Well over half of those surveyed claimed that community leaders and local authorities were actively involved in the design and implementation of WASH emergency interventions. In contrast, the majority of respondents reported that local associations and networks, as well as women's rights groups, were consulted only occasionally, while 60% claimed that disability rights groups were excluded. Moreover, it seems that when the community was involved, it was predominantly in the implementation stage of hygiene promotion activities but not in their design: only 17% of those surveyed claimed community members were included in the consultation process. Besides, participants mainly disagreed with the statement "Women and people living with disabilities have been assigned to leadership roles in WASH activities". Thus, it appears that important components of empowered participation, such as inclusive decision-making and leadership, were absent. Taken together, this data would suggest that WASH emergency interventions in surveyed communities

adopted a simplistic and apolitical approach to participation, which did not involve transformative change.

Correspondingly, the policy mantra "community engagement" is mentioned in all sample documents as part of "Risk Communication and Community Engagement", which has become a standard component of outbreak-related health responses. However, apart from very general statements such as "Adapt if necessary messages and ways of communicating" (GWC 2020a, 4), these guidelines seem to encourage a one-size-fit-for-all model of hygiene promotion, which stresses frequent handwashing and promotes disinfection practices but overlooks the importance of tailoring programs according to gender, language and local circumstances.

Furthermore, the words "inclusion" and "participation" are only associated with communication activities and not promoted as the overreaching approach of the intervention. In sum, these five international guidelines rarely encourage practitioners to apply an inclusion lens; and when they do, it is only in relation to risk communication or hygiene promotion. In any case, none of them promotes a social transformation approach.

Gender awareness

The lack of commitment to address gender inequalities is closely linked to the lack of recognition of social diversity and dynamics within "target populations". In the documents analysed, there is no mention of the different gender roles and relations at multiple institutional levels. On the contrary, there is an uncritical, unspecified and undifferentiated use of the terms "water users", "household", and "community". This use of language constructs families as egalitarian units and negates historical social inequalities among community members. The basic assumption is that all people have the same capacities and entitlements to access WASH, denying engendered WASH-related barriers. The sporadic mentioning of "vulnerable groups" represents the only way in which some kind of differentiation among beneficiaries is invoked.

More specifically, in the documents analysed the term "vulnerable" is used in sentences such as "Address supply chain issues for soap availability for vulnerable populations" (USAID Water Leadership Council 2020, 7), "Ensure that most vulnerable are targeted with basic WASH NFI" (GWC 2020a, 6), or "Ensure access to water to the most vulnerable groups, option for short term subsidies" (GWC 2020b, 5). Moreover, the WHO and UNICEF document recommends that "services should not be cut off because of consumers' inability to pay" (2020, 5). Thus, this use of language establishes a relationship between vulnerability and lack of material resources to meet WASH needs. The reader therefore (i.e. WASH practitioners) is encouraged to see the material and financial inequalities that influence WASH access (which are clearly important), but it fails to dig deeper into the nuanced social dynamics that sit behind these material and financial inequalities.

Conclusion

To sum up, survey analysis has found that women, and especially those with disabilities, in surveyed communities were disproportionately vulnerable to the impact of COVID-19 on WASH since the pandemic has exacerbated existing gendered barriers to its access while reinforcing an unequal gendered division of labour. This evidence strengthens the idea that gender and social inequalities shape how people are exposed to and experience any emergency situation. In looking for gender gaps in the WASH response to COVID-19, this research suggests that structural gender issues were side-lined both in WASH emergency policy and practice. The feminist discourse analysis indicates that gender and inclusion were not successfully factored into key WASH policies at international decision-making level, while interventions in surveyed communities tended to overlook strategic gender interests and focus on women's practical needs. These results provide further support to the argument that in principle gender is on the WASH humanitarian agenda, but in practice it is still far from influencing priority-setting.

According to Clifton and Gell, addressing gender equality in emergency contexts would not be seen as a burden if "gender-fairness became a perspective, a lens through which all humanitarian workers viewed the work in their respective sector" (2001, 13). With this in mind, WaterAid, FEMNET and I collaborated on this project aiming to promote and support the integration of gender equality into COVID-19 WASH programming by examining the pandemic through a rigorous gender lens. We hope this study could contribute to the on-going research around COVID-19, but also add to the very scant literature on gender equality in emergency WASH and, in doing so, help the emergency WASH sector pursue a social-transformation agenda.

References

Abu Thelma Zulfawu-Elijah Bisung-Susan Elliott, *What If Your Husband Doesn't Feel the Pressure? An Exploration of Women's Involvement in WaSH Decision Making in Nyanchwa, Kenya*, in "International Journal of Environmental Research and Public Health", 16, 10, 2019, pp. 1763.

Ahmed Sarah-Margreet Zwarteveen, *Gender and Water in South Asia*, in *Diverting the flow: Gender equity and water in South Asia,* edited by Margreet Zwarteveen-Sarah Ahmed-Suman Rimal- Gautam Zubaan, New Delhi, 2012, pp. 20-46.

Al-Abdeh Maria-Champa Patel, *"Localising" humanitarian action: reflections on delivering women's rights-based and feminist services in an ongoing crisis*, in "Gender & Development", 27, 2, 2019, pp. 237-252.

Bennett Christina, *The development agency of the future. Fit for protracted crises?* Overseas Development Institute, London, 2015.

Bennett Vivienne-Sonia Dávila-Poblete-María Nieves Rico, *Water and gender: the unexpected connection that really matters*, in "Journal of international affairs", 61, 2, 2008, pp. 107-126.

Bonnet Florence-Joann Vanek-Martha Alter Chen, *Women and men in the informal economy: A statistical brief*, International Labour Office, Geneva, 2019.

Byrne Bridget-Sally Baden, *Gender, emergencies and humanitarian assistance*, No.33, Institute of Development Studies, Brighton, 1995.

CARE, *Gender implications of COVID-19 outbreaks in development and humanitarian settings*, available at: https://tinyurl.com/3zw82gwv, accessed 27 July 2020, 2020.

Carter, Simone E., Luisa M. Dietrich and Olive M. Minor, *Mainstreaming gender in WASH: lessons learned from Oxfam's experience of Ebola*, in "Gender and development", 25, 2, 2017, pp. 205-220.

Cleaver, Frances and Kristin Hamada, *"Good" water governance and gender equity: a troubled relationship*, "Gender & Development: Water", 18, 1, 2010, pp. 27-41.

Cleaver, Frances and Anna Toner, *The evolution of community water governance in Uchira, Tanzania: The implications for equality of access, sustainability and effectiveness*, in "Natural resources forum", 30, 3, 2006, pp. 207-218.

Clifton, Deborah and Fiona Gell, *Saving and protecting lives by empowering women*, in "Gender & Development", 9, 3, 2001, pp. 8-18.

Davies, Sara E. and Belinda Bennett, *A gendered human rights analysis of Ebola and Zika: locating gender in global health emergencies*, in "International affairs", 92, 5, 2016, pp. 1041-1060.

Dery, Florence, Elijah Bisung, Sarah Dickin and Michelle Dyer, *Understanding empowerment in water, sanitation, and hygiene (WASH): a scoping review*, in "Journal of water, sanitation, and hygiene for development", 10, 1, 2020, pp. 5-15.

Dijkhorst, Hilde van and Suzette Vonhof, *Gender and humanitarian aid: A literature review of policy and practice*, Cordaid and Wageningen University Disaster Studies, Wageningen, 2005.

Enarson, Elaine, *Gender and natural disasters*, ILO, Geneva, 2000.

Enfield, Sue, *Mainstreaming disability and making WASH programmes inclusive. K4D Helpdesk Report*, Institute of Development Studies Brighton, 2018.

Enloe, Cynthia, *The Curious Feminist: Searching for Women in a New Age of Empire,* University of California Press, Berkeley, 2004.

Farrington, Michelle, *Social and feminist design in emergency contexts: the Women's Social Architecture Project, Cox's Bazar, Bangladesh*, in "Gender & Development: Humanitarian Action and Crisis Response", 27, 2, 2019, 295-315.

Feminist Alliance for Rights, *Call for a Feminist COVID-19 policy*, available at: https://tinyurl.com/vmrucgje. accessed 3 April 2020, 2020.

Global WASH Cluster, *Global WASH cluster: COVID-19 Response Guidance Note- 01 April 2020,* available at: https://tinyurl.com/ax3p7zbf, accessed 15 June 2020, 2020a.

Global WASH Cluster, *Global WASH cluster: COVID-19 Response Guidance Note #02- Update 15 April 2020*, available at: https://tinyurl.com/1hn83xjt, accessed 15 June 2020, 2020b.

Gosling, Louisa, *Equity and inclusion: A rights based approach*, WaterAid, London, 2010.

Harman, Sophie, *Ebola, gender and conspicuously invisible women in global health governance*, in "Third world quarterly", 37, 3, 2016, pp. 524-541.

Hirai, Mitsuaki, Jay P. Graham, and John Sandber**,** *Understanding women's decision making power and its link to improved household sanitation: The case of Kenya*, in "Journal of water sanitation and hygiene for development", 6, 2016, pp. 151–160.

Hoare, Joanna, Ines Smyth and Caroline Sweetman, *Introduction: post-disaster humanitarian work*, in "Gender & Development: Post-disaster Humanitarian Work", 20, 2, 2012, pp. 205-217.

Jha, Nitish, *Reducing a community's water and sanitation Burden: insights from Maharashtra*, in *Diverting the flow: Gender equity and water in South Asia*, edited by Margreet Zwarteveen, Sarah Ahmed and Suman Rimal Gautam, pp. 183-217, Zubaan, New Delhi, 2012.

Joshi, Deepa, *Misunderstanding gender in water: addressing or reproducing exclusion*, in *Gender, Water and Development,* edited by Anne Coles and Tina Wallace, pp. 135-154, Berg, Oxford, 2005.

Joshi, Deepa and Margreet Zwarteveen, *Gender in drinking water and sanitation: an introduction*, in *Diverting the flow: Gender equity and water in South Asia*, edited by Margreet Zwarteveen, Sarah Ahmed and Suman Rimal Gautam, pp. 142-155, Zubaan, New Delhi, 2012.

Kayser, Georgia, Namratha Rao, Rupa Joseb and Anita Raj, *Water, sanitation and hygiene: measuring gender equality and empowerment*, in "Bulletin of the World Health Organization", 97, 6, 2019, pp. 438-440.

Kulkarni, Seema and K. J. Joy, *Decentralising or marginalising women: Gender relations and sector reforms in India*, in *Diverting the flow: Gender equity and water in South Asia*, edited by Margreet Zwarteveen, Sarah Ahmed and Suman Rimal Gautam, pp. 81-105, Zubaan, New Delhi, 2012.

Lafrenière, Julie, Caroline Sweetman and Theresia Thylin, I*ntroduction: gender, humanitarian action and crisis response*, in "Gender & Development: Humanitarian Action and Crisis Response", 27, 2, 2019, pp. 187-201.

Leahy, Caitlin, Keren Winterford, Tuyen Nghiem, John Kelleher, Lee Leong and Juliet Willetts, *Transforming gender relations through water, sanitation, and hygiene programming and monitoring in Vietnam*, in "Gender & Development: Water, Sanitation and Hygiene", 25, 2, 2017, pp. 283-301.

Leder, Stephanie, Floriane Clement and Emma Karki, *Reframing women's empowerment in water security programmes in Western Nepal*, in "Gender and development", 25, 2, pp. 235-251.

Malala Fund, *Girls' education and COVID-19,* available at: https://tinyurl.com/16erblc8, accessed 25 July 2020, 2020.

Mehta, Lyla, *Water and Human Development*, in "World development", 59, 2014, pp. 59-69.

Miletto, Michela, Vasudha Pangare and Laurens Thuy, *Tool 1 – Gender-responsive indicators for water assessment, monitoring and reporting*, in *UNESCO WWAP Toolkit on Sex-disaggregated Water Data*, UNESCO, Paris, 2019.

Mosello, Beatrice, Virginie Le Masson, Gladys Le Masson, Elena Diato, and Véronique Barbelet, *Integrating Gender Equality in WASH Emergency Response in the Central African Republic*, in *Water security across the gender divide*, edited by Christiane Fröhlich, Giovanna Gioli, Roger Cremades and Henri Myrttinen, pp. 101-124, Springer International Publishing, Cham, 2018.

Moser, Caroline, *Gender Planning in the Third World: Meeting Practical and Strategic Gender Needs*, in "World development", 17, 11, 1989, pp. 1799-1825.

Nguendo-Yongsi, Blaise, *WASH in the informal sector - Experiences of women from West and Central Africa*, PowerPoint presentation at Women's Access to Sanitation and Hygiene in the Informal Sector, New York, 20th March 2017.

Ní Aolain, Fionnuala, *Women, Vulnerability, and Humanitarian Emergencies*, in "Michigan Journal of Gender & Law", 18, 2011, pp. 1-24.

Niederberger, Eva and Tanya Glanville-Wallis, *Community Engagement in WASH Emergencies: Understanding Barriers and Enablers Based on Action Research from Bangladesh and the Democratic Republic of Congo (DRC)*, in "Water", 11, 4, 2019, pp. 862.

Panda, Smita Mishra, *Mainstreaming Gender in Water Management: A Critical View*, in "Gender, Technology and Development", 11, 3, 2007, pp. 321-338.

Peterman, Amber, Alina Potts, Megan O'Donnell, Kelly Thompson, Niyati Shah, Sabine Oertelt-Prigione, and Nicoele van Gelder, *Pandemics and violence against women and children*, Center for Global Development, Washington, D.C., 2020.

Plan International, *COVID-19 Gender Equality Global Adaptation and Response Framework*, available at: https://tinyurl.com/1luly9dy, accessed 27 July 2020, 2020.

Pouramin, Panthea, Nidhi Nagabhatla and Michela Miletto, *A Systematic Review of Water and Gender Interlinkages: Assessing the Intersection With Health*, in "Frontiers in Water" 2, 2020, pp. 1-25.

Quay, Isadora, *Rapid Gender Analysis and its use in crises: from zero to fifty in five years*, in "Gender & Development: Humanitarian Action and Crisis Response", 27, 2, 2019, pp. 221-236.

Ritchie, Hanna, *Clean Water*, in *OurWorldInData*, available at: https://ourworldindata.org/water-access#citation, accessed 20 June 2020, 2019.

Routray, Parimita, Belen Torondel, Thomas Clasen and Wolf-Peter Schmid, *Women's role in sanitation decision making in rural coastal Odisha, India*, in "PloS one", 12, 5, 2017, e0178042. https://doi.org/10.1371/journal.pone.0178042, accessed 10 February, 2021.

Seager, Joni, Gender and water: *Good rhetoric, but it doesn't "count",* in "Geoforum", 41, 1, 2010, pp. 1-3.

Sheller, Mimi, Heather C. Galada, Franco Montalto, Patrick L. Gurian, Michael Piasecki, Tibebu B. Ayalew, and Stephen O'Connor, *Gender, Disaster and Resilience: Assessing Women's Water and Sanitation Needs in Léogâne, Haiti, Before and After the 2010 Earthquake*, in "wH2O: The Journal of Gender and Water", 1, 2016, pp. 18–27.

Smith, Julia, *Overcoming the "tyranny of the urgent": integrating gender into disease outbreak preparedness and response*, in "Gender and development", 27, 2, 2019, pp. 355-369.

Sultana, Farhana, *Gendered Waters, Poisoned Wells Political Ecology of the Arsenic Crisis in Bangladesh*, in *Diverting the flow: Gender equity and water in South Asia,* edited by Margreet Zwarteveen, Sarah Ahmed and Suman Rimal Gautam, pp. 218-250, Zubaan, New Delhi, 2012.

Sweetman, Caroline and Louise Medland, *Introduction: gender and water, sanitation and hygiene*, in "Gender and development", 25, 2, 2017, pp. 153-166.

Thara, Kaveri, *In troubled waters: water commodification, law, gender, and poverty in Bangalore*, in "Gender & Development: Water, Sanitation and Hygiene", 25, 2, 2017, pp. 253-268.

UNHCR, *Technical WASH Guidance for COVID-19 Preparedness and Response*, available at: https://wash.unhcr.org/covid-19-resources/, accessed 15 June 2020, 2020.

USAID Water Leadership Council, *USAID Water, Sanitation and Hygiene (WASH): Strategic Approach to COVID-19 Response*, available at: https://tinyurl.com/1dpfgp6u, accessed 15 June 2020, 2020.

van Koppen, Barbara, Vladimir Cossío and Thomas Skielboe, *Project Politics, Priorities and Participation in Rural Water Schemes*, in "Water alternatives", 5, 1, 2012, pp. 37-51.

WHO and UNICEF, *Water, sanitation, hygiene, and waste management for the COVID-19 virus: interim guidance*, *23 April 2020*, available at: https://apps.who.int/iris/handle/10665/331846, accessed 15 June 2020, 2020.

WHO, *Water Sanitation and Hygiene. WASH and COVID-19*, available at: https://tinyurl.com/ysskaobr, accessed 20 June 2020, 2020.

Yates, Travis, Jelena Allen Vujcic, Myriam Leandre Joseph, Karin Gallandat, and Daniele Lantagne, *Water, sanitation, and hygiene interventions in outbreak response: a synthesis of evidence*, in "Waterlines", 37, 1, 2018, pp. 5-30.

Yeates, Nicola, *Women's migration, social reproduction and care*, in *The Gendered Impacts of Liberalization: towards 'embedded liberalism'?*, edited by Razavi, Shahra, pp. 219-240, London: Routledge, London, 2009.