COVID-19 has arguably altered our understanding of and interactions with our surroundings in far-reaching ways. In the WASH sector, there is an ongoing discussion on the importance of access to water for washing hands frequently and how the lack of proper access to water and soap leaves marginalised communities disproportionately exposed to COVID-19. There is no debate that the ongoing pandemic raises new challenges for the water and sanitation infrastructures. However, to address the COVID-19 requires us to mind the gender, age, caste, class, and religious dimensions to the infection and this requires depending not only on emerging data on COVID-19 but also relying on the existing data and literature on the gendered impact of infectious disease and respiratory illness (Wenhem et al., 2020). At the outset, it is important to understand that the impact of the infection and the impact of the lockdown are related but not identical. For example, the severity of the virus as experienced by individuals depends on individual immunity. However, the ability to mitigate its impact — for example, access to water and soap, the ability to practice physical distancing — are an outcome of underlying socio-economic and gendered differences. Here, I discuss the distinctive impact of COVID-19 on women and access to water. Gendered norms imply that women are required to continue their domestic responsibilities such as making meals, childcare, and managing cleanliness and hygiene for other family members (elderly, disabled, unwell, children) and their overall homes even under the current pandemic. Women from poor communities often depend on public taps for their domestic water needs and make multiple trips during the day to collect water. Carrying out water collection puts them at risk of contracting infections from frequently touched surfaces such as the taps and lack of adequate physical distance. While physical distance is required to stop the spread of the virus, policymakers have overlooked the apparent class-dimensions of distancing. As has been evident in the past few days, poor migrants have been hit hard by the nation-wide lockdown. Even as thousands of migrants are stranded or walking towards their villages, their access to adequate water is questionable. Moreover, women and children are especially vulnerable, and vulnerability increases for women who are pregnant, breastfeeding and menstruating. Furthermore, institutions for the socially vulnerable people such as nursing homes, homes for destitute or abused women, and others are faced with the impact of COVID-19 on their residents with limited resources to alleviate the risk of infection.

The COVID-19 pandemic can be a turning point for humanity. Moving towards a future where every citizen has a decent life — including access to adequate water and sanitation — requires us to move away from the current implicit biases against various groups of people based on their social and economic identity. At a fundamental level, we must believe that every citizen has equal value and then design policies and build infrastructures — including water and sanitation — from that underlying shared ideology.