WFHI Operation Guideline

A close up of a sign

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HSM Operation plan

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A picture containing drawing

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Mohakhali, Dhaka

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# Introduction

The Woman-Friendly Hospital Initiative was launched in 15 facilities on May 28, 1998 on the national Safe Motherhood Day. The goal was to create the conditions necessary for women to be treated with respect, to reduce maternal mortality, fight against violence, and eliminate discrimination against women. Women-Friendly Hospital Initiative (WFHI) is such a concept of hospitality which enables women to receive treatment in privacy and with dignity and respect. To detect, diagnosis and measure the Violence Against Women (VAW) hospital is the prime place. The purpose of the women friendly hospital initiative is to improve the quality of health care and the responsiveness of health providers to the needs of women. This is also a milestone for addressing the vital causes and challenging the structures in society that allow gender-based violence to occur and continue. The Women Friendly Hospital Initiative (WFHI) is a widespread programmed of the UNICEF in Bangladesh which launched in nineties. The initiative broadens its activities in 2007 after collaborating with Naripokkho, a renowned women activist’s organization as a technical and facilitating agency for the implementation of WFHI. Since then the initiative is a joint effort in the country for reducing the rate of maternal mortality by providing emergency medical services for women and improving the quality of services. .

UNICEF is supporting to implement the Women Friendly Hospital Initiative (WFHI) in selected facilities of Bangladesh since 2007. UNICEF also supported to develop an accreditation guideline to implement the Women Friendly Hospital initiative (WFHI) in District hospital.

Accreditation of each Hospital valid for two years and this is a continuous process. The members of Obstetric and Gynaecologic Society of Bangladesh (OGSB) is the major team members of this accreditation system. OGSB team is conducting the accreditation visit along with Hospital Service Management team for two to three days to certify a hospital as a Women Friendly Hospital.

In 2017 WFHI model is included in the operational plan of Health Population and Nutrition Sector Program (HPNSP) of MOHFW. With the leadership of Director Hospital and Clinics and Health Services Management of Directorate General of Health Services, the WFHI included in the ‘the Hospital Services Management operational plan as one of the Gender responsive activities of Health sector.

# The need for women-friendly health services

Maternal health reflects the level of social justice and the degree of respect for women’s rights in a society. Women's right to receive good-quality health services is guaranteed when their basic human rights - to education, nutrition, to a safe environment, to economic resources and to participation in decision-making -- are met. In the broader context of reproductive health, safe motherhood is a critical component of the efforts to help women realise their full potential not only as mothers, but also as contributing members of society. The “women-friendly” approach focuses on the rights of women to have access to quality care for themselves as individuals and as mothers, and for their infants.

In Bangladesh, 53% of women age 15-49 years deliver baby in a health facility (MICS 2019). The rest of the delivery takes place at home mostly by unskilled service providers. Moreover, only 31% of DHs and UHCs are ready, according to the World Health Organization (WHO) criteria, to provide quality ANC services (BHFS 2017). And less than 1% of facilities that offer normal delivery services have all 13 items which are considered to be essential by WHO to provide BEmONC and CEmONC services (BHFS 2017). The availability of a separate toilet for women and girls has declined from 26% in 2014 to 17% in 2017 (BHFS 2017). Midwives are new health cadre in the health system for midwifery lead maternal women friendly services. Currently, only 35% of the health staffs are female in DGHS (HRM 2020.

The above data clearly states that there is a need of improvement of health facilities for the women who are coming to health facilities. There are also other areas in the health facilities to improve specially for women. Culturally, the violence against women is not considered as crime in Bangladesh. 25.4 % of women age 15-49 years who state that a husband is justified in hitting or beating his wife in at least one of the following circumstances: (1) she goes out without telling him, (2) she neglects the children, (3) she argues with him, (4) she refuses sex with him, (5) she burns the food (BDHS 2017). Moreover, women hardly participate in any decision-making process in the family. One in five pregnant women in their third trimester of pregnancy reported that there was no discussion/decision in the family on where the delivery would take place (BDHS 2017).

The situation in urban is more critical. About 60% of the health facility does not have facility for Menstrual Hygiene Management. 66% of the health facility does not have proper waste management system (March 2020, urban WASH in HF study).

Bangladesh is still not in a position to shift from women friendly health initiative to broader gender friendly approach due to less progress over last 10 years. Hence, this document incorporated men’s inclusion to cover their engagement in further development.

# Objective of the guideline

This guideline has been developed to guide the health managers and program implemented to establish WFHI in health facilities all over the country. The major objective includes:

1. To understand the standards for establishing WFHI
2. To establish a monitoring system in the organization
3. Initiate community-based approach for social change
4. To understand accreditation system of WFHI

# Implementation of WFHI at District and Upazila level health facility

Most of the district hospitals are more than 100 beds and there is also MCWC at district level. This guideline will be used mainly to set up WFHI in district and upazila level health facilities. Basically, there are very few differences between district and upazila level health facilities. The Hospital Superintendent, RMO, MO-MCH, UH&FPO is mainly responsible to establish WFHI in his health facility.

He may include other team members based on need and to support the monitoring of the health facility. From DGHS, Director Hospital is responsible for over all monitoring of the WFHI and in DGFP, Director, MCRAH is responsible to oversee the from national level.

# Objective of WFHI

1. To create a gender responsive and inclusive environment in hospitals which encourages women to access and use the facility;
2. To ensure universal access to sexual and reproductive health and reproductive rights
3. To ensure, all women and newborns receive care with respect and preservation of their dignity and uphold women’s rights to quality health care
4. To ensure women’s full and effective participation and equal opportunities for leadership in planning, management & decision-making

# Components of WFHI

There mainly two components of WFHI.

# Physical structure and services

The quality of the healthcare physical environment has a significant influence on patients’ outcomes, and a good physical environment design helps promote the health and well-being of individual patients. The physical work environment often influences (positively or negatively) the mindset of the service providers and their efficiency and ability to innovate in delivering expanded services.

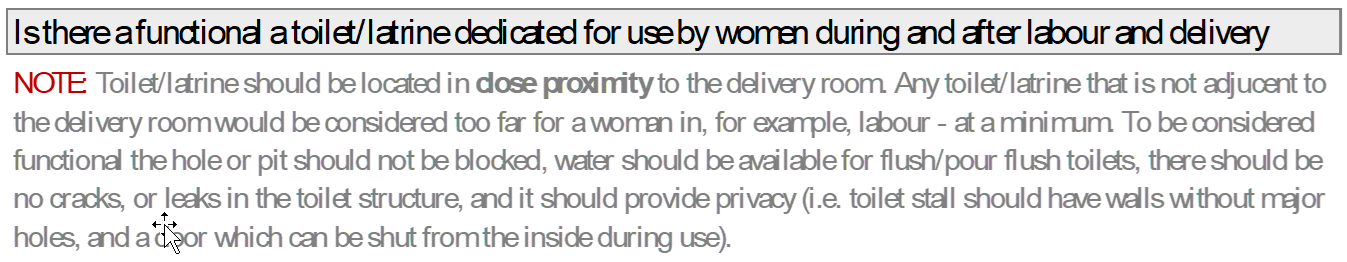
To improve the work environment, we need to start with improving how you use existing resources. We also need to reorganize the existing space in our health centre and to consider important renovations and refurbishments.

Women-friendly health services must be available, geographically accessible, affordable, and culturally acceptable in order to reduce maternal morbidity and mortality.

## Infrastructure and Functionality

WHO has set essential environmental health standards for health care settings. The criteria are below in brief:

1. Clean area with no foul smell in the service area, waiting space, ticketing etc
   1. There is no smell of waste, chorine solution, smoke, foul smell in any service or waiting area and entrance
   2. No visible dust in those space
   3. The walls are clean without unnecessary posters
   4. No marks spitting of betel nuts
2. Available safe drinking water for all
   1. The facility must have provision for safe drinking water in a prime location and near waiting space
   2. Have an option of disposable glass or reusable glass
   3. Must have a good drainage system so that the water doesn’t stay near the drinking water space
   4. Visibly the water storage tank looks clean and clear
   5. The water source should be disable friendly
3. Breastfeeding room is designed to provide adequate covering functions (e.g., chairs with back rests, trash bin with lids, doors that can be locked from the inside, and washing facilities) and are equipped with proper light and ventilation.
4. Toilets are equipped with hooks and hygiene items for service provider, patient and attendants (Basic WASH services should be present 1. Separate, usable toilet with MHM facilities available. 2. Toilet should be accessible for people with limited mobility)
   1. Must have running water
   2. Soap or hand wash must be available
   3. **Facilities with basic sanitation available for women during and after labor and childbirth (clean running water, waste disposal facilities, toilets, and sanitation material for women) (QI indicator)**
   4. **Functional hand hygiene facilities (with water and soap and/ or alcohol-based hand rub) are available at points of care, and within five meters of toilets. (QI indicator)**
   5. **Delivery room have at least one functional handwashing station with water and soap available. (QI indicator)**

****

1. Appropriate waste management facilities.
   1. Refers to only waste management in outdoor and labor and gynae ward
   2. Should be linked with national waste management guideline
2. The spaces in the hospital are arranged in accordance with the need for privacy (i.e., there are individual check-up spaces with examination beds, screens, and blankets).

*Medical privacy or health privacy is the practice of maintaining the security and confidentiality of patient records. It involves both the conversational discretion of health care providers and the security of medical records.*

* 1. Screen in the outdoor consultation room
  2. Screen in labor ward
  3. Screen in all the windows of labor and gynae word
  4. Ask permission before examining the patient with female attendant from patient and if possible, from hospitals
  5. Ensuring the confidentiality of patient information to the patient
  6. Ensure five core principles of privacy protection a) Notice/Awareness, b) Choice/Consent, c) Access/Participation, d) Integrity/Security, e) Enforcement/Redress.

1. Facilities and procedures of facility usage are convenient for males, females and others
2. Priority seating arrangement for person with disability
3. Waiting space for patient attendants outside health facility
4. Facilities for menstrual hygiene management
5. Separate room for survivor of gender-based victims, VIA, CSE

## Signs and directions

1. Gender-friendly signs (e.g., priority seat signs and family-friendly parking space signs) are provided.
2. Signs, bulletins, and promotional posters in the hospital can help increase gender-friendly awareness.
3. The healthcare center provides blankets for admitted case that prevent unintended bodily exposure.
4. Changing rooms are adequately sized.

## Patient/ service provider interaction

1. The service staff are mindful of protecting patients’ privacy.
2. Check-ups are conducted in a professional manner, and there is no playful attitude or willful touching or spying on patients’ bodies.
3. Patients do not feel uneasy or embarrassed when facing staff members of the opposite sex.
4. Staff members possess the knowledge necessary to determine menstrual illness.
5. Staff members practice gender sensitivity when interacting with patients and will not cause patients discomfort during a treatment process.
6. If bodily exposure is required in tests, service staff members will actively provide adequate coverings or close screens.
7. Professional staff members will accompany patients during body check-ups and provide adequate assistance.
8. Non-medical staff members (e.g., intern physicians and trainees) can be present during the treatment process only with the patients’ permissions.

## Services for women

Making high-quality obstetric services available to all women during pregnancy and childbirth is critical to supporting the above actions. Health services for women should focus on the prevention of unwanted pregnancies, the prevention of complications during pregnancy, and the appropriate management of any complications that do occur.

Common barriers that contribute to the low utilization of health services include the lack of compliance of services with defined standards, the shortage of supplies, infrastructure problems, deficiency in detection and management of complications or emergency cases, and poor client-provider interaction. Furthermore, services are also under-utilized when they are perceived to be disrespectful of women's rights and needs or are not adapted to the cultural contexts.

1. SRHR
2. Basic and comprehensive emergency obstetric and neonatal care services
3. GBV
4. Cervical Cancer Screening and VIA
5. Clinical management of rape cases
6. Fistula services
7. Mother and Baby Friendly Hospital Imitative
8. Family Planning Services
9. Breastfeeding Corners
10. Telemedicine
11. Family friendly services and male engagement

# Organizational Structure

Gender has implications for health across the course of a person’s life in terms of norms, roles and relations. It influences a person’s risk-taking and health-seeking behaviours, exposure to health risks and vulnerability to diseases. Gender shapes everyone’s experience of health care, in terms of affordability, access and use of services and products, and interaction with healthcare providers. For health facility the following criteria needs to be in place to get accreditation for WFHI.

* 1. *Gender policy with action plan with a designated gender Focal Point*
  2. *Continuous gender sensitization and capacity building*
  3. *Regular analysis of gender disaggregated information*
  4. *Participation of women in planning process in the health facility*
  5. *Functional client feedback system*
  6. *Gender friendly budgeting and staffing*

## Gender-friendly policy and services

1. The hospital has a Prevention of Sexual Exploitation and Abuse (PSEA) policy.
2. Gender differences are taken into consideration in designing the process of body check-ups and treatments (e.g., male and female patients are divided into two check-up lines so they will not be affected by other patients of the opposite sex).
3. There is a safety ambulance hailing service for female patients (e.g., hospitals write down the ambulance driver’s administrative and license plate numbers when patients leave).

## Gender policy with a gender Focal Point

1. *Develop a document for all health organization on gender policy*
2. *Sign by all the staff member on the document*
3. *Display of the Gender Policy in the health facility*

## Gender orientation and capacity building

1. *Training of all staff on gender responsive service provision/delivery*
2. *Awareness program on gender promotion in the health facility*
3. *Linking family members of staff in the training*
4. *Refresher on gender by the focal person*
5. *Involvement of gender focal point with other organization*

## Gender disaggregated information system with analysis framework

1. *Develop gender disaggregate data dashboard for all health facility*
2. *Regular data analysis and decision-making using data*
3. *Keeping gender appropriate service providers*
4. *Analysis gender among service providers*
5. *Train and familiarize staff in using the dashboard*

## Installing Client satisfaction system

1. *Setting up patient satisfaction system in every health facility*
2. *Regular analysis of data and develop scoring system /follow up action/accountability;*
3. *Meeting with the clients and real time feedback*
4. *Involvement of patient attendants in cleaning the health facility along with staff*
5. *Monitoring of gender friendly budgeting in health facility as per clients need*

# Monitoring and evaluation

Assessing and monitoring quality of care needs to be an integrated component of the process of providing health services and controlling quality of care. It will be based on process indicators and as such will draw on existing health and management information systems. The development of monitoring and quality control systems, applicable to both public and private providers of health services, will be encouraged. With regard to monitoring progress, national and global indicators will be developed jointly among partners and country authorities, on the basis of the workplans. Some example of the indicators has been given below to understand the quality of care in WFHI:

1. Proportion of facilities in which delivery rooms have at least one functional handwashing station with water and soap available
2. Proportion of facilities with basic sanitation available for women during and after labor and childbirth
3. Proportion of women who report physical or verbal abuse anytime during labor, childbirth, or postpartum period. (Physical Abuse: slapped, pinched or punched by a health worker or other facility staff; Verbal Abuse: shouted at, screamed at, insulted, scolded or mocked by a health worker or other staff)

# Accreditation system

Accreditation is an official, written approval for the operation of a specific system in a specific environment, as documented in the certification report. For WFHI, OGSB has been performing this accreditation process though out the country since beginning of the project. They provided technical support to develop the checklist for accreditation process which runs every 2 years for each facility. The checklist needs revision and it’s a continuous ongoing process. The Line Director HSM, invites OGSB to conduct the assessment neutrally by their divisional and national level assessor after a short training. The team physically visit the facility and present in a meeting to declare the facility result based on their findings.

Based of certain criteria, the facility gets accreditation for 2 years with a certificate and signboard. The accreditation body is responsible for the following activities:

1. Updating the member of Accreditation body at National and divisional level for periodic monitoring
2. Update regularly accreditation checklist -To be revised the existing one
3. Set targets every year for health facility accreditation
4. Incentivization of accreditation system

# Tentative cost for establishing WFHI in District Hospital

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl | Activities | Unit required | Unit cost | Total cost | Remarks |
|  | Toilet renovation | 4 | 50,000 | 200,000 |  |
|  | Waiting space with separate sitting arrangement (General Outdoor, ANC corner, labor ward, IMCI corner | 4 | 72,000 | 288,000 |  |
|  | Safe drinking water | 3 | 30,000 | 90,000 |  |
|  | Signs and direction (sticker print charge 380tk/Sqf) | 1 | 20,000 | 20,000 |  |
|  | Privacy arrangement | 10 | 2000 | 20,000 |  |
|  | MHM setup | 1 | 30,000 | 30,000 |  |
|  | Audio -visual setup for WFHI promotion | 3 | 40,000 | 120,000 |  |
|  | One day training of staff on WFHI (6 monthly) | 2 | 21,490 | 42,980 | Annex:1 |
|  | Meeting on WFHI (6 monthly) | 2 | 21,490 | 42,980 | Annex:1 |
|  | Tin shed for patient attendance waiting space | 1 | 50,000 | 50,000 |  |
|  | **Total cost** |  |  | **903,960** | Yearly |

# Tentative cost for establishing WFHI in Upazila Health Complex

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl | Activities | Unit required | Unit cost | Total cost | Remarks |
|  | Toilet renovation |  | 50,000 |  |  |
|  | Waiting space with separate sitting arrangement (General Outdoor, ANC corner, labor ward, IMCI corner |  | 72,000 |  |  |
|  | Safe drinking water |  | 30,000 |  |  |
|  | Signs and direction (sticker print charge 380tk/Sqf) |  | 20,000 |  |  |
|  | Privacy arrangement |  | 2000 |  |  |
|  | MHM setup |  | 30,000 |  |  |
|  | Audio -visual setup for WFHI promotion |  | 40,000 |  |  |
|  | One day training of staff on WFHI (6 monthly) |  | 21,490 |  | Annex:1 |
|  | Meeting on WFHI (6 monthly) |  | 21,490 |  | Annex:1 |
|  | Tin shed for patient attendance waiting space |  | 50,000 |  |  |
|  | **Total cost** |  |  |  | Yearly |

Annex:1

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl #** | **Line Item** | **Number** | **Unit Cost (Tk)** | **Day** | **Total** |  |
| 1 | Coordinator | 1 | 1700 | 1 | 1700 | DDFP |
| 2 | Resource Person -Local | 6 | 2100 | 1 | 12600 | DC, CS, Hospital Superintendent, DEO, ADCC, DWAO |
| 3 | Resource Person -Non Local resource person | 2 | 2100 | 2 | 8400 | Divisional director-FP / DGFP |
| 4 | TA for Non Local Participant | 2 | 3000 | 1 | 6000 | Divisional director-FP / DGFP |
| 5 | Participant (Non Local) | 55 | 1750 | 2 | 192500 | UH&FPO, UFPO, MOMCH, USEO, UWAO |
| 6 | Participant (Local ) | 12 | 1150 | 1 | 13800 | UH&FPO (Sadar), UFPO(Sadar), MOMCH (Sadar), MOCS, UWAO (Sadar), SHEO, MO-Sch-Heal, MO-Clinic, DIO, Cons-Gynae, Cons- Paed, District (Secondary) Education Officer |
| 7 | Dist.Superintendent | 1 | 850 | 1 | 850 |  |
| 8 | Statisticians (DDFP off, CS Off, MCWC and DH) | 4 | 850 | 1 | 3400 |  |
| 9 | TA for Non Local Participant | 55 | 500 | 1 | 27500 |  |
| 10 | NGO Representative | 2 | 1150 | 1 | 2300 |  |
| 11 | Supporting Staff (3rd class) | 1 | 500 | 1 | 500 |  |
| 12 | Supporting Staff (4th class) | 2 | 400 | 1 | 800 |  |
| 13 | Venue | 1 | 8000 | 1 | 8000 |  |
| 14 | Sound System | 1 | 2000 | 1 | 2000 |  |
| 15 | Banner | 1 | 1500 | 1 | 1500 |  |
| 16 | Stationery (Pen, Pad, Folder) | 70 | 150 | 2 | 21000 |  |
| 17 | Workshop logistics | 1 | 5000 | 1 | 5000 |  |
| 18 | Photocopy and communication | 1 | 3000 | 1 | 3000 |  |
|  | **Total taka for workshop =** | | | | **310850** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl #** | **Line Item** | **Number** | **Unit Cost (Tk)** | **Day** | **Total** |
| 1 | Coordinator (DDFP) | 1 | 1700 | 2 | 3400 |
| 2 | Resource Person -Local (DC, CS, Superintendent & AD- 250 bedded general hospital, ADCC, DEO, DWAO, DD Social Service, DIO) | 9 | 2100 | 2 | 37800 |
| 3 | Resource Person -Non Local (DGFP-2) | 2 | 2100 | 3 | 12600 |
| 4 | Local Facilitator | 1 | 1700 | 2 | 3400 |
| 5 | Participant (Local) | 5 | 1150 | 2 | 11500 |
| 6 | Participant (Non Local ) | 44 | 1750 | 3 | 231000 |
| 7 | District Superintendent (DDFP office) | 1 | 850 | 2 | 1700 |
| 8 | Statisticians (DDFP off, CS off, MCWC, District Hospital) | 4 | 850 | 2 | 6800 |
| 9 | Adolescent participants | 2 | 500 | 2 | 2000 |
| 10 | TA for National resource person | 2 | 3000 | 1 | 6000 |
| 11 | TA for Non Local Participant | 44 | 500 | 1 | 22000 |
| 12 | Supporting Staff (3rd class) | 2 | 500 | 2 | 2000 |
| 13 | Supporting Staff (4th class) | 2 | 400 | 2 | 1600 |
| 14 | Venue cost | 1 | 8000 | 2 | 16000 |
| 15 | Sound System | 1 | 2000 | 2 | 4000 |
| 16 | Banner | 1 | 1500 | 1 | 1500 |
| 17 | Stationery (Pen, Pad, Folder) | 56 | 120 | 1 | 6720 |
| 18 | Workshop logistics | 1 | 5000 | 1 | 5000 |
| 19 | Photocopy and others |  |  |  | 5000 |
|  | **Total taka for workshop =** | | | | **380020** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl # | Items of expenditure | Rate of allowance/ fees (in BDT) | Number of people | Number of days | Total Amount (in BDT) |
| 1 | Allowance - Coordinator | 1350 | 3 | 1 | 4050 |
| 2 | Allowance - Resource Person | 2100 | 3 | 0 | 0 |
| 3 | Allowance - Facilitator | 1680 | 3 | 1 | 5040 |
| 4 | Allowance - Secretarial support staff | 400 | 1 | 1 | 400 |
| 5 | Allowance - MLSS | 400 | 2 | 1 | 800 |
| 6 | Refreshment (per person) | 150 | 40 | 1 | 6000 |
| 7 | Banner | 2000 | 1 | 1 | 2000 |
| 8 | Venue | 30000 |  |  | 0 |
| 9 | Photocopy & printing | 8000 | 0 | 0 | 0 |
| 10 | Stationeries | 1200 | 1 | 1 | 1200 |
| 11 | PA System | 2000 | 1 | 1 | 2000 |
| 12 | Minutes/ report writing | 3000 |  |  | 0 |
| **13** | **Total** |  |  |  | **21490** |