



WASH in HCF

Global Learning Event

Kathmandu, Nepal

28-30 March 2017

Genderised WASH – How Indian and Ugandan health centres manage the sanitation needs of special user groups

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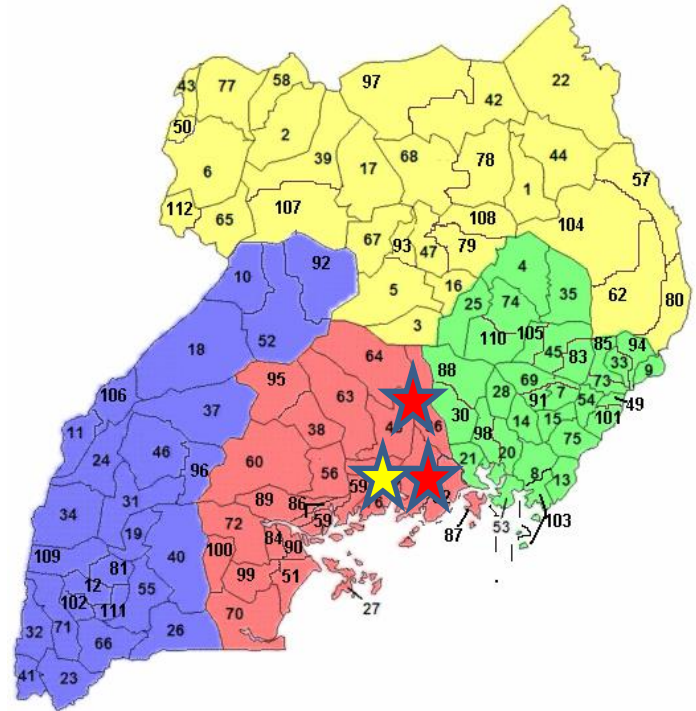
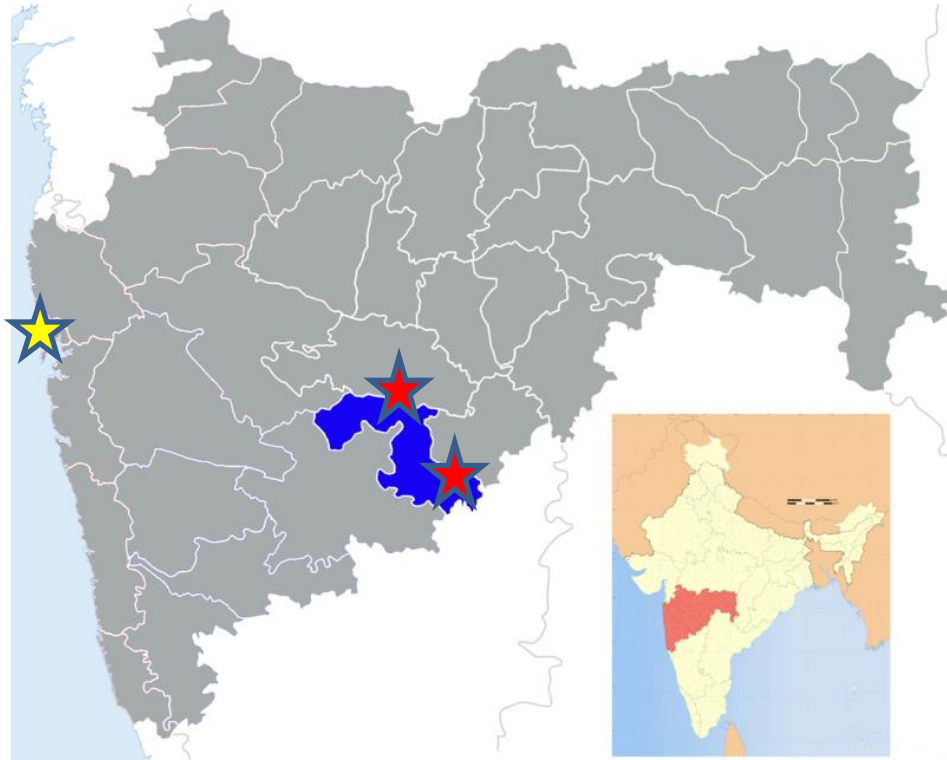
Scope of work

Research sites & partners



Osmanabad & Beed districts in Maharashtra

Buikwe & Kayunga districts in Uganda



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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

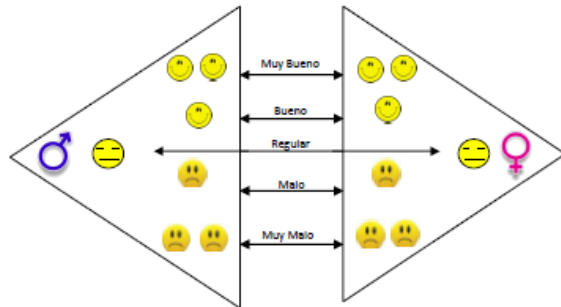


Strengths

GALS = Gender Action Learning System

Core elements:

- Gender Diamond
- Gender Action Trees



- 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

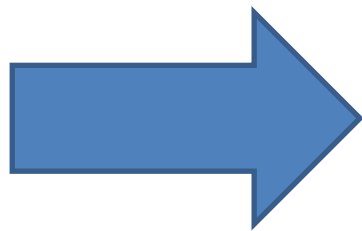
Tool available and
platform under
construction

WASH in HCF core questions for
monitoring

Handwashing
indicator confirmed

Recommendations & Next steps

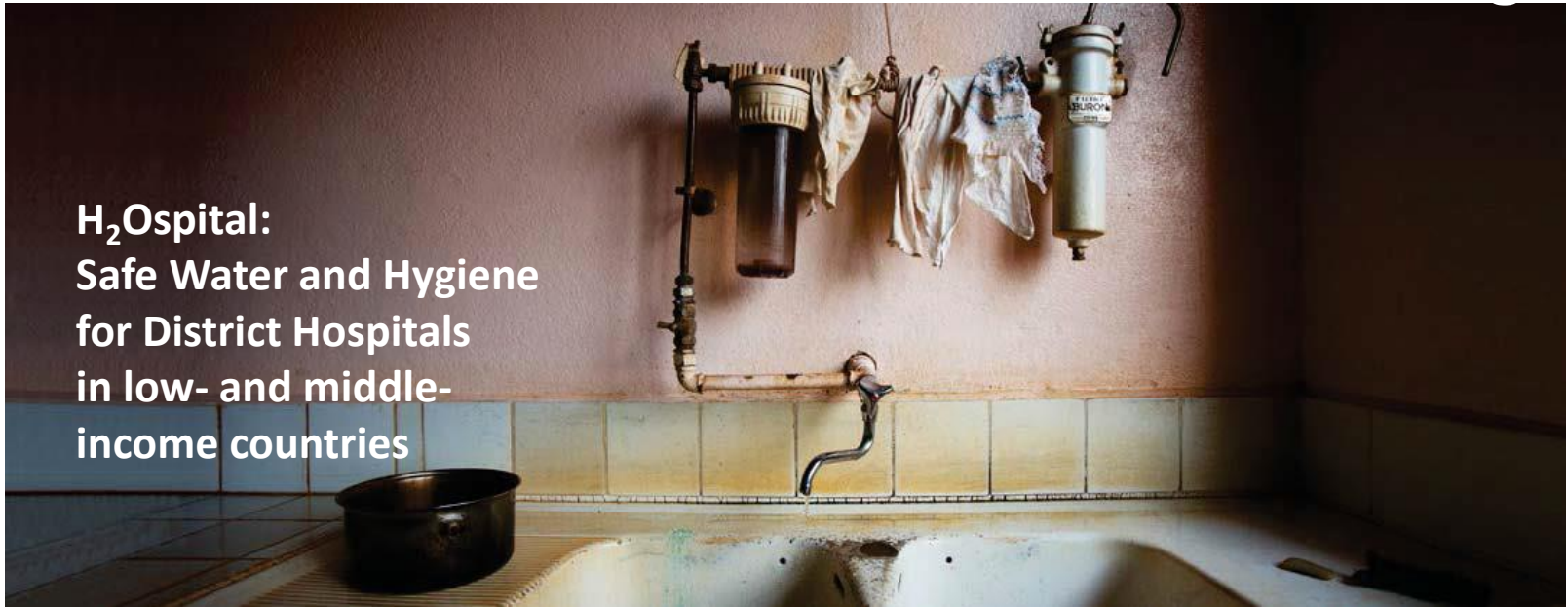
- Inclusion of attendants as a user group
- Collection of gender specific and gender disaggregated data
- Taking into account the complexity of WASH services in HCF
- Selection of appropriate methods for data collection
- Need for improved policies and strategies on WASH in HCF



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



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CARE Rescif
Trung tâm châu Á nghiên cứu về nước
Centre Asiatique de Recherche sur l' Eau

eawag
aquatic research





Back up slides

Research sites: Selection criteria

India

Uganda

District
hospital



Sub-district
hospital



- ❖ 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

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>

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



MHM material disposal, India

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



Beed DH, India