A: Theme Category

6. Women's role in economic decision-making – gender and macro economic policy

B: Title

Health planning – missing a woman's perspective?

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Abstract:

Introduction

Pakistan, a typical South Asian country with a governance system based on patriarchal principles, experienced a refreshing change in policy in 2002 when 33% seats in the National Parliament (Members Assembly) were allocated to women[i]. The effects of this change could be expected to trickle down to other institutions within the country and the appointment of women to key positions within the structures of government could be expected to have a positive impact.

Inextricably bound to the status of women in Pakistani society, are the major challenges of halting population growth and reducing the nation's frighteningly high levels[ii] of infant mortality and maternal mortality. Any strategies planned to face these challenges, necessarily requires a gender sensitive approach rather than the male dominated culture prevalent in the district health system. It is women who are made to bear the majority of the burden, but they have little opportunity to effect real change at the implementation or the policy level. Pakistan's poor position internationally is seen in UNDP's

Gender related Development Index (GDI) 2000, where Pakistan currently ranks 135 out of 174 countries.[iii]

In like manner to many developing nations[iv], Pakistan has adopted a strategy of building cadres of Lady Health Workers (LHW) as part of it's primary health care system, with the aim of improving health outcomes through accessible, quality health services.[v]. This cadre is now a permanent part of Pakistan's district health system, through federally-administered vertical programmes. However, a recent evaluation[vi] of the programme was not particularly encouraging in terms of the quality of training delivered.

Against such a background, this paper builds on the work of Mumtaz et al[vii] and looks at the evidence of extreme gender bias against women, in relation to their non-appointment to key decision-making positions within in the Department of Health at the District and Tehsil levels - i.e.: as Executive District Officers (EDO-H), District Officer Health (DOH) or Deputy District Health Officer (DDHO) – and the factors discouraging women medical graduates from pursuing a career in health management, particularly relating to the absence of gender sensitivity in the governance culture of Pakistan's district health system.

In attempting to define an appropriate national governance framework, this paper also explores the impact on the district health system of the Government of Pakistan's recently implemented Gender Reform Action Plan[viii] (GRAP), as well as the open merit policy[ix] for admission to taxpayer-funded medical colleges. Given the international governance framework, to which Pakistan is a signatory – the UN Convention on the Elimination of all forms of Discrimination Against Women[x] (CEDAW) — Pakistan's poor performance when evaluated against the GDI scale is cause for very real concern.

Finally, this paper also considers whether there is a genuine need for women in health management and recommends the need for better policy-level analysis to remedy the existing situation.

Methods and Procedure

Over the period August to November 2004, face to face interviews were conducted by a mixed gender team, with senior bureaucrats, policy makers and clinical staff from National, Provincial and District level governments in three (3) Districts of Pakistan – one urban, one rural and one peri-urban.

Discussion with respondents was centred around a set of interview guidelines on gender-related issues, with further discussion based on the responses received.

Over 30 subjects were interviewed, with the choice of respondents reflecting their key functional role in policy formation, implementation or health management. Interestingly, the team found only six (6) women in the study sample, none of whom were working in senior health management roles.

Results/strategies for the future

Lack of senior women managers in the district health system:

"There are enormous amount of funds and resources allocated for the vertical programmes in the districts related to women's health, so how can a woman handle all this."

Senior Policy Maker.

Using the Pakistan Public Service salary scale as an indicator,[xi] a dearth of senior women health managers (above Grade 18) was observed in the three districts selected for this study. The previously mentioned vertical programmes were an exception; however this is probably explained by the influence

of donor policies in enforcing a gender balance. Some management respondents had heard of women holding senior positions in districts outside of this study, but they took the view that women generally refrain from applying for senior management roles within the district health system.

The views of policymakers fell into one of two camps. Either they firmly believed that gender was not an issue because there was no need for senior women health managers, or they were not clear regarding the need for a balanced and sensitive approach to management of the district health system.

Unbalanced implementation of official policy on appointments to senior health management positions:

Although a district manager is supposed to be a public health professional, when it comes to appointment of a certain individual, political interference plays a major role.

District Health Officer.

It was generally agreed by both senior managers and policy makers that the Government of Pakistan pursues a policy of equal opportunity, with no discrimination on the basis of gender. However, we observed that the prerequisite criteria for appointment set by the government to senior management positions – the holding of a post graduate diploma or degree in public health or health management – would appear to be not uniformly followed.

The need for women in senior health management roles:

I have never heard of any women working as EDO or DOH, so in the absence of any such model how can I say that a woman health manager will perform better than a male.

Senior Medical Officer.

Questions on this issue also provoked a series of very polarised answers from the management respondents. Some senior managers believed that women senior health managers will command respect and will be able to achieve more, as they are better able to communicate with staff of the lower cadres of the district health system, who are primarily women. Conversely, some respondents strongly resisted the idea of women as senior health managers.

The impact of a lack of women as senior managers:

Almost all senior management respondents agreed that there was is a lack of communication between male senior managers and Lady Health Workers (LHW), leading to a culture of gender insensitivity within the district health system. Some senior managers thought that as female health workers operated from their homes (Health Houses) this represented a constraint to accessibility by their male senior supervisors.

Barriers to appointment of women as senior health managers:

Lady Doctors refuse to be appointed as District Managers as the salary package is very meagre, whereas she earns much more in her private practice.

District Health Officer.

Some senior managers and almost all senior policymakers were of the view that a senior management position is not appropriate for women for reasons relating to the socio-political environment and the feudalistic culture prevailing in the districts.

It was universally felt by the senior managers that male or female doctors join managerial positions with no understanding of a well-defined career path. As a consequence, some clinical doctors have

been appointed to managerial positions, without formal management training. Furthermore, female doctors who were interviewed from a clinical background appeared to prefer clinical practice rather than management responsibilities because it offered greater financial reward.

Almost all senior health managers agreed that in a senior position a woman will have no security concerns. However one policy maker did express the view that the social environment is very hostile toward women in positions of authority. No instances of sexual harassment of women senior managers was reported, however one case of physical assault to a woman appointed as a senior administrator was referred to.

Some policy makers were of the view that women did not face barriers to taking up positions of authority in the districts and it was the women themselves who refuse to seek such appointments due to family pressures.

After more than 50 years of independence we are still measuring illiteracy level, it will take a lot of investment in the education sector to achieve a social environment that accepts women in positions of authority.

Senior Policy Maker

There are still areas where women are not allowed by the men to register for voting, what to talk of accepting women in positions of authority.

District Coordination Officer (DCO).

Most senior health managers complained of political pressure exerted by elected members, especially those from a feudalistic background and suggested that this pressure would be too much for women to resist. However none of the senior managers stated how often they encounter, overcome or give in to such forces. It would appear that the main political pressures relate to postings, transfers and medico-legal reports. Yet, almost all administrative heads (DCOs) interviewed were of the opinion that the senior health managers do not face any political pressures whatsoever.

Some senior policy makers did admit that there is some misappropriation of funds and political pressure at the District level and suggested that a female senior manager would not be able to cope with that situation. Most policy makers agreed that a female manager will be facing the same pressures as a male.

Politicians and feudal influentials exercise pressure over the district managers, using bribes and nepotism to alter medico legal reports in their favour, or transfer staffs who don't give in to their demands.

Senior Policy Maker.

A senior head clerk appointed by a local influential has the powers to stop the salary of a doctor who has refused to make a house call at his direction.

Senior Gynaecologist.

Incorporation of gender sensitive policies in the district health system:

Senior policymakers interviewed in the provincial capital were confident that the gender policy of the Government of Pakistan has been communicated to the district managers through the Gender Reform Action Plan (GRAP) document.

However, a complete lack of information about the recently initiated GRAP was observed in the districts surveyed. All respondents in the districts were unaware of GRAP or any previous gender initiatives of the Government. No signs of any such policies being implemented or practiced were observed.

Our department has sent the GRAP document to all district managers, if they want to remain unaware then there is nothing we can do about it

Senior Policy Maker

Effects of increase of women's seats in the National Assembly on local government and the district management (Devolution Plan):

Despite this very visible initiative at a federal level, significant changes in gender balance at the district level were observed in senior health management. None of the respondents reported having heard of a female senior health manager in any of the 34 districts of Punjab. Similarly, in the study sample areas no women were elected as District Nazims, Naib Nazims or appointed as DCOs and respondents could only cite one example of a woman elected as District head in Khairpur, Sindh.

Respondent comments on existing policies/suggestions for changes in policies:

Our BHUs and RHCs have become uninhabited due to the open merit admission policy of the government.
Senior Health Manager.

Respondents were asked to comment on existing policies and offer suggestions for policy change. The policy of open merit in government medical colleges was heavily criticized and was mooted for revision. Many respondents were of the view that it has resulted in a majority of female medical graduates who are not ready to work in remote districts. Fifty percent of the respondents suggested signing of a bond by new inductees in medical colleges to serve in rural areas or 'difficult' postings would be an effective change to improve service delivery. Some suggested that government should offer better security and a conducive environment should be extended to medical professionals, especially females appointed in the rural areas. It was also suggested that career incentives be offered to professionals working in Basic Health Units (BHU) linked to the accumulation of public health experience. Initiatives such as scholarships for post-graduate study and promotions were also put forward. A review of admissions policy for medical colleges – based on actual demand for medical graduates in the district health system – was also suggested. Some policy makers strongly recommended incorporation of gender aspects in the ongoing trainings of the senior health managers, including elected members.

Conclusions

Trickle-down effect:

Our research found that there is no readily identifiable trickle-down effect to the district health system arising from the appointment of women to the Pakistan National Assembly. Whilst such high-level appointments are laudable, the lack of women at key management levels in the health sector, tends to denigrate this action to that of mere tokenism, rather than real engagement in a gender-sensitive manner.

Barriers:

It is fair to say that barriers exist and are entrenched and removing them will be a challenging process.

The longstanding socio-cultural norm of feudal/patriarchal dominance in Pakistan is the core, cross-cutting barrier to women achieving gender equity in District-level health management. Whilst policy initiatives such as GRAP are welcome, they too appear to fall into the category of tokenism, as there appears to be little serious commitment to dissemination of information about the programme or to its implementation in the Districts studied.

A woman's ability to rise to senior management levels in the District health system suffers from a lack of attention to the issues of:

- Financial remuneration;
- Clear pathways for professional development;
- Indenturing students attending publicly-funded medical colleges, as a means of ensuring a sustainable rural medical service provision; and
- Personal security.

Given that effective and well-supported parallel systems exist within the Pakistan Armed Forces, a review of their strategic approach could well point the way forward for the public health sector.

The need for women in health management:

Finally, the apparent lack of real political will to address gender issues and seriously consider the employment of women as senior health managers, impedes the delivery of effective, quality services through a large cadre of female grass roots workers (LHWs). Given the lack of gender sensitivity generally exhibited by male respondents to this study, one might reasonably expect women health managers will be more understanding of the needs of female staff and bring a more gender sensitive perspective to their work. The ongoing training of LHW's observed by other commentators, , leaves no doubt to the fact that there is a lack of gender-sensitivity at its core. Moreover, creating a gender balance within the senior management cadre will promote a culture of gender-sensitivity, which will be beneficial at all, levels of the District health system.

Recommendations

Whilst this study was only undertaken in three Districts of Pakistan, we believe it is indicative of the bigger picture as none of the respondents reported any female senior health manager (EDO, DOH, DDHO) in any district of Punjab. This also points towards the need for gender sensitivity training for the existing staff. We also recommend that thorough review of the implementation of the GRAP programme should be conducted, utilising a rights-based approach. Such an analysis will identify areas for appropriate policy-level advocacy and future community awareness-raising campaigns and should:

- Include an examination of the salary and fringe benefits package offered to senior health sector managers;
- Identify clear career pathways for health managers, including aspects of 'indenturing' graduates from government-run medical colleges;
- Policies like GRAP should be implemented in spirit and not just communicated to the stakeholders.
- Explore ways of introducing transparent recruitment systems and gender-sensitivity training for male managers;
- Document the lessons learnt from effective systems already in place, such as that of the Pakistan Armed Forces; and
- Examine the level of Government expenditure allocated to the health sector and its ability to facilitate new or modified policies.
- Gender sensitivity trainings should be introduced as an integral part of the health managers' professional development package.

Endnotes:

[i] The Conduct of the General Elections Order, 2002,(Chief Executive's order No. 7 of 2002), http://www.ecp.gov.pk/CEorder7_02.asp

[ii] Population Association of Pakistan, http://www.pap.org.pk/Health.htm (20th Nov 04)

It is estimated that about 500 maternal deaths occur per 100,000 live births each year in Pakistan. Recent estimates (WHO and UNICEF) place the figures around 340/100,000 live births but in reality it may be higher because of under registration of deaths in country and the absence of cause of death information.
See also:
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Shamshad Begum, Aziz-un-Nisa, Iqbal Begum, Department of Obstetrics and Gynaecology, Ayub Medical College,Abbottabad, Pakistan: Analysis of Maternal Mortality in a Tertiary Health Care Hospital to Determine Causes and Preventable Factors, J Ayub Med Coll Abbottabad 2003;15(2)

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[iv] Watts,Geoff, Bangladesh group has trained 30,000 community health workers, http://bmj.bmjjournals.com/cgi/content/full/329/7475/1124-d?ehom (as seen on 20th Nov 04), BMJ 2004;329:1124 (13 November), doi:10.1136/bmj.329.7475.1124-d

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[vi] Lady Health Worker Programme, External Evaluation of the National Programme for Primary Health Care, Oxford Policy Management, March 2002.

[vii] Mumtaz Z, Salway S, Waseem M, Umer N. Gender-based barriers to primary health care provision in Pakistan: the experience of female providers. Centre for Population Studies, London School of Hygiene and Tropical Medicine, UK. Health Policy Plan. 2003 Sep;18(3):261-9

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[ix] Akram Khatoon, Pakistan Economist (Gulf), Tertiary Education: Must for absolute women empowerment. http://www.pakistaneconomist.com/page/issue36/etc4.htm, Sep 06, 2004.

[x] Division for the Advancement of Women, Department of Economic and Social Affairs. Convention on the Elimination of all forms of Discrimination against Women. http://www.un.org/womenwatch/daw/cedaw/ (seen on 20th Nov 04)

[xi] Estacode, Civil Establishment Code: A Compendium of Laws, rules and instructions relating to the terms and conditions of Federal Civil Servants, 2000.