

**GENDER ACTION PLAN**

Activities	Indicators and Targets	Responsibilities	Time Frame
<b>Output 1: Institutional governance and local government capacity to sustainably deliver PHC services strengthened</b>			
1a. Ensure women representation in central level permanent structure for administrating and coordinating urban health and nutrition.	<ul style="list-style-type: none"> <li>Capacity building of at least 20% women staff of PIU and PMU on administering and coordinating urban health nutrition.</li> <li>20% women staff trained on gender and program management engaged in administering and coordinating urban health and nutrition.</li> <li>Gender coordination committees are functional at the city corporation and municipality levels.</li> <li>PIU staff-specific individual GAPs in line with overall GAP are developed and implemented.</li> </ul>	PIU, PMU	Ongoing
1b. All project ULBs have fully staffed and functioning health departments.	<ul style="list-style-type: none"> <li>At least one gender focal person included in each department and trained.</li> </ul>	PIU, PMU	By Year 1
1c. Ensure computerized gender-responsive data collection and analysis.	<ul style="list-style-type: none"> <li>Gender-responsive computerized HMIS data management system in place in 80% PAs.</li> <li>At least two (one female and one male) staff from each PA is trained on use of the computerized system.</li> <li>Gender-based data field focusing on PHCC and CRHCC are developed and integrated in the electronic system.</li> </ul>	PMU	By Year 1–Year 2
1d. Ensure gender-sensitivity of the functional health emergencies preparedness and response plan.	<ul style="list-style-type: none"> <li>Plan highlights differential impact of disasters on women’s health and strategies to address those.</li> </ul>	PMU, PIU, PA, MOLGRDC, and MOHFW	When plan is developed
<b>Output 2: Accessibility, quality, and utilization of urban PHC services (with a focus on the poor, women, and children) improved through public-private partnership</b>			
2a. Ensure 30% of urban health care services, including sexual and reproductive health, provided free-of-charge to identified poor.	<ul style="list-style-type: none"> <li>100% poor female care seekers are attended.</li> <li>Mechanisms and procedures for preventing and sanctioning workplace sexual harassment and the designation of tasks, incentives, and rewards in place at PHCC and CRHCC.</li> <li>Day care/creche facilities for working women patients in place.</li> <li>Wheel chairs for patients are available in all the PHCCs and CRHCCs.</li> <li>Adolescent couple and pre-marriage/immediately after marriage counseling are participatory.</li> </ul>	PA, User Forum, PMU	From the date contract is effective

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	<ul style="list-style-type: none"> <li>• PHCC and CRHCC timing convenient for working female working in factories located in urban areas.</li> <li>• At least two awareness campaigns conducted to community in target areas and promotional materials developed and disseminated on continuous basis.</li> <li>• Elder care/geriatric care through physiotherapy.</li> <li>• Ensure effective use of promotional materials to bring gender-sensitive behavioral changes in beneficiaries.</li> </ul>		
<p>2b. Ensure engagement of women workers/laborers in facilities planned for construction and upgrading.</p> <p>2c. Ensure civil structures are gender friendly (women, men, adolescents, elderly and differently abled).</p>	<ul style="list-style-type: none"> <li>• Specific clause to engage women in construction work included in bid document.</li> <li>• 30% women laborers are engaged in construction and upgrading work (eight CRHCCs and 24 PHCCs) with equal wage for work of equal value as included in bid documents.</li> <li>• Toilet, restroom for women engaged in construction, work ramp, railing, low high stairs constructed</li> <li>• Privacy of the check-up rooms ensured</li> </ul>	PIU, PMU	During the construction and upgrading of facilities
2d. 100% of PANGO achieves internal quality compliance including gender-related targets	<ul style="list-style-type: none"> <li>• PAs comply with gender-related targets and indicators as per DMF and GAP.</li> </ul>	PIU, PMU	Ongoing
<b>Output 3: Effective support for decentralized project management provided</b>			
3a. Ensure gender-sensitive deployment in PMUs that will be fully functional by loan effectiveness and PIUs are established in ULBs.	<ul style="list-style-type: none"> <li>• 20% of the staff are female in PMU and PIU of ULB.</li> <li>• Gender focal point in each ULB; ULB-specific GAP.</li> </ul>	PMU, PIU, MOLGRDC	Ongoing
3b. Ensure gender sensitivity of project monitoring and reporting (quarterly and final).	<ul style="list-style-type: none"> <li>• Sex-disaggregated data collection, analysis and reporting.</li> </ul>	PMU	As scheduled
3c. Each PIU trained on computerized financial management.	<ul style="list-style-type: none"> <li>• One female and one male staff receive training</li> </ul>	PMU	Ongoing
3d. Ensure gender-responsive training on using HMIS for project monitoring and evaluation, and gender-responsive urban PHC.	<ul style="list-style-type: none"> <li>• At least one person from PMU and two persons (one female) from each PIU.</li> </ul>	PMU	Ongoing

CRHCC = comprehensive reproductive health care center, DMF = design and monitoring framework, GAP = gender action plan, HMIS = health management information system, MOHFW = Ministry of Health and Family Welfare, MOLGRDC = Ministry of Local Government, Rural Development and Cooperatives, PA = partnership area, PANGO = partnership area nongovernment organization, PHC = primary health care, PHCC = primary health care center, PIU = project implementation unit, PMU = project management unit, ULB = urban local body.

Source: Asian Development Bank.