

The need for gender sensitive planning in sanitation

Why small differences can add huge values

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Background – lines of thinking



Gender differences



Men urinate in a
different way



Women spend ~6 years
menstruating in their lives



Such differences have to be taken into account to
ensure appropriate sanitation facilities

Arguments for genderised sanitation

Health and safety



Safety and Privacy

School absenteeism



School attendance

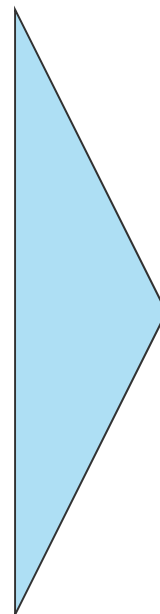
- Women and men have a right to feel secure and comfortable when practicing their daily hygiene

Participation in the design process is not necessarily a guarantor of success



Adequate sanitation is gender sensitive

- **Management** of sanitation needs
- **Conditions** of used sanitary facilities
- **Access** to sanitation and consequences
- **Social aspects** of technology



Dimensions; user level:

- **Health**
- **Hygiene/cleanness**
- **Security**
- **Comfort**
- **Privacy**
- **Accessibility**

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WASH in the context of maternal health and menstrual hygiene «Genderised WASH; G-WASH»

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

Research gaps and aim of the research project



- **WASH services in health facilities**
- **Gender-disaggregated data for WASH performance**
- **Adequate methods to access information on sanitary needs of different user groups**

→ Address the **needs of different user groups** (patients, visitors, staff members) with regard to WASH infrastructure

→ Explore possibilities to address these needs in an **appropriate way**

→ Provide **technical solutions** for improved WASH infrastructure

Methodological procedure & expected project outcomes

Assessment of existing sanitary facilities

- Adopted checklists (WHO)



Assesment of specific needs and priorities

- GALS with users (in-patients, staff, visitors) and maintenance staff
- In-depth interviews with key actors (HCF management, community leaders, regional health workers)

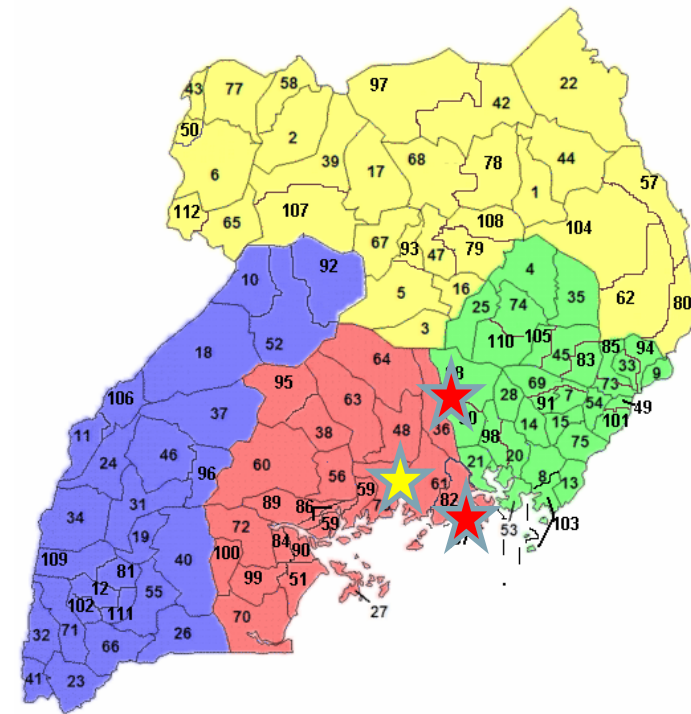
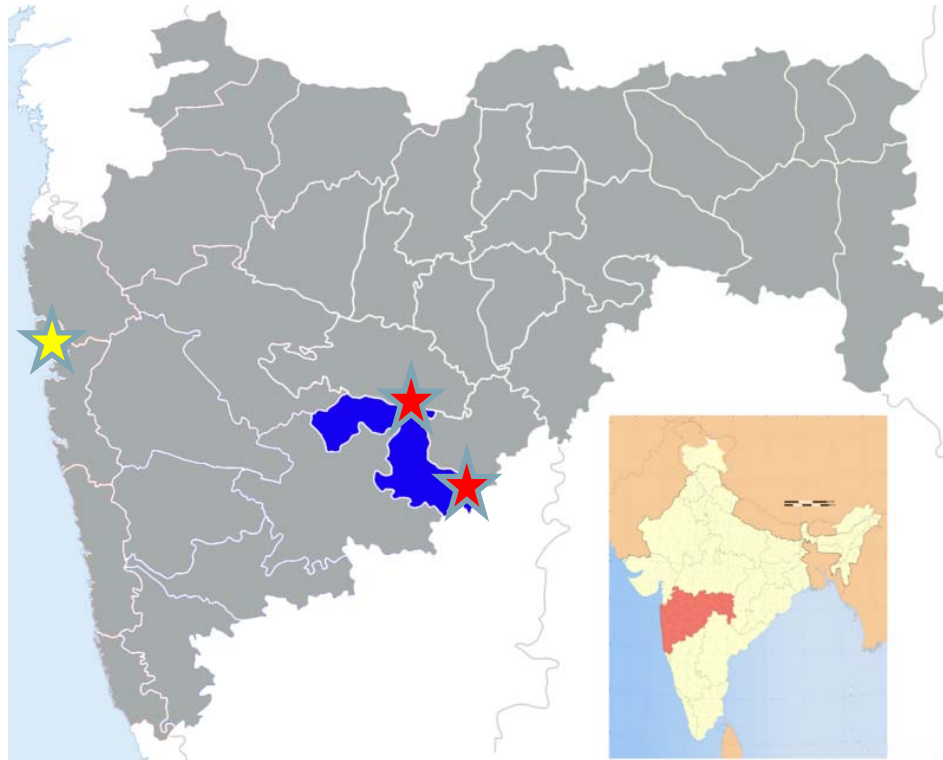


Baseline of existing sanitary infrastructure and specific user needs

- Intervention on sanitary facilities
- Practical health facility guidelines
- Policy brief
- Journal article

Field research sites: India & Uganda

2 districts in Maharashtra:
Osmanabad & Beed



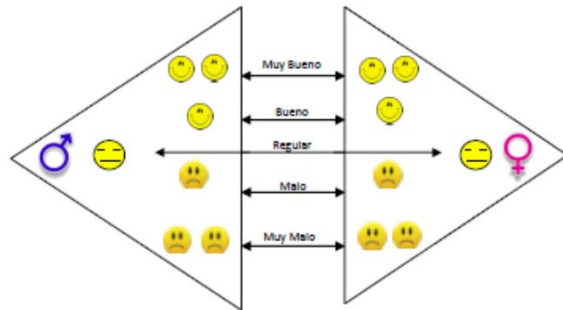
2 districts in central Uganda:
Buikwe & Kayunga

Selected health care facilities

- Governmental hospitals
- In each country one District Hospital (DH) and one Sub District Hospital (SDH); total of 4 HCFs
 - ❖ unit of analysis should be comparable
 - ❖ health care services for in- and outpatients
 - ❖ maternal and delivery care
 - ❖ sufficient numbers of women and men to conduct GALS
 - ❖ availability of experts and specialists



Gender Action Learning System = GALS



Visioning and committing to action on gender justice
Linda Mayoux, 2010



GALS Uganda, 2012



GALS Uganda, 2012

GALS outcomes



«Gender Diamond» and «Gender Action Trees»

Teaching tool on methods

Research methods for sensitive information:
Avoiding mismatch in development interventions

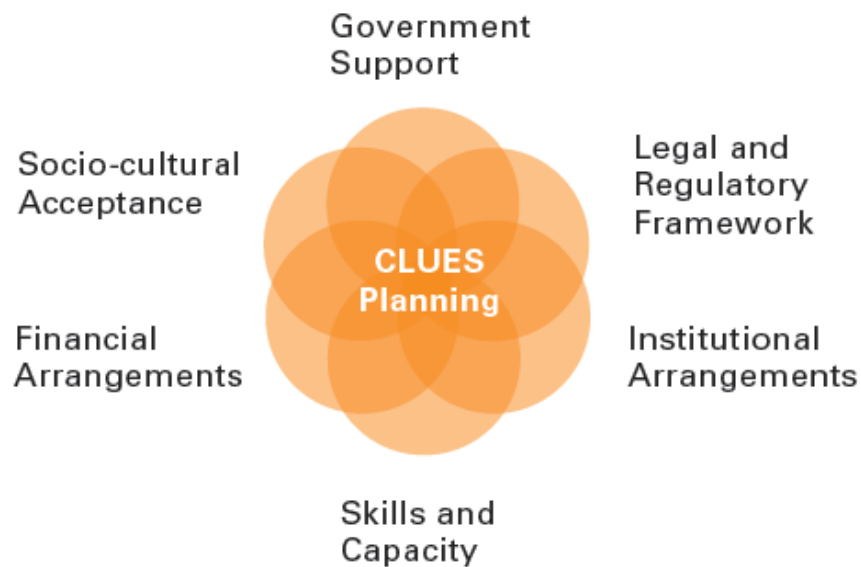


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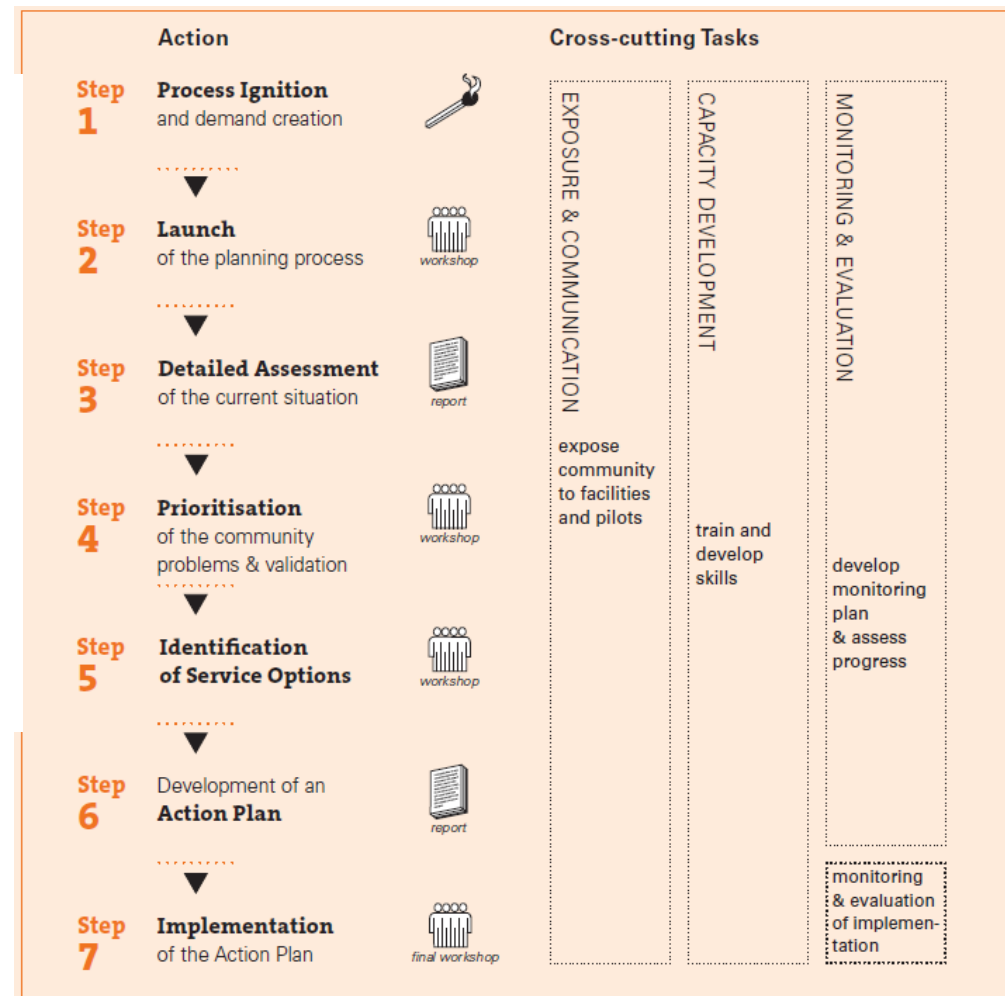
GALS; men's group, Uganda 2010

Two pillars of CLUES

The Enabling Environment



7 Steps Approach



Assessment of the infrastructure - Gaps in existing checklists



- **Inclusion of complexity of HCF WASH infrastructure**
 - ❖ Different types of toilets are used
 - ❖ Different sources of water are mixed and used for many different purposes
- **Gender specific infrastructure indicators**
 - ❖ E.g. Is there a washing + drying place for reusable MH products?
 - ❖ E.g. Is there a place to take a bath after giving birth?
- **Infrastructure requirements of *attendants***
(=*bystanders = visitors = private caretakers of patients*)

Thank you!



Menstruation and MHM, and myths



Uganda; placenta pit



India; used MHM material

Sanitation; location, conditions, practices



Uganda; toilet blocks outside

India; toilets in house

