Guidance for Gender Integration in the COVID-19 WASH Response

The following guidance from the UNICEF East Asia and Pacific Regional Office (EAPRO), was developed for UNICEF staff and partners. It offers six concrete actions that will strengthen the integration of gender in the water, sanitation and hygiene (WASH) sector response to the COVID-19 outbreak.
Background

It is well recognized that the COVID-19 pandemic places a disproportionate burden on women and girls.\(^1\) The outbreak increases the load of domestic work, caregiving and home-schooling of children, and nursing of the sick; raises the risk of gender-based violence; threatens livelihoods and incomes especially those derived from informal and part-time employment; hinders access to maternal health, sexual and reproductive health, HIV and gender-based violence (GBV) services; and disrupts education, with potential to increase mental health issues, online exploitation and abuse, child marriage and teenage pregnancy. These impacts are heightened in developing contexts with limited water, sanitation and hygiene (WASH) infrastructure. WASH resources will be increasingly in demand because of this public health emergency and it is pivotal that actions to progress gender equality are integrated into programming to increase the effectiveness of the WASH response.

Key Actions

The following actions are recommended to strengthen the WASH response to COVID-19:

1. **Ensure women, as well as men, receive gender-responsive WASH guidance for the COVID-19 outbreak.** Physical distancing measures isolate many women in the home, caring for children and/or the sick, and they often do not have equal access to timely information about the outbreak, developments, response and personal protection measures. Gender-responsive COVID-19 WASH messages should be:

   ✓ Developed with women organizations and networks so they are tailored to how women and girls’ access and understand information.

   ✓ Included in capacity building for and by hygiene promoters and other community outreach workers.

   ✓ Disseminated via digital channels, particularly those accessed by women and girls in the respective context.

   ✓ Posted at central WASH locations, such as water collection points, schools and healthcare facilities.

   ✓ Careful to avoid reinforcing traditional gender norms. WASH information and messages should depict and promote shared responsibility, by men and women, for water collection, sanitation and hygiene practices, and caring for children and the sick. It is particularly important that fathers and men (not just women) are portrayed as caregivers and that women are depicted as decision-makers and leaders.

2. **Safeguard access to sanitary pads and menstrual health and hygiene (MHH) materials for frontline workers, and women and girls in disadvantaged and hard-to-reach areas**, by including sanitary pads and MHH information in WASH and dignity kits and Infection Prevention and Control (IPC) measures for healthcare facilities, schools, early childhood development (ECD) centres, and households, etc.

✓ Ensure adequate sanitary napkins are part of the crucial WASH equipment that is supplied to health facilities, schools, ECD centres, treatment and isolation centres etc.

✓ Ensure WASH facilities in health care centres and other temporary treatment/quarantine centres are menstruation-friendly (with napkin supplies, soap/sanitisers, bins, water, light, etc.)

3. **Include Gender-based Violence prevention and response in WASH programmes.** Quarantine measures and isolation in the home combined with increased stressors contribute to the rapid rise of violence against women and girls.

✓ Build capacity of hygiene promoters, WASH staff and partners on GBV, including how to respond to disclosure of GBV (e-GBV pocket guide, hotlines, etc.) and how to provide up-to-date referral pathways.

✓ Ensure WASH facilities and services are designed to reduce vulnerabilities to violence (safe location, distance, privacy, appropriate lighting, lockable doors, etc.).

✓ With support from GBV specialists, include information about GBV risks and response services alongside COVID-19 WASH communications, at water collection points, women’s community toilets, healthcare facilities, and communal handwashing areas, such as markets and transportation centres.

4. **Improve IPC for antenatal and postnatal care, delivery rooms and skilled birth attendants with WASH facilities, information and equipment.** During the pandemic, pregnant women increasingly consider delivery options outside of hospital settings due to the fear of contamination, overcrowding, supply shortages and visitor restrictions. This increases the risk of unsafe and unskilled birth practices that may lead to higher maternal and child deaths. WASH response can address this, including:

✓ Integrating obstetric needs into COVID-19 response guidance in collaboration with health staff and experts.

✓ Exploring additional hygiene supply needs, including Personal Protective Equipment (PPE) for healthcare workers, sanitary workers and skilled birth attendants. PPE includes long-sleeved gowns, gloves, boots, masks, and goggles or a face shield. Where PPE is not available, instructions for improvised alternatives such as homemade masks and gowns could be considered.

✓ Supporting capacity building of health workers on hygiene practices and proper use of WASH facilities.
5. **Ensure the most disadvantaged households, such as female-headed households, in COVID-19 affected cluster areas have adequate WASH services and supplies to support IPC measures.** Actions may include:

✓ Improved access to safe water for frequent hand washing and cleaning.
✓ Increased numbers of water points to allow for social distancing and reduce time needed for water collection by women and girls.
✓ Distribution of cleaning and disinfectant materials, including soap and alcohol-based hand sanitizer to support improved hygiene measures.
✓ Advocacy with commercial providers of cleaning supplies to ensure supply chain continuity, and distribution to disadvantaged and hard-to-reach areas.

6. **Ensure gender data are available, analyzed and actionable.**

✓ Data should be disaggregated by sex, age and disability wherever feasible, including in community-based rapid assessments, progress reporting, supply distribution, etc.
✓ Gender of household head should also be captured during household service provision. Female-headed households are generally more vulnerable during crises and it is important to ensure these families receive equitable support.

---

**For Inquiries**

For further information and inquiries, please contact:

**Evariste Kouassi Komlan**, Regional Adviser WASH, UNICEF EAPRO, [ekouassikomlan@unicef.org](mailto:ekouassikomlan@unicef.org)

**Anu Gautam**, WASH Specialist, UNICEF EAPRO, [apgautam@unicef.org](mailto:apgautam@unicef.org)

**Hrachya (Charlie) Sargsyan**, Emergency Specialist, Emergency Response Team (WASH) Programme Division, UNICEF New York, [hsargsyan@unicef.org](mailto:hsargsyan@unicef.org)