

### GENDER ACTION PLAN

Outputs	Gender Action Plan Objectives	Activities	Indicators/Targets	Responsible Party	Budget	
<b>Component 1: Safe Blood Transfusion – Unchanged under Additional Financing</b>						
<b>Output 1.</b> The new NTC is established in UB and internationally accredited	Voluntary Non-Remunerated Blood Donation (VNRBD) KAP survey includes gender and social analysis.  Provides recommendation for addressing social & gender dimensions in IEC outreach including gender and socially sensitive information and outreach mechanisms	1. Ensure that Voluntary Non-Remunerated Blood Donation KAP survey design and analysis identifies gender/social factors, which influence attitudes and practices on blood donation.	1. Number of sex and social disaggregation filters in the survey data analysis program	Social research company (KAP survey)	Salary of PGC: 10 months	
			2. List of current attitudes and practices on blood donation filtered by sex and social factors			Marketing company (IEC campaign)
			3. Survey results to inform IEC targeting designs and outreach methodologies for different blood donors (men/ women, rural/urban etc.)			
			2. Design and conduct Nationwide IEC campaign on VNRBD designed & implemented based on the analysis of different incentives for blood donation and needs of blood transfusion held by various socio-economic groups (men/women, rural/urban etc.) includes key messages and appropriate outreach methodologies to promote gender sensitive blood donation practices	4. Nationwide multimedia IEC campaign is designed and conducted twice over life of the project.	PGC	Included in the project budget
			3. IEC report on kinds of outreach methods & particular messages addressing gender dimensions of blood donation (i.e., small FGDs/peer educators focus on childbirth risks, addressing any concern on transmission of illness)	5. Voluntary blood donations Increase from 0.8% of the population to at least 1.2% (sex disaggregated – baseline Provided in year 1).		
				6. Number and kind of gender focused recommendation included in the IEC program	National Transfusion Center	
<b>Output 2</b> Aimag general hospitals (AGH) and selected center transfuse safe blood.	Improved capacity of health workers for safe blood transfusion	4. Ensure sex/job category data is collected during training; and pre- & post-training tests are conducted for evaluation	7. Number of trained health workers (sex/job disaggregated baseline and target for women created in year 1	PIU	No cost	
			8. % of trained health workers reflecting increased knowledge (sex/job disaggregated)			MOH human resources
		5. Assure that participation in training events, working groups, study tours ensure	9. At least 60% of participants of trainings, study tours and working groups are women			

		gender equity in career development in line with MOH career pathways.		Project training units	
		6. Ensure training programs on blood safety, address high risk groups and their special needs	10. 100% of health workers in maternity, <i>trauma &amp; surgical</i> units are trained on blood safety (82% are women)		
<b>Component 2: Medical Waste Management – Unchanged under Additional Financing</b>					
<b>Output 4</b> The national MWM system is strengthened and the project hospitals meet the requirements of national standards	Nonmedical workers benefit from training	7. Implement training for non-medical workers who come into contact with medical waste.	11. Number of training activities, <i>and number of staff trained</i> (sex-disaggregated target for women established during year 1)	Project training units	Included in the project budget
	OS available to all health workers (82% women staff)	8. Ensure the implementation of the MOH program on MWM	12. 100% of the capacity building, and IEC activities on MWM implemented	Project monitoring and evaluation unit/PGC	
<b>Component 3: Hospital Hygiene and Infection Prevention and Control</b>					
<b>Output 7</b> An effective surveillance system for HAI is operational	HAIs and Gender dimensions better addressed	9. Active surveillance for HAIs of tracer conditions is pilot tested and introduced in selected tertiary & secondary hospitals by 2018 (risk factors are sex and location disaggregated in the facility)	13. 7 tertiary and 14 secondary hospitals introduced and pilot tested active surveillance system for HAIs of tracer conditions	MOH reports	Included in the project budget
<b>Output 8</b> Awareness, knowledge, & capacity of health authorities, health care workers, & administrative staff on IPC have substantially improved	Enhanced decision support to ensure effective coverage of IPC for health care workers	10. Ensure that KAP survey on IPC identifies high risk groups and their special needs	14. KAP on IPC are increased from 2015 (baseline) & 2017 (follow-up survey)	PIU PGC	Included in the project budget
		11. Ensure training programs on IPC address high risk groups and their special needs	15. Number of IPC training beneficiaries (sex-disaggregated at least 80% women)		
<b>Output 9</b> IPC is ensured by strengthening the QMS in hospitals developing the capacity of GASI	Improved IPC monitoring	12. Ensure that supervision tools which monitor compliance and performance have sex/job data variables as appropriate.	16. Use of sex and job category data on compliance with protective gear guidelines to correct staff behavior	Project training and planning reports	No cost
<b>Output 10</b> (New under Additional Financing)	Improved capacity of health workers on diagnosis and	13. Train doctors and nurses on guidelines of diagnosis and treatment of patients with COVID-19 and SARI by 2022	17. Women comprise at least 80% of trainee doctors and nurses on guidelines of diagnosis	MOH reports	Included in the

Diagnostic and treatment capacity of hospitals to manage COVID-19 and SARI patients increased	treatment of patients with COVID-19 and SARI		and treatment of patients with COVID 19 and SARI (2020 baseline: 0)		project budget
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GASI = General Agency for Specialized Inspection; HAI = hospital-acquired infection; IEC = information, education, and communication; IPC = infection prevention and control; KAP = knowledge, attitude, and practice; MOH = Ministry of Health; OS = occupational safety; PGC = project gender consultant; PIU = project implementation unit; SARI = severe acute respiratory infections.