HEALTH POLICY PROJECT

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

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Population Association of America 2015 Annual Meeting

April 30–May 2, 2015

San Diego, CA

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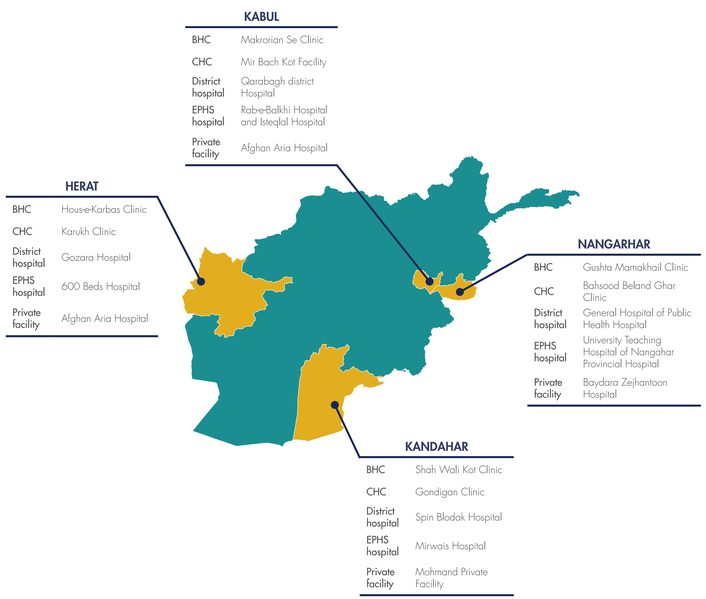
Background

- 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 National Gender Strategy aims to ensure that women and men have equal access to nondiscriminatory health services that address gender-based violence. Specifically, it aims to improve gender integration in health services and increase women's and men's access to high-quality, gender-sensitive services.
- An extensive literature review on the determinants of gender sensitivity of a health facility (Irani et al. 2013) noted that there is limited evidence and guidance on how gender mainstreaming translates at the facility level.
- Afghanistan does not have a tool to measure whether a healthcare facility adheres to international standards for equitable provision of health services and is providing equitable health management for men and women.

Figure 1. Distribution of Facilities Where Tool was Pilot Tested



Methods

- The USAID-funded Health Policy Project developed a tool to measure facilities' gender sensitivity using well-established quality of care standards, while considering the Afghan context.
- The tool was pilot tested in 21 facilities across four provinces (Kabul, Herat, Kandahar, and Nangarhar) from September 2013–January 2014, and covered five facility categories: basic health center (BHC), comprehensive health center (CHC), district hospital, Essential Package of Health Services (EPHS) hospital, and private facility (see map).

Irani, L., S. Pappa, R. Juya, M. Bishop, and K. Hardee. 2013. *A Literature Review on Determinants of Gender Sensitivity within the Afghanistan Health System*. Washington, DC: Futures Group. Health Policy Project. Available at http://www.healthpolicyproject.com/index.cfm?id=publications&get=pubID&pubID=219.

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Results

- Findings suggest great variation across provinces.
- Emergency transportation is mostly available in larger and private facilities to refer patients or to transport providers.
- In two-thirds (62%) of facilities, multiple patients were examined in the same room simultaneously, with no privacy.
- Despite financial incentives, there is 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 an inability to leave home alone.

Table 1. Implementation of Gender-sensitive Policies and Guidelines Across 21 Pilot Facilities

Indicator/Variable	Categories	Number of facilities				Total (n=21)
		Herat (n=5)	Kabul (n=6)	Kandahar (n=5)	Nangarhar (n=5)	
Type of consent requested by health providers to provide women with short-acting family planning methods such as condoms, pills, and injectables	Verbal consent of husband reported by the woman	5	2	4	1	12
	Consent of husband received in writing or by phone	0	0	0	0	0
	None	0	4	1	4	9
Type of consent needed to receive long-acting family planning methods such as intrauterine devices, female sterilization, etc.	Verbal consent of husband reported by the woman	3	2	4	5	14
	Consent of husband received in writing or by phone	2	0	1	0	3
	None/Not applicable	0	4	0	0	4
Facility is aware of barriers women face that prevent them from accessing the facility	Yes	3	1	4	2	10
	No/Not sure	2	2	1	0	5
Facility is aware of barriers men face that prevent them from accessing the facility	Yes	1	0	3	3	7
	No/Not sure	4	6	2	2	14

Table 2. Implementation of Gender-sensitive Policies and Guidelines Across 21 Pilot Facilities

Indicator/Variable	Categories	Number of facilities				Total (n=21)
		Herat (n=5)	Kabul (n=6)	Kandahar (n=5)	Nangarhar (n=5)	
Process for reporting complaints by employees (multiple responses)	Anonymous suggestion box	3	2	3	2	10
	Complain to supervisor	1	0	3	6	10
	Staff meeting	1	1	5	4	11
	None	1	3	0	0	4
Employees have filed complaints in the last 12 months	Yes	3	1	4	3	11
	No	2	5	1	2	10
Process for reporting complaints by patients (multiple responses)	Anonymous complaint box/forms	3	3	3	2	11
	Complain to senior hospital staff	2	1	3	5	11
	None	2	2	2	0	6
Patients have filed complaints in the last 12 months	Yes	2	4	3	2	11
	No	3	2	2	3	10

Table 3. Review of Gender-sensitive Structural Characteristics Across 21 Facilities in Afghanistan

Indicator/Variable	Categories	Number of facilities				Total (n=21)
		Herat (n=5)	Kabul (n=6)	Kandahar (n=5)	Nangarhar (n=5)	
Emergency transportation is provided by the facility	Yes	4	5	5	4	18
	No	1	1	0	1	3
Emergency transportation is used for (multiple responses)	Bringing patients to the facility	1	0	4	3	8
	Referring patients to other facilities	4	4	4	3	15
	Transporting patients home	2	1	4	3	10
	Transporting providers	4	2	1	2	9
There are separate waiting spaces for men and women	Yes	3	1	4	2	10
	No	2	5	1	3	11
There are separate toilets for men and women	Yes	5	4	5	5	19
	No	0	2	0	0	2
There are separate outpatient registration lines for men and women	Yes	3	0	3	4	10
	No/Not sure/Not applicable	2	6	2	1	11
Patients are seen by providers in private	Yes	4	2	3	5	13
	No	1	4	2	0	8
There is a separate, designated delivery room located out of the hearing range of others	Yes	4	4	4	3	15
	No	0	1	0	1	2
	Delivery room not present at BHC	1	1	1	1	4

Discussion

- There is a need to improve the equitability of services, such as increasing the number of female and gender-sensitive providers, ensuring privacy of patients and working with communities to increase service use.
- After much advocacy by the Gender Directorate, the MoPH integrated recommended indicators into routine monitoring tools, such as the revised National Monitoring Checklist, and will integrate more indicators into its training database and revised health management information system.
- In its revised contracts for basic and essential packages of health services, the Grants and Contracts Management Unit of the MoPH will require vendors to ensure privacy during provider-patient interactions, improve health education at facilities, and create separate waiting lines, toilets, and waiting rooms for men and women. These changes are direct results of advocacy by the Gender Directorate of the MoPH.

The Health Policy Project is a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-10-00067, beginning September 30, 2010. HPP is implemented by Futures Group, in collaboration with Plan International USA, Avenir Health (formerly Futures Institute), Partners in Population and Development, Africa Regional Office (PPD ARO), Population Reference Bureau (PRB), RTI International, and the White Ribbon Alliance for Safe Motherhood (WRA).

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