

Appendix 5:

Gender Action Plan

Activities	Target Indicators	Responsibility	Timeframe	Status (as of 30 June 2019)
Output 1: Primary health services in underserved areas improved				
1.1. Ensure that the structural designs of the satellite clinics are gender and disabled friendly with adequate provision for patient privacy	<ul style="list-style-type: none"> By August 2023, 5 new urban satellite clinics with gender responsive design constructed Satellite clinics designs have separate toilets for men and women Satellite clinics have a room for private consultations Satellite clinics designs are adapted for disabled persons' needs 	DOMSHI (MOH) DOMSHI (MOH)	Q3 2022 Q3 2018	Will be Addressed Satellite clinic designs have separate toilet for men and women, rooms for private consultations and are adapted for disabled friendly people.
1.2. Ensure that contractors are aware of any social risks during construction	100% of the construction workers involved in civil works under the project are oriented on the availability of HIV/STI testing centers and related services	PMPSU, (MOH), HIDD	Q2 2020	Will be addressed during the phase of implementation.
1.3. Ensure more female health workers are recruited and there are adequate provisions to encourage participation in the IPC training	<ul style="list-style-type: none"> By August 2023, 100% BHU-IIs I target districts have at least one female health worker (baseline 68% 2017) ^b By August 2023, 100% (51) of the BHU-II female health workers in target districts trained in interpersonal communication skills and in skills to identify and support victims of gender-based violence^c 	MOH HPD (MOH)	Q4 2023 Q3 2023	Will be Addressed, activities initiated Will be Addressed, activities initiated
1.4 Ensure that gender and discrimination components are included in the IPC training module	By August 2023, at least 90% of trained participants report increased understanding of gender and discrimination	HPD (MOH)	Q3 2023	Will be Addressed, activities initiated
1.5 Encourage female participation in community activities	By August 2023, at least 50% of participants in community advocacy and behavior change activities are women	CSO, PMPSU (MOH)	Q3 2023	Will be Addressed, activities initiated
Output 2: Health sector financing enhanced				

Activities	Target Indicators	Responsibility	Timeframe	Status (as of 30 June 2019)
2.1. Improvements in health financing equity are reflected in the updated draft Health Bill and consider the differential effects of health care financing on poor men and women	<ul style="list-style-type: none"> By August 2018, MOH has conducted a Benefit Incidence Analysis to determine the distribution of benefits from public financing for obstetric care By August 2020, GOB has finalized, approved and submitted to the Parliament of Bhutan, a gender sensitive National Health Bill to improve health sector equity, efficiency and sustainability 	PMPSU PPD, (MOH) PMPSU PPD, (MOH)	Q2 2018 Q2 2020	Benefit-Incidence Analysis conducted and approved Will be Addressed, activities initiated
2.2. Ensure BHTF recruitment policies reflect the national effort for gender equality	<ul style="list-style-type: none"> Gender sensitive recruitment policies developed and implemented by BHTF By August 2020, BHTF has recruited 100% of its technical staff, of whom at least 30% are women 	BHTF, NCWC BHTF	Q2, 2020	Service rules of BHTF equally fair towards all gender. BHTF recruited all required staff. BHTF has 7 staff in total with 2 female employee (i.e 28.6 % are women)
Output 3: Disease surveillance and health information systems enhanced				
3.1. Ensure health information system collects sex disaggregated data and monitors gender-related trends over time	<ul style="list-style-type: none"> Annual Health Bulletin to mainstream gender analysis of health trends DHIS-2 dashboard to be developed to display sex-disaggregated data and analyze gender specific health issues 70% (153) health facilities to input ePIS data (disaggregated by sex) By August 2018, MOH has developed and approved an e-Health strategy, which includes health data standards for routine capturing of sex-disaggregated data By August 2018, MOH has issued an executive order constituting a 	PPD (MOH) PPD (MOH) ICT (MOH) MOH MOH	Q4 2019 and onwards Q4 2019 Q3 2023 Q2 2018 Q2 2018	Annual Health Bulletin mainstreams gender analysis of health trends. Will be Addressed, activities initiated Will be Addressed, activities initiated e-Health strategy, which includes health data standards for routine capturing of sex-disaggregated data developed MOH has issued an executive order constituting a steering committee

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	governing body for the national HIS, with at least 30% women representatives			for the national health information system.
4. Project Management				
4.1. Develop gender sensitive recruitment guidelines and TORs to encourage women to apply for positions in the PMPSU.	Gender sensitive recruitment policies developed and applied	PMPSU (MOH)	Q2 2018	Gender sensitive recruitment policy not developed as the Bhutan Civil Service Rules & Regulation and ADB system of recruitment are equally fair towards all gender. PMPSU recruited 5 consultants out of which 2 are women i.e 40% are women.
4.2. Implementation of gender action plan and monitoring of activities and indicators	All project annual reports report on GAP progress (activities and indicators)	<u>Activities</u> Gender Focal Point, PPD (MOH) <u>Indicators</u> GEMS, NCWC	Q3 2019 and annually	Will be Addressed.
4.3 Capacity building of PMPSU staff on gender mainstreaming	100% of the PMPSU staffs are trained on gender mainstreaming	PPD (MOH), NCWC	Q4 2019	Gender Mainstreaming Training conducted by NCWC, Gender Focal MoH and Legal Unit of MoH for all PMPSU staff in June 2019. BHRM is expected to conducted gender main streaming workshop on 30 September 2019.

Note: GAP Implementation Matrix (a separate document) is also being submitted to BHRM Office from time to time.