Social and Environmental Injustice Analysis in Healthcare Waste Management in Ghana, including Gender Dimensions

Table of Contents

Acronyms .......................................................................................................................... 2
Executive Summary......................................................................................................... 3
Introduction.................................................................................................................... 5

Part 1
1. Social and environmental injustice in the HCWM sector........................................... 5
2. Gender dimensions..................................................................................................... 5
3. Overview of UNDP/GEF’s HCWM project.................................................................. 6
4. A need for social and environmental injustice analysis, including gender dimensions............................................................... 6
5. Field visits and consultation with key persons in Ghana............................................. 7

Part 2
Findings
1. Difference in roles ....................................................................................................... 8
3. Difference in risks and impacts, and chosen mitigating measures............................. 9
4. Difference in preferences and needs, and chosen appropriate measures...................10
5. Social & environmental injustices, including gender dimensions – Identifying gender equality and human rights issues in HCWM in Ghana................................................................. 11
6. Gender equality and human rights mainstreaming in HCWM in Ghana......................12
7. Project activities focused on gender equality and human rights mainstreaming...........13

Part 3
1. Gender equality and human rights mainstreaming gaps in the project implementation .... 14
2. Project’s achievements and strengths........................................................................16

Part 4
1. A list of recommendations for HCWM project in Ghana .............................................16

Tables
Table 1. Key persons consulted........................................................................................7
Table 2. Roles performed by groups exposed to Mercury and UOPPs in the HCWM sector ............................................................... 8
Table 3. Gender composition of healthcare professionals/workers in Ghana...................9
Table 4. Gender composition of staff and the level in selected healthcare facilities .........13
Table 5. Gender Equality & Human Rights Action Plan..................................................18

Annexes:
Annex 1. Gender Equality and Human Rights Terminology.............................................22
Annex 2. A visual guide to challenging the gender-stereotypes.......................................23
**Acronyms**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Environmental Protection Agency</td>
</tr>
<tr>
<td>ESSP</td>
<td>Environmental and Social Screening Procedure</td>
</tr>
<tr>
<td>GEF</td>
<td>Global Environmental Facility</td>
</tr>
<tr>
<td>HCW</td>
<td>Health Care Waste</td>
</tr>
<tr>
<td>HCWM</td>
<td>Health Care Waste Management</td>
</tr>
<tr>
<td>IPC</td>
<td>Infection Protection Control</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
</tr>
<tr>
<td>SDG</td>
<td>Sustainable Development Goal</td>
</tr>
<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
</tr>
<tr>
<td>UPOP</td>
<td>Unintentional Persistent Organic Pollutants</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
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</table>
Executive Summary
The social and environmental injustice analysis, including gender dimensions, carried out for the UNDP/GEF’s project on Healthcare Waste Management (HCWM) in Ghana, illuminates gender equality and human rights issues in the HCWM sector. Gender-disaggregated data and information have been collected through desk study and stakeholder consultations. The findings have been analysed under different themes that inform social and environmental injustices as well as gender inequalities faced by disadvantaged group in relation to HCWM. Further, project specific gaps, achievements, and strengths on gender equality and human rights mainstreaming have been identified. Below is the summary of major findings:

- **Gender equality has been largely missing in the project implementation**
  Since the project did not expect any adverse effect on any groups because of safety guards that have been put in place, gender equality or human rights issues concerns were not fully mainstreamed in the design phase. However, the socio-economic assessment carried out at the design phase did identify human rights issues with particularly focus on waste collectors/ handlers who are mainly men.

- **The groups most affected by HCW are yet to be consulted and integrated in the project**
  The project has mentioned that waste pickers are one of the most affected groups of HCW. While these groups are the most affected in terms of education, income, knowledge, skills, and protection, they can also be influential agents provided they receive comprehensive guidance on HCWM. However, since the project is providing treatments before sending waste to the disposal sites where these groups mostly pick the waste, it would not contribute so much to affect these groups. The project is yet to consider the groups’ integration. The project also aims to benefit communities living close to waste disposal sites (municipal waste dumps and landfills) or incinerators, however, no one from the community has been integrated and consulted so far.

- **Gender-specific norms of behavior and development of ‘feminine’ and ‘masculine’ identities in the workplace, has led to gender segregation of work**
  From the stakeholders’ consultation, it was understood that in Ghana, traditional norms related to work (e.g. gender division of labor based on masculine and feminine work) are practiced in the workplace. However, this may discourage both women and men from entering professions that are not considered appropriate to their gender and they may not benefit from the equal opportunity law and available opportunities in the job market. In addressing this issue, the project needs to collaborate with academic institutions (schools/departments) on environmental health as well as with selected healthcare facilities towards raising awareness by sharing success stories of women performing work considered masculine (e.g. doctor, engineering, machine operation, driving/transportation etc.) and that of men performing work considered feminine (e.g. nursing, cleaning).

- **There is limited collaboration /partnership with gender equality and human rights based agencies**
  The project currently has limited collaboration maintained with stakeholders who can contribute to and enable gender equality and human rights mainstreaming in HCWM. Among government agencies, association with Ministry of Gender, Children and Social Protection and Ministry of Justice and Attorney General, would be influential. Moreover, currently, there is no association of women working on environmental health or HCWM issues in Ghana. Formation of a woman’s group/association would be a starting point for women in Ghana to engage in HCWM while
addressing gender inequality issues in the project’s interventions. Further efforts should be made toward working with waste handler’s group of motorized tricycles called “Bola Taxi” as well as with associations/groups ran by waste pickers.

- **Specific training and awareness programs on gender equality and human rights mainstreaming are not in place**
  The most affected groups in HCWM are the one with least education, knowledge, income, information, skills and protection on HCWM such as waste cleaners, waste collectors, waste pickers, and women/children living near the dump sites who often come in touch with the harmful healthcare wastes. There are no specific training and awareness programs on gender equality and human rights mainstreaming in place, specifically those targeted at groups who face vulnerabilities differently based on their gender (e.g. women), age (e.g. children), economic status (e.g. low income groups), and other background. Training modules should be developed by taking into account their needs and interests and regular trainings should be provided ensuring equal participation.

- **There is limited budget to advocate for and mainstream gender equality and human rights concerns in the project**
  Investment made on gender equality and human rights mainstreaming has been highly limited. The budget allocated for gender equality training at the regional level is only USD 3000. The project must set aside a specific budget. At least 1-2 % of the total budget need to be allocated to sufficiently invest on gender equality and human rights mainstreaming activities towards project implementation.

Based on the findings and analysis, a list of project specific recommendations has been prepared followed by drafting of a Gender Equality and Human Rights Action Plan that facilitates implementation of activities towards gender equality and human rights mainstreaming in the project.
Introduction
This social and environmental injustice analysis, including gender dimensions was carried out for the UNDP/GEF’s project entitled “Reducing Unintentional Persistent Organic Pollutants (UPOPs) and Mercury Releases from the Health Sector in Africa” in Ghana. The analysis builds on the gender and group-disaggregated information/data mainly drawn from the desk study of relevant documents and consultations with key-persons on gender equality and human rights issues in Healthcare Waste Management (HCWM) in Ghana. With invaluable support received from the UNDP Ghana team working in the implementation of the HCWM project, an assessment was carried out for a total number of four days (28-31 August 2018).

PART 1

Social and environmental injustice in the HCWM sector
Social justice aims to give individuals and groups, fair treatment and an impartial share of social, environmental and economic benefits. The concept promotes the fair distribution of advantages and disadvantages within a society, regardless of background and status\(^1\).

Environmental justice deals explicitly with the distribution of environmental benefits and the burdens people experience, at home, at work, or where they learn, play and spend leisure time\(^2\).

Social and environmental (in)justice in the HCWM sector informs gender (in) equality and human rights issues. Some individuals, groups and communities are at special risk from the environmental health threats. This is especially the case for those whose livelihoods and health may be imperiled by healthcare waste disposal, pollution in their neighborhoods and hazards in their workplaces. For instance, women who mostly stay at home may be more affected by the harmful chemicals from waste in their neighborhoods than men. The social and environmental justice perspective, therefore, calls for environmental and healthcare waste management strategies to ensure gender equality and human rights protection of all social groups taking into account the differences in their gender, age, economic status/income, and other backgrounds.

Gender dimensions
Gender is the socially constructed perception of masculinity and femininity, of what men and women should be. It constantly structures our views of what is expected or valued in a man or a woman, and the HCWM sector is no exception. Hence, studying the gender dimensions of HCWM means analyzing how different expectations that dictate what roles men and women occupy in the process result in differentiated risks, and proposing targeted measures to mitigate risks for each groups.

Understanding the gender dimensions goes beyond understanding women’s issues and looks further into issues of men as well. Given that men and women are not homogenous groups, they face vulnerabilities differently to HCW and hold different capacity and knowledge on HCWM based on their age, socio-economic status, geographical location, and ethnicity.


\(^2\) Ibid.
For instance, women and children living near the dump sites are estimated to be most exposed to UPOPs such as dioxins. This is because the level of physiological susceptibility is higher among women and children as compared to men.

Women, in general, are more represented in the informal sector than in the formal sector. They often have access to less information, protection and earn less income, all of which would enable them to mitigate any negative health effects from exposure to harmful chemicals and toxins. For women workers in healthcare facilities as well as waste pickers at the dump sites, measures to ensure child health would be of more concern. When women or their children fall ill by coming in contact with harmful wastes, they do not have access even to basic social security services or medical services and care. Moreover, when they are pregnant or breastfeeding, women and their off-springs are most susceptible to mercury toxicity. For example, there are cases of deformed babies being born in North Sulawesi, Indonesia as well as in Minamata, Japan after nursing mothers have been exposed to mercury vapors. The mothers were diagnosed with high levels of mercury in their breast milk after their exposure to mercury which was found in the fish they consumed, which came from the untreated wastewater.

**Overview of UNDP/GEF’s HCWM project**

The Medical Waste project – Reducing UPOPs and Mercury Releases from the Health Sector in Africa has been running since 2016 and will phase out in 2020. With funding received from the Global Environment Facility (GEF), the project has been implemented by UNDP in partnership with WHO and the NGO Health Care Without Harm. It aims to disseminate non-incineration waste treatment and substitute mercury-containing medical devices in four African countries: Ghana, Madagascar, Tanzania, and Zambia. The primary goal of the project is to improve health care waste management, reduce the release of toxic substances into the environment and to help selected countries to comply with the Stockholm Convention, which aims to reduce the release of persistent organic pollutants (POPs).

The project aims to integrate concerns of groups vulnerable to HCW such as healthcare workers (e.g. doctors, nurses and hospital cleaning staff), patients (through infection control as a result of good waste handling practices in healthcare facilities) as well as waste handlers, collectors, recyclers and waste pickers who face hazardous working conditions when in contact with infectious and toxic healthcare waste. It further aims to benefit communities in Ghana living close to waste disposal sites (municipal waste dumps and landfills) or incinerators.

The project further aims to build awareness of the links between waste management and public health (including occupational exposures), with a special focus on the health implications of exposure to dioxins and mercury for populations vulnerable to HCW, such as women workers, pregnant women, and children.

**A need for social and environmental injustice analysis, including gender dimensions**

Women, men, and children are exposed to harmful chemicals such as mercury and UPOPS found in healthcare wastes in different ways and to varying degrees based on different backgrounds (e.g. gender

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3 Gender Dimensions of Hazardous Chemicals and Waste policies under the Basel, Rotterdam, and Stockholm Conventions, Case Studies from Nigeria and Indonesia, 2017.
4 Ibid.
7 The overview has been extracted from the project document on Ghana.
and age). In addition to gender and age differences in exposure to hazardous substances, there are also differences in physiological susceptibility between different affected groups.

Not much attention has been paid to the respective roles different groups play in the generation and management of HCW, to the difference in waste related risks and impacts faced by different groups, or to the difference in needs and preferences. While there is a need to fill in these knowledge gaps, there is also a need to ensure that the proposed project on HCWM works effectively towards increasing the regional as well as local knowledge on gender equality and human rights issues. In doing so, there is an urgent need to develop measures for the sound management of health care wastes to tailor responses with gender equality and human rights aspects in mind.

The UNDP/GEF HCWM Project aims to fully mainstream gender equality and human rights issues in the project’s overall activities by developing measures that would counteract the potential impacts of waste related hazards on different groups of people in Ghana. This is a fundamental motivation for undertaking the proposed social and environmental injustice analysis, including gender dimensions.

**Field visits and consultation with key persons in Ghana**

Field visits were made to government-owned, private, civil society, and academic institutions where key persons (both men and women) were consulted (Table 1). The key persons consulted possessed specific knowledge and experience working on related issues.

**Table 1. Key persons consulted**

<table>
<thead>
<tr>
<th>Stakeholders Consulted</th>
<th>Institutions/Organizations</th>
<th>Gender (M = Men, W = Women)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deputy Director, Admin &amp; Legal</td>
<td>Ministry of Health</td>
<td>M</td>
</tr>
<tr>
<td>Quality Manager</td>
<td>Ministry of Health</td>
<td>W</td>
</tr>
<tr>
<td>Deputy Director, Legal</td>
<td>Ministry of Health</td>
<td>M</td>
</tr>
<tr>
<td>Programme Officer</td>
<td>WHO</td>
<td>M</td>
</tr>
<tr>
<td>Assistant Programme Officer</td>
<td>UNDP</td>
<td>M</td>
</tr>
<tr>
<td>Principal Programme Officer, Chemicals Control</td>
<td>Environmental Protection Agency (EPA)</td>
<td>M</td>
</tr>
<tr>
<td>and Management Center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head, Built Environment Department</td>
<td>Environmental Protection Agency (EPA)</td>
<td>W</td>
</tr>
<tr>
<td>Project Focal Person</td>
<td>Eastern Regional Hospital</td>
<td>W</td>
</tr>
<tr>
<td>Project Focal Person</td>
<td>Cape Coast Teaching Hospital</td>
<td>W</td>
</tr>
<tr>
<td>Gender Analyst</td>
<td>UNDP</td>
<td>W</td>
</tr>
<tr>
<td>Health Tutor</td>
<td>School of Hygiene</td>
<td>M</td>
</tr>
<tr>
<td>Former Director, Keta Municipal Health Directorate</td>
<td>College of Physicians and Surgeons</td>
<td>M</td>
</tr>
<tr>
<td>Facility Manager</td>
<td>Zoompak Ghana Limited&lt;sup&gt;8&lt;/sup&gt;</td>
<td>W</td>
</tr>
</tbody>
</table>

<sup>8</sup> Private Waste Management Facility
PART 2

Findings
Different themes have emerged out of the findings which are further analyzed below.

Difference in roles
The management of healthcare waste goes through a certain process. It starts with the generation, the cleaning, the treatment, the collection, and then the final disposal. During this process, staff/workers at healthcare facilities based on their gender, age, knowledge, and type of work perform different roles and consequently, they face different types of risks.

In the context of Ghana, there is no specific data to show disaggregation of the roles in the waste generation, cleaning, treatment, collection, and the disposal. However, we know that women are more exposed than men to pollutants inside healthcare facilities. This is because the medical devices (e.g., thermometers) are mostly used and handled by nurses and the majority of nurses working at health care facilities in Ghana are women (see Table 2 & 3). Due to the redistribution of the roles in the sector, women are the main users and handlers of the product devise containing mercury.

Mercury is also used in the healthcare sector in the form of dental amalgam. The use of dental amalgam is a significant source of mercury discharge into the environment and used mainly by dentists who operate these. Dentists represent the majority of men, and are most often assisted in their work by dental assistants who are mainly females.

Table 2. Roles performed by groups exposed to Mercury and UPOPs in the HCWM sector

<table>
<thead>
<tr>
<th>Position</th>
<th>Roles</th>
<th>Men/Women/Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses</td>
<td>Use mercury devices and generate waste</td>
<td>Majority are women</td>
</tr>
<tr>
<td>Dentists</td>
<td>Use dental amalgam to fill in the teeth and generate waste</td>
<td>Majority are men</td>
</tr>
<tr>
<td>Dental assistants</td>
<td>Assist in the use of dental amalgam and clean the waste</td>
<td>Majority are women</td>
</tr>
<tr>
<td>Waste cleaners</td>
<td>Clean the generated waste</td>
<td>Majority are women</td>
</tr>
<tr>
<td>Waste collectors</td>
<td>Collect the waste from the collection point, transport and dispose of the dump sites</td>
<td>Majority are men</td>
</tr>
<tr>
<td>Waste pickers</td>
<td>Pick usable items (waste) from the dump sites and sell them in the informal market</td>
<td>Majority are women and children</td>
</tr>
<tr>
<td>Community dwellers living near the dump sites</td>
<td>Pick usable items (waste) from the dump sites and bring them home for reuse (women pick bottles, containers for use in the kitchen while children play with them)</td>
<td>Majority are women and children</td>
</tr>
</tbody>
</table>

When it comes to waste disposal, there are two sides: inside the facility, a large number of women called “waste cleaners” are involved in internal cleaning activities. From the collection point at the facility and outside the facility, it is mainly men who collect the waste, transport them to the final dump sites and dispose of. They are called “waste collectors”.

Table 3. Gender composition of healthcare professionals/workers in Ghana

<table>
<thead>
<tr>
<th>Occupational Categories</th>
<th>Men (%)</th>
<th>Women (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Medical Practitioners</td>
<td>71.95</td>
<td>28.05</td>
</tr>
<tr>
<td>Specialist Medical Practitioners</td>
<td>78.94</td>
<td>21.06</td>
</tr>
<tr>
<td>Nurses</td>
<td>23.01</td>
<td>76.99</td>
</tr>
<tr>
<td>Nursing Associate Professionals</td>
<td>11.73</td>
<td>88.27</td>
</tr>
<tr>
<td>Midwifery Professionals</td>
<td>-</td>
<td>100.00</td>
</tr>
<tr>
<td>Dentist</td>
<td>68.89</td>
<td>31.11</td>
</tr>
<tr>
<td>Dental Assistants &amp; Therapists</td>
<td>25.51</td>
<td>74.49</td>
</tr>
<tr>
<td>Health Management Workers/Skilled</td>
<td>73.45</td>
<td>26.55</td>
</tr>
<tr>
<td>Administrative Staff</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

There is yet another waste collector’s group, those working in the informal sector who collect wastes for a different purpose and are called “waste pickers” (informally called scavengers). They pick up wastes from the dump sites (disposal points) and select particular items to sell in the informal market.

**Difference in risks, impacts and chosen appropriate measures**

The main occupational groups at risk of getting exposed to harmful chemicals such as mercury and UPOPs include hospital personnel, waste cleaners/sweepers, workers handling and transporting waste, persons working at waste disposal facilities, and waste pickers. Similarly, in the communities, those living near the dump (final disposal) sites consist of middle or low-income groups, among which, women and children face greater risks.

At healthcare facilities, nurses are exposed more frequently, and for longer periods, than are doctors. This is because doctors’ visit to patients room are less frequent while nurses spend more time in the patient’s room and provide not only medical services but also caregiving services.

In the past, the syringes used by nurses were not protective enough. They would break off easily and often prick them. The nurses were using a used bottle to use a syringe as an alternative. Although it was less likely to prick, it was not the best technology as it could cause infection.

These syringes now come in boxes which cannot be broken easily. They also reduce the level of infection. The syringes in boxes have somehow met the practical needs of women, since the majority of nurses who use these syringes are women.

“UNDP/GEF’s HCWM project has now equipped selected healthcare facilities with syringes that are not only safe and easy for the nurses to use but also easy for the cleaners, waste collectors and waste pickers to collect”.

*(Project’s Assistant Programme Officer, UNDP)*

Since the release of UPOPs called dioxins increases during the work performed at the collection point during the treatment (incineration process) of the waste and outside facilities, during the transportation and disposal at the dump sites, men have the greater chance of getting exposed. While it is women who are more likely to be exposed during their work inside healthcare facilities, at the collection point and outside facilities, men are at a greater risk.

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There is a higher chance of dentists and dental assistants getting affected by the exposure to mercury release. Dentists in Ghana consist of majority of men while dental assistants consist of more women (see Table 2 & 3), and thus chances of both men and women getting affected, although the level of exposure may be different based on their physical susceptibility (could be higher for women, especially if they are pregnant/nursing mothers).

Among patients, the most affected are found in maternity units. Because of blood and other bodily fluid, patients in the maternity units, such as mothers and children have higher chances of getting exposed to infection diseases. The risk in these units is higher than in other units. In such units, IPC (Infection Prevention Control) practices are strictly followed through.

“You can’t compromise on certain things if you are working there. If a worker decides not to put on the gloves in some unit, the supervisor may not be as tough as the one in the maternity unit because of the lower risk workers are exposed in other units as compared to maternity units. The supervision in maternity units is, therefore, tighter than in other units.”
(Project Focal Point, Eastern Regional Hospital)

Another group highly at risk of health care wastes are the waste pickers group. When it comes to waste, it has a lot to do with the informal sector. Waste pickers working in the informal sector are represented by a greater number of women who depend on it for daily survival. In the dump site, there are more women and children who work as waste pickers and hardly possess any knowledge of protective clothing. These groups are more likely to get hurt and infected by the healthcare waste such as sharps.

“If you go to the dump site, you will see many women there collecting the waste. These women are not wearing any protective gears, nose masks, and gloves. They are not taking any protective measures. They can be hurt with sharps and get infected by waste pollutants”.
(Head of Built Environment Department, EPA)

**Difference in preferences and needs, and chosen appropriate measures**

In both facilities visited, there are no specific gender preferences for medical devices among healthcare professionals/staff. After learning the hazards of mercury and UPOPs through training provided by the project, no one wants to work with devices that contain mercury and prefer mercury-free devices.

However, there are cases where women patients have shared their preferences for medical devices. At the Eastern Regional Hospital, there are plus size women. These women had trouble using sphygmomanometers (cuffs to measure blood pressure) because they were small in sizes and did not fit them. It was the material in the cuff that was not elastic and thus not expandable as it was made of synthetic. The facility has responded to women’s request and is replacing them with the ones which are expandable.

In the same facility, if there are pregnant and nursing mothers among the workers, they are exempted from any kind of work that would expose them to mercury or UPOPs and put them in touch with other toxins.

*We don’t want to expose them to greater risk, particularly those who are pregnant and nursing. Their tendency to get exposed is higher and this causes risks for both mother and babies. When we find pregnant*
and nursing mothers among our staff, we change their schedule and engage them in lighter duties just to protect them and their (unborn) babies.

*(Project Focal Point, Eastern Regional Hospital)*

On the other hand, women workers in Zoompak are very concerned about their privacy and the nature of their clothing. They prefer their clothing to be more comfortable while they work. Not all of them are comfortable wearing clothing such as trousers as they come from different social and cultural backgrounds. In areas such as the Eastern Region, women prefer cotton clothing. Women also feel uncomfortable wearing the boots which are provided for protection. They find the boots quite heavy and at many times end up wearing slippers which could expose their bare feet to risks.

“They often say ‘it’s like the boots which military men wear’. If we don’t respond to them they are then back to wearing their slippers which is not protective enough. We try to listen to their concerns and do our best to respond to them”.

*(Facility Manager, Zoompak)*

**Social and environmental injustices, including gender dimensions—Identifying gender equality and human rights issues in HCWM in Ghana**

The main group facing social and environmental injustices in the waste management sector in Ghana including in HCWM are found in the informal (unregulated market) sector. Informal sector employs mostly individuals from the lowest-income groups and the poorest socio-economic strata who lack knowledge and skills on waste collection, reuse and recycling, such as the self-employed waste pickers. However, since they work mostly in the informal sector, these groups are also the most difficult to reach and thus their issues, although identified to some extent have not been well addressed. As a result, while collecting data in the waste management sector, including HCWM, a large amount of data is missing, as information is not collected in the informal sector.

*Who asks them questions and collects data on them? All the data that are collected are the one from organizations which are formal*”.

*(Head of Built Environment Department, EPA)*

Moreover, in these communities, people often lack awareness of the harmful effects of infected wastes and pollutants such as mercury and UPOPs coming from the healthcare sector. Women and children living near the dump sites and waste pickers may pick up unclean and infected items such as medical containers to either bring at home and use them for household purposes or sell them in the informal market, for public consumption. These groups lack information on the harmful effects of the waste items. In addition to this, even if they want to reuse some of the items from the waste, they lack proper guidance on the cleaning procedure to avoid potential risks of bio-hazardous materials.

Although the current project is working towards minimizing the potential risks faced by these groups with the use of technologies such as autoclaves to treat the healthcare waste, the items found in the waste are still not completely clean and hygienic. The waste pickers not only get directly affected by the exposure to harmful wastes but also indirectly and unknowingly contribute to the infection and risks as they sell unclean and unhygienic healthcare waste items in the unsupervised market, further implicating public health. Since these groups work on their own, they are likely to face injustices in terms of access to information, knowledge on waste management, social protection, health services, and working conditions as they are not fully integrated into the formal/regulated market and lack benefits such as social security and health insurance. It thus becomes imperative to mobilize these groups and integrate them in the
HCWM policies and programmes. This will strengthen the public health system while addressing human rights issues in the HCWM sector.

Women also face social and environmental injustices but in different ways. In Ghana, women are more illiterate than men (34.7% as compared to 21.7%)\(^\text{10}\) and so are the women working in the healthcare waste dump sites who lack access to correct information. For example, at EPA, when it comes to waste segregation, the internal cleaners who mainly consist of women are illiterate and lack proper guidance for cleaning different type of wastes.

“Initially when we start the project, we call them (the women waste cleaners) and do the gathering and tell them about separating paper, plastics and the organics and to put them in the corresponding containers but they do not follow and stop. We are partly to be blamed because we do not continue it. Doing it only once is not enough”.

(Head of Built Environment Department, EPA)

Regular training and awareness programs designed towards meeting the specific needs of women would increase their agency to protect themselves and the environment.

Children also face vulnerabilities in different ways. At healthcare facilities, the sharp container comes out in the same shape from the autoclave as it had entered without any alterations. If the container reaches the dump sites near communities, children would pick it and play with it, which is highly dangerous. It is also harmful to the environment as a whole and can affect the whole community. In their efforts to eliminate this problem, selected healthcare facilities are taking preventive measures such as breaking of the container before disposing it to the dump sites so that no harm is caused to the environment as well as to the women and children.

“All we sterilize the container we break it into pieces because we don’t want it to reach the final destination (the dump site) in the community where women and children who are not aware can get in touch and get infected”.

(Project Focal Point, Eastern Regional Hospital)

HCWM is not an attractive job for many people in Ghana. People who are in the low-income bracket are the one who mostly perform this job. While women are mainly engaged in the waste cleaning work, men from the same group are mainly engaged in loading, transporting, unloading, and disposing of the waste to the final destination.

Compared to men waste collectors, women waste cleaners have much less to do in relation to HCWM. Their work is limited to cleaning which only requires two hours of time in the morning, for which they receive less wage and fewer benefits with unfavorable working conditions.

**Gender equality and human rights mainstreaming in HCWM in Ghana**

Gender equality in Ghana’s workplace culture resonates more with the masculine and feminine divide of work and places importance on the physical attributes (e.g. physical strength and weakness).

In many institutions, including healthcare facilities, waste management companies, and a few government units, the workplace runs in a traditional way following cultural norms. For instance, more men occupy

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\(^{10}\) Women and Men and Ghana, A Statistical Compendium 2014.
responsible and top positions at management level (Table 4). Similarly, technical work such as medical, dental and operational are performed by men whereas caregiving work such as nursing is performed by women. Work that requires the use of an equipment is also performed by men such as waste transportation and disposal work using tri-cycles while soft work such as cleaning and sweeping is performed by women.

“Even though we know the universal conceptualization of gender equality, we are stronger in our cultural roles. We believe that women hold knowledge of certain things and are good at performing certain roles such as nurses (care-givers). So we follow our traditional roles in the workplace.
(Former Director, Keta Municipal Health Directorate, College of Physicians and Surgeons)

Table 4. Gender composition of staff and the level in selected healthcare facilities

<table>
<thead>
<tr>
<th>Level/Facility</th>
<th>Cape Coast Teaching Hospital</th>
<th>Eastern Regional Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Men</td>
<td>Women</td>
</tr>
<tr>
<td>Management Level</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Engineering department</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Operators of autoclaves</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Healthcare Professionals (Doctors/ Nurses)</td>
<td>9</td>
<td>26</td>
</tr>
</tbody>
</table>

Nonetheless, although gender considerations (e.g. of physical strength) could have contributed to the decrease in women’s physical burden and towards attaining human rights in the workplace, it has further created gender segregation within the healthcare sector including the waste management sector. Moreover, it has also created a certain stereotyping of jobs in the healthcare sector based on the masculine and feminine divide. Consequently, there are not many opportunities and motivations for men or women to advance in their career, particularly for women to engage in full-time, more challenging, and more remunerative jobs (e.g. that of a doctor, dentist, engineer, machine operator, manager or even of a waste collector/transporter whose work may be physically demanding but the salary is higher than a waste cleaner).

Project activities focused on gender equality and human rights mainstreaming

The UNDP/ GEF’s HCWM project recognizes different roles men and women play in health care waste management and aims to integrate gender concerns in all activities including capacity building training.

Altogether the project has provided three types of gender and human rights focused training/workshops for three different levels of HCWM managers and workers in Ghana:

- A presentation on “Gender mainstreaming in the HCWM sector” was made by the Project’s Assistant Programme Officer during the implementation phase in Ghana. It was attended by all the project staff and the target participants were project partners and senior staff from facilities such as managers. The presentation focused on identifying different issues of men and women among healthcare professionals, the high number of women may reflect the fact that there are more nurses, while the number of men can simply reflect the number of doctors.
healthcare staff and discussed how gender can be mainstreamed in the HCWM sector going beyond the traditional way of mainstreaming.

- A training was conducted for health care waste managers/handlers (middle/ lower staff) from selected healthcare facilities. Although the main agenda was infection prevention and control, it also addressed gender based needs of health care managers/handlers. Similarly, it included human rights concerns as it targeted workers from the lower level such as waste cleaners, collectors and disposers and discussed issues of the informal waste picker groups. About 300 HCW managers/workers at the middle/lower level from five selected healthcare facilities participated in the training.

- Another training was conducted at the facility level for higher level managers/workers such as nurses and doctors. Although the main agenda was on how to budget on HCWM, there was also a topic on budgeting for gender mainstreaming activities.

As part of the follow up on the impact of training, in the work plan of the project, the Project’s Assistant Programme Officer has included a particular activity that requires concerned UNDP staff to pay a full hour visit to all selected healthcare facilities to check on the actual activities. These visits/ monitoring are to be conducted every three months. In addition to this, there are focal persons appointed at all selected health facilities who regularly report to the Assistant Programme Officer of all the activities. Altogether there are five focal points (each for one facility) out of which three are women and two are men.

As part of the project, regular meetings are held in all selected facilities. There is more or less a gender balance in most of the meetings. However, sometimes the meetings are dominated by one gender group (either women or men). For example, the total number of project meetings that took place in the year 2017 included more women (208) with less men (168), however, the 2018 meetings saw an increase in men participants (200) and decrease in women participants (106). According to key persons consulted at selected facilities, since the target group of each meeting consists of all facilities staff, each staff is invited to attend the meeting. The higher participation of one gender group as compared to the other could be either due to conflict of time or less representation of men or women among staff participating in the meetings (e.g. in the medical units, there are more nurses, the majority of which are women, while the majority of doctors are men).

PART 3

Gender equality and human rights mainstreaming gaps in the project implementation

- A gender equality and human rights assessment has not been conducted in the project design phase nor has any gender equality or human rights action plan being developed.

- Since the project did not expect any adverse effect on any groups because of the training and safety guards that have been put in place in the project, gender equality or human rights issues concerns were not fully mainstreamed in the design phase. The project, therefore, did not look into detail the different gender-based roles, different level of exposures, and impacts on groups such as women and children, although the socio-economic assessment did identify human rights
issues, identifying mainly the issues of waste collectors/handlers but overlooking those of waste pickers.  

- No progress has been made on the collection of gender-disaggregated data on healthcare professionals as well as other associated groups such as health care waste cleaners and waste collectors.

- No training module has been developed yet on gender equality and human rights mainstreaming in HCWM. The waste management company (Zoompak) has however developed training modules for school children.

- Training have been provided on different topics where gender and human rights issues have been raised and discussed. However, they were targeted at health care professionals, workers and partners and stakeholders at institutional levels. There are no specific training and awareness programs that have been in place specifically targeted i.e. women, children, and waste pickers.

- Groups facing different types of vulnerabilities (e.g. women & children living near dump sites, patients, waste cleaners, and waste pickers) have not been consulted in the previous phases of the project.

- Engineering teams, technology operators as well as those responsible for maintenance and repairs are mostly men and the maintenance and repair work is also performed by men mainly by men. Women’s engagement in these areas is minimal for two reasons: 1) There are fewer women engineers in the market, and 2) Operating and maintaining machine is perceived as a masculine work that requires physical strength and thus more men are coming forward to take these jobs as compared to women.

- No opportunity to work with women’s networks or associations working on issues such as environmental health and HCWM as no such association exists in Ghana, till date.

- Laws and policies on healthcare waste management are in place but are insufficient to regulate people’s safety and rights of groups vulnerable to HCW (e.g. informal waste pickers) to enjoy good health and working condition. They also lack gender considerations. Women cleaners who often work on a part-time basis as well as those in the communities such as women, children and waste pickers who often collect healthcare waste for different purposes have limited awareness of HCW laws, policies, rules and regulations that makes them more vulnerable to harm caused by healthcare waste.

- The project has identified groups more vulnerable to exposure to toxic products, such as waste pickers. However, since the project is providing treatments before sending waste to the disposal sites where these groups mostly pick the waste, the project feels that it would not contribute so much to affect these groups. The project is yet to consider the groups’ integration. The project also aims to benefit communities living close to waste disposal sites (municipal waste dumps and

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12 Environmental and Social Screening Procedure (ESSP) for the GEF Project on “Reducing UPOPs and Mercury Releases from the Health Sector in Africa” Ghana Project Document.

13 The healthcare waste management policy for Ghana was drafted in 2017 by Government of Ghana.
landfills) or incinerators, however, no one from the community has been integrated and consulted so far.

- There is no specific budget allocated to invest in gender equality and human rights mainstreaming activities. Till date, there has been an approval of only 3,000 USD budget allocation and that also at the regional level to promote gender equality.

**Project’s achievements and strengths**

- A presentation on “Gender Mainstreaming in the HCWM sector” has been made by the Assistant Programme Officer of UNDP Ghana targeting the key decision makers (e.g. managerial and policy level staff and project partners).

- Gender equality and human rights concerns have been integrated in three of the trainings provided on HCWM.

- The project is striving to have a gender balance in the meetings and is trying to increase the number of both men and women (the underrepresented group) by setting a specific target (e.g. at the Cape Coast Teaching Hospital, the target is to have at least 40% men participants due to the fact that past meetings have been dominated by women participants).

- There is a gender balance among Project’s Focal Points at selected healthcare facilities. Among five Focal Points (each for one facility) appointed, three are women and two are men.

- The project has introduced mercury-free devices which are expected to benefit more women as those devices are mainly used by nurses who are women. The project has also introduced technologies such as autoclaves to sterilize and process the healthcare waste instead of incinerators that would release harmful toxins such as dioxins. This intervention is expected to benefit more men since the waste disposers and operators of these machines are mainly men.

- The project has conducted a social and environmental assessment during the design phase as part of the project approval process, called ESSP\(^{14}\), where human rights issues were identified and the project also became concerned about gender (in) equality issues.

**PART 4**

**List of recommendations for HCWM project in Ghana**

Based on the analysis presented above, the following recommendations are made:

- The project needs to increase its focus on the most affected groups (e.g. women, children living near dump sites, waste cleaners, waste collectors, & waste pickers) who are vulnerable to HCW in different ways. In doing so, it is critical the project ensures these groups are consulted on time,

\(^{14}\) Environmental and Social Screening Procedure (ESSP) for the GEF Project on “Reducing UPOPs and Mercury Releases from the Health Sector in Africa” Ghana Project Document.
before the startup of an activity, throughout the end. A local engagement plan with surrounding communities and disadvantaged groups to consult, inform and raise awareness on project objectives can be designed and implemented. Activities that can be included in the plan could be small discussion meetings held separately with men’s and women’s groups in communities as well as awareness raising/advocacy programs (more visual and face to face) for men, women, and children. The small group meetings should be held regularly (e.g. monthly) in discussion with participants based on their preference of time, location, topic they would like to discuss for the next meeting etc.

- Awareness raising programs and training sessions need to be conducted not only at community level but also at facility level and academic level. In doing so, the project can associate with the following entities:
  a. Selected healthcare facilities targeting waste cleaners, waste collectors & patients (if applicable);
  b. Universities /relevant departments targeting men and women college students;
  c. Primary and secondary schools targeting children; and
  d. Local authorities, community health workers, waste pickers’ groups, EPA or Zoompak targeting women, children and waste pickers from nearby communities.

  Training modules and awareness raising materials/toolkits should meet the needs of different target groups including women, men, children, college students, and waste pickers. It is suggested that the project use more visual materials/tools and interactive sessions with less use of technical terms and languages, particularly at community level. The project can also think of providing broader training such as WASH Fit\(^\text{15}\) to integrate women’s concerns in healthcare waste management by recognizing their roles in WASH and health care waste management.

- Gender-specific norms of behavior, roles as well as the development of ‘feminine’ and ‘masculine’ identities in the workplace, can lead to segregation in work. In Ghana where such traditional norms are practiced in the workplace, women and men may not benefit from the equal opportunity law and available opportunities in the job market. Both men and women may also feel less motivated to enter professions that are either considered masculine or feminine. In addressing this issue, the project needs to collaborate with academic institutions (schools/departments) on environmental health as well as with selected healthcare facilities towards raising awareness by sharing success stories of women performing work considered masculine (e.g. doctor, engineering, machine operation, driving/transportation etc.) and that of men performing work considered feminine (e.g. nursing, cleaning).

- Training on the operation of HCWM machines and tools need to be provided to both women and men ensuring active participation of women in the learning. The training should also ensure that both women and men are aware that not all tools and machines are heavy or require physical strength, and, thus, can be operated by both women and men upon acquiring adequate knowledge and skills. This would challenge the gender stereotypes related to work that would otherwise prevent women and men from venturing into work that are segregated by gender and are considered inappropriate. For example, it would open doors for women to engage in work (e.g. operation of HCWM machines/tools) which were once deemed to be appropriate only for men.

\(^\text{15}\) www.washfit.org
• Waste cleaners who are mainly women, such as those working at Zoompak, work for a few hours and earn less. These women and Zoompak are interested in getting engaged in a more productive work such as turning the waste recycling into an income generating activity. This would allow women to be more productive, earn a good income and an opportunity to see their work getting recognized and valued.\(^\text{16}\)

• There are many relevant stakeholders and sectors at the local, national, regional, and international level that can contribute to and enable gender equality and human rights mainstreaming in HCWM. The project currently has limited collaboration maintained with such stakeholders. It is important that the project associates with influential government institutions such as Ministry of Gender, Children and Social Protection (also called Ministry of Women and Children’s Affairs) and Ministry of Justice and Attorney General.

• Further efforts should be made toward working with waste handler’s group of motorized tricycles called “Bola Taxi” as well as with associations/groups ran by women and waste pickers. Currently, there isn’t any association of women working on environmental health or HCWM issues. The project should consider forming a women’s group/association and working with it.

• The project should ensure gender equality and human rights concerns are not only integrated in the training and activities at the community level but also in other project activities at institutional and policy level (e.g. budgeting, the hiring of project staff/consultants, stakeholders meetings, consultations etc.).

• The project should consider working with Ministry of Health, selected healthcare facilities and waste management companies such as Zoompak towards ensuring a gender equality and human rights responsive health insurance system is in place that caters to the needs of all staff/workers including waste cleaners and waste collectors.

• There is a need to ensure that all staff including waste cleaners and waste collectors are equipped with protective clothing and tools. Protective clothing and tools should also cater to the gender-based needs of men and women (e.g. women may prefer more comfortable clothing such as cotton clothes and comfortable shoes that would allow them to work more efficiently).

In addition to the list of recommendations presented above, an action plan with annual outputs is further developed in alignment with project’s outputs, to facilitate activities that promote gender equality and human rights, as shown in Table 5.

### Table 5. Gender Equality & Human Rights Action Plan

<table>
<thead>
<tr>
<th>Project Outputs and Activities</th>
<th>Gender Equality and Human Rights Outputs and Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Project Outcome:</strong> Country capacity built to assess, plan, and implement healthcare waste management (HCWM) and the phase-out of Mercury in the healthcare environment.</td>
<td></td>
</tr>
<tr>
<td><strong>Output:</strong> Teams of national experts trained</td>
<td><strong>Output:</strong></td>
</tr>
</tbody>
</table>

\(^{16}\) Good practice examples of such work can be found in this website: [https://wasteaid.org/toolkit/how-to-crochet-film-plastic-into-bags-and-mats/](https://wasteaid.org/toolkit/how-to-crochet-film-plastic-into-bags-and-mats/)
<table>
<thead>
<tr>
<th>Activities:</th>
<th>Output:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intensive training workshops will be conducted on the regional level to prepare teams of national experts (Master trainers). Master trainers will receive intensive training in content, effective teaching methods, evaluation tools, and Training of Trainers programs.</td>
<td>Capacity and awareness increased among affected groups such as, waste cleaners and collectors, patients (e.g. pregnant/nursing women), waste pickers (women, men &amp; children), &amp; women and children in communities living near the dump sites.</td>
</tr>
</tbody>
</table>

**Activities:**
Conduct separate training workshops with waste cleaners and collectors, waste pickers (men, women, and children), patients (e.g. pregnant/nursing women), & women and children in the communities, living near the municipalities / dump sites.

Training should provide correct information on the harmful effect of healthcare wastes, prevention from getting exposed to mercury and UPOPs found in medical devices and health care waste, and correct procedure for reusing/recycling any usable/recyclable waste items, among others.

Training should include more visual materials (e.g. drawings, pictures, videos), should be interactive and participatory (e.g. activities for children and adults), and should avoid using technical terms/ languages.

Training workshops should be held in places which are easy to locate and accessible on foot. If farther, free transportation and accommodation (if in a different city/village) should be provided.

Childcare services should be provided to both men and women participants (if they have children to care for), during the training.

**Project Outcome**: Institutional capacities to strengthen policies and the regulatory framework, and to develop a national action plan for HCWM and Mercury phase-out enhanced.

**Output:**
National policy and the regulatory framework for HCWM and Mercury phase-out.

**Activities:**

**Output:**
Gender equality and human rights concerns mainstreamed in the National Policy and the regulatory framework for HCWM and Mercury phase-out.

Equal decision-making power among men and women representing all affected groups to influence national policy, the regulatory framework for HCWM and Mercury phase-out.

**Activities:**
The national teams will assess and strengthen national policies, the regulatory framework, and national plans for HCWM and Mercury. Based on their assessment, a detailed proposal for intervention supported by the project on improving the policy and the regulatory framework will be made.

The assessment conducted by national teams should also focus on gender equality and human rights issues and the proposal for intervention should inform gender and human rights responsive policies and regulations.

Ensure equal participation of men, women among all affected groups in the formulation of national policies, the regulatory framework and national plans for HCWM and Mercury (e.g. through an invitation to participate in meetings and in discussions during the formulation of policies and plans, encouraging them to speak their opinions etc.).

**Project Outcome**: Favorable market conditions created for the growth in the African region of affordable technologies that meet BAT guidelines and international standards

<table>
<thead>
<tr>
<th><strong>Output:</strong></th>
<th>HCWM systems and mercury-free devices for at least 3 health posts, 2 hospitals and 1 central or cluster facility procured</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activities:</strong></td>
<td>A regional approach will be employed to create market demand and stimulate the growth of non-incineration HCWM systems and mercury-free technology distributors or manufacturers in Africa. The project will adopt specifications developed by the current GEF/UNDP project for non-incineration HCWM management systems that are consistent with Stockholm Convention Guidelines.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Output:</strong></th>
<th>HCWM systems and mercury-free devices are made gender, child, elderly, and disable-friendly</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activities:</strong></td>
<td>Consult both men and women healthcare professionals and workers using mercury-free devices as well as patients (women, men, children, elderly, and persons living with disabilities) on their preferences for the devices (e.g. size, shape and weight of the devices). Change/modify parts of the devices which are otherwise causing problems for either men, women, children, elderly and persons living with disabilities to operate, use or wear.</td>
</tr>
</tbody>
</table>

**Project Outcome**: National training expanded

<table>
<thead>
<tr>
<th><strong>Output:</strong></th>
<th>More people trained in HCWM and Mercury.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activities:</strong></td>
<td>The coverage of the national training program will be further expanded. A specific effort will be made so that the national health training curriculum incorporates the materials and recommendations of the project in terms of</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Output:</strong></th>
<th>Gender equality and human rights mainstreamed in National Health Training curriculum</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activities:</strong></td>
<td>Incorporate gender and human rights issues in terms of mercury and HCWM in the National Health Training curriculum.</td>
</tr>
</tbody>
</table>

Training Module developed on “Gender Equality and Human Rights Mainstreaming in HCWM”
mercury and Health care waste management. Participating staff from model healthcare facilities will be requested to come and present their work in national health training centres.

The work which participating staff from model healthcare facilities will be requested to come and present in national health training centers should include information on gender equality and human rights and should be discussed further among other participants.

Design training modules on “Gender Equality and Human Rights Mainstreaming in HCWM” at different levels taking into considerations the needs (e.g. gender, language, ability, age etc.) of target participants (e.g. women cleaners, school children, waster pickers etc.).

Training modules can be developed in partnership with HCWM department of universities, selected HCW facilities, Ministry of Gender, Children and Social Protection and Ministry of Justice and Attorney General. They should also focus on challenging the gender stereotypes of work by representing women and men in non-traditional fields (those considered masculine or feminine fields) with pictures, videos or success stories at national, regional or global level (See Annex 2. A visual guide to challenging the gender-stereotypes).

<table>
<thead>
<tr>
<th>Project outcome</th>
<th>Output: M&amp;É and adaptive management applied to project in response to needs, mid-term evaluation findings with lessons learned extracted</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Output: M&amp;É system is established which tracks the more nuanced gender and human rights dimensions of HCWM, with the integration of women, men, children and all affected groups as equal participants and stakeholders</td>
</tr>
<tr>
<td></td>
<td>Activities: Monitoring and evaluation of results achieved to improve the implementation of the project and disseminate lessons learned at national, regional and international level.</td>
</tr>
<tr>
<td></td>
<td>Activities: Integrate all the affected groups with equal representation of men and women in the monitoring and evaluation of the activities.</td>
</tr>
<tr>
<td></td>
<td>Collect, analyze and report on sex and age-disaggregated data, both quantitative (e.g. number of women aged 20-25 participated in the training) and qualitative (e.g. women’s/children’s perceptions of the training), ensuring not only gender equality and human rights mainstreaming in project activities but also gender responsiveness of staffing, partners and procedures.</td>
</tr>
</tbody>
</table>
**Output:**
Lessons learned and best practices are disseminated at national, regional and global level

**Activities:**
Mid-term and final evaluations will be completed and compiled into reports. Results and lessons learned will be extracted. Best practices will be shared nationally and regionally through a series of workshops and meetings. Reports and Research results will be disseminated globally.

Use Gender Marker to rate the gender-responsiveness of the project’s management system (0 = gender blind, 1 = gender equity, 2 = gender equality, to 3 = gender transformative)\(^{17}\).

**Output:**
Lessons learned and best practices on gender equality and human rights mainstreaming in the project’s activities are collected and disseminated at national, regional and global level

**Activities:**
Use various platforms to share the results and lessons learned such as workshops, stakeholder meetings, international conferences, publications, and digital platforms such as blogs, social networks etc. Share them widely among all stakeholders including projects’ beneficiaries/participants. Translate them in local languages, or use visuals to present the results, where necessary.

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**Annex 1. Gender Equality and Human Rights Terminology**\(^{18}\)

**Social justice**
Aims to give individuals and groups, fair treatment and an impartial share of social, environmental and economic benefits. The concept promotes the fair distribution of advantages and disadvantages within a society, regardless of background and status\(^{19}\).

**Environmental justice**
Deals explicitly with the distribution of environmental benefits and the burdens people experience, at home, at work, or where they learn, play and spend leisure time\(^{20}\).

**Human rights**
Human rights are the basic rights and freedoms to which all humans are entitled. They ensure people can live freely and that they are able to flourish, reach their potential and participate in society. They

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\(^{18}\) Most of these terms are extracted from WHO, Gender mainstreaming for health managers: a practical approach, 2011


\(^{20}\) Ibid.
ensure that people are treated fairly and with dignity and respect. You have human rights simply because you are human and they cannot be taken away.

**Vulnerability**
Refers to the degree to which individuals, communities and systems are susceptible to or have diminished capacity to cope with exposure to risk factors.

**Gender**
Refers to the socially constructed characteristics of women and men – such as norms, roles, and relationships of and between groups of women and men. It varies from society to society and can be changed. While most people are born either male or female, they are taught appropriate norms and behaviors – including how they should interact with others of the same or opposite sex within households, communities, and workplaces. When individuals or groups do not “fit” established gender norms they often face stigma, discriminatory practices or social exclusion – all of which adversely affect health.

**Sex**
The different biological and physiological characteristics of males and females, such as reproductive organs, chromosomes, hormones, etc.

**Gender Equality**
Refers to equal chances or opportunities for groups of women and men to access and control social, economic and political resources, including protection under the law (such as health services). It is also known as equality of opportunity – or formal equality.

**Gender division of labour**
Refers to where, how and under what conditions women and men work (for or without pay) based on gender norms and roles.

**Gender mainstreaming**
The process of assessing the implications for women and men of any planned action, including legislation, policies or programmes, in all areas and at all levels. It is a strategy for making women’s as well as men’s concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres so that women and men benefit equally and inequality is not perpetuated. It also challenges gender discriminative or disadvantageous norms and stereotypes towards making policies and programmes gender-responsive.

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**Annex 2. A visual guide to challenging the gender-stereotypes**

The depiction of women and men should attempt to break with notions of gender roles that perpetuate gender inequalities. Women and men should be portrayed as equals, rather than having roles and characteristics traditionally assigned on the basis of dominant gender norms. Women should be depicted as being able to leverage opportunities or as having equal opportunities; being in positions of power and in professions that are not usually linked to women such as professors, doctors or head of states.

In addition to choosing images that show women in non-traditional and non-stereotypical roles and professions and to ensure equal numbers of women and men in our image selection, it is important to be

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21 Adapted from UNDP’s “Guide to Gender-Sensitive Communication and Advocacy.”
mindful of subliminal messages about gender norms. For example, it is recommended to choose images in which postures, expressions, gestures and clothing convey equal status and authority.

**Stereotypical images of men**

![Stereotypical images of men](image1)

**Non-stereotypical images of men**

![Non-stereotypical images of men](image2)
Stereotypical images of women

Non-stereotypical images of women