GENDER ACTION PLAN

Activities		Indicators / Targets	Responsibilities	Timeframe				
Output 1: Disease surveillance and diagnostic capacity upgraded								
and diagnostic facilities incorporate the collection of sex disaggregated data into their routine activities and conduct the periodic gender	1.1.1 1.1.2 1.1.3	Of the 50,000 or more COVID-19 tests conducted per day by 31 December 2020, disaggregated data is collected by sex, age and pre-existing medical condition for cross-comparison with broader Department of Health data. (DMF 1b) By 2022, at least 75% of staff (50% or more female) in each project-supported laboratory meet the National Laboratory Biosafety Competency Requirements, disaggregated by sex (Baseline as of July 2020: TBD). (DMF 1c) Quarterly gender analysis of COVID-19 Department of Health response undertaken.	Department of Health, Philippine Health Insurance Corporation	Q3 2020–Q1 2023				
Output 2: Infection prevention and control measures expanded								
	2.1.1	By May 2021, healthcare workers in the project-supported hospitals record at least a 90% utilization rate of PPE, where at least 75% of female staff reported receipt of appropriate sized PPE, ^a disaggregated by sex of healthcare worker (Baseline as of July 2020: TBD). (DMF 2a)	Department of Health	Q4 2020–Q2 2021				
	2.1.2	By December 2020, the share of health workers infected with COVID-19 deceases to less than 5%, disaggregated by sex, age, access to PPE, pre-existing/higher-risk health conditions (Baseline as of 20 July 2020: 8.9%). (DMF 2c)		Q2–Q4 2020				
2.2. Capacities of health- care workers to prevent and	2.2.1.	Develop hospital guidelines or protocols to prevent intra-hospital transmission of infection to pregnant women and to children as part of COVID-19 safety measures.		Q1 2021				
control intra-hospital infection transmission on women and children are strengthened.	2.2.2	By June 2023, at least 75% of healthcare workers in obstetrics, pediatrics, and emergency departments of supported hospitals reported increased awareness and knowledge on maternal and child health guidelines during public health outbreaks. (Baseline 2020: TBD) (DMF 2d)		Q3 2021–Q2 2023				
	2.2.3	Develop and deliver training for 2.2.1.		Q2–Q4 2021				
2.3. Hospital facilities are retrofitted/ renovated to ensure responsiveness to gender needs.	2.3.1	By May 2022, increased capacity of isolation wards to accommodate at least 100 patients, with gender-responsive design features, ^b disaggregated by sex and age (Baseline July 2020: TBD). (DMF 2b)		Q4 2021–Q2 2022				
Output 3: Treatment capaci	ty for C	COVID-19 scaled-up	1	-				
healthcare workers in	3.1.1	Develop at least three training modules on gender-responsive Interpersonal Communication and Counselling with Emotional Quotient. ^c	Department of Health	Q1 2021				
	3.1.2	Develop and conduct pilot training for 3.1.1 is via the project-supported hospitals with at least 80% staff participation, of which 50% are female.]	Q2–Q3 2021				

Activities		Indicators / Targets	Responsibilities	Timeframe
and social-inclusive healthcare through the development of protocols and training. ^d including detection of GBV victims	3.1.3	 Develop two official orders and/or issuances that have clear and explicit gender dimensions, ^e including diversity, and social inclusion in the following identified priority areas: a. integration of Special Power of Attorney documents within hospital admission registration procedures, for transferring legal authority for care-related decision-making from the patient to whomever they identify (including consideration to non-traditional family structures, adults without immediate family present and/or adults who choose not to have their parents fulfill this role); and b. protocols for addressing pregnant women who are confirmed positive with COVID-19 including protocols for birthing facilities with confirmed COVID-19 cases where inadequate resources limit the access of both men and women to emergency services like ambulances. 		Q1–Q3 2021
	3.1.4	Develop and deliver training and awareness raising program for 3.1.3 to the project- supported hospitals on the 2 official orders and/or issuances with at least 75% participation of frontline healthcare workers, of which 50% should be female.		Q2–Q4 2021
	3.1.5	By June 2023, at least 75% of emergency, admissions, and intensive care unit healthcare workers have increased capacity to deliver psycho-social support to patients and their families during public health outbreaks, including pregnant women and disadvantaged people. ^f (Baseline 2020: 0). (DMF 3b)	Department of Health, Department of Social Welfare and Development, POPCOM	Q3–Q2 2023
	<u>3.1.6.</u> 3.1.7	Develop hospital guidelines or protocols on how to detect and assist victims of GBV. By June 2023, develop and deliver training for 3.1.6, resulting to at least 75% of healthcare workers in the emergency departments of supported hospitals reporting increased knowledge and awareness on how to detect and support victims of GBV (Baseline 2020: TBD). (DMF 3c)	Department of Health	<u>Q1 2021</u> Q2–Q2 2023
4. Project Management ar	nd Gend	er-Specific Activities:		
GAP implementation. 4.2 Project reports include 4.3 Collection of sex-disage system.	details o gregated	cialist is engaged as part of the technical support unit for implementation at inception for a n progress against the GAP (including good practices, lessons learned, etc.) and gender-related information relevant to the DMF and GAP are integrated in the overall MF = design and monitoring framework, GAP = gender action plan, GBV = gender-based	project performance r	nonitoring
Population and Developmen ^a Appropriate size of PPE a ^b In this instance, gender-ro ^c This responds to a Depar ^d Training would respond to ^e This responds to a Depar ^f In this instance, "disadvan basic social and econom	nt, PPE = and perso esponsiv tment of o the cur tment of ntaged" r nic servic nd the jus	 active and monitoring individuality of the generative generative generative generative based personal protective equipment, Q = quarter, TBD = to be determined. conal hygienic products for male and female health workers. e design features would include breastfeeding rooms, family spaces, separate toilet and set Health commitment as expressed in the Gender and Development Strategy Plan 2020-20 rent learning environment and focus on e-learning modules. Health commitment as expressed in the National Gender and Development Strategic Plan 2020-20 rent learning environment and focus on e-learning modules. Health commitment as expressed in the National Gender and Development Strategic Plan 2020-20 rent learning environment and focus on e-learning modules. Health commitment as expressed in the National Gender and Development Strategic Plan 2020-20 rent learning environment and focus on e-learning modules. Health commitment as expressed in the National Gender and Development Strategic Plan 2020-20 rent learning in poverty and have little or not be such as health care, education, water and sanitation, employment and livelihood of the Strategic Strategic Plan 2020-20 rent essue. Government of the Philippines. 2009. <i>Republic Act 9710: An Act Providing for the Philippines and Plan 2020-20</i> rent essues and plan 2020-20 rent essues and plan	shower facilities, etc. 025, number 7. n for Health 2020-202 o access to land and o pportunities, housing,	5, number 10. other resources, social security,