



TECHNICAL FACT SHEET 2

Gender equality, disability and social inclusion (GEDSI)

The design and management of water, sanitation and hygiene (WASH) services in health care facilities must consider a variety of user needs. Users include women during childbirth; menstruating women; infants and children; older people; people with disabilities; people experiencing injury, illness or incontinence; and female staff. The planning, design and management of WASH services in health care facilities must consider accessibility, safety, privacy, social appropriateness or acceptability, and the comfort of these many different users.

Women form 70% of the global health workforce, comprising the vast majority of frontline nurses, midwives and cleaning staff. Female patients and staff may face negative impacts of cultural taboos around menstruation and post-birth bleeding. In most cultures, women also carry socially prescribed roles as stewards of water and carers for family members. They are therefore particularly exposed to risk of infection from poor hygiene. Women's WASH needs, including protection from gender-based violence while accessing water or toilets, and from workplace harassment, are more likely to be overlooked in the design and operation of health care facilities.

GEDSI considerations within the Water and Sanitation for Health Facility Improvement Tool (WASH FIT) cycle

Considerations for GEDSI fall into two broad categories: access to infrastructure and services, and process and management. The first seeks to ensure that all infrastructure is built to female-friendly, universal and accessible design. The second is about involving a range of voices at all steps and for all decision-making – using a rights-based approach across all WASH FIT processes.

Step	Activity
Preparation	<p>Where possible, consult gender and accessibility experts to understand contextual issues related to inclusion before starting. Some systems-level issues to consider include the following.</p> <ul style="list-style-type: none"> • What awareness exists of specific WASH needs of diverse users across the health system? • Are there any existing national standards or guidelines about accessibility of WASH in health care facilities for people with difficulty walking, seeing or hearing? • What are the influence and extent of women's leadership within WASH and health ministries, and the broader health care system? How can this be harnessed to drive WASH improvements? • How is gender equality addressed nationally and locally? Are any national policies or guidelines in place to address gender equality? Is there awareness of gender-based violence and ways of preventing it? • How do government ministries responsible for WASH in health care facilities collaborate with rights groups?
Step 1: Establish the team	<p>Aim to establish a team of members who have diverse perspectives, and find a way to incorporate users who are more likely to have specific WASH requirements or face challenges. Aim for a team that includes:</p> <ul style="list-style-type: none"> • an equal gender balance; • a diverse range of staff roles and levels – cleaners, nurses, midwives, directors and managers; • representatives of organizations of people with disabilities, local women's groups, and religious and ethnic groups; and • in facilities where births occur, a woman who has delivered at the facility. <p>Develop a set of team principles or ways of working to ensure that everyone has a voice, their perspectives are considered and they will be listened to in decision-making.</p> <p>Certain topics related to gender and/or cultural norms may be sensitive. It is good practice to have separate focus groups or conversations with female staff to discuss their experience of menstrual hygiene provision, feelings of safety, input into decision-making, and so on. Similarly, other groups of users or staff may not be able to speak freely in a hierarchical, medical environment.</p>

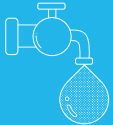
Step	Activity
Step 2: Assess the facility	<ul style="list-style-type: none"> Ensure that special attention is given during the facility assessment to the delivery rooms, neonatal care unit and postnatal care rooms. Check for female-friendly facilities and infrastructure, such as gender-segregated toilets. Speak to health care workers and facility management to understand and challenge harmful attitudes and discrimination towards certain groups. Recognize that not all staff will feel comfortable highlighting problems because of power imbalances. Some problems may not be immediately obvious (e.g. problems in supplies of personal protective equipment). It is important to ensure that all people, particularly women, can speak privately about concerns.
Step 3: Risk assessment	<ul style="list-style-type: none"> Consider how risk differs for women, children, people with disabilities, the elderly and disadvantaged groups. Consider risks to health, safety, dignity and access. Are these groups disproportionately affected by access to poor services?
Step 4: Develop and implement improvement plan	<p>Improvement planning should employ a do-no-harm approach.</p> <ul style="list-style-type: none"> Will the action plan create an increased work burden (e.g. on women, cleaners, carers) and how can this be mitigated? How can the work burden be most equitably allocated, and what resources exist (or can be accessed) to bring in additional help? Will the planned improvements affect women and men differently, and how can this difference be reduced? Will people with disabilities be able to access and benefit from new or upgraded services?
Step 5: Monitor, review, adapt, improve	<ul style="list-style-type: none"> Develop feedback mechanisms to provide women and other diverse users (particularly those who experience marginalization) with the opportunity to provide feedback easily and ensure that their inputs are considered in WASH services and future improvements.






Improvements

GEDSI improvements are listed in the table below according to domain. An overarching principle is that feedback or accountability mechanisms should be in place to give women and other users the chance to provide feedback on quality of care, and to inform them about where to seek the information and treatment they need.

All WASH facilities should meet universal design principles and:

- be located reasonably close to service areas, well lit and safe to access (lockable doors with no gaps) at all times by patients, staff and attendants;
- be accessible via a safe path that is clear of hazards and has no steps;
- have sufficient space in internal facilities for caregivers to support another person or for a wheelchair to turn around; and
- have communications about hygiene behaviour change available in accessible formats, such as pictures, braille or local languages.

Domain	Improvements		
	Maternity and neonatal wards	Female-friendly	Accessible and appropriate for diverse users
Water 	<p>Ensure that drinking water is available to women before, during and after delivery.</p> <p>Ensure that well draining bathing facilities that are private and lockable are available to women before, during and after delivery.</p> <p>Ensure that clean changing areas are available for infant WASH needs, with water for handwashing.</p> <p>Ensure that materials and water to manage postpartum bleeding are provided.</p> <p>Ensure that sufficient water is available in the delivery room (either through piped supply or stored in water tanks) for all needs.</p>	<p>Provide bathing facilities that are women-only and are private, lockable and in a safe location.</p>	<p>Consider modifications to bathing facilities such as grab rails and shower chairs to improve accessibility.</p> <p>Ensure that at least one bathing facility meets universal design standards so that it is accessible to people with disabilities. Refer to Australian Government AusAID (2013) under "Related tools and further reading".</p> <p>Ensure that drinking water is accessible to all users (e.g. signs are in accessible formats, taps are low down).</p>

Domain	Improvements		
	Maternity and neonatal wards	Female-friendly	Accessible and appropriate for diverse users
Sanitation 	<p>Ensure that private, safe, lockable toilets are available to women before, during and after delivery. They should:</p> <ul style="list-style-type: none"> • provide privacy; • be lockable from the inside; • be in a safe location; • be clearly marked for females, with a separate entrance; • have good lighting; and • cater for menstrual hygiene requirements of both staff and facility users. 	<p>Ensure that private, safe, lockable toilets are available to women, separate from men, with provision for menstrual hygiene management. Larger health care facilities should have separate facilities for female staff and facility users.</p>	<p>Consider modifications to toilet facilities such as grab rails to improve accessibility, ramps to access cubicles and smaller toilets for children.</p> <p>Ensure that at least one cubicle meets universal design standards so that it is accessible to people with disabilities.</p>
Hand hygiene 	<p>Ensure that hand hygiene stations with water and soap or alcohol-based handrub are available and accessible in key locations. Ensure that promotion of hand hygiene for new parents targets all family members (e.g. mothers, fathers, other relatives).</p>	<p>Ensure that hand hygiene interventions targeting health care workers consider power issues, such as whether female workers can request soap.</p>	<p>Ensure that behaviour change communications about hand hygiene are available in different formats, such as using pictures and local languages, and use terminology and approaches that resonate with local populations. Ensure that hand hygiene stations are accessible to people with limited mobility (e.g. situated lower down for those in wheelchairs and young children).</p>
Health care waste 	<p>Ensure that facilities for disposal of menstrual hygiene products are available in a private, hygienic place and that disposal systems are functional.</p>		
Environmental cleaning 	<p>Ensure a regular cleaning and maintenance schedule for maternity and neonatal wards, female and child toilets, and bathing areas, which is not reliant on cleaning by patient users or their attendants.</p>		
Management and workforce 	<p>Conduct gender and inclusion sessions for all staff (including supervisors and cleaners) to ensure sensitivity and awareness to different requirements. Be aware of power dynamics, and aim for diverse voices and roles in decision-making.</p>		

Related tools and further reading

WaterAid. *Developing a participatory management tool for user-friendly water sanitation and hygiene in healthcare facilities.* <https://washmatters.wateraid.org/publications/user-friendly-wash-in-healthcare-facilities-in-cambodia>

Australian Government AusAID (2013). *Accessibility design guide: universal design principles for Australia's aid program.* <https://www.dfat.gov.au/sites/default/files/accessibility-design-guide.pdf>

WHO (2012). *Making health services adolescent friendly: developing national quality standards for adolescent friendly health services.* <https://apps.who.int/iris/handle/10665/75217>

WHO (2016). *Standards for improving quality of maternal and newborn care in health facilities.* <https://apps.who.int/iris/handle/10665/249155>

WHO (2018). *Standards for improving the quality of care for children and young adolescents in health facilities.* <https://apps.who.int/iris/handle/10665/272346>

WHO (2019). *Delivered by women, led by men: a gender and equity analysis of the global health and social workforce.* <https://apps.who.int/iris/handle/10665/311322>



WaterAid led the development of this fact sheet.