

GENDER ACTION PLAN

Activities	Indicators and Targets	Responsibility	Timeframe
Output 1. Expanded coverage of cash transfer program			
<p>1.1 Gender sensitive awareness raising by field social mobilizers supports demand generation for new enrolments and knowledge of rights, entitlements and grievance redress mechanisms amongst BISP beneficiaries.</p> <p>1.2 Mobilization of surveyors to identify pending and difficult to reach beneficiaries and support registration of CNIC to BISP.</p> <p>1.3 Catch-up effort of National Database Registration Authority (NADRA) mobile and semi-mobile teams to issue computerized national identity card (CNIC) and bank account.</p>	<ul style="list-style-type: none"> • BISP tehsil offices and social mobilizers are able to explain to potential/existing female beneficiaries about entitlements for CNICs and BISP programs and respond to complaints. • Awareness raising campaigns undertaken throughout catch-up period. • 95% of eligible beneficiaries (2.4 million new beneficiaries) have CNIC by 2018 (baseline is 70%) • Debit card issued to all new registered women with CNIC (2.4 million) • All eligible BISP women receive regular quarterly cash transfers on a regular basis 	<p>NADRA</p> <p>BISP</p>	<p>Year 1–5</p> <p>Year 1–2</p> <p>Year 1–5</p> <p>Within 3 months of registration</p>
Output 2. Refined and enlarged health insurance program			
<p>2.1 Reduce barriers to access of catastrophic health services for BISP women and their families</p> <p>2.2 Awareness raising and information dissemination to increase use of health insurance supporting against catastrophic expenditure by BISP women</p>	<ul style="list-style-type: none"> • Issue of Waseela-e-Sehet (WES) health insurance cards to all BISP women (577,294) in 16 districts (baseline 1 district) by 2018 • Women utilize transport cash payments to cover travel costs of patients admitted to hospital (baseline 0) • Engendered information, education, communication (IEC) in women-frequented places (markets, schools, clinics, government offices) • Information is transmitted by BISP and WES staff, via radio and other local media on both WES and also educating women on when they or family members should go to the hospital (maternity related, critical conditions etc) • Health seeking behavior of BISP women significantly increases by 2018 (baseline 928 admissions in 2012) 	<p>WES</p>	<p>Year 1–5</p>
Output 3. Strengthened skills development program			
<p>3.1 Gender sensitive survey of employment opportunities and skill needs</p> <p>3.2 Development of curriculum, learning material and standardized competency testing</p>	<ul style="list-style-type: none"> • Since training provision will shift primarily to a community level delivery approach, ensure courses are designed to provide skills which can be translated by women into a broad range of local income earning activities • Consideration for bridging component in female skills courses to overcome barriers to some occupations caused 	<p>WER</p>	<p>Year 1–5</p> <p>Year 1</p>

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3.3 Generation of demand amongst, and selection of female trainees 3.4 Sensitize BISP staff members and contractors to the needs and requirements of BISP beneficiaries	by a requirement for functional literacy and numeracy. <ul style="list-style-type: none"> • Available range of courses available to women is broadened (previously 26 of 52 center-based courses were classified suitable for men or women and 2 for women only – in reality the bulk of women were placed in less than 5 course types). • Awareness raising activities on course availability and encouraging participation of women and men to include the benefits to families (children’s education, family nutrition, national development) of women earning incomes. • All new BISP staff positions (estimated at around 20 total) are advertised with text encouraging women to apply. Contractors (social mobilization teams, skill training providers) are encouraged to provide a staff structure and teaching materials responsive to the cultural communication requirements of both male and female beneficiaries to encourage effective communication. 		Year 1–5 Year 1 Year 1
Output 4. Improved financial management and control systems, and policy research			
4.1 Engendered research conducted on BISP in line with research framework to promote evidence-based policy development	<ul style="list-style-type: none"> • New position created and filled in SPRU for a Social Researcher (Gender) and develop a multi-year social research program inclusive of relevant topics for women empowerment and poverty reduction • Updated BISP research framework to include specific gender analysis on empowerment outcomes of Outputs 1-3 above • Web articles, policy briefs, discussion documents and other research outputs on gender impacts of BISP such as impacts of unconditional cash transfers on nutrition and/or indebtedness and/or asset ownership by type (income generating, labor saving, etc; impacts of health insurance on health and health-seeking behavior of poor women; and impacts of skills training on informal and formal sector labor participation rates/income generation by gender. 	BISP SPRU	Year 1 Year 1 Year 2–5

BISP = Benazir Income Support Program; CNIC = computerized national identity card; IEC = information, education, communication; NADRA = National Database Registration Authority; SPRU = Social Protection Research Unit; WES = Waseela-e-Sehet.