OR SUMMARIES

***Bolivia***
*Gender*

OR Summary 68

# A Gender Focus in Service Delivery Improves Quality of Care

***A program to operationalize and institutionalize a gender perspective in reproductive health services in Bolivia resulted in a significant reduction in unmet need for contraception, increased client satisfaction, and improved communication between partners. A cost-effective certification system was developed to help facilities qualify as "gender sensitive quality health centers."***

## Background

Bolivia's Integral Health Coordination Program (PROCOSI), a network of 33 nongovernment organizations (NGOs), has long promoted gender sensitivity as a necessary component of high-quality care. PROCOSI encourages member NGOs to address gender-based differences in roles, relationships, access to services, and service needs in their reproductive health programs.

In 2005, FRONTIERS collaborated with PROCOSI to test the feasibility and costs of a system for certifying that its member organizations provided gender-sensitive reproductive health services. The two-year project followed a 2000 intervention to incorporate gender perspectives in PROCOSI clinics which led to improved client satisfaction, a significant reduction in unmet need, and improved communication between partners (see Box). The 2005 intervention was designed to create a cost-effective certification system. Participating service delivery facilities were required to comply with 80 percent of a set of 65 quality of care and gender indicators modified from a set of standards developed by the IPPF. The standards included categories related to institutional policies and practices, provider practices, personnel knowledge of reproductive health, client comfort, use of gendered language, information, education, communication and training, client satisfaction, and monitoring and evaluation.

The certification process begins with an assessment by the service delivery staff of their compliance with the 65 indicators; continues with the development and implementation of workplans to satisfy unmet standards; and concludes when an external evaluation certifies that the clinic meets at least 80 percent of the indicators. When this process is completed, the clinic receives a certificate as a "gender-sensitive quality health center" in a public ceremony. The certification is only valid for two years, thus the facility has to repeat the procedure periodically.

**Gender perspectives and reproductive health**

In 2000, nine PROCOSI member organizations identified steps to incorporate a gender perspective in their clinics. A post-intervention evaluation against quality of care and gender standards developed by the International Planned Parenthood Federation (IPPF), showed a significant decrease in unmet need for contraception (35%), modest changes in the communication between female clients and their partners, and increased client satisfaction with services in the 10 participating facilities. Most actions taken were related to providers' behavior or clients' comfort—such as greeting clients by name, repainting waiting rooms, and reducing waiting time. However, there were problems with the selection of standards, institutionalization of improvements, and the high cost—averaging over US$23,000 per clinic—of implementing the improvements.

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Of the 18 service delivery facilities invited, eight participated (most reasons for declining had to do with resource availability), and seven completed the certification process. The baseline and endline assessments included observations of provider client interactions, interviews with clients, interviews with providers, an assessment of conditions, and a review of institutional guidelines.

## Findings

◆ The initial diagnostic assessment showed that the NGO facilities complied with an average of 14 percent of the gender- and quality-related standards. At the endline assessment, the facilities met 94 percent of the proposed standards. Thus all seven clinics that completed the process achieved certification as a gender-sensitive and quality service provider.

◆ The seven facilities completing certification proposed an average of 72 actions to solve compliance problems with the gender and quality standards. They were most likely to target provider practice, provider knowledge, and institutional policies.

◆ Changes made by individual units ranged from simple to major, and included reorganizing space to improve client flow, creating cleanliness campaigns, designating a staff cafeteria within the unit, systematically screening clients' needs for a list of services, and hiring both male and female physicians to offer clients the provider of their preferred gender.

◆ Average costs for the certification across the seven facilities were US$4,004, almost half of which was due to opportunity costs (staff time). Excluding staff time the average cost was $2,039, with the majority of expenses due to meetings, workshops, and infrastructure improvements in the three facilities that made infrastructure changes.

◆ There was no relationship between the cost of incorporating a gender perspective and compliance with standards or number of activities.

## Utilization

◆ Following dissemination of the project results, arrangements were made to extend the strategy to other NGOs in and outside the network. In June 2007, representatives of organizations from eight countries attended a workshop on the gender-certification strategy.

## Policy Implications

◆ Operationalizing a gender perspective in reproductive health services is possible and has a positive effect on the health and well-being of the clients and on their relations with their partners.

◆ Organizations are interested in earning the distinction of providing quality services with a gender perspective, and the process is cost-effective.

◆Motivated, well-financed NGOs are capable of achieving gender certification using self-assessment with standardized guidelines, basic technical assistance, and supervision.

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Sources: Palenque de la Quintana, Erica, Patricia Riveros Hamel, and Ricardo Veron. 2007. "Consolidating a gender perspective in the PROCOSI network," *FRONTIERS Final Report*. Washington, DC: Population Council. See Also: Palenque, Erica et al. 2004. "Effects and costs of implementing a gender-sensitive reproductive health program," *FRONTIERS Final Report*. Washington, DC: Population Council. Available on our website at *www.popcouncil.org/frontiers/frontiersfinalrpts.html* or by e-mail: *frontiers@popcouncil.org*

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