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GUIDANCE NOTE

UN WOMEN EAST AND SOUTHERN AFRICA

MAINSTREAMING GENDER IN WATER AND SANITATION SECTOR IN COVID-19 RESPONSE



1. BACKGROUND

The outbreak and spread of COVID 19 has created unprecedented challenges for all sectors, especially health and water. The outbreak that was declared a global pandemic by WHO in March 11th has affected 2.5 million people killed about 177,600 as of April 21, 2020.¹

Like other regions in the world, COVID 19 pandemic is spreading rapidly in the in East and Southern Africa Region. As of April 22nd, a total of 4,848 cases have been reported as follows: [South Africa-3,465](#), [Kenya-296](#), [Somalia-286](#), [Tanzania-254](#), [Rwanda-150](#), [Sudan-140](#), [Ethiopia-114](#), [Uganda-61](#), [Mozambique-39](#), [Zimbabwe-28](#), [Burundi-11](#), [South Sudan-4 cases](#), according to John Hopkins university.²

Although the cases might seem low compared to other regions in the world such as Europe, America and Asia, the pandemic is in its early onset and the figures are changing rapidly and on a daily basis. Access to clean running water is critical for the prevention and management of COVID-19.

Washing hands and maintaining good hygiene is central to preventing and controlling the spread of COVID-19, but not community has readily available soap and water. Often households in high density population areas, such as informal settlements and overcrowded camps, are reliant on water trucking which comes at a cost.

Or in rural/semi-rural areas where water collection requires women and girls to walk long distances to collect water, putting a time burden upon them and potentially exposing them to gender based violence risks on the journey as well as exposure to COVID-19 infection.

Women and girls are also often an untapped source of knowledge regarding cultural Water Sanitation and Hygiene (WASH) practices, which must be understood in order to effectively promote public health through hygiene, which will be crucial in combating this crisis. Encouraging the participation of women as leaders in WASH service provision can improve both the health of households and the quality of programming by assigning public health outreach roles to the most suitable persons.

WASH interventions should also prioritize menstrual health and hygiene management, including supplies and age-appropriate information for adolescent girls.

Globally, research shows that emergencies including health emergencies have different impacts on women, girls, men and boys. Recognizing the extent to which the COVID-19 outbreaks affects women and men differently is hugely important. Some preliminary data suggested that more men than women are dying from COVID-19, potentially due to sex-based immunological differences, higher rates of cardiovascular disease for men and lifestyle choices, such as smoking and drinking.³ However, the experiences and lessons learned from the Zika and Ebola outbreaks and the HIV pandemic demonstrate that robust gender analysis and informed, gender-integrated response are vital to understand these dynamics. Furthermore, analysis beyond mortality rates is needed to show the socio-economic impacts of this crisis on women, girls, boys and men.

At the domestic level, globally women and girls disproportionately bear the care responsibilities in their households. This will exponentially increase with increased strains on health care systems as more people get ill and with the closure of schools and learning institutions.



In **80%** of water-deprived households, women and girls carry the burden of water collection

2. INTERVENTIONS PROPOSED

How can UN Women Respond to strengthen the mainstreaming of gender in the health sector?



2.1 billion

people lacked access
to safely managed
drinking water in 2015

1. Promote and support access to critical information to women, girls, elderly and people living with disabilities on effective use of WASH in preventing and management of COVID-19: Support and promote information sharing so that women and girls understand what COVID-19 is, how it is transmitted, the likely symptoms and how to protect themselves and their dependents.

2. Community mobilization for hand washing: Advocate, promote and support community mobilization with women, women's organization and girls for effective hand washing as a key prevention and mitigation measure.

3. Advocate and promote for increased access to clean water and soap for women, girls and other vulnerable groups: Recognizing that many communities in this region especially those in informal urban settlement, poor and rural communities do not have access to adequate water and soap for regular washing of hands, UN Women should advocate for gender sensitive water provision services e.g. organized trucking to avoid overcrowding of women and reduce chances of infection rates in water fetching centers. Increased water storage, water harvesting where it feasible to reduce the frequency and overcrowding in fetching facilities .

4. Seek and establish partnership with private sector to provide WASH facilities, soap and sanitation services: Advocate for provision of WASH facilities and soap as part of non-food items for those that cannot afford it. Partner with private sector where possible to provide soap to the poor, especially women, elderly and orphaned children. Include and lobby for menstrual hygiene supplies/materials and age-appropriate information for adolescent girls in context of lock down. Recognize that girls from poor families often receive their menstrual kit at school, which are closed.

5. Advocate and support an analysis of the impact of COVID-19 on women and girls, boys and men: Advocate and support a gender analysis to give evidence of differentiated impact of COVID-19 on women, girls, men and boys in the water sector including the collection and dissemination of sex and age disaggregated data (SADD)- can apply the CARE Rapid Gender Analysis tool. This will improve the overall targeting of the response.

6. Advocate and support for the engagement of gender machineries, women and women's organizations in leadership and decision-making structures for responding to COVID-19:

Often women are left out of key decision-making process, governance and management structures of emergency response. This means that their knowledge, capacities and needs may not be well integrated into the response. Hence, the to advocate for their representation so that they can voice their concerns and issues.

7. Gender sensitive locations and facilities for WASH: Informal urban settlements where household share washing, and toilet facilities will face increase risks to COVID-19 infections. There is need to lobby and advocate for additional wash facilities that are sensitive to the needs of women, girls, men and boys. Consultation with women and girls on possible locations, lighting, distance will help in reducing risks to GBV. Locations should be accessible to all especially to older women, women and girls with disabilities to reduce potential exposure to GBV.

8. Technical support and advocacy to key coordination structures: Key decisions are made at WASH sector meetings, UNCT/HCT, government coordination and other committees that governments may have put in place. In collaboration with other agencies, it is crucial that gender experts participate and advocate for the

integration of gender in response plans of these key meetings. Guidance notes and tools be made available to participants of these meetings.

9. Support and advocate for the integration of gender in key planning and response frameworks: Identify key opportunities and entry points for mainstreaming gender. This may include multi-agency assessments, national response and preparedness plans, post disaster needs assessment, impact/economic analysis/studies etc. Consideration be made for dedicated gender experts to monitor and provide technical support to these mechanisms. In the communities, there are water management committees and structures that will be set up during the response and need to be engendered.

10. Promote and support the engagement of women and women's organization in community hygiene: Work with women, girls, men and boys in a participatory manner to increase hygiene and encourage measures such as handwashing in ways that resonate with the community. Utilize women and girls' potential in community mobilization and hygiene promotion.

Footnotes

¹ <https://coronavirus.jhu.edu/map.html>

² <https://coronavirus.jhu.edu/map.html>

³ https://www.care-international.org/files/files/Global_RGA_COVID_RDM_3_31_20_FINAL.pdf

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DEDICATED TO GENDER EQUALITY
AND THE EMPOWERMENT OF WOMEN.
A GLOBAL CHAMPION FOR WOMEN
AND GIRLS, UN WOMEN WAS
ESTABLISHED TO ACCELERATE
PROGRESS ON MEETING THEIR
NEEDS WORLDWIDE.

UN Women supports UN Member States as they set global standards for achieving gender equality, and works with governments and civil society to design laws, policies, programmes and services needed to implement these standards. It stands behind women's equal participation in all aspects of life, focusing on five priority areas: increasing women's leadership and participation; ending violence against women; engaging women in all aspects of peace and security processes; enhancing women's economic empowerment; and making gender equality central to national development planning and budgeting. UN Women also coordinates and promotes the UN system's work in advancing gender equality.



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