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A TOOL TO ASSESS THE GENDER SENSITIVITY OF A HEALTH FACILITY



*Pilot Tested in
Afghanistan*

This publication was prepared by Laili Irani, Karen Hardee,
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A Tool to Assess the Gender-Sensitivity of a Health Facility

Pilot Tested in Afghanistan

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This publication was prepared by Laili Irani,¹ Karen Hardee,² and Meghan Bishop³ of the Health Policy Project.

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ABBREVIATIONS

| | |
|-------|--|
| BHC | Basic Health Center |
| BPHS | Basic Package of Health Services |
| CHC | Comprehensive Health Center |
| EPHS | Essential Package of Health Services |
| GBV | gender-based violence |
| HMIS | Health Management Information System |
| M&E | monitoring and evaluation |
| MOPH | Ministry of Public Health |
| USAID | United States Agency for International Development |

BACKGROUND

In Afghanistan, gender-related barriers hinder equitable access to and use of the healthcare system. The Gender Directorate of Afghanistan's Ministry of Public Health (MOPH) was established in 2010, and the National Gender Strategy was endorsed by the minister 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 gender-sensitive interventions related to access and delivery of healthcare, many existing gender-related barriers prevent equitable access to and use of the healthcare system, especially 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 healthcare facilities and support interventions aimed at improved 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 also improve gender mainstreaming by informing policy and program interventions. The analysis of data collected from a gender-sensitive tool to assess health facilities will identify the health policies and programs that must be developed and implemented to ensure better gender equity within the healthcare system.

DEVELOPING A GENDER-SENSITIVE TOOL

Afghanistan does not have a tool to measure whether a healthcare facility conforms to prevalent gender norms and provides gender-sensitive healthcare to men and women. A literature review was conducted to determine if such a tool exists elsewhere (Irani, 2013). The review identified examples, as well as guidelines for making a health system more gender sensitive by addressing various aspects of a health facility. These include the presence of gender-sensitive policies, equitable distribution of health personnel, collection of sex-disaggregated data, and factors affecting access to healthcare (African Development Bank Group, 2009; Canadian International Development Agency (CIDA), 1997; European Commission, 2008; MEASURE Evaluation, 2013; MercyCorps and USAID-Sudan; UNDP and 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 (PRIME II and USAID, 2003).

Evidence gathered from the literature review and well-established quality-of-care standards both informed a new tool to measure gender sensitivity of health facilities in Afghanistan. This tool also accounts for specific needs within the local context. The questions included in the tool are divided into categories based on gender-sensitive themes rooted in quality of care standards and the literature review, further described in Table 1. The categories include gender-sensitive policies and guidelines, structural characteristics of facilities, distribution of human resources, in-service training of providers, the quality of service provision, and the use of client data. The tool documents whether policies and guidelines exist to ensure gender equity within the workforce, and whether there is a system for addressing concerns. It highlights the structural characteristics that make the facility appropriate for both men and women to access. It also notes the distribution of health workers by cadre and sex, as male and female clients in Afghanistan are only comfortable being examined by providers of the same sex. In-service training given to providers is documented by frequency and type, especially on gender-related issues. Types and methods of service provision to clients are also examined. Finally, the tool documents how client data disaggregated by sex are used for health facility planning.

Table 1: Themes and Categories of Questions to Determine the Gender Sensitivity of a Health Facility

Theme: Policies and Guidelines

- Facilities' awareness about policies on gender equity and discrimination

Theme: Structural Characteristics

- Hours of operation (including 24-hour maternal health services)
- Location safe for men and women
- Separate waiting rooms and toilets
- Separate lines to collect tuberculosis 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 gender-based violence (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 at the health facility level)

Theme: Service Provision

- No discrimination based on sex, age, etc.
 - Documenting who is excluded from receiving services
- GBV screening and referral system
- No need for spousal approval or consent to receive services
- Client/provider interaction (may not be easily measurable)
- Presence of community-based programs

Theme: Data Collection and Use

- Confidentiality of hospital and patient records
- Use of sex-disaggregated data for health facility planning

PILOT TESTING THE TOOL

This tool was developed by the USAID-funded Health Policy Project, in close collaboration with the Gender Directorate of the MOPH. It was shared with several MOPH departments—including Reproductive Health, Health Management Information Systems (HMIS), Monitoring and Evaluation (M&E), Quality Improvement, and the Grants Control Management Unit (GCMU)—for their input in refining the tool. Input from other implementing partners was also incorporated into the pilot draft; these included the Gender Task Force and its affiliate partners, such as the WHO, UNFPA, and UN Women.

After the initial review, the tool was pilot tested in a representative sample of health facilities, including one basic health center (BHC), one comprehensive health center (CHC) facility under the Basic Package of Health Services (BPHS), one district hospital (also under BPHS), one Essential Package of Health Services (EPHS) hospital, and one private facility. The goal was to ensure that the tool could be applied in all levels of health facilities within Afghanistan. The pilot testing occurred in different regions, as well—initially, in six facilities in Kabul province, and later in more remote and/or insecure provinces like Herat, Kandahar, and Nangarhar—to ensure that the tool would be applicable and useful across various

sociocultural environments. Table 2 describes the geographic and categorical distribution of facilities that were visited from September 2013 to January 2014, along with facility names.

Table 2: Distribution of Facilities Where Tool was Pilot Tested

| 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 |
| Essential Package of Health Services (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 Hospital | Afghan Aria Hospital | Mohmand Private Hospital | Baydara Zejhantoon Hospital |

Annex I includes the full tool as it was finalized and implemented, outlining each question and the category of potential responses. It also describes a scoring system developed for each question and category, as well as the entire tool. The higher the score, the more gender sensitive the facility. This scoring mechanism provides a quantitative approach to measure gender sensitivity and can be used to measure whether a facility is improving over time, as well as cross-facility comparisons. The annex also describes the relevance of each question while noting the potential source for data—i.e., based on interviews with the hospital administrator, direct observations of the facility, or retrieval of information from hospital records or routinely collected HMIS data (available at the MOPH). In addition, the reference that guided each question’s development is noted.

APPLICATION OF THE TOOL

The primary purpose for developing the tool was to integrate it, along with its corresponding indicators, into a routine data collection and reporting system so that facility-level gender sensitivity could be regularly assessed in Afghanistan. Once the tool was pilot tested and finalized, the results of the pilot and the tool itself were shared widely across MOPH departments. The goal was to identify routine monitoring tools into which various components of the gender-sensitive tool could be integrated.

Following extensive advocacy, the M&E department integrated five indicators into the recently revised National Monitoring Checklist; efforts are underway to integrate additional indicators into the ministry’s Training Database and an updated HMIS system. These new indicators will help the Gender Directorate and MOPH identify barriers to seeking care and address them within relevant departments.

CONCLUSION

This tool was designed to measure the gender-sensitivity of Afghan health facilities, and data are intended to be collected across all facilities annually. This tool will benefit the country's healthcare system and enhance the measurement of gender sensitivity in health facilities.

Although this tool was developed for implementation in Afghan health facilities, it can be adapted and used across various countries and levels of facilities. This publication is meant to make the tool available to a larger audience that may, in turn, find the questions useful within other contexts—whether measuring the gender sensitivity of a health facility or the quality of care provided more broadly.

ANNEX: GENDER SENSITIVITY ASSESSMENT TOOL

Note: This tool will be administered by a data collector.

| | |
|----------------------|-----------------------------------|
| Province, City/Town: | Date (Day/Month/Year): |
| Name of facility: | Name of data collector: |
| Address of facility: | Title/Position of data collector: |

| No. | Question | Categories | Value (If not specified, tick mutually exclusive response) | Score (higher score=more gender-sensitive facility) | Comments* | Gender relevance* | Potential source for data* | Reference* |
|-----------------------------------|---|-----------------------------------|--|--|---|---|----------------------------------|----------------------------|
| | | | | Total score—__/85 | * These columns provide more background and information on each of the questions within the tool. They will not be included in the pilot tool that is administered at the facility. | | | |
| A. Policies and Guidelines | | | | Overall score—__/11 | A checklist at the Ministry level would identify which policies and processes are actually in place. | Policies and protocols that define the need for gender equality and the absence of any form of discrimination within the health workforce are important as they create a comfortable working environment and encourage women to work. | Hospital Administrator | (PRIME II and USAID, 2003) |
| 101. | During orientation of a new hire, is the staff member made aware of gender-sensitive policies, specifically | | | | | | | |
| 101.a. | - <i>Written policies that prohibits gender-based discrimination in hiring staff?</i> | Yes ___ No ___ Not sure ___ | | 1 – Yes 0 – No/Not sure | | | | |
| 101.b. | - <i>Written policies that guarantee gender equity regarding salary and are fixed, based on the cadre?</i> | Yes ___ No ___ Not sure ___ | | 1 – Yes 0 – No/Not sure | | | | |
| 101.c. | - <i>Written policies outlining appropriate conduct with fellow employees and patients?</i> | Yes ___ No ___ Not sure ___ | | 1 – Yes 0 – No/Not sure | | | | |
| 102. | Does the facility have a process for employees reporting complaints and sexual harassment? | Yes ___ No ___ Not sure ___ | | 2 – Yes 0 – No/Not sure | | | | |
| 102.a. | - <i>If Yes, have any cases been filed in the last 12 months?</i> | Yes ___ No ___ Not sure ___ | | 2 – No/Not sure 0 – Yes | | | | |

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| No. | Question | Categories | Value (If not specified, tick mutually exclusive response) | Score (higher score=more gender-sensitive facility) | Comments* | Gender relevance* | Potential source for data* | Reference* |
|--------------------------------------|--|-----------------------------------|--|--|--|--|----------------------------------|-----------------------------|
| 102.b. | - If Yes, what has been done to address it? | _____ (Please specify) | | | | | | |
| 103. | Does the facility have a process for patients reporting complaints, sexual harassment and mistreatment by providers? | Yes ___ No ___ Not sure ___ | | 2 – Yes 0 – No/Not sure | | | | |
| 103.a. | - If Yes, have any cases been filed in the last 12 months? | Yes ___ No ___ Not sure ___ | | 2 – No/Not sure 0 – Yes | | | | |
| 103.b. | - If Yes, what has been done to address it? | _____ (Please specify) | | | | | | |
| B. Structural characteristics | | | | Overall score— ___/21 | | | | |
| 201. | What are the operating hours of the facility, i.e. when can patients be seen at the out-patient department and get admitted, if necessary? | __:__ to __:__ | (24 hour clock) | 1 – if open number of hours expected to be open 0 – if not open number of hours expected to be open | The scoring will depend on the level of the facility and whether it is expected to be open 24/7. | The hours of the clinic determine whether men can access services after work hours and whether women can seek services after attending to their household responsibilities. | Hospital administrator | (Mercy Corps & USAID-Sudan) |
| 202. | What are the operating hours for maternal health services? | | | | Need to compare the operating hours to the expected hours the facility should be open, as stated in MOPH operation policy documents. | | Hospital administrator | (Mercy Corps & USAID-Sudan) |
| 202.a. | - Antenatal services | __:__ to __:__ | (24 hour clock) | 1 – if open at least 8 hours/day 0 – if open <8 hours/day | | The hours of these services will determine whether women can attend clinic after attending to their household responsibilities and when an escort is available to take them to the facility. | | |
| 202.b. | - Postnatal services | __:__ to __:__ | (24 hour clock) | 1 – if open at least 8 hours/day 0 – if open <8 hours/day | | | | |

| No. | Question | Categories | Value (If not specified, tick mutually exclusive response) | Score (higher score=more gender-sensitive facility) | Comments* | Gender relevance* | Potential source for data* | Reference* |
|--------|---|---|--|--|---|--|----------------------------------|--|
| 202.c. | - <i>Obstetric admissions</i> | __:__ to __:__ | (24 hour clock) | 1 – if open 24 hours 0 – if open <24 hours | The scoring will be different for a facility that is not expected to be open 24/7. | This will ensure that women receive services soon and are not referred to a bigger and farther facility. | | |
| 203. | What are the operating hours for the laboratory? | __:__ to __:__ | (24 hour clock) | 1 – if open 24 hours 0 – if open <24 hours | The scoring will be different for a facility whose lab and X-ray services are not expected to be open 24 hours. | Longer hours for lab and x-ray services serve patients who come with emergencies or who could not come during regular hours due to other responsibilities. | Hospital administrator | (Mercy Corps & USAID-Sudan) |
| 204. | What are the operating hours for the X-ray room? | __:__ to __:__ | (24 hour clock) | 1 – if open 24 hours 0 – if open <24 hours | | | | |
| 205. | Is the facility doing anything to assist people with transportation to the health facility? | Yes ___ No ___ Not sure ___ | | 1 – Yes 0 – No/Not sure | | A well-knit public transportation system will enable people without cars to access the facility. | Hospital administrator | (WCHM, 2009) |
| 205.a. | - <i>If Yes, how are they assisting?</i> | Working with shuras ___ Increasing awareness of available means of transportation ___ Other (specify) _____ | | | | | | |
| 206. | Is emergency transportation provided by the facility, upon request? | Yes ___ No ___ Not sure ___ | | 1 – Yes 0 – No/Not sure | | Emergency transportation can provide services to people in emergencies, such as deliveries, injuries, etc. | Hospital administrator | (African Development Bank Group, 2009; PRIME II and USAID, 2003) |

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| No. | Question | Categories | Value (If not specified, tick mutually exclusive response) | Score (higher score=more gender-sensitive facility) | Comments* | Gender relevance* | Potential source for data* | Reference* |
|--------|--|-----------------------------------|--|--|-----------|---|----------------------------------|---|
| 207. | Is there a separate waiting room for men and women? | Yes ___ No ___ Not sure ___ | | 2 – Yes 0 – No/Not sure | | In Afghanistan, men and women are not permitted to sit together. | Observation | (Qureshi & Shaikh, 2007; Ravindran & Kelkar-Khambete, 2008; Vlassoff & Garcia Moreno, 2002) |
| 208. | Is there a separate toilet for men and women? | Yes ___ No ___ Not sure ___ | | 2 – Yes 0 – No/Not sure | | Men and women are need privacy. | Observation | (Qureshi & Shaikh, 2007; Ravindran & Kelkar-Khambete, 2008; Vlassoff & Garcia Moreno, 2002) |
| 209. | Are there separate lines for men and women for the following services? | | | | | Men and women are not comfortable standing in the same line. | Observation | (Qureshi & Shaikh, 2007; Ravindran & Kelkar-Khambete, 2008; Vlassoff & Garcia Moreno, 2002) |
| 209.a. | - For registration | Yes ___ No ___ Not sure ___ | | 1 – Yes 0 – No/Not sure | | | | |
| 209.b. | - At the pharmacy | Yes ___ No ___ Not sure ___ | | 1 – Yes 0 – No/Not sure | | | | |
| 209.c. | - To collect TB medication | Yes ___ No ___ Not sure ___ | | 1 – Yes 0 – No/Not sure | | | | |
| 209.d. | - Any other services | Yes ___ No ___ Not sure ___ | | 1 – Yes 0 – No/Not sure | | | | |
| 210. | Are all patients, whatever age or sex, seen in a private room away from the view of other patients and out of hearing range of others? | Yes ___ No ___ Not sure ___ | | 2 – Yes 0 – No/Not sure | | Privacy is important for patients to feel comfortable sharing their concerns with their provider. | Observation | (PRIME II and USAID, 2003) |
| 211. | Is there a private designated room for antenatal, postnatal and FP services? | Yes ___ No ___ Not sure ___ | | 1 – Yes 0 – No/Not sure | | Private maternal health (MH) services make women feel more comfortable hence encouraging future visits. | Observation | (PRIME II and USAID, 2003) |

| No. | Question | Categories | Value (If not specified, tick mutually exclusive response) | Score (higher score=more gender-sensitive facility) | Comments* | Gender relevance* | Potential source for data* | Reference* |
|---------------------------|--|-------------------------------------|---|--|-----------|---|----------------------------------|---|
| 212. | Is there a separate designated delivery room located out of the hearing range of others? | Yes ___ No ___ Not sure ___ | | 2 – Yes 0 – No/Not sure | | Women are more comfortable delivering at a facility if the delivery room is in a private location. | Observation | (Qureshi & Shaikh, 2007; Ravindran & Kelkar-Khambete, 2008; Vlassoff & Garcia Moreno, 2002) |
| C. Human Resources | | | | Overall score- ___/28 | | | | |
| 301. | What is the distribution of healthcare providers in the facility? | | (numbers of providers) | | | In Afghanistan, women are not comfortable/not permitted to be examined by a male doctor. Hence, an adequate number of female providers of all cadres across all departments will ensure that women are comfortable seeking care at the facilities and their needs are addressed adequately. | HMIS dataset or hospital records | (WCHM, 2009; MercyCorps & USAID-Sudan; African Development Bank Group, 2009) |
| 301.a. | - Nurse | Total ___ Male ___ Female ___ | 2 – if expected no. of female providers at the EPHS facility are employed 1 - if expected no. of total providers in a specific category at the EPHS facility are employed, but female quota not met 0 – if expected no. of total providers within the specific category at the EPHS facility are not employed | 2/1/0 | | | | |
| 301.b. | - Assistant nurse | Total ___ Male ___ Female ___ | | 2/1/0 | | | | |
| 301.c. | - Midwife | Total ___ Male ___ Female ___ | | 2/1/0 | | | | |
| 301.d. | - MD general | Total ___ Male ___ Female ___ | | 2/1/0 | | | | |
| 301.e. | - MD specialist | Total ___ Male ___ Female ___ | | 2/1/0 | | | | |
| 301.f. | - Pharmacist | Total ___ Male ___ Female ___ | | 2/1/0 | | | | |
| 301.g. | - Pharmacy technician | Total ___ Male ___ Female ___ | | 2/1/0 | | | | |

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|-----------|---|-------------------------------------|--|--|-----------|--|----------------------------------|--|
| 301.h. | - X-ray technician | Total ___ Male ___ Female ___ | | 2/1/0 | | | | |
| 301.i. | - Lab technician | Total ___ Male ___ Female ___ | | 2/1/0 | | | | |
| 301.j. | - Community health supervisor (CHS) | Total ___ Male ___ Female ___ | | 2/1/0 | | | | |
| 301.k. | - Vaccinator | Total ___ Male ___ Female ___ | | 2/1/0 | | | | |
| 301.l. | - Support staff | Total ___ Male ___ Female ___ | | 2/1/0 | | | | |
| 301.m. | - CHWs trained and active | Total ___ Male ___ Female ___ | | 2/1/0 | | | | |
| 301.n. | - Management staff, including Directors and Administrators | Total ___ Male ___ Female ___ | | 2/1/0 | | The presence of women managers and administrators shows that women are represented at the decision-making level in facilities. | | |
| D. | Provider training | | | Overall score- ___/10 | | | | |
| 401. | In the past 12 months, has any in-service training been provided? | Yes ___ No ___ Not sure ___ | | 1 – Yes 0 – No/Not sure | | In-service training will include both off-site and on-site workplace programs. Providers receive trainings on several | Hospital administrator | (MEASURE Evaluation, 2013; MercyCorps & USAID- Sudan; PRIME II and USAID, 2003) |
| | If Yes, what topics were covered in the training? | | | | | | | |

| No. | Question | Categories | Value (If not specified, tick mutually exclusive response) | Score (higher score=more gender-sensitive facility) | Comments* | Gender relevance* | Potential source for data* | Reference* |
|------------|--|-----------------------------------|---|--|--|---|----------------------------|------------|
| 401.a.i. | - Gender mainstreaming and gender awareness | Yes ___ No ___ Not sure ___ | | 2 – training conducted 0 – training not conducted | | clinical topics. They are also sensitized to gender issues and are guided on how to address gender barriers and sensitivities with clients through these trainings. These questions also determine whether female providers are getting training opportunities. | | |
| 401.a.ii. | - Gender based violence | Yes ___ No ___ Not sure ___ | 2 – training conducted 0 – training not conducted | | | | | |
| 401.a.iii. | - Gender-sensitive protocols for counseling (for example, non-discriminatory language, two-way communication, equal attention to women during counseling sessions for couples) | Yes ___ No ___ Not sure ___ | 2 – training conducted 0 – training not conducted | | | | | |
| 401.a.iv. | - Any other gender-related topic | Titles of topics - _____ | | 1 – training conducted 0 – training not conducted | Add other gender-related topics mentioned. | | | |
| 401.a.v. | - Any clinical/non-gender related topic | Titles of topics - _____ | | 1 – training conducted 0 – training not conducted | Add other clinical or non-gender related topics mentioned. | | | |

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|-----------|---|--|--|--|-----------|--|----------------------------------|----------------------------------|
| 401.b. | If Yes, how many providers have received in-service training on any of the gender-related topics: | Nurse- __(M)/__(F), Assistant nurse- __(M)/__(F), Midwife- __(M)/__(F), MD general- __(M)/__(F), MD specialist- __(M)/__(F), Pharmacist- __(M)/__(F), Pharmacy technician- __(M)/__(F), X-ray technician- __(M)/__(F), Community health supervisor- __(M)/__(F), Vaccinator- __(M)/__(F), Support staff- __(M)/__(F), CHWs trained and active- __(M)/__(F) | (actual number of providers) | 2 – ≥50% of providers received training, including women employees 1 – ≥50% of providers received training, not including any women employees 0 – <50% of providers received training | | | | |
| E. | Service provision | | | Overall score- ___/12 | | | | |
| 501. | Does the facility provide all services to the following groups of people: | | | | | Health facilities should treat all equally and provide services to everyone who needs them | Hospital administrator | (MEASURE Evaluation, 2013) |

| No. | Question | Categories | Value (If not specified, tick mutually exclusive response) | Score (higher score=more gender-sensitive facility) | Comments* | Gender relevance* | Potential source for data* | Reference* |
|--------|---|-----------------------------------|--|--|--|---|----------------------------------|--|
| 501.a. | - Adolescents | Yes ___ No ___ Not sure ___ | | 1 – Yes 0 – No/Not sure | | without discriminating against groups of people. | | |
| 501.b. | - Single women | Yes ___ No ___ Not sure ___ | | 1 – Yes 0 – No/Not sure | | | | |
| 501.c. | - Widows | Yes ___ No ___ Not sure ___ | | 1 – Yes 0 – No/Not sure | | | | |
| 502. | Are there any types of people who the facility does not provide services to? | Yes ___ No ___ Not sure ___ | | 1 – No/Not sure 0 – Yes | Potential probes could be refugees/inter nally displaced persons (IDPs). | | | |
| 502.a. | If yes, can you mention the types of people the facility does not provide services to? | _____ _____ _____ | | | | | | |
| 503. | Have any providers diagnosed, managed and/or referred GBV clients in the past 30 days? | Yes ___ No ___ Not sure ___ | | 2 – Yes 0 – No/Not sure | | Diagnosing and managing GBV clients is very important as GBV is harmful to the health and well-being of all. | Hospital administrator | (MEASURE Evaluation, 2013; African Developmen t Bank Group, 2009; PRIME II and USAID, 2003) |
| 503.a. | If Yes, how many clients were diagnosed? | _____ | (range: 0 – max no. of female clients seen) | | | | | |
| 503.b. | If Yes, how many were referred out? | _____ | (range: 0 –no. of clients diagnosed) | | | | | |

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|------------|---|--|--|--|-----------|---|----------------------------------|--|
| 503.c. | If Yes, what services were they referred to? | | (range: 0 –no. of clients referred out) | | | | | |
| 503.c.i. | - Specialized healthcare | ___ | | | | | | |
| 503.c.ii. | - Legal | ___ | | | | | | |
| 503.c.iii. | - Safe shelter housing | ___ | | | | | | |
| 503.c.iv. | - Police protection | ___ | | | | | | |
| 503.c.v. | - Other | _____ (Please specify) | | | | | | |
| 504. | Does the facility require approval/consent for any kind of services a patient receives? | Yes ___ No ___ Not sure ___ | | 2 – No 0 – Yes/Not sure | | Requiring approval from a parent/ spouse/ mother-in-law can prevent people from receiving much-needed services in a timely manner and can deter people from seeking care at health facilities. Read options below before answering the main question. | Hospital administrator | (African Development Bank Group, 2009) |
| 504.a. | If Yes, who does it apply to? | Unmarried girls <18 ___ Unmarried boys <18 ___ Married women ___ Married men ___ | (tick more than 1 category, if appropriate) | | | | | |
| 504.b. | If Yes, who does the patient need approval from? | Husband ___ Wife ___ Mother-in-law ___ Father ___ Parent/Guardian ___ Other (specify) | (tick more than 1 category, if appropriate) | | | | | |

| No. | Question | Categories | Value (If not specified, tick mutually exclusive response) | Score (higher score=more gender-sensitive facility) | Comments* | Gender relevance* | Potential source for data* | Reference* |
|--------|---|--|---|--|-----------|---|-----------------------------|---------------------------------------|
| | | ___ | | | | | | |
| 504.c. | If Yes, what kind of services do they need approval for? | Family planning ___ HIV/STI testing & treatment ___ Ob/Gyn visits ___ Admission to hospital ___ Other (specify) _____ | (tick more than 1 category, if appropriate) | | | | | |
| 505. | Have any community based programs been conducted to encourage people to seek services at the health facility? | Yes ___ No ___ Not sure ___ | | 1 – Yes 0 – No/Not sure | | People are not always aware of the services available at facilities. Hence, encouraging them to use the health facility is important. | Community health supervisor | (WCHM, 2009; PRIMEII and USAID, 2003) |
| 505.a. | If Yes, what activities have been conducted? | Outreach through CHWs ___ Reaching out to religious leaders ___ Outreach through shura ___ Posters/banners ___ Open houses ___ Family Health Action Group ___ Community drives ___ | (tick more than 1 category, if appropriate) | | | | | |

A Tool to Assess the Gender-Sensitivity of a Health Facility:
Pilot Tested in Afghanistan

| No. | Question | Categories | Value (If not specified, tick mutually exclusive response) | Score (higher score=more gender-sensitive facility) | Comments* | Gender relevance* | Potential source for data* | Reference* |
|-----------|---|---|--|--|-----------|--|----------------------------------|--|
| | | Other (please specify) ____ | | | | | | |
| 505.b. | If Yes, who have the community based programs targeted? | Men ____ Women ____ Children ____ Others (specify) ____ | (tick more than 1 category, if appropriate) | | | | | |
| 506. | Is the facility aware of any barriers women specifically face that prevent them from accessing the facility? | Yes ____ No ____ Not sure ____ | | 2 – Yes 0 – No/Not sure | | Women might face specific challenges in accessing health facilities. Identifying those challenges and addressing them will increase use of health facilities. | Hospital administrator | (WCHM, 2009; PRIMEII and USAID, 2003) |
| 506.a. | If Yes, what is the facility doing about it? | Please specify ____ Nothing ____ | | | | | | |
| 507. | Is the facility aware of any barriers men specifically face that prevent them from accessing the facility? | Yes ____ No ____ Not sure ____ | | 1 – Yes 0 – No/Not sure | | Men might face specific challenges in accessing health facilities. Identifying those challenges and addressing them will increase use of health facilities. | Hospital administrator | (WCHM, 2009; PRIMEII and USAID, 2003) |
| 507.a. | If Yes, what is the facility doing about it? | Please specify ____ Nothing ____ | | | | | | |
| F. | Data collection and reporting | | | Overall score- __/3 | | | | |
| 601. | Are hospital and patient records kept confidential, in a room locked and out of reach of staff and clients? | Yes ____ No ____ Not sure ____ | | 1 – Yes 0 – No/Not sure | | Privacy of patient records is important in ensuring confidentiality. | Hospital administrator | (PRIMEII and USAID, 2003) |
| 602. | Are sex-disaggregated data (on the number of patients seen, admissions, diagnoses | Yes ____ No ____ Not sure ____ | | 2 – Yes 0 – No/Not sure | | Use of sex- disaggregated client data at the facility | Hospital administrator | (European Commission, 2008) |

| No. | Question | Categories | Value (If not specified, tick mutually exclusive response) | Score (higher score=more gender-sensitive facility) | Comments* | Gender relevance* | Potential source for data* | Reference* |
|-----|--|------------|--|--|-----------|--|----------------------------------|------------|
| | and deaths) used by hospital administrators and implementing partners used for health facility planning? | | | | | level is useful for planning and allocating resources in order to better serve the population. | | |

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