WASH in the context of maternal health and menstrual hygiene in Uganda and India

How Indian and Ugandan health care facilities manage the sanitation needs of special user groups

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Research Question and Objectives

Water, sanitation and hygiene (WASH) in health care facilities (HCFs) in developing countries often lack user friendly and gender sensitive services, putting the most vulnerable user groups (pregnant women, women in childbirth, small children, and elderly and disabled people) at risk. Also, within the realm of WASH, menstrual hygiene has been identified as one of the most neglected areas.
Women are confronted with gender-specific social norms that often hinder proper hygienic habits during menstruation, affecting their health and challenging their dignity. The project responds to the research question: what shortcomings exist in the WASH facilities of public health centres and what are the needs of specific user groups concerning WASH genderised sanitation infrastructure? Our research aims to provide data on the sanitary requirements of HCFs and will address the gendered realities of intimate needs in the face of inadequate or poorly designed infrastructure. The data will provide evidence for possible needs-based, technically appropriate and socially acceptable interventions.

Methodology

The project will assess sanitary infrastructure at two HCFs in India and two in Uganda. A proven technique from the participatory rural appraisal repertoire, the "Gender Action Learning System" (GALS) will be used to address and assess the specific challenges, needs and priorities that arise from the intimate sanitary needs and hygiene practices of the different user groups: patients, visitors and staff members. Semi-structured interviews with key stakeholders and gatekeepers from the medical staff, management and health authorities will supplement the assessments.

Photo 2: Queuing for medical assistance in the arrival hall of the District Hospital Beed, India.
Photo credit: EAWAG

Research Keywords and Disciplines Involved

Social Anthropology · Health · Security · Sanitary Engineering · Gender Studies · Accessibility · Dignity · WASH · Health care facilities · User needs · Privacy

Photo 3: Latrine in the patients ward of the Sub District Hospital Tuljapur, India.
Photo credit: EAWAG

Photo 1: Empty water tanks outside the Sub District Hospital in Bbaale, Uganda. Rainwater is collected during the rainy season.
Photo credit: EAWAG

Current State of Work and Next Steps

In each country, two HCFs were selected according to pre-defined criteria: government hospitals with in- and out-patient medical services and maternal and delivery care, sufficient numbers of women and men to conduct the GALS, and staff and specialists available for interviews. Initial research outcomes from fieldtrips show that the lack of a reliable water supply during the dry season is a major challenge in Uganda (see Photo 1), while understaffing and high patient/staff ratios are the most pressing issues in India (see Photos 2 + 3). The results showed the need to modify the infrastructure assessment checklist :

- Complexity of HCFs WASH infrastructure (different water sources and sanitation systems are in service);
- Infrastructure requirements of attendants (people staying at the HCFs for certain periods as care givers whose needs must also be included);
- Gender specific infrastructure indicators.

The findings were presented at a WHO international meeting in Geneva in March 2015. A working group has started to formulate an action plan and workable solutions that address the needs identified in the assessments and interviews. In the second phase, the outcomes from the GALS and the semi-structured interviews, combined with the infrastructure assessments, will support the development of WASH software and infrastructure improvement recommendations. It will be shared and subsequent interventions will be planned in workshops with health care managers, health authorities, and the local communities, and made available to relevant actors on local, regional and national levels.