

# policy

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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,  
and Meghan Bishop of the Health Policy Project.

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# A Tool to Assess the Gender-Sensitivity of a Health Facility

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# CONTENTS

Acknowledgments..... iv

Abbreviations..... v

Background..... 1

Developing a Gender-Sensitive Tool..... 1

Pilot Testing the Tool ..... 2

Application of the Tool..... 3

Conclusion..... 4

Annex: Gender Sensitivity Assessment Tool..... 5

References..... 18

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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
<b>Basic health center (BHC)</b>	Makrorian Se Clinic	Hous-e-Karbas Clinic	Shah Wali Kot Clinic	Gushta Mamakhail Clinic
<b>Comprehensive health center (CHC)</b>	Mir Bach Kot Facility	Karukh Clinic	Gondigan Clinic	Bahsood Beland Ghar Clinic
<b>District hospital</b>	Qarabagh District Hospital	Gozara Hospital	Spin Blodak Hospital	General Hospital of Public Health Hospital
<b>Essential Package of Health Services (EPHS) hospital</b>	Rab-e-Balkhi Hospital and Isteqal Hospital	600 Beds Hospital	Mirwais Hospital	University Teaching Hospital of Nangahar Provincial Hospital
<b>Private facility</b>	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*
				<b>Total score—__/85</b>	* 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.			
<b>A. Policies and Guidelines</b>				<b>Overall score—__/11</b>	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				

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*
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>B. Structural characteristics</b>				<b>Overall score— ___/21</b>				
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)

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*
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	
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)
<b>C. Human Resources</b>				<b>Overall score- ___/28</b>				
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				

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*
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.		
<b>D.</b>	<b>Provider training</b>			<b>Overall score- ___/10</b>				
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.			

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*
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				
<b>E.</b>	<b>Service provision</b>			<b>Overall score- ___/12</b>				
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)					

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*
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

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		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 ____						
<b>F.</b>	<b>Data collection and reporting</b>			<b>Overall score- __/3</b>				
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.		

## REFERENCES

- African Development Bank Group. 2009. *Gender Mainstreaming Checklist for the Health Sector*. Abidjan, Côte d'Ivoire. Available at [http://www.afdb.org/fileadmin/uploads/afdb/Documents/Policy-Documents/Gender-health-chklist-sunita-12-01-09%20\(2\).pdf](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*. Hull, Quebec: CIDA. Available at [http://www.acdi-cida.gc.ca/inet/images.nsf/vLUImages/Policy/\\$file/WID-GUID-E.pdf](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.
- 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.
- MEASURE Evaluation. 2013. "Gender Sensitivity in the Service Delivery Environment." Available at [http://www.cpc.unc.edu/measure/prh/rh\\_indicators/crosscutting/service-delivery-ii.h.4/gender-sensitivity-in-the-service-delivery](http://www.cpc.unc.edu/measure/prh/rh_indicators/crosscutting/service-delivery-ii.h.4/gender-sensitivity-in-the-service-delivery).
- MercyCorps and USAID-Sudan. 2010. *BRIDGE and Gender Mainstreaming: A Guide for Program Staff*. Available at <http://www.fsnnetwork.org/sites/default/files/bridgegendermainstreaming.pdf>.
- PRIMIE II and USAID. 2003. *Gender Sensitivity Assessment Tools for RH Service Providers and Managers*. Available at [http://www.intrahealth.org/~intrahea/files/media/gender-equality-1/gendersensitivity\\_curr2.pdf](http://www.intrahealth.org/~intrahea/files/media/gender-equality-1/gendersensitivity_curr2.pdf).
- Qureshi, N. and B.T. Shaikh. 2007. "Women's Empowerment and Health: The Role of Institutions of Power in Pakistan." *Eastern Mediterranean Health Journal* 13(6): 1459–1465.
- Ravindran, T. K. and A. Kelkar-Khambete. 2008. "Gender Mainstreaming in Health: Looking Back, Looking Forward." *Global Public Health* 3(Suppl 1): 121–142.
- United Nations Development Programme (UNDP) and United Nations Development Fund for Women (UNIFEM). 2009. *A User's Guide to Measuring Gender-sensitive Basic Service Delivery*. Oslo, Norway: UNDP. Available at [http://www.delog.org/cms/upload/pdf/UNDP\\_users\\_guide\\_measuring\\_gender.pdf](http://www.delog.org/cms/upload/pdf/UNDP_users_guide_measuring_gender.pdf).
- Vlassoff, C. and C. Garcia Moreno. 2002. "Placing Gender at the Centre of Health Programming: Challenges and Limitations." *Social Science and Medicine* 54(11): 1713–1723.
- World Health Organization (WHO). 2011. *Gender Mainstreaming for Health Managers: A Practical Approach*. Geneva, Switzerland: WHO. Available at [http://whqlibdoc.who.int/publications/2011/9789241501071\\_eng.pdf](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*.



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