

GENDER ACTION PLAN

Activities	Indicators / Targets	Responsibilities	Timeframe
Output 1: Disease surveillance and diagnostic capacity upgraded			
1.1 Disease surveillance and diagnostic facilities incorporate the collection of sex disaggregated data into their routine activities and conduct the periodic gender analysis of data collected.	1.1.1	Department of Health, Philippine Health Insurance Corporation	Q3 2020–Q1 2023
	1.1.2		
	1.1.3		
Output 2: Infection prevention and control measures expanded			
2.1 Strengthened support to healthcare workers (75% of whom are women).	2.1.1	Department of Health	Q4 2020–Q2 2021
	2.1.2		Q2–Q4 2020
2.2. Capacities of health-care workers to prevent and control intra-hospital infection transmission on women and children are strengthened.	2.2.1		Q1 2021
	2.2.2		Q3 2021–Q2 2023
	2.2.3		Q2–Q4 2021
2.3. Hospital facilities are retrofitted/ renovated to ensure responsiveness to gender needs.	2.3.1		Q4 2021–Q2 2022
Output 3: Treatment capacity for COVID-19 scaled-up			
3.1 Increased capacity of healthcare workers in supported hospitals to provide gender-responsive	3.1.1	Department of Health	Q1 2021
	3.1.2		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
	3.1.6.	Develop hospital guidelines or protocols on how to detect and assist victims of GBV.	Department of Health	Q1 2021
	3.1.7	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)		Q2–Q2 2023
4. Project Management and Gender-Specific Activities:				
4.1 A gender/gender and social specialist is engaged as part of the technical support unit for implementation at inception for a duration of 12 months to support GAP implementation.				
4.2 Project reports include details on progress against the GAP (including good practices, lessons learned, etc.)				
4.3 Collection of sex-disaggregated and gender-related information relevant to the DMF and GAP are integrated in the overall project performance monitoring system.				

COVID-19 = coronavirus disease, DMF = design and monitoring framework, GAP = gender action plan, GBV = gender-based violence, POPCOM = Commission on Population and Development, PPE = personal protective equipment, Q = quarter, TBD = to be determined.

^a Appropriate size of PPE and personal hygienic products for male and female health workers.

^b In this instance, gender-responsive design features would include breastfeeding rooms, family spaces, separate toilet and shower facilities, etc.

^c This responds to a Department of Health commitment as expressed in the Gender and Development Strategy Plan 2020-2025, number 7.

^d Training would respond to the current learning environment and focus on e-learning modules.

^e This responds to a Department of Health commitment as expressed in the National Gender and Development Strategic Plan for Health 2020-2025, number 10.

^f In this instance, "disadvantaged" refers to vulnerable persons or groups who are mostly living in poverty and have little or no access to land and other resources, basic social and economic services such as health care, education, water and sanitation, employment and livelihood opportunities, housing, social security, physical infrastructure, and the justice system. Government of the Philippines. 2009. *Republic Act 9710: An Act Providing for the Magna Carta of Women*. Manila. Section 4d.

Source: Asian Development Bank.