

## GENDER ACTION PLAN

1. **Implementation Arrangements:** The overall responsibility for the implementation of the gender action plan (GAP) rests with the Project Director. He will be supported by the Chief Technical Advisor (CTA, international consultant) and Deputy CTA (national consultant) – both of whose employment terms of reference will include responsibility for GAP implementation, conducting gender briefings, and integrating gender indicators into the project monitoring and evaluation (M&E) system. In addition, an international gender specialist will be hired on an intermittent basis for 3 months, to undertake gender assessments, develop briefing and workshop materials, support the development of a gender strategy in collaboration with the Sub-committee for the Advancement of Women (Sub-CAW), and provide guidance to the CTA and M&E officer. At the provincial and district levels, GAP implementation and gender briefings will be undertaken by the provincial and/or district project team supported by the project provincial coordinators. A short term national gender specialist will be hired as a resource person based on the needs. Gender training will be provided to all management, provincial and district level project staff. All GAP targets will be integrated in the project M&E framework and reported quarterly to ADB. The GAP is presented in the table below.

**Table 1: HSGP Gender Action Plan 2016–2018**

Policy Outputs	Actions
<b>Output 1: Strengthened health sector reform process</b>	<ul style="list-style-type: none"> <li>- Support the finalization of the Ministry of Health draft gender strategy, in collaboration with the Sub-committee for the Advancement of Women (Sub-CAW) (2 person-months; international consultant).</li> <li>- Ensure that the every meeting of national commission on health sector reform is provided with briefing on gender and ethnic issues related to health sector reform (international consultant to provide template for briefings).</li> </ul>
<b>Output 2: Increased social protection of the poor through health equity fund (HEF), and improved health services delivery, particularly maternal, neonatal, and child health care (MNCH)</b>	<ul style="list-style-type: none"> <li>- Undertake an assessment of impact and gaps in access to existing HEF schemes, in particular evaluate the eligibility criteria, range of health conditions covered, health service user reimbursable expenditures (e.g., transport, mother starter kit, food), and recommend actions to meet needs of the poor.</li> <li>- By June 2018, 131 districts apply free MNCH policy guidelines.</li> <li>- Review the standard criteria for eligibility to HEF and recommend the inclusion of criteria to ensure that eligible female have access to HEF.</li> <li>- Ensure HEF roll out is prioritized to areas of greatest need including areas with high maternal mortality ratio and ethnic populations and poverty incidence.</li> <li>- Develop a communication strategy and appropriate guidelines to create awareness on the range of services and benefits packages provided under HEF and free MNCH schemes.</li> <li>- Ensure that Provincial Health Departments allocate sufficient budget for appropriate outreach activities.</li> <li>- Provincial operational instructions to health facilities include arrangements to ensure that outreach activities and information, education, and communication meetings are conducted at time and place convenient for women.</li> <li>- Disaggregate by gender the indicators pertaining to access to and utilization of health services, in all studies performed under the joint ADB and World Bank intervention.</li> </ul>
<b>Output 3: Strengthened human resources management capacity</b>	<ul style="list-style-type: none"> <li>- Ensure the formulation of provincial workforce development plans include incentives (monetary and social), and appropriate conditions (safety, security) for attracting and sustaining deployment of female and ethnic staff in remote and disadvantaged rural areas.</li> <li>- Undertake gender audit of provincial workforce development plans to ensure gender responsive human resource development policies and actions related to supporting women's employment, retention and promotion and capacity</li> </ul>

Policy Outputs	Actions
	<p>development in the health sector (1 person-month; international consultant)</p> <ul style="list-style-type: none"> <li>- Overall, 50% of participants (of all trainings, fellowships, study tours, English language training) are women (baseline: women are 62.8% of the health sector workforce).</li> <li>- By June 2018, 75% of health centers will have at least one midwife, and 80% by June 2019 (2013 baseline: 33%). All provincial annual workforce development plans will include the indicator “proportion of women among health facilities heads. Briefing on project gender requirements are conducted for executing and implementing agencies (to be prepared by International Gender Consultant and Chief Technical Advisor).</li> <li>- Personnel management information system collects and reports all data disaggregated by gender and ethnicity.</li> </ul>
<b>Output 4: Improved health system financial management</b>	<ul style="list-style-type: none"> <li>- Propose budget allocation to provincial health departments based on population, morbidity and poverty incidence.</li> <li>- Ensure all women staff in financial management and budgeting provincial departments are trained.</li> </ul>
<b>Technical Assistance Management</b>	<ul style="list-style-type: none"> <li>- Develop and integrate gender targets in the overall TA project monitoring and evaluation system</li> </ul>

Source: Asian Development Bank.