

Summary Report
**CORP Webinar on 'Impacts of COVID-19: Gender
inequities in WASH'**

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Webinar Summary Note

This CORP webinar was twenty-first in a series of [the Community of Research and Practice \(CORP\) seminars](#) hosted by [the Scaling City Institution for India \(SCI-FI\) initiative](#) with the support of Bill and Melinda Gates Foundation (BMGF). This webinar series seeks to provide a platform for discussing the experiences of the researchers and practitioners on urban sanitation.

In this webinar, titled '*Impacts of COVID-19: Gender inequities in WASH*', speakers and presenters contributed towards understanding the aspects of gender inequities in Water, Sanitation and Hygiene (WASH) space and how it gets deepened in emergencies like COVID-19. In the subsequent sections, we have outlined the key insights from the webinar.

Moderator: Ms Anju Dwivedi, Senior Researcher, Centre for Policy Research (CPR)

Opening remarks: Ms Anju Dwivedi welcomed all the presenters and the audiences to the webinar and set the context for the interactive sessions. She outlined the agenda of the webinar and requested presenters to share their insights on the different aspect of gender inequities in WASH space and respond to the questions raised by the audience towards the end of the webinar.

Session 1: Global experience of WASH related gendered impacts during pandemics

Speaker: Dr Kathleen O'Reilly, Professor, Department of Geography, Texas A&M University

Dr Kathleen, through the examples of Singapore and USA, discussed how foreign workers and migrants face uniquely gendered vulnerabilities. She spoke on how legal or illegal foreign workers are largely alienated from public service systems and suffer immensely as they work in precarious livelihoods without any security outside of the current job. In such an emergency, women are burdened disproportionately due to increasing unpaid care work and domestic work. Moreover, women in the workforce end up performing a double duty without giving much attention to their illness to continue performing their care-giving role. Even women have been felt to be subject to disaster-related gender-based violence and are especially isolated from both emotional and medical support systems. In the scenario of COVID-19 outbreak and imposition of the lockdown, workers and their families are accruing some benefits in the form of remittances from the governments and the employers

Session 2: Roadmap to mitigate gender-based vulnerability in urban WASH

Speaker: Ms Madhu Krishna, Deputy Director, BMGF, India

In her session, Madhu shared that lack of gendered-approach to sanitation has heightened women's vulnerabilities in today's crisis. She shared that women comprise of more than 50% of total urban sanitation workforce. They continue to be on the frontline, albeit informally without adequate protection. Women not only shoulder an increased care burden due to children staying at home, elderly and diseased but also attend to the daily household chores of fetching higher volumes of water from shared and under-provisioned infrastructure. Though there are efforts around the provision of essentials to all, Menstrual Health Management (MHM) seems to find not much attention in the current discourse. And even no precise gender-disaggregated data in India and globally has constrained assessment of the impact of COVID-19 across gender.

She suggested that there is need to come up with short-term mitigation measures, including provisioning of more toilet facilities (portable toilets); handwashing stations (tippy-tap type solutions); additional water supply; organization of local task force through Community organisations/police to protect women against increased domestic abuse; assure supply of MHM products in local shops; setting-up crèches with adequate social distancing measures for child care (can be managed by community women); and ensuring essential Personal Protective Equipment (PPE) for women sanitation workers. And in the medium and long term,

there is a need for more inclusive planning and service delivery as outlined in City-Wide Inclusive Sanitation (CWIS) framework.

Session 3: Impact of Covid on WASH in rural India with a special focus on Women and Adolescent Girls

Speaker: Mr Sujoy Mojumdar, WASH Specialist, UNICEF

Covid-19 presents multi-faceted vulnerabilities for women, adolescent girls and children as shared by Sujoy. He also discussed how in COVID-19 outbreak, there has been two-fold increase in gender-based violence and three-fold increase in policy apathy. There are insights into school drop-out rates increasing especially among adolescent girls (further leading to early and forced marriages/ pregnancies), reduction in access to health services, increased risk of child exploitation due to economic stress and disruption in access to and supply of sanitary products. Furthermore, there have been little efforts of instituting social distancing while water collection and in extending financial and social protection for women frontline workers (nurses, ANM, ASHA, etc.). However, there are efforts by women SHGs in putting up COVID-19 fight through local production of masks; sanitary pads, hand wash and sanitizers, working in community kitchens, spreading knowledge and curbing disinformation, extending local banking and financial services and exhibiting social cohesion.

Sujoy in his presentation, talked about some of the very relevant UNICEF's initiatives in the light of COVID-19. Some of those include a) Study on adolescent vulnerability assessment; b) Concerted efforts towards continued access and consumption of folic acid tablets, issuing guidelines for continuity of essential health & Nutrition services and healthy pregnancies and safe delivery counselling services; c) Initiatives for digital learning and education continuity; d) Tracking systems for children in foster care and kinship care arrangements; and e) Hand washing stations in rural areas across the country.

Session 4: MHM supply chain during Covid: Findings from primary research

Speaker: Ms Arundati Muralidharan, Manager – Policy, WaterAid India

Ms Arundati, in the light of gender inequities in WASH impressed on the criticality of MHM in this session. She shared insights from the rapid survey rolled out to organization (67) on MHM supply chains centralized and decentralized production and distribution value chain of MHM products. The study was conducted across rural (54) and urban (49) geographies across India, African and other regions. Survey revealed criticality of supply chain challenges in the production, distribution and sales; community outreach strategies (phone, Whatsapp, community volunteers and health workers) adopted by the organisations; and engagement strategies of relief work and identified needs in context to MHM with the targeted groups.

As emerged from the study, the set of recommendations to include increasing awareness (access and health hygiene of menstrual products) through distinctive communication tools; increasing access to MH products through short-term distribution of menstrual products in relief centres and food supply operations and expansion of product landscape to include reusable MHM products; leveraging local administrations for distributing menstrual products in storage in schools, CHC/PHC, with ASHAs; and integrating WASH and hygiene messaging with COVID related messaging.

Session 5: Locating gender at the centre of urban WASH Covid-19 Response

Speaker: Ms Tripti Singh, Research Associate and Ms Bharti, Senior Research Associate, CPR

In this session, speakers talked how gender inequities exist in the Urban WASH space and get amplified in the pandemics like COVID-19 through a research study undertaken by Scaling City Institution for India (SCI-FI), Centre for Policy Research. This research study was undertaken across 10 urban slums in Bhubaneswar,

Odisha. Further, CPR Gender study revealed that there exist gender inequities in accessing WASH services and the same gets resonated through care economy burden women bear in fetching water, solid waste disposal, cleaning individual household latrines, and taking care of the ill. The other issues that emerged from the study were on issues with using shared infrastructure (Community Toilets) including no separate wing/cubicle for transgender, no adequate facility for MHM, broken locks and doors and men violating the privacy of the physical space. The study also revealed that despite high care burden on women, their participation in public consultations was found to be very low.

There exist gender inequities which differently affect women, adolescent girls, transgender, men and boy in accessing WASH services. The COVID-19 pandemic has created massive health, and economic shocks worldwide, with different implications for men and women as inferred from previous studies of emergencies, such as the Ebola and Zika crisis. Women are known to do the bulk of unpaid care and domestic work across the world as mothers, parents and family member, a workload that has got intensified with the COVID-19 outbreak. Women, as an unpaid home-based caregiver of ill, suffers from enormous psychological trauma, experiences a higher risk of infection and are mostly deprived of adequate health cover. Also, as per the Rapid Assessment Survey on the socio-economic consequences of COVID-19 conducted by UN Women, the above stated gender inequities and reported that women are less likely to receive information about COVID-19 than men. Another aspect around menstrual hygiene management (MHM) clearly lacks attention in such pandemic outbreaks. Critically, pandemic outbreaks in the urban informal settlements echo examples of gender inequities as residents rely on common public infrastructures such as common water collection points, community toilet (CT) and public toilet (PT) for accessing WASH. Preventive measures like social distancing become unfeasible and frequent hand washing increases water dependency have found to amplify the work burden of women manifold.

Thus, as a part of the recommendations, there is a need for a policy response and gender-responsive strategies to strengthen public health preparedness and response measures prioritising women's concerns in totality. Such a strategy would aim to address the specific needs of women, their responsibilities and perspectives which would further answers questions to the inclusion and equity in WASH. This strategy would broadly talk about reducing WASH related burden by pushing IHHL and access to water to all, dividing share of care economy burden by all HH members, informing women on outbreaks and response measures through distinctive communication tools (like text messaging via mobile phones, community radio and TV programs), improving access to MHM products and strengthening emergency responses in CT/PTs to accommodate anyone during the quarantine period. Further, there is need for separate gender budget, capacity building of local government, collection of gender disaggregated data (GDD), participatory planning and involving women as providers of services and products in the WASH value chain so that women's needs and realities do not fall through the crack. There should be a periodic assessment of WASH public infrastructure, including CT/PT/Common water source and gender analysis at regular intervals. Meaningful engagements with such Community Based Organisations, Women groups and Elected Representatives to be initiated to advance women's voice and decision-making in WASH. There is also need for Gender Forums (GF) as a social support platform at different levels (neighbourhood, city and state level) and strengthened Grievance Redressal Mechanisms (GRM) platform to address gender related concerns.

Q&A: Following the presentation by the eminent speakers, the audience raised pertinent questions on different aspects of gender inequities in WASH space. Some of questions include –What is the impact of COVID on the unpaid care work of women, urban poor (informal workers, migrants) and other vulnerable? Should behaviour change communications be tailored towards women, migrants, and other vulnerable communities to cope? What kind of WASH structures, specially low-cost are that we can promote in response to this pandemic? How can MHM needs of women in quarantine centres, in transit-walking, staying on the road be managed? What strategy would enable the sector to tackle all these challenges in the context of ensuring production and supply of MHH products in all parts the country? What kind of mechanism government should put in place in quarantine centres for disposal of menstrual waste? What

are special focused intervention to identify, locate and respond to the special needs of physically challenged and especially abled girls' menstrual hygiene needs?

Closing Remarks: Ms Anju Dwivedi thanked all the presenters and the audience for their participation and shared that the recordings and summary of the webinar will be uploaded up on the [CPR website](#) for future references.

AGENDA

Time	Details
10:00-10:05	Moderator: Anju Dwivedi, Senior Researcher, CPR
	Global experience of WASH related gendered impacts during pandemics
10:05-10:15	Speaker: Dr Kathleen O'Reilly, Professor, Geography, Department of Geography, Texas A&M University
	Roadmap to mitigate gender-based vulnerability in urban WASH
10:15-10:25	Speaker: Madhu Krishna, Deputy Director, BMGF, India
	Impact of Covid on WASH in rural India with a special focus on Women and Adolescent Girls
10:25-10:35	Speaker: Sujoy Mojumdar, WASH Specialist, UNICEF
	MHM supply chain during Covid: Findings from primary research
10:35-10:45	Speaker: Dr Arundati Muralidharan, Manager – Policy, WaterAid India
	Locating gender at the centre of urban WASH Covid-19 Response
10:45-10:55	Speaker: Tripti Singh, Research Associate and Bharti, Senior Research Associate, CPR
10:55-11:25	Moderated Q & A
11:25-11:30	Closing Remarks

ABOUT SPEAKERS

Dr Kathleen O'Reilly is a Professor of Geography at the Texas A&M University. She has extensive Water, Sanitation and Hygiene (WASH) experience in urban and rural India. She studies drinking water supply systems' management and the impacts of sanitation interventions for marginal groups, particularly women and lowest castes. Her career spans over 20 years of data collection in India, research findings, dissemination, and teaching. As a Professor of Texas A&M University's College of Geosciences, she was named a Presidential Impact Fellow in October 2018. Kathleen has received research grants from the National Science Foundation, the Bill & Melinda Gates Foundation, the Water Supply and Sanitation Collaborative Council (UNOPS), and others to fund her work.

Madhu Krishna is a Deputy Director at the Bill & Melinda Gates Foundation's India initiative on Water, Sanitation and Hygiene. She has been a development professional for over 25 years, with a special focus on

programme design, evaluation, policy and advocacy across initiatives including sanitation, public health, agriculture and livelihoods; and women's empowerment. Before joining the foundation, Madhu worked for a number of organizations in the areas of maternal and child health, family planning and strategy formulation including PATH, FHI, Digital Green, Landesa, and Intra Health. She has a Master's degree in Social Sciences from the University of Delhi.

Sujoy Mojumdar is a WASH Specialist at UNICEF. During a career spanning more than 25 years, Sujoy worked in various capacities in the states of Chhattisgarh and Madhya Pradesh. With the launch of the Swachh Bharat Mission, he became the Director Swachh Bharat Mission, Ministry of Drinking Water and Sanitation, Government of India in October 2014. He has a Master's degree in physics from the University of Delhi. In 1991, Sujoy joined the India Forest Service (IFS).

Dr Arundati Muralidharan is Manage-Policy (WASH in Health & Nutrition, WASH in Schools) at WaterAid India. She has more than 15 years of experience as a public health practitioner and qualitative researcher with expertise in menstrual health and hygiene management, gender and sanitation, and sexual and reproductive health. Previously, Arundati has worked with the Public Health Foundation of India, SNEHA, and Population Services International (PSI). She has a Doctorate in Public Health from Boston University and holds a Masters in Social Work from Tata Institute of Social Sciences, Mumbai.

Bharti is a Senior Research Associate at the Centre for Policy Research with Scaling City Institutions for India (SCI-FI) vertical. She has been associated with the SCI-FI initiative since 2019. Her work in CPR has largely centred around urban and rural water and sanitation sub-spaces entailing research studies on community participation, inclusive sanitation framework for cities and social innovation in the urban sanitation. She has also been part of the team which drafted Odisha Rural Sanitation Policy. She is Graduate in Mathematics from Lady Shri Ram College, Delhi University with a Masters in Rural Management from Institute of Rural Management Anand (IRMA), Gujarat.

Tripti Singh is a Research Associate with the Centre for Policy Research. Since the last five years at CPR, she has worked with the Water and Sanitation initiative. Her current work explores socio-cultural vulnerabilities in WASH with a specific focus on gender and sanitation workers. She has a Master's degree in Sociology from University of Mumbai.



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The Scaling City Institutions for India (SCI-FI) programme aims to better understand 'governance scale' in Indian cities in tandem with 'sector specific socio-economic scales'. Through research, the programme aims to inform stakeholders, including the three tiers of the government, to develop better informed policies and programmes enabling improved governance and service delivery. It has two key thematic focus in areas of Land, Housing and Planning, and Water and Sanitation. The SCI-FI programme is nested at the Centre for Policy Research (CPR) since 2013.