

GENDER ACTION PLAN

Outputs	Activities and Performance Targets	Responsibility	Timeframe	Budget
Output 1: National Framework and PFM enhanced	1. 0% stock outs in oxytocin, contraception and other medical supplies critical for women's sexual and reproductive health in area medical stores (Baseline: 0)	DOH/PMU	2018–2021	Government/ Project
	2. Resource allocation formula modelling incorporates equity weightings including for poverty, the aged, women, and children (Baseline: N/A)	PMU	2018–2020	Project
	3. National Health Plan 2021–2030 has gender-disaggregated data and targets (Baseline: N/A)	DOH/PMU	2018–2021	Government/ Project
	4. National Health Standards review incorporates gender equity assessment criteria (Baseline: National Health Service Standards 2011–2020)	DOH		Government/ Project
Output 2: Subnational health system management strengthened	1. PHA Boards constitute at least one woman from women's organizations or an organization with proven track record on gender work* (Baseline = 11 PHAs; target 20 when all PHAs implemented post June 2018)	GOPNG and DOH	2019–2023	Government
	2. At least 10 staff (5 men and 5 women) annually per province with increased knowledge in budget preparation, including gender based budgeting and monitoring (2017 baseline: 0)	DOH/PHAs/ PMU	2018–2023	Project and government
	3. All data in annual provincial health information profiles sex-disaggregated by 2023. (Baseline: 3)	DOH/PHA/ PMU	2018–2023	Government
	4. Gender indicators are institutionalized in the health system performance monitoring database.	DOH/PHA/PMU	2018–2023	Government/ Project
Output 3: Health Service Delivery Components Strengthened	1. 100% of Health Partnerships and MOUs in effect as of November 2017 compiled at the national and sub-national levels, by province and partner category including which partnerships have a gender equity considerations in program preparation criteria. (Baseline: 80% of national and subnational partnerships include gender equity considerations in program preparation criteria)	DOH/ PHA/PMU	2018–2023	Government/ Project
	2. eNHIS implemented and sex-disaggregated data entered in all 89 districts (2017 Baseline: eNHIS implemented data entered in 18 districts in 5 provinces)	eNHIS firm/DOH/PHAs/ PMU	2018–2023	Government/ Project PHA/project
	3. Gender-differentiated needs assessment of primary healthcare services conducted.	PHA/PMU	2018–2019	Government/ Project
	4. 100% of clinical health workers (both men and women) in project upgraded facilities with increased knowledge in essential obstetric care training course (2017 baseline: 0)	PHA/PMU	2018–2023	Government/ Project

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	5. 80% of projected births for women living in the new project health facility catchment supervised in a health facility. (Baseline: Specific to each civil works site & percentage & number gathered during planning)	PHA/PMU	2018–2023	Government/ Project
	6. 100% of maternal deaths in facilities in project provinces audited for service improvement (Baseline: 0)	PMU	2018–2023	Government/ Project
	7. At least one gender-responsive health training conducted per project area per year, with special module on gender-based violence prevention and support for survivors (Baseline: 0)	DOH/PMU	2018–2023	Government/ project
	8. At least two level 4 and five level 3 gender sensitive health facility infrastructure upgrades (e.g. with access to information on sexual and reproductive health, legal and health services for survivors of GBV, women-friendly hours of operation, confidential consultation area and family-friendly delivery suites) completed and commissioned (Baseline: 0)	DOH/PMU	2018–2023	Government/ project
	9. At least 50% of all the male and at least 50% of all the female patients, by upgraded health facility, are provided with gender sensitive information on disease prevention and available health screening (including sexual and reproductive health and rights, and GBV).	DOH/PMU	2018–2023	Government/ project
	10. Conduct a study on the health seeking behavior of women and men, before and after the supply of equipment and staff training to the upgraded facilities.	DOH/PHA/PMU	2020–2023	Government/ project
	11. At least 80% of all upgraded facilities provide monitoring and evaluation data which is disaggregated by sex.	DOH/PHA	2018–2023	Government/ project
	12. At least 50% of women and men surveyed in the communities surrounding the upgraded facilities, report increased confidence in consulting with the facilities (Baseline: N/A)	DOH/PHA/PMU	2018–2023	Government/ project
	13. Sex-disaggregated information on the staffing of health facilities reported.	DOH/PHA/PMU	2019–2023	Government/ project

DOH = Department of Health, eNHIS = electronic national health information system, GBV = gender-based violence; GOPNG = Government of Papua New Guinea, MOA = Memorandum of Agreement, MOU = Memorandum of Understanding, N/A = not applicable, PHA = provincial health authority, PMU = project management unit.

Note: Implementation Arrangements–The Gender Action Plan (GAP) will be implemented by DOH and its PMU, which will recruit a consultant team including an international social safeguards/gender specialist (intermittent), and one national social development/communication officer (full-time). These gender experts will work with the national and PHA staff and project consultants particularly in developing gender training materials, ensuring gender responsive manuals and reports, and other organization planning activities. They will be responsible for assisting the implementation of the GAP including conducting gender training workshops and establishment of sex-disaggregated indicators for project performance and monitoring framework. The PMU will ensure that the experts will report the progress of GAP activities in semi-annual project progress reports to the Government and ADB.

*Part of the policy action matrix.

Source: Asian Development Bank.