

GENDER ACTION PLAN

Activities	Targets and Indicators	Responsible Agency	Timeframe
Output 1: Primary and secondary health care services enhanced in Central, North Central, Sabaragamuwa, and Uva provinces			
1.1 Incorporate gender responsive construction features into all upgraded or renovated PMCUs and divisional hospitals	1.1.1 At least 80% PMCUs and divisional hospitals upgraded or renovated under the project have separate toilets for male and female patients 1.1.2 All cluster linked facilities have gender responsive designs with facilities for privacy during patient examination and for changing clothes (Baseline: less than 10%)	PIU	By 2025
1.2 Integrate gender-responsive and inclusive PHC services with the implementation of the essential service package for outpatient and clinic services in the nine newly established clusters	1.2.1 At least 90% of cluster linked facilities in target provinces provide a gender responsive and inclusive essential services (Baseline: 0) 1.2.2 All staff in cluster linked facilities are trained on gender sensitivity and responsiveness when providing essential services (Baseline: 0) 1.2.3 Over 75% of women and men are reporting satisfaction over the gender response health care services provided at PHC facilities	PIU and/or gender expert	By 2025
1.3 Increase the utilizations of the PHC facilities by women and men	1.3.1 BCC campaign strategy and materials (such as leaflets, video clips, and/or street dramas) developed and implemented. 1.3.2 Use of PHC facilities is increased by 20% each for women and men	PIU, communication expert, gender expert	By 2025
1.4 Encourage Establish partnerships with local organizations for gender responsive and inclusive services at the PHC level	1.4.1 At least 30% of the medical officer of health areas will establish partnerships with local organizations for encouraging male participation in PHC utilization (Baseline: 0) 1.4.2 Annually at least 10 awareness creation sessions for local organizations conducted on the advantages of PHC utilization for encouraging male participation 1.4.3 At least 75% of medical officer of health areas are provided with gender responsive and inclusive nutrition services	PIU, FHB, gender expert	By 2025
1.5 Strengthen male engagement to promote reproductive health, maternal and child health/nutrition, PHC, and diminish violence against women	1.5.1 A male engagement approach is designed to promote reproductive health, maternal and child health, nutrition, PHC for men, and diminish violence against women 1.5.2 At least 50 health officials and/or local organizations who can transfer knowledge to men at PHC facilities trained in TOT programs 1.5.3 Over 1,500 men reached through training and awareness	PIU, gender expert	By 2025
Output 2: Health information system, disease surveillance capacity, and COVID-19 response strengthened			
2.1 Provide sex-disaggregated data in health information systems	2.1.1 Sex-disaggregated data included in the eRHMS and Annual Health Bulletin of FHB (Baseline: 0) 2.1.2. Sex-disaggregated data included in the eHealth surveillance system on the 29 notifiable diseases in Sri Lanka (Baseline: 0) 2.1.3 Sex-disaggregated data analyzed, and gender related health issues identified for programming in the FHB and Epidemiology Unit (Baseline: 0)	FHB, Gender and Women's Health Unit and Epidemiology Unit	2022
Output 3: Policy development, capacity building, and project management supported			
3.1 Integrate gender mainstreaming into all	3.1.1 A team of experts on health and gender are consulted during the preparation of policies	PIU/FHB, gender expert	By 2025

Activities	Targets and Indicators	Responsible Agency	Timeframe
operation policies and guidelines developed for health sector	3.1.2 Comments of the expert/s are documented and incorporated. 3.1.3. All medical health officers and relevant officials are sensitized on the revised operational policies.		
3.2 Integrate gender dimensions into policies and strategic plans of the FHB and the existing package for newly married couples	3.2.1 By 2023, operational guidelines with gender dimensions are developed for delivering a comprehensive package of PHC, and management and functioning of cluster hospitals 3.2.2 By 2022, 11 units of the FHB of the ministry that have integrated gender dimensions into all their policies and strategic plans (Baseline: 0) 3.2.3 By 2022, the package for newly married couples is reviewed and finalized 3. 2.4 By 2024, nine advocacy workshops conducted as one per district (nine districts) with registrars of marriages (Baseline: 0)	FHB, Gender and Women's Health Unit	2019–2025
3.3 Conduct a gender training needs assessment to identify training gaps, develop a gender TOT module and roll-out a training program for the PHC staff	3.3.1 By 2021, a gender expert recruited 3.3.2 By 2021, a gender training needs assessment conducted and a TOT training module for PHC staff developed (Baseline: 0) 3.3.3 By 2022, nine TOTs on gender conducted as one per district (at least 40% women) (Baseline: 0) 3.3.4 At least 30% of medical officers and other staff of PMCUs and divisional hospitals (of whom 35% are women) in the target provinces with increased knowledge on PHC (family medicine). (2018 baseline: 0)	Gender and Women's Health Unit of the FHB, gender expert	2019–2025
3.4 Introduce an updated training program on gender sensitive nutrition counselling and PHC	3.4.1 At least 75% of PHMs trained on gender sensitive nutrition counselling program (Baseline: 0) 3.4.2 At least 30% of medical officers and other staff of PMCUs and divisional hospitals (of whom 35% are women) in target provinces with increased knowledge on gender sensitivity, and gender related policies and interventions (2018 baseline:0)	Gender and Women's Health Unit of the FHB, gender expert	2025
3.5 Strengthen the capacity of PHMs and PHIs respond to GBV	3.5.1 The life skills training course for PHMs and PHIs is gender mainstreamed 3.5.2 A basic family counseling module developed for PHMs and PHIs (Baseline: Not available) 3.5.3 75% of PHMs and PHIs trained on life skills and family counselling (at least 50% women) (Baseline: 0)	Gender and Women's Health Unit of the FHB	2019–2025
3.6 Address occupational health issues faced by men and women engaged in precarious work.	3.6.1 New guidelines developed for field-based staff to address occupational issues faced by men and women engaged in unskilled labor and high-risk occupations including those in tea plantations.	Gender and Women's Unit of the FHB	2023

BCC = behavior change communication, eRHMS = electronic reproductive health management information system, ESP = essential services package, FHB = Family Health Bureau, GIS = geographic information system, GBV = gender-based violence, PHC = primary health care, PHM = public health midwife, PHI = public health inspector, PIU = project implementation unit, PMCU = primary medical care unit, TOT = training of trainers.

Source: Asian Development Bank.