

Locating gender at the centre of urban WASH Covid-19 response

Tripti Singh and Bharti | 6 May 2020





Introduction

Existing gender inequities differently affect women, adolescent girls, transgender, boys and men in **accessing**

WASHGlobally 'care work' is predominantly undertaken by women

The outbreak of Covid-19 has intensified gender inequity causing

- Disproportionate work burden related to 'care roles' as mothers, parents and family members
- Psychological burden for being sole care taker of the infected/ill
- Huge health risk of being a health worker with non-existent or inadequate health insurance
- Poor attention to menstrual hygiene management (MHM) and In uWashinformal settlements, residents rely on common water conference in the management (MHM) and In uWashinformal settlements, residents rely on common water conference in the management (MHM) and In uWashinformal settlements, residents rely on common water conference in the management (MHM) and In uWashinformal settlements, residents rely on common water conference in the management (MHM) and In uWashinformal settlements, residents rely on common water conference in the management (MHM) and In uWashinformal settlements, residents rely on common water conference in the management (MHM) and In uWashinformal settlements, residents rely on common water conference in the management (MHM) and In uWashinformal settlements, residents rely on common water conference in the management (MHM) and In uWashinformal settlements, residents rely on common water conference in the management (MHM) and the managem
- observing preventive measures like social distancing is unfeasible in these settings.
- frequently washing and sanitising hands increases water dependency which is difficult in water stressed sites CENTRE FOR POLICY RESEARCH



Findings from primary research Study in Bhubaneswar

Individual Household Latrine (IHHL),
Open Defecation (OD) and CT/PT

- 68.7% HHs have use IHHL:
- Low intra-household variation
 - 3% respondents use a combination of IHHL, CT/PT or practice OD.

Sanitation usage pattern

	Always			Sometimes			
						OD+CT/P	Total
Gender	IHHL	OD	PT/CT	IHHL+OD	IHHL+PT/CT	Т	Sample
Male	102	45	8	0	4	1	160
Female	243	87	19	6	5	0	360
Transgender	18	5	7	0	0	0	30
Total	363	137	34	6	9	1	550

CTs and PTs: Difficulties faced by women and

- ែ ្សា 4 ៨ ដែល is faced by women in using the CT and/or PT :
 - Men enter women's toilets
 - Male caretakers for women's toilets
 - No adequate facility to manage MHM safely
 - Broken locks and doors



- For transgender, public WASH infrastructure become sites of social exclusion and violence.
- The built environment of CT/PT which denies the existence of transgender forces them to choose between men's and women's rooms.
 This creates insecurity amongst them in using public toilets
- Anecdotes by transgender:
 - "People throw stones, stare, abuse, make lewd comments, and sneer at us".
 - "People are curious about our bodies. They stare".

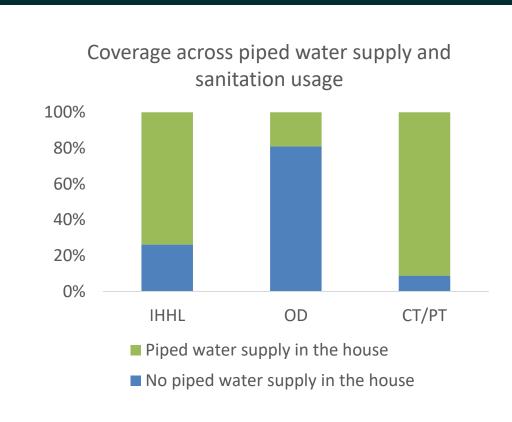




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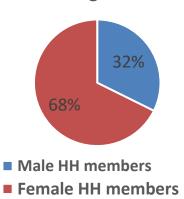
Need to push for construction of IHHL vis-à-vis CT

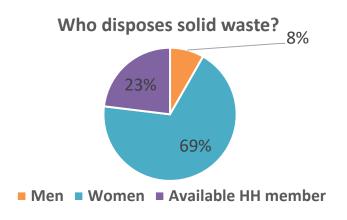
- Practicing social distancing is critical to combat the novel corona virus.
- The thrust needs to be on IHHL construction wherever residents do not have space constraint.
- Where not, CTs need to be carefully managed.
- Survey findings reveal that access to piped water triggered IHHL construction:
 - If HHs have access to piped water supply, they are more likely to have IHHL.
 - There is high reliance on CT when the supply of water is inconsistent.

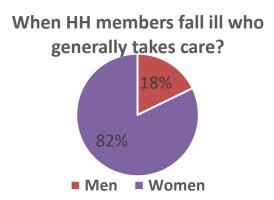


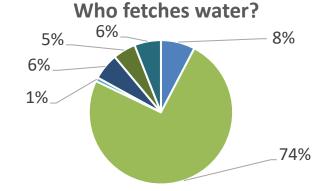
Care economy burden disproportionately borne by











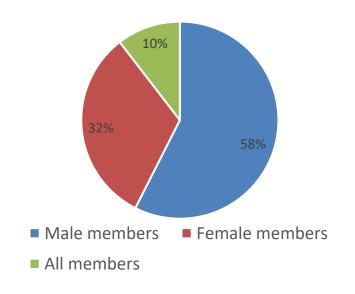


All family members

Low participation of women in public consultation for

- Only in one third cases
 women HH member attended
 public consultation on IHHL
 construction organised to
 create awareness on SBM.
- Almost in 60% HHs, male family members attended these consultations.

Who attended public consultation on IHHL construction from the HH?





Conclusion

Despite the recent large scale IHHL construction, marginalised groups continue to have low access to sanitation infrastructure:

- Women reported 'care burden' and poor attention to 'MHM'
- Marginalised groups (like SCs) reported low access to IHHL due to financial and space constraint
- Transgender lack access to CTs due to appropriate design features

Enabling mechanism for gender friendly sanitation infrastructure and services for:

- Women: Safe MHM facilities, women caretakers for women's wing, and separate entry.
- Transgenders: separate gender neutral entry, and separate bathing space
- Equitable user fee of CTs



Recommendations in COVID-19

Need for emergency responsive strategy to the COVID-19 embedding a gender lens to include women's unique needs, responsibilities and perspectives to adequately address inclusion and equity in WASH

- To reduce WASH related burden to some extent by pushing IHHL
- To share **care economy burden** by HH members
- To inform women on outbreaks and response measures through distinctive communication tools
- To improve access to menstrual hygiene products
- To strengthen public health preparedness and response measures in CTs/PTs as community centres for quarantine or local stay
- To promote **gender budget** for WASH services
- To built **capacities of local government** to respond to such crisis

At the planning level, there is need to

- Capture gender disaggregated data on the impact of Covid 19 in the WASH
- Undertake participatory planning involving key stakeholders
- Involve women as providers of services and products in the WASH value chain



Recommendations in COVID-19

Across various levels, there is need for

- Periodic assessment of WASH public infrastructure(CT/PT/Common water source)
- Gender analysis at regular intervals
- Real time monitoring of gender integration in WASH

Engage with **Community Based Organisations, Women groups and Elected Representatives** for public health preparedness and response measures to advance women's voice and decision-making in WASH

Create **Gender Forums (GF)** as social support platform at different levels (neighbourhood, city and state level)

Strengthen **Grievance Redressal Mechanisms (GRM)** to resolve women concerns in WASH

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THANK YOU

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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.