Introducing a Tool to Measure Gender-Sensitivity of Health Facilities in Afghanistan

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Short Abstract:
In Afghanistan, gender-related barriers hinder equitable access to and use of the healthcare system. A tool was developed to measure a facility's gender sensitivity using well-established quality of care standards, while considering the Afghan context. This tool was pilot tested in 21 facilities across four provinces from September 2013–January 2014. There is a lack of complaint boxes or other mechanisms in facilities. Privacy during the hospital visit is a concern in most facilities. The absence of separate waiting rooms and lines for men and women is a challenge within the Afghan context. Remote regions have a particularly grave shortage of female providers. The findings suggest the need to improve the equitability of services, such as provide more female healthcare providers, gender-sensitize providers, ensure privacy of patients and work with communities to increase utilization of services. The tool is being integrated into the Ministry of Public Health's routine monitoring systems.

Extended Abstract:

Background

The Gender Directorate of the Ministry of Public Health (MOPH) of Afghanistan was established in 2010 and the National Gender Strategy was endorsed by the Minister of Public Health in March 2012. The strategic objectives outlined in the National Gender Strategy recognize the need to address gender sensitivity in the health system. Although Afghanistan has implemented a number of interventions aimed at improving gender sensitivity related to access and delivery of healthcare, many gender-related barriers exist that prevent equitable access to and use of the healthcare system, especially when considering the allocation of human resources and facility infrastructure. Hence, there is a need to regularly collect data on the gender sensitivity of a health facility. This will ensure a systematic analysis of the healthcare facilities and will support interventions aimed at better gender mainstreaming. Collecting these data will help the MOPH understand the magnitude of gender barriers and the resources needed to address them. Routine collection of data on the gender sensitivity of a health facility can support policy and program interventions aimed at better gender mainstreaming. The analysis of the data collected from a tool assessing the gender sensitivity of a health facility will identify the health policies and programs that need to be developed and implemented to ensure better gender equity within the healthcare system.

At present, a tool does not exist to identify whether a health facility conforms to the prevalent gender norms. A review of the literature shows that several organizations and institutions have provided some guidance on how various components of healthcare services can be made gender sensitive, such as the presence of gender-sensitive policies, appropriate access and structure of the health facility, equitable distribution of health personnel, and collection of sex-disaggregated data (African Development Bank Group, 2009; Canadian International Development Agency (CIDA), 1997; European Commission, 2008; MEASURE Evaluation, 2013; MercyCorps & USAID-Sudan; UNDP & UNIFEM, 2009; WHO, 2011; Women's Center for Health Matters, 2009). Furthermore, the USAID-funded PRIME II project provides a checklist to assess the gender sensitivity of Family Planning/Reproductive Health (FP/RH) services (PRIMIE II & USAID, 2003). In light of this evidence, a new tool has been developed to measure gender-sensitivity of a health facility in Afghanistan using well-established quality of care standards and evidence from the literature review keeping in mind the specific needs within the local context.

Methods

A tool has been developed to measure a facility's gender sensitivity using well-established quality of care standards, while considering the Afghan context. The gender-sensitive themes include policies and guidelines, facility structural characteristics, distribution of human resources, in-service provider trainings, quality of service provision and data use. Questions within each theme aimed to identify the main barriers to seeking healthcare. Table 1 describes the main categories of questions covered.

This tool was pilot tested in 21 facilities across four provinces (Kabul, Herat, Kandahar and Nangarhar) from September 2013–January 2014, covering five facility categories: basic health center, comprehensive health center, district hospital, provincial hospital and private facility. Table 2 describes the distribution of the facilities and the names of the facilities that were visited.

Results
Preliminary findings show a lack of complaint mechanisms in facilities for employees/patients, with less than 10% of facilities having an anonymous suggestion box. Emergency transportation is mostly available in larger and private facilities for referring patients or to transport providers. In greater than 75% of facilities, multiple patients were being examined in the same room at one time, with no privacy. Despite financial incentives, there persists a shortage of female providers, especially in remote provinces. Hospital administrators in smaller facilities of remote regions were uncomfortable discussing gender-based violence and long-term family planning methods, especially sterilization. Women face challenges in accessing health facilities, primarily poverty and inability to leave home alone.

Discussion
The findings suggest the need to improve the equitability of services, such as provide more female healthcare providers, gender-sensitize providers, ensure privacy of patients and work with communities to increase utilization of services. The tool will be scaled up and used to assess the gender sensitivity of several facilities across all provinces in the coming four years.

In addition, after much advocacy, the MOPH has integrated recommended indicators into routine monitoring tools, such as the recently revised National Monitoring Checklist, and will be integrating more indicators into its training database and revised health management information system in the coming months. These new indicators will help the Gender Directorate and MOPH identify barriers to seeking care and address them with the relevant departments. In its revised contracts for basic and essential packages of health services, the Grants and Contracts Management Unit is planning to require vendors to enhance privacy during provider-patient interactions, improve health education at facilities, and create separate waiting lines, toilets, and waiting rooms for men and women, all as a direct result of advocacy by the Gender Directorate.

This tool will enhance the field of measuring gender sensitivity; use of the tool can help ensure people-centered health services.

Table 1: Questions asked to determine the gender-sensitivity of a health facility in Afghanistan

Theme: Policies and Guidelines
• Awareness of facilities about policies on gender equity and discrimination
Theme: Structural Characteristics
• Hours (including 24 hour maternal health services) • Location safe for men and women • Separate waiting rooms and toilets • Separate lines to collect TB treatment • Privacy for consultations • Labor wards in a private location
Theme: Human Resources
• Availability of female providers
Theme: Provider Training
• Provision of gender sensitive and GBV training (both off-site and as part of workplace programs) • Providers trained on using gender-sensitive protocol for counseling • Inclusion of gender sensitivity in medical curricula (not applicable for the health facility level)
Theme: Service Provision
• No discrimination based on sex, age, etc.   o Any sense of who is excluded from receiving services • GBV screening and referral system • Need for spousal approval or consent to receive services • Client/provider interaction – but this may not be easily measurable • Presence of community-based programs
Theme: Data Collection and Use
• Keeping hospital and patient records confidential • Use of sex-disaggregated data for health facility planning

Table 2: Distribution of facilities tool was pilot tested in

Type of Facility	Province			
	Kabul	**Herat**	**Kandahar**	**Nangarhar**
Basic health center (BHC)	Makrorian Se clinic	Hous-e-Karbas clinic	Shah Wali Kot Clinic	Gushta Mamakhail clinic
Comprehensive health center (CHC)	Mir Bach Kot facility	Karukh clinic	Gondigan Clinic	Bahsood Beland Ghar Clinic
District hospital	Qarabagh district hospital	Gozara hospital	Spin Blodak Hospital	General Hospital of Public Health Hospital
EPHS hospital	Rab-e-Balkhi hospital and Isteqlal Hospital	600 beds hospital	Mirwais Hospital	University Teaching Hospital of Nangahar Provincial Hospital
Private facility	Khair Khana private facility	Afghan Aria hospital	Mohmand private facility	Baydara Zejhantoon hospital

References:

African Development Bank Group. (2009). Gender Mainstreaming Checklist for the Health Sector. from http://www.afdb.org/fileadmin/uploads/afdb/Documents/Policy-Documents/Gender-health-chklist-sunita-12-01-09%20(2).pdf

Canadian International Development Agency (CIDA). (1997). Guide to gender-sensitive indicators. from http://www.acdi-cida.gc.ca/inet/images.nsf/vLUImages/Policy/$file/WID-GUID-E.pdf

European Commission. (2008). Manual for gender mainstreaming of employment, social inclusion and social protection policies. Brussels: Directorate-General for Employment, Social Affairs and Equal Opportunities-Unit G1, European Communities.

MEASURE Evaluation. (2013). Gender sensitivity in the service delivery environment. Retrieved May 23, 2013, from http://www.cpc.unc.edu/measure/prh/rh_indicators/crosscutting/service-delivery-ii.h.4/gender-sensitivity-in-the-service-delivery

MercyCorps, & USAID-Sudan.). BRIDGE and Gender Mainstreaming: A Guide for Program Staff. from http://www.fsnnetwork.org/sites/default/files/bridgegendermainstreaming.pdf

PRIMIE II, & USAID. (2003). Gender Sensitivity Assessment Tools for RH Service Providers and Managers. from http://www.intrahealth.org/~intrahea/files/media/gender-equality-1/gendersensitivity_curr2.pdf

Qureshi, N., & Shaikh, B. T. (2007). Women's empowerment and health: the role of institutions of power in Pakistan. *East Mediterr Health J*, *13*(6), 1459-1465.

Ravindran, T. K., & Kelkar-Khambete, A. (2008). Gender mainstreaming in health: looking back, looking forward. *Glob Public Health*, *3 Suppl 1*, 121-142. doi: 792133784 [pii]
10.1080/17441690801900761

UNDP, & UNIFEM. (2009). A user's guide to measuring gender-sensitive basic service delivery. from http://www.delog.org/cms/upload/pdf/UNDP_users_guide_measuring_gender.pdf

Vlassoff, C., & Garcia Moreno, C. (2002). Placing gender at the centre of health programming: challenges and limitations. *Soc Sci Med*, *54*(11), 1713-1723.

WHO. (2011). Gender mainstreaming for health managers: A practical approach. from http://whqlibdoc.who.int/publications/2011/9789241501071_eng.pdf

Women's Center for Health Matters. (2009). WCHM Position Paper on Gender Sensitive Health Service Delivery. From: http://www.wchm.org.au/_literature_73079/Gender_Sensitive_Health_Service_Delivery.