WASH in HCF
Global Learning Event
Kathmandu, Nepal
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Genderised WASH – How Indian and Ugandan health centres manage the sanitation needs of special user groups

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Scope of work

Research sites & partners

Osmanabad & Beed districts in Maharashtra

Buikwe & Kayunga districts in Uganda
Research question - Program approach - Methods

Semi-structured interviews
Gender Action Learning System (GALS)
Infrastructure spotcheck

Condition of WASH in HCF & WASH needs of different HCF user groups

Outputs
• Assessment tool for WASH in HCF (in collaboration with Terre des hommes)
• Report on recommendations
• Video
• Policy Briefs
• Journal article
Results/Outcomes
Results reflected and solutions & recommendations developed in National workshops

- Allocation of budget to WASH infrastructure and services
- Improve planning, design and operation of HCF
- Awareness raising and education on menstruation & MHM
- Education about public health risks associated with OD

- Separated male and female toilets for patients and for staff
- Reliable water sources
- Provision of cleaning materials
Strengths

GALS = Gender Action Learning System

Core elements:
• Gender Diamond
• Gender Action Trees

Strengths:
• Identification of sensitive topics
• Inclusion of positions of women and men alike
• Social exchange
• Allows for confidence, neutrality + comfort
Challenges
GALS – Experiences from the field

Challenges:

• Realisation in hospitals
• Selection of participants
• Group size

GALS women’s group; TISS campus, India, 2015.
Strengths

Infrastructure spotcheck – The last two years

India: 2 HCF
Uganda: 2 HCF
Nepal: 19 HCF

testing the tool // developing questions // gathering data

Terre des hommes collaboration

Tool
WHO working group on monitoring WASH in HCF
Master thesis

Tool available and platform under construction
WASH in HCF core questions for monitoring
Handwashing indicator confirmed
Recommendations & Next steps

- Inclusion of attendants as a user group
- Collection of gender specific and gender disaggregated data
- Taking into account the complexity of WASH services in HCF
- Selection of appropriate methods for data collection
- Need for improved policies and strategies on WASH in HCF

Formulation of Policy Briefs
Journal article
Project «H2Ospital»
Current project – “H2Ospital”

H₂Ospital: Safe Water and Hygiene for District Hospitals in low- and middle-income countries

Cooperation and Development Center
essentialtech.epfl.ch
Back up slides
Governmental hospitals

Unit of analysis should be comparable

Health care services for in- and outpatients

Maternal and delivery care

Sufficient number of women + men to conduct Gender Action Learning System (GALS)

Availability of experts and specialists

Research sites: Selection criteria

District hospital

India

Beed

Uganda

Kawolo

Sub-district hospital

Tuljapur

Bbaale
How to include a gender perspective

Recommendations:
- Integrate gender systematically from beginning
- Involve gender advisers
- Collect sex-disaggregated data by mixed teams
- Ensure participation of women and men in needs analysis, planning and decision-making

MOOC on **Sanitation from a Gender Perspective** – Planning and Design of Sanitation Systems and Technologies (Eawag/EPFL)

[https://www.coursera.org/learn/sanitation/lecture/HUSVR/5-3-sanitation-from-a-gender-perspective](https://www.coursera.org/learn/sanitation/lecture/HUSVR/5-3-sanitation-from-a-gender-perspective)
SSIs – Challenges & solutions - gender specific (exemplary)

Menstrual Hygiene Management (MHM)

**Comfort:** uncomfortable; deficient facilities, physical discomfort

**Support:** need for provision of sanitary material, upgrading of infrastructure, medical support

**Changing, washing, drying, disposal:**
No space, health hazard unawareness, hardly no waste bins

**Availability:** products are hardly available
SSIs – Challenges & solutions - gender specific (exemplary) cont.

Menstruation
Beliefs, myths, restrictions, taboos, practices, restrictions:
In hospital setting: no restrictions in both countries
In general and at home: beliefs, myths and restrictions, especially in India
- Food
- Working tasks
- Touching others
- Religious activities