



# **Increasing access to health care services in Afghanistan with gender-sensitive health service delivery**



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Organization**

Regional Office for the Eastern Mediterranean

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## Key messages

- ▶ The presence of health care services does not guarantee that they will be optimally used by patients.
- ▶ There is often discordance between the health sector's expectations of how and to whom health services will be provided and patients' actual use of services. Untimely use of health services and inadequate health-seeking behaviour contribute to negative health outcomes. As a result of their different roles and responsibilities in society, health-seeking patterns are often different for men and women, and can cause barriers to timely access to health services. Women are disproportionately impacted by gender-related barriers in accessing health services in Afghanistan due to restricted decision-making and mobility, and gender norms that prohibit interaction with males outside the family.
- ▶ Health care workers report insufficient training and capacities to treat and respond to gender-sensitive health areas such as domestic violence, unwanted pregnancies, child neglect and mental health.
- ▶ Increasing gender-responsive health service delivery in Afghanistan would reduce barriers to access for both women and men and lead to progress in achieving gender and health equity.



Photo: © WHO/Laura Salvimelli

- ▲ Increasing gender-responsive health service delivery in Afghanistan would reduce barriers to access for both men and women



## Executive summary

The Ministry of Public Health in Afghanistan is committed to gender and health equity and a national Ministry of Public Health gender strategy has recently been endorsed. A priority of the Ministry of Public Health's Gender Department is to increase gender responsiveness of health delivery services. To facilitate progress towards gender-responsive health delivery systems in Afghanistan, the Ministry of Public Health and the Afghanistan Public Health Institute conducted a gender assessment of Afghani men's and women's access to and use of basic health services in seven Afghani provinces, with the technical and financial support of WHO and the United Nations Population Fund.

This policy brief describes some of the key outcomes of the Ministry of Public Health/Afghanistan Public Health Institute gender assessment. It triangulates them with existing global research to identify key priorities and policy options for decreasing gender-related access barriers to health care services. The brief will inform dialogue and actions towards gender-responsive health care delivery in Afghanistan.

The majority of women and men consulted in the assessment showed moderate health literacy in taking appropriate health actions upon signs and symptoms of tuberculosis and maternal health complications. Appropriate health actions were less apparent for signs of mental illness.

Confirming other findings, the women consulted were not able to take independent decisions on their health and usually needed a male chaperone to access health services. This presents a key barrier to women's timely access to health services. Restricted operating hours of basic health units and lack of transportation were reported by Afghani men as barriers to accessing health services. Perceived unfriendly behaviour by health care providers was raised as another barrier to accessing health services, especially by the women who were consulted. The lack of female health care workers and separate waiting areas at the health facility were mentioned as further barriers to access for women.

Health care workers in the Ministry of Public Health assessment reported discomfort and insufficient capacities to treat gender-sensitive issues such as physical and sexual violence, mental health or child neglect, implying unmet need in these areas and further barriers to access, especially for women.



Photo: © WHO/Laura Salvinelli

▲ **Health-seeking patterns are often different for men and women and can cause barriers to timely access to health services**

The policy priorities that were identified to reduce gender-related barriers to accessing health services in Afghanistan are:

- ▶ strengthening gender responsive health care delivery;
- ▶ engaging women, men and communities to increase access to health services and reduce gender barriers in health.

These policy priorities have been selected for their positive impacts on:

- ▶ addressing differential health needs and contexts of men, women, girls and boys
- ▶ increasing appropriate access and use of health services
- ▶ progress towards gender and health equity.

## The problem: barriers to optimal access and use of health care services

### Background

The presence of health care services does not guarantee that they will be optimally used by patients. There is often discordance between the health sector's expectations of how and to whom health services will be provided and patients' actual use of services. (1) While the Afghanistan Health Sector Balanced Scorecard 2008 showed improvements across all domains, including patients and community, staff, capacity for service provision, and service provision, over the past

5 years, (2) many challenges in health are still faced in Afghanistan.

The adult mortality rate for both sexes in Afghanistan is well above WHO Eastern Mediterranean Region and global rates, at 399 per 1000 15–59 year olds in 2009. (3) Mortality rates in Afghanistan are exacerbated by chronic conflict, with 83.6/100 000 male deaths due to war (1706.5/100 000 all causes male mortality) and 17.4/100 000 female deaths due to war (1510.5/100 000 all causes female mortality) in 2008. (4) High levels of mortality are also caused by infectious and parasitic diseases, which resulted in 464.3 deaths for every 100 000 males and 414.9 deaths for every 100 000 females in 2008. Noncommunicable diseases also continue



Photo: © WHO/Hamidullah M. Hashim

▲ High levels of mortality in both males and females are caused by infectious and parasitic diseases



to result in high mortalities, with 387.7 deaths for every 100 000 females and 537.9 deaths for every 100 000 males. Also women continue to die giving birth, with a maternal mortality rate of 327/100 000 live births, according to the latest findings of the Afghanistan mortality survey, conducted in 2010. (5)

These statistics are daunting, in spite of 84.2% of the 600 plus health facilities sampled in the Balanced Scorecard 2008 reporting more than 750 new patients per month and 71.2% of the health facilities able to provide delivery care at minimum expected quality. (3) Untimely use of health services and inadequate health-seeking behaviour contribute to poor health outcomes. For example, preventable maternal deaths are often caused by delays in recognizing danger signs, in deciding to seek care, in reaching care, and in receiving care at health facilities. (6)

Appropriate access to and use of health services is influenced by multiple factors. Patients must be able to identify symptoms and necessary responses (health literacy), which requires access to information and knowledge. Upon identifying symptoms that necessitate a health consultation, the patient needs several resources, including time (e.g. negotiating time away from work, covering for expected tasks or arranging childcare), transportation and sufficient funds to cover the associated costs. Any complications or difficulties in accessing the needed resources can deter access to health services and negatively impact health outcomes. Previous experiences in accessing health care also influence subsequent health-seeking behaviour and negative previous experiences can result in delays in subsequent access to health services and suppression of symptoms. (7)

Socially constructed differences between women and men (gender norms) determine their

respective access to health-related resources (income, education, etc.), decision-making power, and their roles and responsibilities in society, all of which impact their opportunities to attain optimal health. As a result of their different roles and responsibilities in society, health-seeking patterns are often different in men and women. For example, global research shows that the lack of proximity to health facilities, time spent travelling to the health care centre and cost of travel are greater barriers to access for men, while for women, time spent waiting in the health care centre serves as a bigger barrier. (8,9)

Gender norms can be both a protective and a risk factor for health among women and men. Women and girls, in particular, have disproportionately had the negative social and health impacts of gender inequality. This has increased the challenge for them to promote and protect their physical and mental health, including their effective use of health information and services. Women and girls can experience avoidable morbidity and mortality as a consequence of gender-based discrimination and harmful practices such as early marriage and gender-based violence. The 2008 Gender Development Index placed Afghani women's status second from last in the world. Afghani women's health indicators, specifically on sexual and reproductive health, are among the lowest globally.

While men and boys tend to benefit from protective aspects of gender norms, their own health can also suffer from harmful gender practices and beliefs. Current gender norms assign roles to men and boys that promote risk-taking behaviour and cause them to neglect their health. Such risk-taking behaviours include substance abuse (including tobacco consumption), unsafe driving and occupational health hazards, which

all have negative effects on the health of men and boys. In the current political context of Afghanistan, men and boys also report having depression or stress and often carry the burden of physically protecting families and communities. The burden of sexual violence against boys, while often hidden, is an increasing concern for the overall health and well-being of boys and young men.

## Ministry of Public Health initiative to increase gender responsiveness of health delivery

With the objective of increasing gender responsiveness of health delivery services and thereby enhancing timely health-seeking behaviour of Afghani men and women, the Ministry of Public Health and the Afghanistan Public Health Institute conducted a gender assessment of access to, and use of, basic health services in seven Afghani provinces (Badakhshan, Baghlan, Bamyan, Faryab, Kapisa, Logar, Nangarhar) in 2009–2010. Men and women were consulted through 32 focus group discussions held at both community and basic health facility levels, with approximately 100 female and 100 male respondents participating. Structured questionnaires were also administered to a total of 762 men and women at basic health care facilities in the seven provinces and 134 health care providers were interviewed, including doctors, midwives, vaccinators, pharmacists and community health supervisors. The discussions centred on the use of basic health services and health-seeking behaviour of men and women, especially in relation to reproductive health, tuberculosis (TB) and mental health, to identify barriers to optimal health service use. The



Photo: © WHO/Ahmad Murtaza Nazari

- ▲ Preventable maternal deaths are often caused by delays in recognizing danger signs, in deciding to seek care, in reaching care and in receiving care at health facilities

Ministry of Public Health/Afghanistan Public Health Institute gender assessment revealed barriers to timely access of basic health services for both men and women; however, greater barriers were present for women.

## Gender-related barriers to accessing health facilities

Health literacy levels appeared to be moderate within the assessment, with the majority of women and men taking health action immediately upon detection of cough, and upon vaginal bleeding during pregnancy, indicating some awareness of

signs and symptoms of TB and maternal health complications. Health actions are less certain and less timely for symptoms of hopelessness or sadness, which may be due to a perceived lack of mental health care services or the burden of the prevailing sociopolitical climate in the country. There was a perception that basic health units lacked mental health care services and that home remedies could be found to treat depression. This perception was corroborated by health care providers who reported insufficient training and medicines to deliver quality mental health services. Mental health services are especially critical in a context of chronic conflict and low development and while there are little data on prevalence of psychiatric conditions in Afghanistan, one study indicated signs of major depression in 73%–78% of sampled women living under Taliban policies and

28% in women living in non-Taliban controlled areas. (10) Indicators of postpartum depression were reflected in another study conducted in Afghan refugee camps, where 36% of the sampled Afghan mothers with young children screened positive for a common mental disorder and 91% of those screening positive had suicidal thoughts. (11) These statistics reiterate the need for mental health services and men and women's perceived salience of their use.

For health-related decision-making, the findings were unanimous that women cannot take independent decisions on their own health and often need accompaniment for seeking health services. The heads of households (i.e. husband, father or brothers) are the ones who make those decisions for the women and this inhibits their timely access to health care services. Delays are



Photo: © WHO/Riccardo Venturi

▲ The lack of separate waiting areas at health facilities is a barrier for women seeking health care



further exacerbated by needing to arrange for a chaperone, once permission is granted. These barriers to timely health care access are similar to those found in other studies (12,13) and it has consistently been shown that restrictions on women's mobility and autonomy delay and negatively impact their access to health services. (14–16)

In terms of accessing health services, women and men report that the lack of female health care workers and separate waiting areas at the health facility are barriers for women. This is similar to the findings of previous studies in Afghanistan. (12,17–19) The majority of women working in health care delivery in Afghanistan are in the cadre of midwife with training on prenatal and antenatal care. High blood pressure, TB, mental health and malnutrition were listed as common health complaints by the female respondents in the Ministry of Public Health/Afghanistan Public Health Institute gender assessment. Midwives are not equipped to treat those health issues, yet are often the only socially permissible health care providers they have access to.

The Afghanistan newborn health situation analysis found that women refused life-saving tetanus toxoid vaccinations because the vaccinators were male and they did not want to expose their arm to them. (20) In addition, the men and women consulted during the gender assessment said that the lack of separate waiting areas inhibited use of health facilities by women. It should be noted that basic health units are not required to have waiting areas, let alone separate areas for men and women. (2)

Men mentioned more often than women operating hours of basic health units and lack of transportation as reasons for not attending units. Working hours conflict with basic health

unit service delivery times and men are largely responsible for the income of the family in Afghanistan. The loss of a day's salary has enormous repercussions for low-income families and serves as a barrier to men in timely access of health services. The cost of transportation compounds that barrier.

Previous experiences in seeking health care influence health-seeking behaviour. Women and men avoid accessing health care centres if they perceive the health care providers to be unfriendly or the services to be of low quality. Negative perceptions by men can also influence their granting of permission to women to access health care centres. For women, factors that influence their positive or negative impressions of health services include respectful health provider services, and confidence in trust, privacy and confidentiality. (21) In general, delays in receiving services, perceived incompetence and lack of information or directions by health providers can lead to negative experiences by male and female patients. (22–26) Both men and women in the gender assessment perceived unfriendly behaviour on the part of health providers, although this sentiment was expressed more often by the women. In confirmation, the Balanced Scorecard 2008 noted provider–patient communication as one area that continued to score low and needed improvement. (2) Findings of the Balanced Scorecard 2008 showed that providers often did not adequately discuss with patients their conditions and treatment in the consultation.

Confidence in whether and to what extent certain health problems will be addressed also impacts health-seeking behaviour. For example, it has been found that patients often underconsult for mental health problems because of lack of confidence in health provider capacity to



treat mental illness. (27) Both male and female participants perceived mental health problems to be more prevalent among women and associations between depression, TB, stigma and social exclusion were more often made by women during the gender assessment. Health care workers in the gender assessment overwhelmingly reported low capacity and comfort levels when treating patients on gender-sensitive issues such as physical and sexual violence, mental health or child neglect. Only 16%–20% of the doctors questioned in 16 basic health units expressed capacity to treat sexual violence. Lack of health sector response perpetuates violence and negative health impacts of violence. Health care providers also reported insufficient training and medicines for treating unwanted pregnancies. Women are disproportionately impacted by the absence of these services.

## Multisectoral consultative approach

The Ministry of Public Health/Afghanistan Public Health Institute gender assessment included a consultative process with multiple stakeholders to facilitate multisectoral collaboration and alignment with existing national targets and policies on gender and health equity. From the

onset of the gender assessment, stakeholders were engaged in a technical review committee, including representation from civil societies, line ministries and bilateral and multilateral partners. Upon completion of the gender assessment, a dissemination and priority-setting workshop was held to establish consensus on strategic directions for increasing gender-responsive health care delivery and to promote broad-level ownership over the implementation and follow-up process. Seventy participants attended the dissemination and priority-setting workshop, including district health officers, line ministries, provincial health managers, health care providers, civil society organizations, public health institutions, development partners and donors. A meeting was also held to brief international partners on the gender assessment and on larger initiatives to increase gender responsiveness of health care delivery in Afghanistan. An additional workshop with Ministry of Public Health departments was held to identify feasible actions for achieving the strategic directions. Following the two workshops and the briefing with partners, the zero draft policy brief and plan of action was circulated among multiple stakeholders for further inputs. The priorities, strategic directions and plan of action activities represent the outcomes and inputs from these collective consultative processes.

## Policy options

### Priority: strengthening gender-responsive health care delivery

#### Impacts

- ▶ Differential health needs and contexts of men, women, girls and boys are addressed.
- ▶ Greater alignment between health sector expectations of how and to whom health services will be provided and patients' actual use of services.
- ▶ Appropriate access and use of health services is enhanced.
- ▶ More positive experiences by men and women at health care facilities reduce subsequent delays in access to health services.

- ▶ Increased evidence on gender-sensitive health issues.
- ▶ Progress towards “health for all”.

#### Process

To progress towards health for all it is necessary to put people at the centre of health care and to encompass their values in health systems. (28) Therefore, health care workers should be sensitized to gender issues that impact health and they should have the capacity to identify, treat and document gender-sensitive issues such as gender-based violence. Gender-sensitive health care requires enhanced gender sensitivity and capacity among health professionals, including improved communication skills. Gender sensitization of health care providers has been shown to increase



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- ▲ Current gender norms assign roles to men and boys that promote risk-taking behaviour and cause them to neglect their health

gender-responsive health service delivery in India and Pakistan, as well as throughout Africa. (29–31)

Building capacities of health workers to respond better to the differential needs of men, women, boys and girls, leads to improvement of health equity. (32) In the Ministry of Public Health/Afghanistan Public Health Institute gender assessment, health providers reported a lack of capacity and institutional mandates to identify, treat and document gender-based violence for girls, boys, men and women, including physical, sexual and mental violence. Lack of health sector response perpetuates violence and the negative health impacts of violence.

Women and men reported in the gender assessment that the lack of separate waiting areas at the health facility is a barrier to access for women. Health care centres must be conducive to protecting patient confidentiality and enabling safe waiting areas for women. Improving non-medical components of service delivery, such as socially appropriate waiting areas for women, can lead to increased use of health services. (33)

Lack of available female health workers prevents access to health services of many women and girls in Afghanistan. Better incentive schemes are needed to increase the number of female health workers, especially in rural areas. Incentives can include better pay, training opportunities, institutional support, security protection, and opportunities for career growth and professional recognition. Increasing representation of female health workers in Afghanistan will take time and mechanisms to address this barrier to accessing health care must be developed in the meantime, for example recruitment of international female health staff or the presence of female nurses during health consultations. In Bangladesh, increasing female health workers with a focus on

family planning, safe motherhood and newborn care, has reduced under-five mortality rates by 64% since 1990. (34)

Increasing the gender responsiveness of health care delivery cannot be achieved without concurrent institutional changes and governmental support. (35) An evaluation of a national project to mainstream gender sensitivity in medical schools in the Netherlands showed that commitment and support by decision-makers was an important determinant of success. (36) Integrating gender into national health policies



Photo: © WHO/Laura Salvinelli

▲ Integrating gender into national health policies and programmes enables gender-responsive health care delivery

and programmes enables gender-responsive health care delivery. (37)

### Strategic directions

- ▶ Strategic direction 1: Support health workers to deliver quality, gender-responsive health services.
- ▶ Strategic direction 2: Strengthen capacities of health care workers to identify and sensitively treat gender-sensitive issues in health.
- ▶ Strategic direction 3: Strengthen infrastructure of health care facilities to deliver gender-responsive health services.
- ▶ Strategic direction 4: Generate and use gender and health information to inform gender-responsive health policies and programmes.

## Priority: engage women, men and communities to increase access to health services and reduce gender barriers in health

### Impacts

- ▶ Increased appropriate access and use of health services.
- ▶ Enhanced health literacy.
- ▶ Community mobilization to facilitate timely access to health care services for women and girls.
- ▶ Community awareness of negative health impacts of gender inequality.
- ▶ Community mobilization towards gender and health equity.

### Process

This policy option includes strategies such as community outreach, health promotion and community-based interventions to address gender-related barriers to timely access of health services and enhanced health-seeking behaviour. Simple, community-based and clear communication strategies enable women and men to detect early warning signs and symptoms that then act as a trigger for health-seeking behaviour. Creative ways to involve men and religious leaders in addressing women's social status and promoting timely health-seeking is also an important component. Community engagement has proven successful in overcoming transport barriers for women giving birth. (38) In a rural area in Nepal, a community-based activity that asked women's groups to identify local birthing problems and come up with feasible strategies to overcome the problems resulted in reduced maternal and neonatal mortality. (39)

### Strategic directions

- ▶ Strategic direction 1: Promote effective community use of basic health units.
- ▶ Strategic direction 2: Strengthen capacities of communities to promote and protect the health of women and men.
- ▶ Strategic direction 3: Increase community awareness on negative health impacts of gender inequality.



## Implementation considerations

### Barriers to increasing gender-responsive health care delivery

Costs will be incurred for policy implementation, especially in the capacity-building of health care workers, monitoring and evaluation of gender-responsive health care delivery, and increasing availability of female health care workers. Challenges can be faced in ensuring enough funds and resources are channelled to implementation, sustaining health providers' new capacities and monitoring and evaluating the impacts of the enhanced service delivery. (40–43)

There is often inconsistent coordination and implementation among government entities and international stakeholders in addressing gender and health equity.

The line ministry gender units are in large part funded by donors and not by the Government of Afghanistan, which implies lack of national commitment to gender equity goals. To compound challenges, the gender units are funded by different donors, with less than optimal coordination among them.

The influence of gender units and women's shuras remains limited, mirroring women's minimal decision-making power in society. This further serves as a challenge to promoting gender and health equity in Afghanistan. (44)



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- ▲ Women and girls have disproportionately experienced the negative social and health impacts of gender inequality

Low capacity and placement of the Gender Department in the Ministry of Public Health and lack of coordination and partnerships between the Gender Department and other Ministry of Public Health departments inhibits mainstreaming gender as a cross-cutting issue throughout the Ministry's policies and programmes.

Translating policy changes into health service provision changes has proven challenging in areas of TB and HIV (45,46) and similar challenges can be expected in implementing the policy directions towards strengthening gender-responsive health service delivery in Afghanistan.

Other potential challenges include lack of understanding of the relevance of gender and health issues and a resultant lack of political will. There is often a conception that mainstreaming gender does not add value and wastes valuable resources from more tangible life-saving programmes. (47)

Furthermore, the lack of sufficient health facilities and medicines and supplies, compounded with heavy workloads of health worker staff, may prove as barriers to implementing health service delivery changes. (48)

## Enabling factors

- ▶ The priorities and strategic directions align with existing national policy commitments to reduce gender and health barriers in various national strategies.
- ▶ Gender mainstreaming mechanisms exist in the form of gender units, women's shuras and gender working groups.
- ▶ The National Ministry of Public Health Gender Strategy 2011–2015.
- ▶ The culture of progress in place, as highlighted by the Afghanistan Health Sector Balanced Scorecard improvements across the

domains of patients and community, staff, capacity for service provision, and service provision over the past 5 years.

- ▶ International partners are available and committed to provide support to the Ministry of Public Health in implementation.

## Implementation strategies

- ▶ Strategic alignment of the plan of action with the implementation plan of the Ministry of Public Health Gender Strategy (Table 1).
- ▶ Gender-sensitizing health care providers to ensure their understanding and facilitate motivation to increase the gender responsiveness of their health services.



Photo: © WHO/Laura Salvainelli

- ▲ The lack of female health workers prevents access to health services for many women and girls

**Table 1. Alignment with national strategies**

|  |  |
|--|--|
| <b>Strategic Plan for the Ministry of Public Health 2011–2015</b>        | Strategic direction 2: Strengthen human resource management and development<br>Strategic direction 3: Increase equitable access to quality health services<br>Strategic direction 8: Support health promotion and community empowerment  |
| <b>National Ministry of Public Health Gender Strategy 2011–2015</b>      | Strategic direction 1: All Ministry of Public Health programmes incorporate a gender perspective, including a focus on gender-based violence and mental health, and implement gender-sensitive activities<br>Strategic direction 2: All administrative policies and procedures of the Ministry of Public Health are gender equitable<br>Strategic direction 3: Women and men have equal access to health services that are free of discrimination and address gender-based violence<br>Strategic direction 4: The Ministry of Public Health creates gender-sensitive indicators for all health programmes, monitors them, and evaluates programmes accordingly |
| <b>Afghanistan National Development Strategy 2008–2013</b>               | Government’s Five-year Strategic Benchmark. Sector Strategy– Health and Nutrition: Basic Package of Health Services will be extended to cover at least 90% of the population<br>Cross-cutting issues – Capacity development: comprehensive training and skills development scheme for civil servants<br>Cross-cutting issues – Gender equality: to develop basic institutional capacities of ministries and government agencies on gender mainstreaming<br>Cross-cutting issues – Gender equity: all government entities will support women’s shuras   |
| <b>National Reproductive Health Strategy 2010–2015</b>                   | 1.2.1: Interpersonal communication and counselling skills training for health workers<br>1.2.1: Training of health providers in principles of medical ethics<br>2.2.1: Strengthen linkages between health facilities and the community<br>5.2.1. Support the increased awareness of gender issues, reproductive health rights among health workers<br>5.2.2: Enhance women’s decision-making role in relation to health seeking practices  |
| <b>National Action Plan for the Women of Afghanistan 2008–2018</b>       | Pillar 3/Chapter 8-S: Improve medical services and infrastructure, particularly for rural women, and promote a culture of health care and understanding of basic health<br>Pillar 3/Chapter 8-S2: Promote women’s representation in the health sector<br>Pillar 3/Chapter 8 Health goal: the Government of Afghanistan aims to ensure women’s emotional, social and physical well-being and to protect their reproductive rights   |
| <b>Ministry of Women’s Affairs National Priority Programme 2010–2013</b> | Component 1: Gender training of government staff<br>Component 5: Public education and awareness raising  |

- ▶ Advocacy to policy-makers to enable progress towards increased national ownership and commitments to achieving gender and health equity.
- ▶ Assessment of barriers and challenges that health care providers could face in increasing gender-responsive services.
- ▶ Harmonizing the implementation and monitoring with the related gender and health objectives in the Afghanistan National Development Strategy, National Action Plan for the Women of Afghanistan, the Ministry of Women's Affairs National Priority Programme and existing national policy commitments to gender and health equity.
- ▶ Development of a monitoring and evaluation framework that establishes baselines and sets targets for the policy.
- ▶ Ensuring coordination and intersectoral collaboration is maintained throughout the implementation process.



## Competing interests

No competing interests are present.

## Acknowledgements

This publication is the product of contributions by many individuals.

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## Consultations

Afghan Family Guidance Association; Asian Development Bank; Canadian International Development Agency; European Commission; Government of Afghanistan, Ministry of Public Health and Ministry of Women's Affairs; United Nations Children's Fund; United Nations Population Fund; United Nations Women; United States Agency for International Development; WHO Country Office, Kabul; World Bank.

## Who is this policy brief for?

The Ministry of Public Health, line ministries and other stakeholders (civil society organizations, development partners and donors) with an interest in reducing gender-based health inequities in Afghanistan.

## Why was this policy brief prepared?

To inform dialogue and actions towards gender-responsive health care delivery in Afghanistan.



The Evidence-Informed Policy Network (EVIPNet) promotes the use of health research in policy-making. Focusing on low-income and middle-income countries, EVIPNet promotes partnerships at the country level between policy-makers, researchers and civil society in order to facilitate policy development and implementation through the use of the best scientific evidence available.

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The availability of health care services does not guarantee that they will be optimally used by patients. Untimely use of health services and inadequate health-seeking behaviour contribute to negative health outcomes for men and women. In part due to social norms, health-seeking patterns are often different for men and women. Awareness of gender-influenced health-seeking patterns is a key component of gender-responsive health service delivery and essential to enhance timely and appropriate use of health services by both women and men. This policy brief describes some key outcomes of a gender assessment of men's and women's use of basic health services in seven provinces. It triangulates them with global research to identify key priorities and policy options for decreasing gender-related access barriers to health care services in Afghanistan.