WaterAid

Guidance for creating empowering and inclusive WASH and COVID-19 responses

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This document is designed to help provide practical guidance to WaterAid Country Programs on how to ensure our WASH and Covid-19 responses are inclusive, empowering and do no harm. WaterAid is committed to tackling inequalities in all aspects of WASH. This extends to our work in specific responses like Covid-19. We set out clearly the reasons why Covid-19, like any crisis, impacts hardest on those that are already marginalised and exacerbates existing inequalities. See blog post.

As we support national and global efforts to combat Covid-19, we must demonstrate how to deliver an inclusive and transformative and inclusive WASH-Covid responses, by:

- **Strengthening government messaging and communications** on COVID-19 and WASH, including support on how to avoid increased stigmatisation and marginalisation;

- **Supporting local rights groups** to identify and strengthen access to information about COVID-19 and WASH, as well as advocating for transformative approaches.

Steps to making Covid-19 and WASH efforts inclusive and empowering

Key issues

Women and girls experience increased risk and burden during COVID-19 due to:

1. Making up most of the health workforce population;
2. There being an increase in unpaid labor and care work eg. child care and cleaning;
3. Women being excluded from decision making and leadership roles in responding to COVID-19; and
4. Increased risks of violence at home and in communities.

People with disabilities, who make up 10%-15% of the population, are vulnerable to COVID-19 but may be excluded from WASH and other response efforts because:

5. People may be physically, socially or systemically left out of COVID-19 protection measures, putting their health and rights at risk
6. People with different impairments may rely on others for their access to water, saniation and hygiene services, information and other needs

Appendix 1: Messaging about who is marginalised and why

These are the core steps, which are outlined in detail with example later in the document.

1. Get informed about who is vulnerable, marginalised and at risk of exclusion;
2. Identify practical steps to reach and include marginalised groups;
3. Design inclusive and empowering Behaviour Change Campaigns
4. Include different voices in decision-making, and advocate for others to do the same
5. Monitor inclusion, empowerment and unexpected consequences in WASH and COVID-19 responses.

Step 1. Get informed about who is vulnerable, marginalised and at risk of exclusion

Marginalised people become even more vulnerable in health emergencies and economic crisis.[1] It is important to know what factors affect some people to be at risk of exclusion, or of greater work burden and why. Some factors include:

- Individual factors: Disability, age, gender and underlying health issue/status
- Where people live can increase vulnerability: informal settlements, remote locations
- Poverty can increase vulnerability to C-19, or experiences of exclusion;
- People with less access to WASH.

Activity: Undertake a barrier analysis in collaboration with existing partnerships with disability rights and woens rights organisations which examines inequalities in Covid-19 and WASH by:

- Listing who is marginalised/vulnerable
- List the barriers they may be experiencing
- Consider connecting with other relevant rights organisations beyond existing partners such as those set up to protect the rights of older people, people living in informal settlements etc.

Type of barrier	Who	Description of barriers
Social *Attitudes* *Norms* *Roles*		
Physical *Infrastructure* *Access to health services* *Communications* *Access to info*		
Institutional *Government plans, strategies, responses, data systems*		

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[1] Public health emergencies, such as the outbreak of coronavirus disease 2019 (COVID-19), are stressful times for people and communities. Fear and anxiety about a disease can lead to social *stigma (1)* toward people, places, or things.
National Center for Immunization and Respiratory Diseases (NCIRD), Division of Viral Diseases - https://www.cdc.gov/ncird/index.html

Please ensure the following issues are addressed:

Women having less decision-making power than men in households or in government, therefore their needs are less likely to be met during an epidemic.[2]
Increased labour for women through domestic work and caring responsibilities such as fetching water, cleaning, hygienic food preparation & storage

Increased violence against women: Evidence of this happening as a direct result of lockdown measures is emerging.[3] Risks of violence is linked to service delivery, access to health, safety and security of people when accessing WASH and healthcare facilities.

Increased stigma or discrimination against people feared to be 'transmitters of disease': in these times of panic, misinformation and supersitions can increase. Therefore certain people – for example those with existing health conditions like HIV or with a disability might be increasingly excluded because of fear.

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[2] David Evens, *How Will COVID-19 Affect Women and Girls in Low- and Middle-Income Countries?* In Centre for Global Development blog post, 16 March 2020
[3] Fraser, E. (2020) Impact of COVID-19 Pandemic on Violence against Women and Girls, VAWG Helpdesk Research Report No. 284. London, UK: VAWG Helpdesk.

Step 2. Utilise this framework to identify practical approaches for Covid-19 and WASH responses

Harmful Approaches	Inclusive Approaches	Empowering Approaches	Transformative Approaches
Partnerships with rights groups are not utilised. WaterAid does not advocate to government (and others) for inclusive approaches. WaterAid does not support decision-making by women or people with disabilities. BCC/Hygiene messaging: • perpetuates stigma or some groups; • causes harm because there is backlash or other violence; • reinforces gender norms and stereotypes such as women doing more WASH work than men. WaterAid does not advocate for or support response/prevention of violence	Rights groups are consulted by WaterAid for input. WaterAid advocates to government (and others) for inclusive approaches. WaterAid advocates for and facilitates women and/or people with disabilities to be part of decision-making efforts. BCC/Hygiene messaging is: • positive, builds community spirit • reaches diverse audience & addresses diverse needs • continues to reinforces gender norms/stereoyptes WaterAid advocates for community facilitators and government to incorporate response/prevention of violence	Rights groups are key actors guiding our implementation approach WaterAid facilitates and supports rights groups to advocate for themselves for others to deliver empowering COVID-19 responses. WaterAid shifts attitudes and practice of men in decision-making roles to support women and people with disabilities to be decision-makers. BCC/Hygiene messaging is: • positive, builds community • reaches diverse audience & addresses diverse needs • aims to shift gender and power norms; no stereotypes and we explicitly advocate for this with government WaterAid supports community facilitators and government to incorporate response/prevention of violence strategies.	WaterAid uses a health and WASH sector strengthening approaches to bring about transformative and long-term equality outcomes (not only immediate response). DPO's and womens rights groups are regarded as legitimate leaders who are integrated into response systems. Covid-19 and WASH is leveraged as an opportunity to shift gender and power norms, roles, responsibilities in the longer term. This is captured in BCC/hygiene approaches as well as sector strengthening. Violence prevention/response services are integrated into WASH-Covid, sector actors understand and apply a DNH approach

Step 3. Messaging, communications and visuals

Below are some ways to ensure that hygiene behaviour change and other communications follow equality and non-discrimination principles.

Do's	Don'ts
Use images and messaging which show responsibility for hygiene behaviours can be equally distributed. • Increased handwashing will demand more water, access to soap, cleaning duties etc. This will significantly increase the burden & pressure on those responsible - predominantly women and girls. • Ensure images are gender balanced in all communications. • Include images of male household and community members in these roles to communicate collective responsibility	• Do not reinforce gender or other stereotypes – i.e. do not show **only** women doing the wash, cleaning or looking after children.
Frame messaging which builds community spirit, support and collective action: • Use terms like "us" "we" "together as a community" "supporting each other to" "altogether we can" • Use images which show people helping each other • Demonstrate sector/ government response and duties, not just individual's responsibility	• Do not focus only on individualistic messages, which reinforce individualistic responses and actions. • Do not use emotional triggers like shame or guilt or fear –we have a responsibility to avoid promoting further hysteria or blame. • Avoid emotional or negative language.
Portray people in all their diversity in images. • Communities are made up of women, men, children, people with impairments, people of different ethnic or religious identifies etc – reflect this reality in your communications to improve uptake.	• Do not 'blame' or associate individual factors such as gender, ethnicity, religion, age, impairment, health or poverty status with reasons for infection or contagion. • Avoid messaging, images or implementation approaches that might unintentionally stigmatise, ostracise or cause abuse for certain people.
Acknowledge & respond to the diverse needs of community members. • Demonstrate how assistive devices can be used • Demonstrate solutions that are relevant in low income settlements, in rural and water scarce areas. • The Compendium of Accessible Technologies linked to here has good illustrations and descriptions to adapt	• Avoid blanket approaches that suggests that everyone can change behaviours without any specific adaptations. • Do not direct messaging or responsibility for 'change of behaviour' at one group of people – i.e. mothers – rather talk about parents caring for children etc; families and relatives of people with disabilities • Do not misrepresent amount of people who have piped water supply or access to soap.
Adapt comms to suit groups	• Not being inclusive of all can lead to fear, shame and blame

• Consider the communication and learning abilities of all people, such people with visual, hearing and intellectual impairment
• Give-away materials can reinforce the messages and make up for some short-term memory loss among older people or people with disabilities.
• These should be:
   - Easy to read
   - large script
   - high contrast between text and paper
   - non glare/glossy paper
   - text in local languages/ dialects
   - highly visual.
• Plan channels for information to reach all especially those doing caring duties, sanitation work etc
	• Do not portray informal settlements or slum areas as 'vectors of disease', or poorer areas of the city as being unable to keep clean. This reinforces stigma and increases the chance of a negative reaction. For example, there have already been cases of informal housing being cleared in the name of 'sanitisation'. The solution lies in guaranteeing adequate and safe levels of service for all, rather than reinforcing stigma towards certain parts of the population.

As part of the Do No Harm approach: Do a risk assessment before and throughout the campaign to: • Monitor backlash on social media such as racist comments and immediately delete • Check that it does not amplify or put blame on one group (or if audience is interpreting it) • Make a list of who is likely to miss out on this because of language, ability, culture, gender and come up with strategies for how they could be included	• Do not ostracise or promote 'calling out' of people or parts of the population. This may encourage vigilant tactics or backlash. • Avoid terms such as "victim"; "infecting" or "spreading to others" • Do not tolerate any racist, bigotry, or blaming comments on social media and have a strategy for monitoring it.

Step 4. Facilitate shared decision making

Actively promote and make space for women and other marginalised voices in decision-making, design, implementation of WaterAid approaches. If doing advocacy to government, work alongside disability rights, women's rights groups and representative of other context specific marginalised groups, so they are leading the advocacy. Rights groups can play a role in all types of activities:

- Advocacy and influencing to government
- Sector strengthening and program delivery through partners
- Community engagement or education

Step 5. Set up monitoring systems to ensure our approaches are inclusive and empowering and do not cause harm

   o Collect and analyse disaggregated data to understand differing impacts on all parts of the population. At minimum age, disability, gender and location disaggregation is needed.

- Document learnings by getting feedback, and documenting observations about what resonates;
- Ask rights groups partners for feedback at each step
- Dedicate one role to monitor the news, media and check in with partners etc for any backlash or emerging risk

Appendix 1.

WaterAid's commitment to reducing inequalities

WaterAid is committed to tackling inequalities in all aspects of WASH. This extends to our work in specific responses like Covid-19. As we support national and global campaigns to combat Covid-19, we must understand and tackle the risks to the most marginalised & those whose rights to water and sanitation are already ignored or may be at increased risk.

We can continue to apply a rights-based approach to Covid-19 and WASH repsonses. This means we can support governments to ensure their service deliver is inclusive, equitable and leaves no one behind. At the same time, we can support local communities and rights groups to have a voice and be active participants and agents of change. WaterAid continues to play a role in raising awareness of equality and non-dscrimnation; improving knowledge and skills of both government, rights-groups and communities.

Who is marginalised and why

Marginalised people become even more vulnerable in health emergencies and economic crisis. Entrenched patterns of stigmatisation and discrimination may be heightened further during this crises.

For example, some people might be restricted from accessing public facilities including water, sanitation and health facilities. Examples of people who experience marginalisation, discrimination and be more vulnerable include:[4]

People with chronic health issues: due to having increased susceptibility to COVID 19, they may experience stigma and exclusion (especially if they are already poorer or discriminated against) i.e. people with HIV /AIDs,

People who are homeless, street dwellers, sanitation workers, sex workers: They might already be labelled as 'unclean' due to social stigmatisation may experience further discrimination

People with disabilities: Might be commonly misunderstood as being infectious or result in people being less able to perform self-care

People who are working as cleaners may be vulnerable due to socio-economic status, ethnicity, caste or other and have heightened risks to COVID-19.[5]

Gender inequality is exacerbated in health emergencies and economic crisis

Women have less decision-making power than men in households or in government, therefore their needs are less likely to be met during an epidemic.[6]

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[4] Public health emergencies, such as the outbreak of coronavirus disease 2019 (COVID-19), are stressful times for people and communities. Fear and anxiety about a disease can lead to social *stigma (1)* toward people, places, or things.
National Center for Immunization and Respiratory Diseases (NCIRD), Division of Viral Diseases - https://www.cdc.gov/ncird/index.html

[5] https://www.nytimes.com/2020/03/18/us/coronavirus-janitors-leaners.html?action=click&module=Top%20Stories&pgtype=Homepage

[6] David Evens, *How Will COVID-19 Affect Women and Girls in Low- and Middle-Income Countries?* In Centre for Global Development blog post, 16 March 2020

Increase labour for women through domestic work and caring responsibilities: Collecting water, cleaning, hygienic food preparation & storage; Ensuring enough water for increased handwashing/ hygiene practices etc are all predominantly reliant on women's labour.

Women may have more human to human contact: Collection of water from community stand pipes, shared boreholes etc; Caring for people who acquire the virus

Frontline health workers, community health volunteers and carers are predominantly women. They face: increased pressure, increased exposure to the virus; increased risk of violence and retaliation in crisis times

Violence against women increases: Evidence of this happening in high income countries as a direct result of lockdown measures is emerging.[7] While not directly connected to WASH it is linked to service delivery, access to health, safety and security of people when accessing WASH services, healthcare facility operations.

Reduced accessed to SRHR services: Health resources normally dedicated to reproductive health go towards emergency response.

The human rights of the poorest and least powerful will be compromised most

People who are living in poverty, in informal settlements, part of marginalised ethnic, indigenous or other groups are more likely to have underlying (undiagnosed) health conditions that make them vulnerable.

Those who <u>rely on daily wages to survive</u> or live in densely populated informal settlements or refugee camps will have a harder time accessing and affording the services they need to stay indoors and less space in which they are now expected to live. There urgency for food and water puts them at greater risk of not only COVID-19, but also harsh punishment by authorities.
Already abuses of human rights are taking place with the clearance of informal markets and housing in the name of 'sanitisation' in some places. The Ebola crisis in Monrovia in 2014 set a precedent for quarantining entire informal settlements that were deemed a 'health risk'.

They are also most likely to be denied or unable to access their rights to water, sanitation, health care, safe or secure housing and social assistance.

Hidden populations who don't have regular contact with authorities or fear authorities will also need to be considered and their rights to the water and sanitation that is fundamental to keeping hydrated, clean and virus free should be prioritised – ensuring no one is left behind.

Homeless populations and groups with no access to services are often reliant on public infrastructure the most – public toilets, public water stands etc. If these are closed or restricted as a preventative measure, it will impact those least able to access alternative sources.

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[7] Fraser, E. (2020) Impact of COVID-19 Pandemic on Violence against Women and Girls, VAWG Helpdesk Research Report No. 284. London, UK: VAWG Helpdesk.

Refugee and IDP populations are particularly at risk of the worst impacts of the disease, due to overcrowding, under-resourced services, and lack of access to national health services. Water and sanitation facilities may not be available to enable people to follow advice on hygiene.

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