Government of the People's Republic of Bangladesh
Ministry of Local Government, Rural Development & Co-operatives
Local Government Division

Second Urban Primary Health Care Project
(UPHCP-II)

GENDER ACTION PLAN

2011

PREFACE

The Local Government Division, Ministry of Local Government, Rural Development & Cooperatives implemented the First Urban Primary Health Care Project (UPHCP-I) from March 1998 to June 2005. The Second Urban Primary Health Care Project (UPHCP-II) commenced in July 2005 and is expected to be completed in December 2011. This Project not only limit with service delivery, but also has proven as a successful model of Public Private Partnership in delivering health service, especially to the urban poor. Around 87% of the health service users under this project are female. Matching with service users, around 60% of the service providers are also female.

For nature of service and client ratio, gender mainstreaming has been focused as one of the cross cutting areas of the Project. To address the area, a gender action plan is needed prepared by Management Support & Training Firm, the Consultancy Firm of the Project, draft of GAP was circulated to the major stakeholders including the lead development partner Asian Development Bank. Their views were obtained and appropriately incorporated. Then three regional workshops and a national workshop had arranged to share views on the draft. All the inputs from these participatory exercises have been taken into consideration during finalize the action plan.

We have a progressive society, and our Constitution ensued rights and opportunities for women in every sphere of socio-economic activities. Our government attained remarkable progress to promote gender equality and empowerment of women as stated in the United Nations declaration on Millennium Development Goals.

It is expecting that this Gender Action Plan will help to accelerate gender mainstreaming activities of the Second Urban Primary Health Care Project. In this scope, we express our gratitude to all experts and stakeholders who contributed to develop this action plan.

Dhaka
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Md. Abu Bark Siddique
Project Director
UPHCP-II

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Dr Shirin Sharmin Chaudhury M.P, State Minister for Women & Children Affairs kindly graced the National Workshop for Finalization of UPHCPII GAP as the Chief Guest; MS&T Firm deeply appreciates her guidance in the finalization of this Action Plan.

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Ms Tajpeara Begum as the Gender Specialist of MS&T Firm has prepared the GAP. She deserves the credits for the production of this document.

Waliul Islam
Team Leader
Management Support & Training Firm

Abbreviations

ADB	Asian Development Bank
ANC	Antenatal Care
ARI	Acute Respiratory Infection
BCC	Barishal City Corporation
BCCM	Behavior Change Communication and Marketing
BDHS	Bangladesh Demographic Health Survey
CCs	City Corporations
CCC	Chittagong City Corporation
CCHD	City Corporation Health Department
CEDAW	Convention for Elimination of Discrimination against Women
CPR	Contraceptive Prevalence Rate
CRHCC	Comprehensive Reproductive Health Care Center
CWM	Clinical Waste Management
DCC	Dhaka City Corporation
DOTS	Directly Observed Treatment Short course
ESP	Essential Services Package
EPI	Expanded Program for Immunization
FWCW	Fourth World Conference on Women
FWV	Family Welfare Volunteer
GAD	Gender and Development
GAP	Gender Action Plan
GbV	Gender based Violence
GoB	Government of Bangladesh
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HRD	Human Resource Development
IMR	Infant Mortality Rate
KCC	Khulna City Corporation
LB	Live Birth
LGD	Local Government Division
LGED	Local Government Engineering Department
MoHFW	Ministry of Health and Family Welfare
MC	Municipalities

MDGs	Millennium Development Goals
MM	Madhabdi Municipality
MHD	Municipality Health Department
MMR	Maternal Mortality Rate
MoLGRD & C	Ministry of Local Government, Rural Development, and Cooperatives
MS&T	Management Support and Training Firm
NA	Not available
NGO	Non Government Organization
NVD	Normal Vaginal Delivery
PAA	Partnership Agreement Area
PA	Partnership Area
PHC	Primary Health Care
PHCC	Primary Health Care Center
PIU	Project Implementation Unit
PMU	Project Management Unit
PNC	Postnatal Care
PO	Project Office
PUA	Participatory Urban Appraisal
RCC	Rajshahi City Corporation
RTI	Reproductive Tract Infection
SaM	Savar Municipality
SM	Sirajgonj Municipality
SCC	Sylhet City Corporation
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections
SWOT/C	Strengths, Weaknesses, Opportunity and Threats/Challenges
TFR	Total Fertility Rate
ToR	Terms of Reference
WPHCCC	Ward Primary Health Care Coordination Committee

CONTENTS

EXECUTIVE SUMMERY

Women in Bangladesh remain particularly vulnerable to live in poverty. Women's access to socio-economic activities still remains less onward, although remarkable progress has been achieved in the recent years. Superstition and other barriers are still a reality. A good number of reports on violence against women (particularly dowry related) have been published in different papers and journals. Acid assaults are also not uncommon over recent years in Bangladesh despite socio-legal sanctions against these dastardly acts.

Morbidity among women is very common due to poor nutrition and double work burdens. Women are extremely vulnerable to HIV/AIDS and to other sexually transmitted diseases as they have little or no choice about protection during sexual intercourse. Gender-based Violence in both public and private spheres is increasing not only in frequency but also in severity.

The government's increased recognition of women's human rights has contributed to changing attitudes towards women and girls. Some reservations on the ratification of the Convention for Elimination of Discrimination against Women (CEDAW) have been lifted, and there have been legal reforms that address gender-based violence (domestic violence and acid throwing). Allocations in the annual development plan (ADP) for social sector programs that include women and youth, education, health, and family welfare. Women have also been participating more fully in local governments, not only in reserved seats, but also as elected officials in general seats. Nevertheless, many challenges to reducing gender gaps remain.

The principles of gender equality and equity are enshrined in the Constitution of the Peoples' Republic of Bangladesh. The Government of Bangladesh has shown its commitment to achieve gender equality and equity through the National Policy for Advancement of Women and its National Action Plan.

GOB and its Development Partners', especially ADB's policy on gender and development adopts mainstreaming as a key strategy for promoting gender equality and the empowerment of women to ensure gender disparities in all activities, requires that these promotive activities are addressed.

Since gender refers to socially determined attributes, it is the society which can change it in the desired manner. The development practitioners thus have a role to play in determining and influencing the actions in a manner that helps encouraging women to participate effectively in various sectors of development and thus reduce the gender gap in various sectors and areas. The development projects can change the role of women to make them more effective in contributing towards the national development and gain access to and control over resource generated through the project intervention by incorporating appropriate activities which often do not require much change in the project design.

In order to meet up the intense need of the project and applying the framework of the policies and strategies at the national level and is consistent with the international commitments made by the Government of Bangladesh and ADB frameworks the Gender Action Plan of Second Urban Primary Health Care Project has been prepared based on extensive consultations with various stakeholders at various levels in a participatory manner for implementation by the UPHCP-II.

The goal of the Gender Action Plan of Second Urban Primary Health Care Project is to promote and ensure gender equity in all its operations including project activities. The GAP can only be effective if it is mainstreamed, i.e. integrated in to the regular, ongoing functions of the UPHCP-II.

In Gender Action Plan Second Urban Primary Health Care Project gives attention to Equity and Empowerment, Advocacy, Service Delivery, Services for Male and Capacity Development of Service providers on gender issues. Gender Action Plan is a road map of UPHCP-II which is prepared by following the 4 components of the project including intervention, activity, target population, target, indicators and responsible authority to implement and monitoring mechanism against a time line.

GAP gives attention to Poverty alleviation through improved health, reduction of working day loss and savings in out-of pocket expenditure, preferential access of targeted women to primary health care (PHC) facilities, special facilities like preventive, promotive and curative including maternal and child health care services free of cost to the poorest women and children, improved nutrition level of moderately to severely malnourished women and children, women user friendly infrastructure, quality services and its sustainability to meet the needs of the urban poor specially women and children, crisis management services to violence victims like first aid, counseling and refer to appropriate legal and counseling bodies, improved environmental health by upgrading sanitation condition and clinical waste management, service recipient's involvement in behavior change communication and marketing programs, adolescents reproductive health counseling, STI, HIV/AIDS prevention.

The gender issues also cover capacity building with special attention to gender perspectives, employment generation for poor as a means of poverty reduction and operationally relevant research. More details are mentioned in the Action Plan.

CHAPTER-I

INTRODUCTION

Chapter I: INTRODUCTION

The Concepts of Gender

1.1 Gender is socially determined characteristics of men and women. Gender indicates the socially-created differences between men and women and is changeable in societies, cultures and even families over time. It refers to the economic, social and cultural attributes and opportunities associated with being male or female. Societies create and assign gender attributes, roles and relationships to girls and boys, women and men, and there is often considerable social pressure to conform to these ideas about behavior.

1.2 Since gender refers to socially determined attributes, it is the society which can change it in the desired manner. The development practitioners thus have a role to play in determining and influencing the actions in a manner that helps encourage women to participate effectively in various sectors of development and thus reduce the gender gap in various sectors and areas. The role of women which is no longer confined in the households has to be strengthened by providing appropriate support. The development projects can change the role of women to make them more effective in contributing towards the national development and gain access to and control over resource generated through the project intervention by incorporating appropriate activities which often do not require much change in the project design.

Concept of Equity in Health

1.3 Equity is not the same as equality. In operational terms, equity in health involves the minimizing of avoidable disparities in health between groups with different levels of social privilege. When discussing equity in health, we must distinguish between health status and health care. Health status refers to the physical, psychological and social well being of a person, while health care refers to certain characteristics of health services, such as accessibility, use, quality, resource distribution and financing. Equity in health status does not imply equal levels of mortality and morbidity among women and men, but the elimination of avoidable differences between them with respect to opportunities to enjoy health, vulnerability to illness or disability and premature death. Moreover, advocating gender equity in health does not mean insisting women and men receive equal quotas of resources and services. On the contrary, it means that resources are assigned and received differentially, according to the needs of each sex within their socio-economic context. Therefore, Equity in health care implies that:

- health resources are distributed according to need
- services are received according to need
- Contributions to financing of health care are made according to economic capacity.

Background and Context

1.4 There is a growing recognition, nationally and internationally that development objectives, such as accelerated economic growth, poverty reduction and employment generation can not be achieved without the contribution and participation of women.

International perspectives

1.5 At international level, there is a marked commitment towards achieving gender equality at all levels of the society. In the background of this commitment, bilateral and multilateral agencies are engaged in the process that seeks to mainstream gender equality in all areas of their work, such as poverty, health and environmentally sustainable development. A number of international processes on human rights also make clear commitments to gender equality. A series of international conferences has addressed the rights of women and girls. The Human Rights Conference in Vienna in 1993 affirmed the interconnectedness of rights from gender perspectives. This was reiterated at the Fourth World Conference on Women (FWCW) held in Beijing in 1995. Participants of this conference identified twelve areas of concern and developed a Platform for Action for the world community. The areas include removal of poverty, participation in economy and environment, health, education, prevention of violence, human rights, right to property, image in media, and development of government machinery and discrimination against girl children. The Committee on the Elimination of Discrimination against Women of 1997 explicitly makes a commitment to address uneven social conditions in order to eliminate discrimination against women in all spheres of life including state, economy, family and society.

1.6 The Millennium Development Goals (MGD) declared by the United Nations provide a framework for the entire international community to work together towards a common end-making sure that human development researches everyone, everywhere. If these goals are achieved, world poverty will be cut half, tens of millions of lives will be saved, and billions more people will have the opportunity to benefit from the global economy. Promote gender equity and empower women is one the eight core goals stated in MDG and ranked 3rd for its priority.

National Perspective

1.7 The government of Bangladesh has clearly expressed its commitment for actions leading to women's empowerment and realization of their human rights. The principles of gender equality are embedded in the Constitution of the People's Republic of Bangladesh. Women's rights to equality and affirmative action in support of equality are guaranteed in the Constitution. According to the Constitution, all citizens are equal before the law and are entitled to equal protection of Law (Article 27). Article 28 (1) states the principle of non-discrimination: "The State shall not discriminate against any citizen on the grounds of religion, race, caste, sex or place of birth". Women's Human Rights and basic freedoms are incorporated in Article 28(2): "Women shall have equal rights with men in all spheres of the state and of public life". Article 29(1) state that there shall be equality of opportunity for all citizens in respect of employment or office in the service of the Republic". The principle of non-discrimination with regard to employment is stated in Article 29(2). The Constitution makes clear that the principle of affirmative action for the

advancement of women and other section of the citizenry who are deprived is not contradictory to the principle of equality. In Article 29 (4) stated that "Nothing in this Article shall prevent the State from making special provision in favor of women or for the advancement of any backward section of citizens".

1.8 Following the Fourth World Conference on Women at Beijing in 1995, the Ministry of Women and Children Affairs (MoWCA) took the lead in initiating a sectoral needs assessment in 15 line ministries. Based on the Sectoral needs assessment the MoWCA drafted the National Policy for the Advancement of Women, which was adopted by the government in 1997. The key features of some relevant national guiding documents are stated below:

a. National policy for the advancement of Women

The first policy for the Advancement of Women was declared in 1997, which was revised in 2004 eliminating some key empowerment and right oriented features. Strong advocacy from different quarters resulted into a revised policy declared in 2008. The objectives of the policy are to:

- establish equality between women and men in all spheres of the national life
- ensue women's security in all spheres of national, social and family life
- ensue women's political, social, administrative and economic empowerment
- establish the human rights of women
- develop women as educated and skilled human resources
- free women socially from curse of poverty
- eliminate existing discrimination between women and men
- recognize women's contribution in the social and economic life
- eliminate all kinds of discrimination against women and girl children
- establish equal rights for women and men in politics, administration and other areas
- socio-economic activities, education, culture, sports and family life
- invent, import and adapt women friendly technology and restrict the use of technology unfavorable to women
- ensure support for women/s health and nutrition
- ensure priority of women for shelter and housing services
- rehabilitate the women affected by natural calamities and armed conflict
- give special attention to fulfilling the needs of destitute women
- ensure security for disadvantaged women like widows, those having no guardian, divorced, unmarried and those who do not have children
- highlight the positive image of women and girl children in mass media and reflect gender perspectives
- assist in developing the creative potentials of talented women and
- provide support services for women's development.

The over all development goal of the policy for women empowerment now stands at: i) promoting and protecting women's human rights; ii) eradicating persistent burden of poverty on women; iii) eliminating all forms of discrimination against women; iv) enhancing women's participation in mainstream of economic activities; v) creating opportunities for education and marketable skills training for enabling them to participate and be competitive in all economic activities; vi) incorporating women's needs and concerns in all sectoral plans and programmes; vii) promoting enabling environment at work-place: day care centers for the children of working

mothers, career women hostels, safe accommodation for working women; viii) provisioning safe custody for women and children victims of trafficking, desertion and creating an enabling environment for their integration in the mainstream society; ix) ensuring women's empowerment in the field of politics and decision making; x) taking action to acknowledge women's contribution in social and economic spheres; xi) ensuring women's social security against all vulnerability and risks in the state, society and family; xii) eliminating all forms of violation and exploitation against women; xiii) developing women's capacity through health and nutrition care; xiv) facilitating women's participation in all the national and international bodies; xv) strengthening existing institutional capacity for coordination and monitoring for women's advancement; xvi) taking actions through advocacy and campaign to change mind set of the society on women and depict positive images of women; xvii) protecting women from the adverse effects of environmental degradation and climate change; xviii) taking special measures for skills development of women workers engaged in the export-oriented sectors; xiv) incorporating gender equality concerns in all trade related negotiations and activities; and xv) ensuring gender sensitive growth with regional balance.

The national policy elaborates the institutional framework for implementation at the national and grassroots levels. It envisages partnership with national and international partners and stakeholders.

b. National Action plan for Advancement of Women (NAP)

The NAP was prepared in 1997 as an implementation tool of the Beijing Platform for Action signed by the Government during the Fourth World Conference on Women in Beijing. 1995. Based on sectoral assessments, specific action plans were developed for 15 ministries. The plan of Ministries considered the Beijing Platform for Action, Ministries, programs, mandate and capacity and identified the requirements in terms of resources, personnel, skills and competencies and time to implement the strategies. There is a general action plan applicable to all ministries. The goals of the NAP are:

- Make women's development an integral part of he national development program.
- Establish women as equal partners in development with equal roles in policy decision making in the family, community and nation at large
- Remove legal, economic, political or cultural barriers preventing the exercise of equal ---- through policy reforms and affirmative actions.
- Raise awareness about women's differential needs, interests and priorities and increase commitment to bring about improvements in women's position and condition

Strategies of NAP

- Mainstreaming women's development into all policies and programs.
- Ministry of Women and Children Affairs (MWCA) as the nodal machinery for advocacy, policy leadership, communication, co-ordination and monitoring.
- Strengthening of MWCA and all other national machinery to share responsibilities by all stakeholders
- Inter-sectoral linkages, networking, co-ordination and collaboration

Key action areas as identified by the NAP

- Policy formulation/revision and incorporation of women's issues
- Revision of mandate and allocation of business of all ministries and agencies

- Women's representation in policy making bodies
- Increasing numbers and proportion of female officers at all levels
- Improving the working environment for women
- Strengthening the capacity of WID focal points
- Gender sensitization of staff and beneficiaries
- Training of women
- Coordination
- Ensuring sex-disaggregated data
- Revision of the planning mechanisms

c. National Strategy for Accelerated Poverty Reduction (NSAPR or PRSP-2005-2007)

The National Strategy for Accelerated Poverty Reduction (NSAPR) was prepared in 2005 for a three year period and it was extended for 1 more year until 2008. The NSAPR document identified the key determinants of poverty. One of the key issues in its building strategy was strengthening the focus on women's rights and advancement for poverty reduction. The document in the road map included a supporting strategy to ensure participation, social inclusion and empowerment which specifically promotes women's rights and advancement. The policy matrices mainstreamed gender and women's advancement and a separate matrix on women's advancement and rights. Inclusion of women's advancement and rights as a special issue were essential for 3 reasons; uphold women's rights as human rights, achieve efficiency in poverty reduction and achieve sustainable development Gender disaggregated data in health, education, access to assets, employment. The goals included:

- Attain universal primary education for all girls and boys of primary school age
- Eliminate gender disparity in primary and secondary education
- Reduce infant and under five mortality rates by 65 per cent, and eliminate gender disparity in child mortality
- Reduce the proportion of malnourished children under five by 50 percent and eliminate gender disparity in child malnutrition;
- Reduce maternal mortality rate by 75 percent;
- Ensure access of reproductive health services to all;
- Reduce substantially, if not eliminate totally, social violence against the poor and the disadvantaged groups, especially violence against women and children
- Increase of pro-women budgetary allocation and public-expenditure
- Enforce equal pay for equal work
- Extend skills development, training and credit facilities for retrenched workers
- Increase of women's employment in private sector from current 20% to 50%
- Increase number of women entrepreneurs and allocate funds for small-scale loans to women.
- Attempt to ensure 50% women's participation in IT sector
- Ensure safe and secure working environment for women at local and international levels
- Provide banking facilities, 5% of total bank credit to women (collateral free).
- Expand micro-credit in small & marginal households.
- Increase the allocation for safety net programs for old age allowance from.
- Build homes for elderly and poor women
- Ensure buildings have necessary facilities for disabled and elderly
- Influence political decisions in favor of women
- Increase participation in national parliament and other political institutions

- Enhance womens participation in decision making, recruit women in government high position through lateral entry Appoint more women judges, women police officers
- Improve women's participation in all kinds of activities in the agriculture sector.
- Formulate agriculture policies towards women specific objectives, strategies along with budgetary allocations in key programs.

d. The Second NSAPR

The second NSAPR (2009-11) has the similar objectives, the main areas of action as indicated in the policy matrices are: macroeconomic management and pro-poor growth; resource mobilization; improvement of governance; employment generation and labor welfare; private sector development; small and medium enterprise development; environment; social safety net including food security, disaster management, micro credit and rural development/non-farm activities; technology policy including information and communication technology; women's and children's advancement an rights including social inclusion and empowerment; agricultural growth towards poverty reduction; land use management including land reform; water resources development and management; education including primary and mass education, female education, vocational and technical education; health, population, nutrition, water and sanitation and food safety sector; housing development; infrastructural development including power, energy and communications.

The rationale for the focus on gender equality were identified as to: a) uphold fundamental human right; b) achieve efficiency in achieving poverty reduction and economic growth; c) achieve sustainable social development; d) address gaps in gender dimension of poverty. These dimensions are: economic deprivation in terms of inadequate opportunities; constrained by time poverty; human deprivation in terms of capability; highly vulnerable to risks and insecurity; political deprivation in terms of inadequate participation and empowerment; international deprivation due to lack of concern about women in international forums and institutional deprivation due to lack of gendered institutions.

In order to overcome the constraints, ten strategic objectives for pro-poor growth and sustainable development have been identified to relate to the various dimensions of gender and poverty. The ten strategic objectives are: 1. ensure women's full participation in the mainstream economic activities; 2. ensure social protection for women against vulnerability and risk. 3. enhance women's political empowerment and participation in decision making; 4. eliminate all forms of violence and exploitation against women; 5. strengthen institutions for improvement of gender mainstreaming. 6. capacity building in availability of sex desegregated data. 7 integrate gender concern in all national policies/program/projects; 8. build women's capacity through health and nutrition services; 9. build women's capacity through education services; and 10. ensure women's concern in international forum.

The action areas include a) women's economic empowerment through productive employment; b) marketable skill development training; c) facilitating access to markets, local water resources, micro credit facilities bank finance and information; d) women friendly technology; e) macroeconomic management; infrastructure and social services; f) enabling environment for women participation in employment; g) social protection safe shelter and housing, old age allowance; h) political empowerment in national parliament and local political institutions; i) elimination of violence against women; j) One-stop crisis centre and legal and psycho-social counseling; k) strengthening institutions like the National Council for Women's Development (NCWD) WID Focal points and Department of Women Affairs to be effective for improvement of gender mainstreaming; l) ensuring availability of sex disaggregated data; m) integrating

women's advancement and rights concern in (MTBF) and the planning tools; n) women's advancements and health through human resource development; o) reduction of maternal and child mortality and reproductive health care; p) awareness activities to address gender issues and HIV/AIDS; q)completion of quality primary and secondary schooling; r) representing women's interest in business agenda; s) ensuring women's voice in international forums; t) sensitize media to promote positive images of women; u) addressing the need of ethnic people specially women; and u) addressing disable women's concern, integrate them in productive work force and give them preference under the safety net measures.

e. Medium Term Budgetary Framework to Implement PRSP

The Government has established a mechanism to prepare budget considering available resources and policy priorities of NSAPR. a number of 16 Ministries are covered under the Medium Term Budgetary Framework (MTBF) including Ministry of Women and Children Affairs, Ministry of Education, Ministry of Health etc. The ministries while responding to annual budget call circular are to determine gender issues and actions to address those issues, assess the effect of the programs on the lives of women and poor and request for necessary resources. The MTBF is a considered a new accountability mechanism for the ministries to ensure that program and projects address the needs of the poor and women.

1.9 Establishment of equality between women and men in all spheres of national life is the primary goal of the policy. It aims to work towards ensuring women's active role and equal rights in the national economy. The policy has emphasized the need to ensure women's safety at the workplace, equal wages for both men and women labors and eliminate discrimination in employment. It has also suggested increasing women's quota, ensure equal facilities, provision of special training for women and the creation of a congenial environment to increase women's employment and contribution. The National Action Plan sets clear guidelines and activities for integration of women's development into national development.

ADB's Policy on Gender and Development

1.10 The ADB's Policy on Gender and Development (May 1998) require the assessment of gender considerations as part of the social assessment, with the objective of adopting gender mainstreaming as a key strategy in promoting gender equity in Bank financed projects. The policy recognizes the need to improve the status of women and to promote their potential roles in development and notes that gender equity is strongly embedded in the framework of fundamental human rights and gender justice; investments in women are now also recognized as crucial to achieving sustainable development.

CHAPTER-II

THE GENDER ACTION PLAN (GAP)

Overview of GAP

2.1 The Second Urban Primary Health Care Project is a continuation of the successful first phase of the project. The first phase of the project began in 1998 and ended in June 2005. The second phase has started in July 2005 being implemented under the MoLGDR and also in cooperation with the Ministry of Health Family Planning and the support of Asian Development Bank which will end in December 2011. In this second phase there has been an intense focus on preparing Gender Action Plan for the project by incorporating gender dimensions and putting more emphasis on the gender aspects of giving these primary health care services. The two main significant and unique deals of this particular project: one is having this gender dimension and also it is giving the primary heath care to men and women but it is taking into account the special needs which the women have in getting their primary health care services.

2.2 In order to meet up the intense need of the project, the Gender Action Plan has been prepared based on extensive consultations with various stakeholders at various levels in a participatory manner for implementation by the UPHCP-II.

2.3 The objective of this Gender Action Plan (GAP) under UPHCP-II is to promote mainstreaming of gender considerations in Urban Primary Health Care Project. The key major areas of gender issues covers under the GAP are: gender equity based ESP+ services, addressing gender based violence (GbV) as specific activity, promoting gender and child friendly health infrastructure and environmental health in urban areas, capacity building taking into due consideration of gender perspectives, gender inclusive policy support, employment generation for poor as a means of poverty reduction and operationally relevant research. More details are mentioned in the Gender Action Plan.

Project Brief

2.4 The goal of the project is to improve the health status of the urban population, especially the poor women and, children through improved access to and utilization of efficient, effective and sustainable primary health care (PHC) services.

2.5 The project's primary objective is to improve the health status of the urban poor and reduce preventable mortality and morbidity, especially among women and children living in six city corporations and five municipal towns in Bangladesh. Another important objective of the project is to sustain improvements in PHC by building the capacity of local governments to plan, finance, contract, monitor, coordinate, review and evaluate health services and the effect and impact thereof.

2.6 The project is comprised of four components:

I: Provision of Primary Health Care through Partnership Agreements and Behavior Change Communication and Marketing

A: Partnership Agreement

B: Behavior Change Communication and Marketing

II: Urban Primary Health Care Infrastructure and Environmental Health,

A: Urban Primary Health Care Infrastructure

B: Environmental Health

III: Building Capacity and Policy Support for urban Primary Health Care

A: Building Capacity

B: Strengthening Policy Support for Urban Primary Health Care

IV: Project Implementation and Operationally Relevant Research

A: Project Implementation

B: Operationally Relevant Research.

Poverty Reduction and Gender Dimension in UPHCP-II

- The project addresses key health concern of the urban poor, specially the most vulnerable groups; women and children, who will constitute more than 75% of the beneficiaries.
- The partnership agreements will ensure that at least 30% of each service will be provided free of cost to the poor women, men and children.
- The project will help to achieve Millennium Development Goals (MDGs) 4, 5 and 6 (child mortality, maternal mortality and HIV/AIDS and other diseases, thus closely aligned with GoB' overarching goal of reducing poverty.

Status of Gender in UPHCP-II

Success

- The project provides employment opportunity to a large number of medical technocrats and other professionals especially for women
- Women have been accorded leadership positions through partnership agreement
- Project played significant impact on poverty reduction by improving the health condition of the urban poor particularly women and children
- The project has its own health infrastructure facilities within the close proximity of the poor, thus encouraged people particularly women and children to avail health services

- The beneficiary households particularly women saved time and money having access to health care services close to their homes
- Considerable number of training programs has been conducted specifically in clinical aspect,
- Gender equity in in-country training maintained
- Gender inclusive Management Information System (MIS) has been developed in the project and sex disaggregated data are available

Limitationsa

- Ward Primary Health Care Coordination Committee members are not well informed on their roles, responsibilities and obligation
- Suggestions: Hold meetings/workshops to clarify the project aspects among all stakeholders including women
- Majority of the contraceptive users are women
- Suggestion: Organize partner counseling
- Most of the staff is not gender sensitized and ever received any gender training
- Suggestions: Organize gender sensitization training with series of refresher courses,
- Include gender and development issues in all training courses
- Difficulties in timely availability of logistics and equipment that hampers the service delivery to women, children
- Suggestion: Ensure timely supply of logistic and equipment
- Lack of gender and child friendly infrastructure with sufficient space both for service providers and service users
- Suggestions: Construct gender and child friendly infrastructure addressing the needs of both service providers and service users
- Shortage of female staff at management level
- Suggestion: Recruit and deploy female staff at management level

CHAPTER-III

SCOPES

Chapter-III: Scopes

Baseline data

3.1 It is worth to obtain the baseline data prior to execution of GAP. The PMU collects the data from concerned stakeholders particularly from the PA NGOs using the template attached to the GAP is found to be more realistic. This would help PMU for monitoring and follow-up of GAP implementation and achievement status.

Reporting

3.2 The focal point at every level will prepare quarterly progress report on the implementation of the GAP following the template attached herewith and send copy (electronic and hard copy) to PMU for preparing consolidated report.

Management Set Up

3.3 Findings from gender analysis reveals that the Gender And Development (GAD) issues in the project would deserve adequate attention in course of it's preparation and institutionalization process, for example, the existing management set up of the project has left no provision or designated any staff for taking up the responsibilities of gender and development related activities at various levels of the project seems a big challenge at the moment. However, in a given situation, we may think of two options as illustrated below to start working with it depending on how many the concerned stakeholders can afford.

1) Assigning some staff as focal points from the current positions at various levels of the management set up has been proposed to deal with gender issues beyond their normal works and, add GAP implementation to their current ToR (see Figure 2.1.1).

2) The other option is to go for recruiting and placing staff at various levels of the project. The second option seems to be time consuming that involves lengthy procedural approach besides managing budget along with provision of training. Therefore, may not be wise to think of 2nd option at this stage of the project cycle.

Figure 1: Existing Project Management Set Up

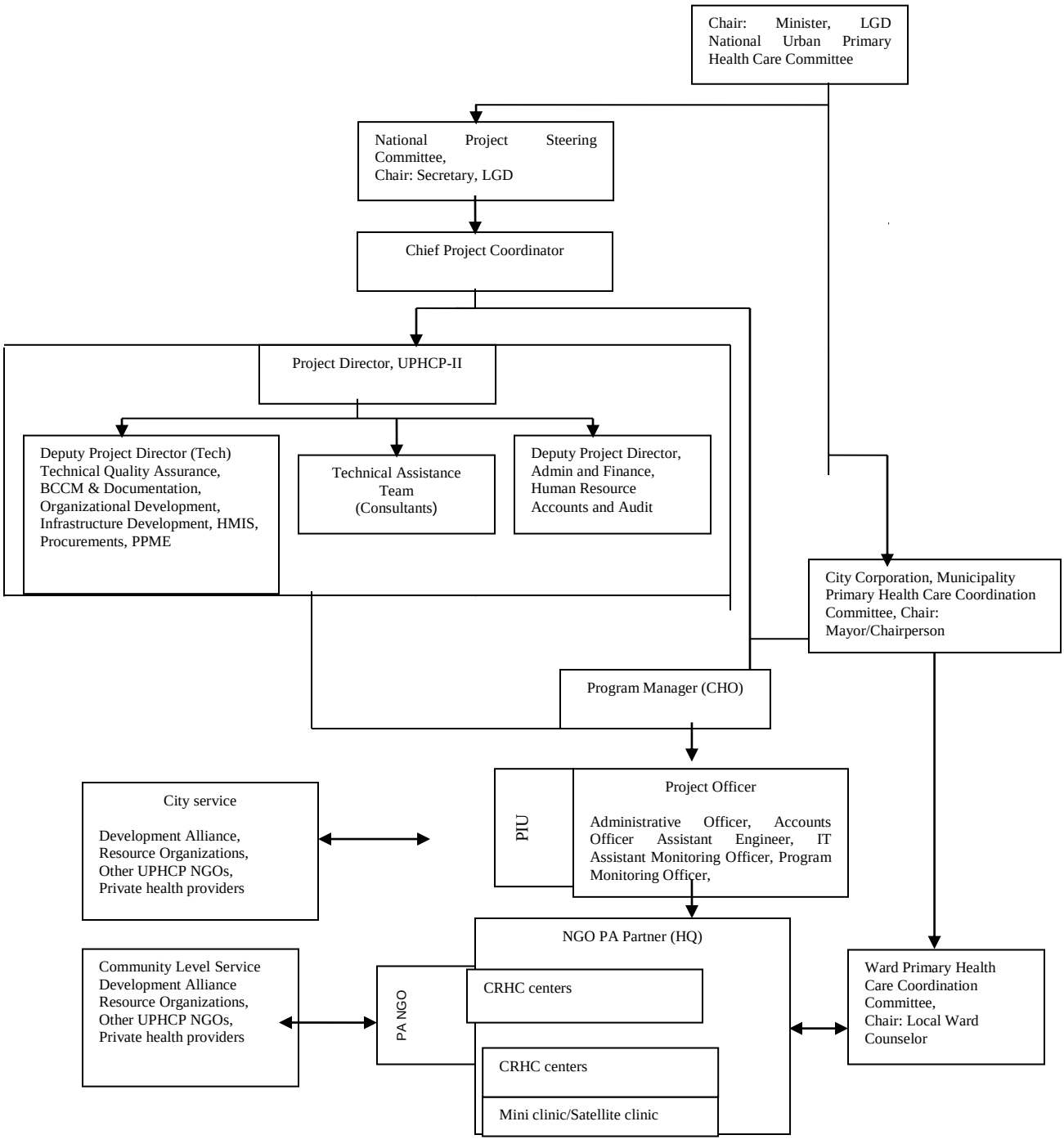


Figure 2: Proposed Management Set up

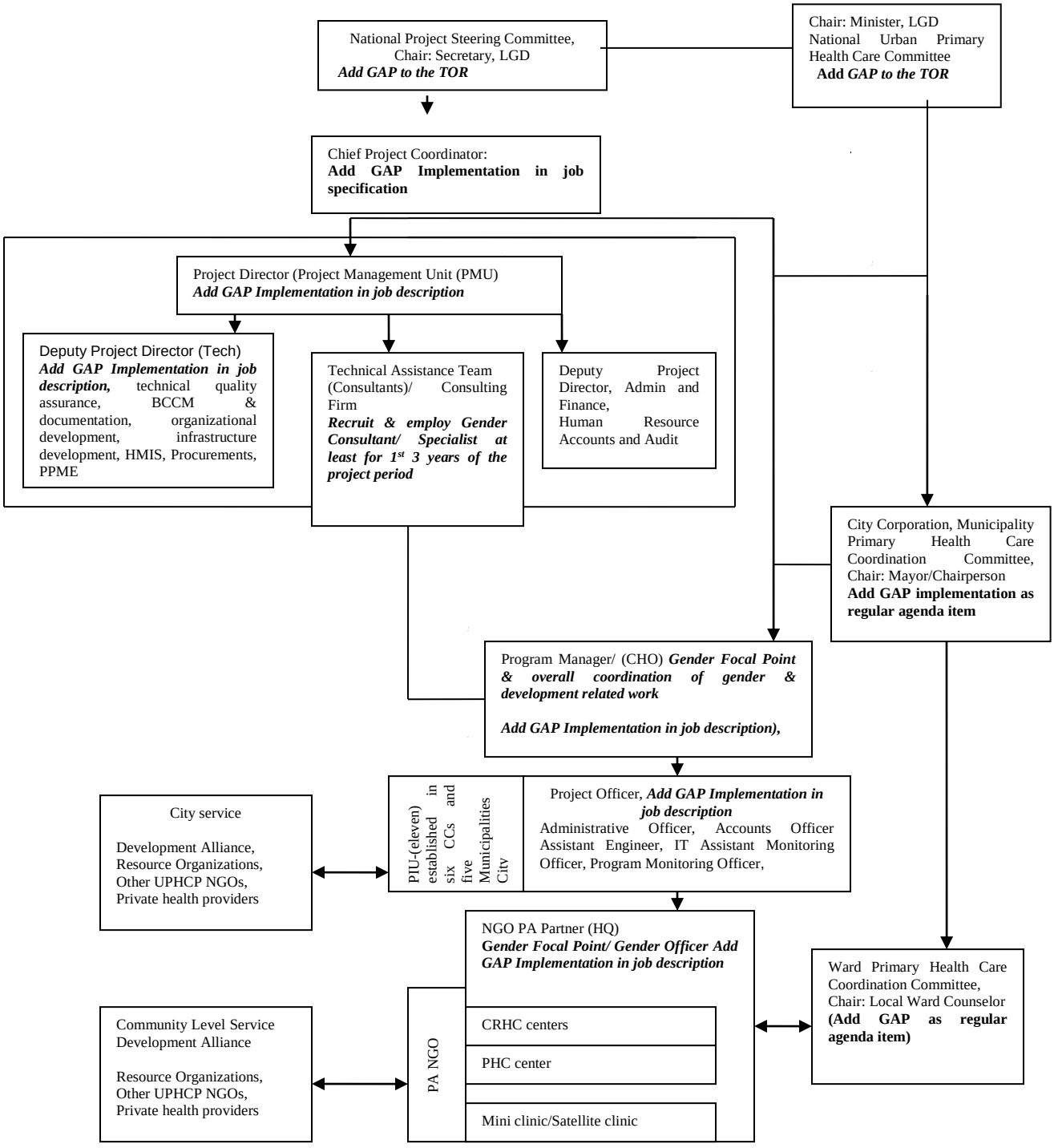
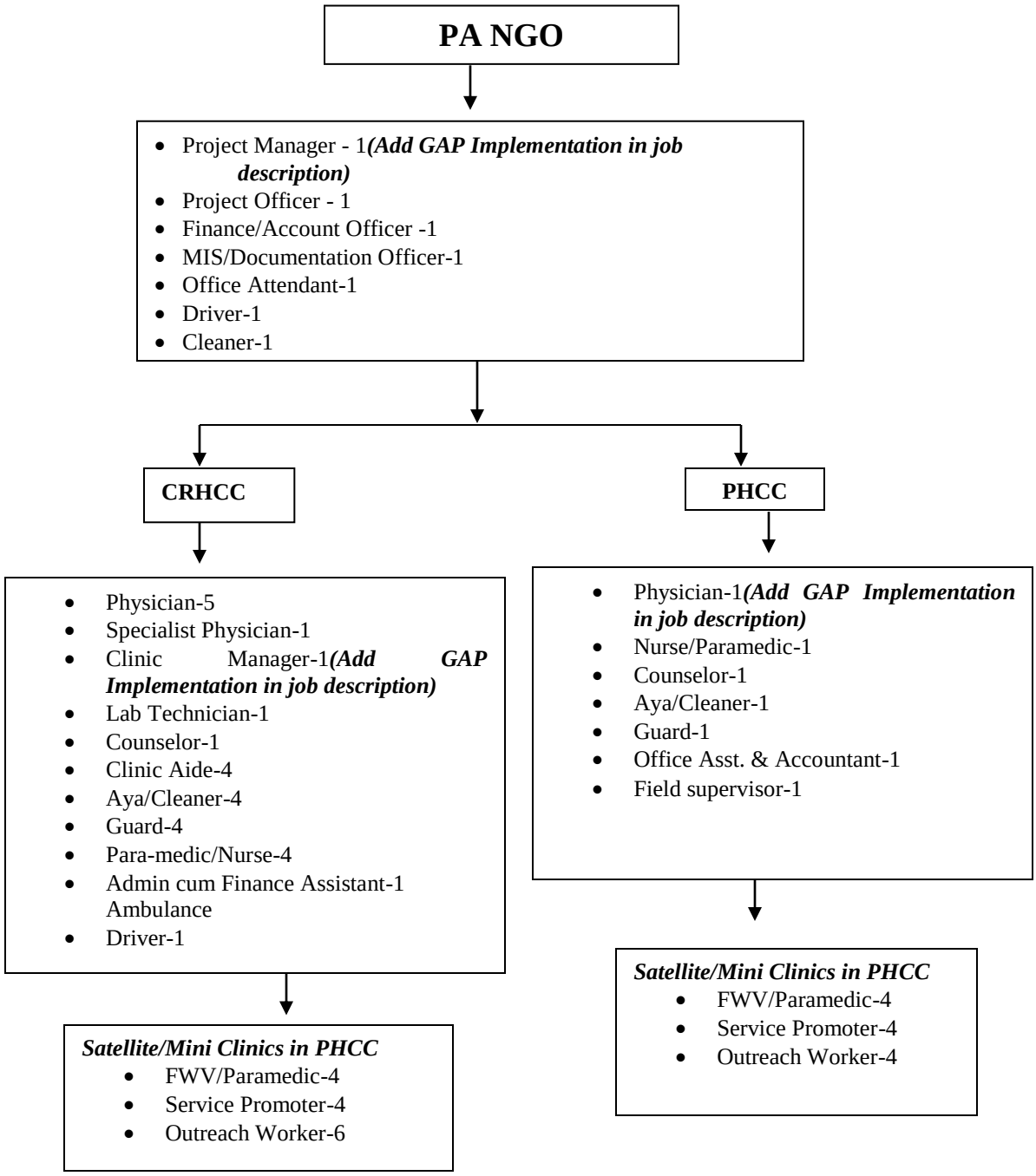


Figure 3: Proposed Staffing set up of CRHCC, PHCC & PA Headquarters to deal with Gender and Equity issues



CHAPTER-Iv

GENDER ACTION PLAN (GAP) FOR UPHCP-II

Gender Action Plan (GAP) for Second Urban Primary Health Care Project (UPHCP-II)

Gender Components	Intervention	Activity	Target population	Target	Indicators	Monitoring Mechanisms	Action By	Time Schedule
Component-I: Provision of Primary Health Care through Partnership Agreements and Behavior Change Communication & Marketing								
Gender Equity based ESP+ services	Ensure gender equity in resource allocation and accessing health services	Identify poor through poverty assessments and household listings. Allocate and distribute resources as per health needs Establish linkage with Govt. and NGOs working in the partnership areas	Poor men and women, Adolescent male and female, children	100% eligible urban population registered by sex, age and occupation Project beneficiaries increased from 30% to 60%, (75% women & children) from project baseline to end	Eligible population registered by sex, age and occupation # of project beneficiaries increased; most of them are women and children	Register, Household list	PIU, CC, MC, PA NGOs	Completed by June-July 2011
	<u>Antenatal Care</u>	Counseling of husband and adult members of the households Involve female Ward Counselors and local influential leaders Linkage with other govt. and non govt. organizations	Husband and female adult members of the households	More than 60% of eligible ANC services recipients receive services	# Clients increased due to: -raising awareness among husbands, adult household male and female members	Do	Do	August 2010-3rd qtr of 2011
		Counseling of husband and adult members of the households Involve female Ward Counselors and local influential leaders Linkage with other govt. and non govt. organizations	Husband and female adult members of the households	More than 90% of pregnant women received TT	# Clients increased due to: -raising awareness among husbands, adult household male and female members	Do	Do	Do
		Counseling of husband and adult members of the households Involve Female Ward	Husband and adult members of the	100% complicated cases recorded in the register & referred to with follow up action	# of clients increased due to: -raising awareness among husbands,	Program report, register	PIU, CC, MC, PA NGOs r	Do

Gender Action Plan (GAP) for Second Urban Primary Health Care Project (UPHCP-II)

Gender Components	Intervention	Activity	Target population	Target	Indicators	Monitoring Mechanisms	Action By	Time Schedule
		Commissioners Linkage with other govt. and non govt. organizations	households		adult household male and female members			
		Enhance promotional activities among adult family members, male partner with particular attention to husband Involve Female Ward Commissioners	Husband and adult members of the households	More than 80% of referral cases reaches and received services	# of clients increased	Do	PIU, CC, MC, PA NGOs	August 2010-3rd qtr of 2011
		Counseling of mothers	Mother	More than 95% women can identify the sign of complicated pregnancy	# of women increased who can identify the sign of complicated pregnancy	Do	PIU, CC, MC, PA NGOs	August 2010-3rd qtr of 2011
		Counseling of adult family members with particular attention to women,	Adult family members particularly women	More than 75% household care taker are knowledgeable about food needs of different ages and conditions	# of male and female adult members are aware of the food needs	Do	PIU, CC, MC, PA NGOs	August 2010-3rd qtr of 2011
	2) Delivery Care	Counseling and motivation to husband Counseling of household adult members particularly women Linkage with other govt. and non govt. organizations	Husband, adult members of the households	More than 40% increase of safe delivery at home and institution level by skilled personnel from project baseline to the end	# of safe delivery increased due to raising awareness among husband, male and female adult members	Do	Do	August 2010-3rd qtr of 2011
	Reduction in morbidity and mortality among women and children	Counseling of parents Counseling of household adult members particularly women	Parents, adult members of the households	More than 60% reduction in morbidity and mortality among women and children from project baseline to the end	# of morbidity and mortality among women and children reduced	Do	Do	August 2010-3rd qtr of 2011

Gender Action Plan (GAP) for Second Urban Primary Health Care Project (UPHCP-II)

Gender Components	Intervention	Activity	Target population	Target	Indicators	Monitoring Mechanisms	Action By	Time Schedule
	3) Postnatal Care	Counseling and motivation to husband Counseling and motivation to household adult male and female members Linkage with other govt. and non govt. organizations Involve male and female Ward Counselors, local leaders	Husband and house hold adult members	More than 40% of the PNC service recipients receive services The Under-five mortality rate decrease towards the target level of 60%.	# of PNC increased # of U5 mortality rate reduced	Do	Do	July 2010-December 2011
	4) Breast Feeding	Counseling to mother	Neonatal baby	More than 85% of the children breast feed exclusively and weaned properly	Breast feeding service enhanced	Do	Do	July 2010-December 2011
	Promote equity in the use Family Planning Method	Counseling and motivation to husband Close contact with Directorate of Family Planning to ensure supplies with frequent follow up actions	Husband	Ensure 100% availability of contraceptive supplies particularly condom as per users demand Use of contraception among male increased by 40%	# of male contraceptive users increased	Do	Directorate of Family Planning, , PIU, CC, MC, PA NGOs	Aug 2010-3rd qtr of 2011
	Promote maternal & child nutrition	Counseling both mother and adolescent girls Provide nutritional supplement free of cost to the mother, child and adolescent	Mother, child & adolescent girls	Night blindness among pregnant women reduced to less than 1% from project baseline to the end More than 90% of children 9-60 months free from Vitamin A deficiency disorder from project baseline to the	# of vitamin A deficiency disorder reduced	Progress report, Register	PIU, CC, MC, PA NGOs PIU,	July 2010-3rd qtr of 2011

Gender Action Plan (GAP) for Second Urban Primary Health Care Project (UPHCP-II)

Gender Components	Intervention	Activity	Target population	Target	Indicators	Monitoring Mechanisms	Action By	Time Schedule
				end				
	Control of Iodine deficiency disorder	Awareness to both men & women at community levels Monitor availability of iodized salt Promote consumption of iodized salt	Adult men and women	Less than 25% visible goiter in population	Iodine deficiency disorder reduced among women, girl and men	Program report, Register	PIU,CC, MC, PA NGO	4th Qtr of 2010 – 3rd Qtr of 2011
Gender based Violence (GbV) as specific Activity	**Promotion of training activities for staff on gender based violence**	Place gender balance working team Training for PMU, PIU, CC, MC, PHCC & CRHCCs staff concerned Training of male and female Ward Counselors from each partnership area	Male & female staff	100% of PHCCs & CRHCCs has at least 2 staff trained on gender based violence	# of male & female staff trained	Program report, Register	PIU, CC, MC, PA NGO, MS&T Firm	July 2010-3rd qtr of 2011 Immediately
	Increase attendants of violence perpetrator to the health center for counseling and services	Counseling of Husband and male partners Provide first aid, counseling and crisis management Formal Linkage with legal support organization	Husband / male partners	10% increase attendants of violence perpetrator to the health center for counseling and services	# of violence reduced due to counseling among male partners MoU signed	Program report, Register	PIU, CC, MC, PA NGOs,	Immediately
Management, Prevention and Control of STIs, RTIs & HIV/AIDS & Transgender	**Promote gender inclusive campaign and counseling**	Place gender balance team Prepare list Enhance campaign through involvement of male and female Ward Counselors Linkage with other relevant organizations	Adolescent male, female, Transgender	More than 80% male and female adults are knowledgeable about STI/HIV and availability of services from project baseline to the end	# male and female adults aware of health service availability	Program report, Register	PIU, CC, MC, PA NGOs,	July-Sept 2010 -

Gender Action Plan (GAP) for Second Urban Primary Health Care Project (UPHCP-II)

Gender Components	Intervention	Activity	Target population	Target	Indicators	Monitoring Mechanisms	Action By	Time Schedule
	Reduce Prevalence of STIs, RTIs & HIV/AIDS through delivery of services among male and female	Emphasis on partner counseling Treatment with medications free of cost	Male, female, adolescents, transgender	100% poor people who are eligible and in need of health services for VCT, HIV, STI, and RTI treatment, obtain services in grant; 50% of them are male Sexually transmitted infection (STI) prevalence reduced by 10%	STI prevalence reduced, 50% of them are male	Program report, Register	PIU, CC, MC, PA NGOs,	July 2010-3rd qtr of 2011
	Promote condom use by male partner	Awareness campaign Door to door counseling Ensure condom supplies	Male	Condom user rate by male partner during sex with non-regular partners increased by 10%-15% every year	# Condom user rate increased	Program report, Register	PIU, CC, MC, PA NGOs, Directorate of Family Planning	July 2010-3rd qtr of 2011
	Enhance capacity of PHCCs to provide proper RTI and STI services	Ensure lab facilities Training for PMU, PIU, MC, CC, PA NGOs staff concerned	Male and female service providers	100% of PHCCs are capable to provide proper RTI and STI services	Health centers are fully equipped	Do	PIU, CC, MC, PA NGOs MS&T Firm	Do Immediately
Integrated Management of Childhood Illness (IMCI)	**<u>Child Health</u> a)-EPI**	Awareness among parents & household members Provide EPI services for Immunization	Parents and adult hh members	95% measles coverage in infants More than 90% full immunization coverage in infants	Infant mortality among children reduced, 50% of them are girl child	Program report, Register	PIU, CC, MC, PA NGOs,	4th Qtr 2010–3rd Qtr of 2011
	Control of Acute Respiratory Infections	Awareness among mother	Mother	80% of mothers of children below 5 years know three signs of ARI that need referral/clinical	Infant mortality reduced due to awareness among mothers	Program report, Register	PIU, CC, MC, PA NGOs,	July 2010 – 3rd qtr of 2011

Gender Action Plan (GAP) for Second Urban Primary Health Care Project (UPHCP-II)

Gender Components	Intervention	Activity	Target population	Target	Indicators	Monitoring Mechanisms	Action By	Time Schedule
	(ARI)	Provide door to door service regarding BCC activities		intervention More than 80% children below 5 years among severe pneumonia/disease will have health facility care Mortality rate from ARI reduced to 0.05%				
	Control of Diarrhea and Other childhood diseases	Awareness of parents & household adult members both men and women Provide door to door service regarding BCC activities	Mother and father, household adult members both men and women	More than 80% of children below 5 years will have been treated at home with ORS, increased fluid and continuous feeding	Infant mortality reduced due to awareness among mother and father, household adult members both men and women	Program Report, Register, ISI	PIU, CC, MC, PA NGOs	4th Qtr of 2010 – 3rd Qtr of 2011
	Malnutrition	Awareness among father and mother & household adult members both men and women	father and mother & household adult members both men and women	Less than 34% of U5 children get underweight, More than 70% of mothers will have fed proper complementary food at six months of age of their children,	# Underweight children below 5 years reduced, of which girl child is 50%	Program Report, Register,	PIU,CC, MC, PA NGOs	4th Qtr of 2010 – 3rd Qtr of 2011
	Communicable Disease Control (CDC)	Awareness through family based approach Door to door services regarding BCC activities and referral Strengthening and Expansion of diagnostic facilities in PHCCs	Children, adults women and men	65% of new TB cases identified and 90% of them are treated under DOTs, of whom at least 30% are male	# of TB cases for women and men reduced	Program report, Register,	PMU, PIU,CC, MC, PA NGOs	4th Qtr of 2010 – 3rd Qtr of 2011

Gender Action Plan (GAP) for Second Urban Primary Health Care Project (UPHCP-II)

Gender Components	Intervention	Activity	Target population	Target	Indicators	Monitoring Mechanisms	Action By	Time Schedule
	Leprosy Elimination	Awareness to both men & women at household and community levels Detect and refer suspect cases Referral linkage with Govt. Strengthening and expansion of diagnostic facilities in PHCCs	Children, female and male adults	At least 60% eligible population accessing to CDC services, most of them are women and girls	# Leprosy cases declined among male, female and children	Program report, Register	Govt. Organizatio n, PIU,CC, MC, PA NGOs	4th Qtr of 2010 – 3rd Qtr of 2011
	Basic Curative Care	Awareness to both men & women at household and community levels Intensify BCC activities Provide medication	Children, male and female adults	Proportion of women and girls accessing basic curative services is at least 60% from project baseline to end And for male it is at least 40%	# clients increased due to increased knowledge among male and female	Program report, Register	PIU,CC, MC, PA NGOs	June 2010-Dec 2011
	Treat Medical Emergencies, Management and Referral	Awareness to both men & women at household and community levels Establish referral linkage with Govt. hospital	Children, male and female	At least 60% eligible population accessing to health care services from project baseline to the end, most of them are women and girls	Proportion of women and girls increased	Program report, Register	PIU,CC, MC, PA NGOs, Govt.	4th Qtr of 2010 -2011
	Provide 30% of each services free of cost to the poor women, men and children	Prepare household list of poor by sex, age, and occupation Awareness to both men & women at household and community levels Establish enough out reach service centers (satellite clinics/ mini clinics) and	Poor women, men and children	At least 30% of each service provided under the project will target urban poor; Of which women and children will constitute 75% 100% poor receive health service free of cost according to their health	Poor receive health services free of cost of which women and children will be 75%	Program report, Register	PIU,CC, MC, PA NGOs,	4th Qtr of 2010 -2011

Gender Action Plan (GAP) for Second Urban Primary Health Care Project (UPHCP-II)

Gender Components	Intervention	Activity	Target population	Target	Indicators	Monitoring Mechanisms	Action By	Time Schedule
		Distribute red cards to the poor Ensure health services for poor working women and men according to their convenient time through satellite clinics		needs in their own vicinity				
	Behavioral Change Communication and Marketing (BCCM)	Develop gender focused BCC materials to maximize the use of the health services by male and female as well as, male and female child. Extensive mobilization of community people through campaign participated by women and men	Boy and girl children, male and female	Strategy has been implemented in 75% of the project area More than 70% population (men and women) are (i) aware of the UPHCP–II project; (ii) aware of availability of services for women, men and children; (iii) aware of availability of free services for poor BCC leading to awareness of safe sex, STI and HIV prevention increased by 25% from project baseline to end STI prevalence reduced by 20% (grant)	# of clients particularly male are encouraged to receive services	BCCM materials, Program Report,	LGD, PMU, PIU, CCs, MC, BCC Firm	Immediately
Component-II: Urban Primary Health Care Infrastructure and Environmental Health								

Gender Action Plan (GAP) for Second Urban Primary Health Care Project (UPHCP-II)

Gender Components	Intervention	Activity	Target population	Target	Indicators	Monitoring Mechanisms	Action By	Time Schedule
Promote Gender and Child Friendly Health infrastructure and environmental health in urban areas	**Promote gender and baby friendly health care infrastructure facility**	**<u>For Service Providers:</u>** Design and construct gender and baby friendly infrastructure for service providers with provision of sufficient space for baby seating corner, breast feeding corner, toilet corners, reception room, prayer room **<u>For service Users:</u>** Gender and baby friendly infrastructure for service users with sufficient facilities for male & female visitors, , breast feeding corner, toilet facilities, wash room, recreation room for children, Keep provision of separate corners for RTI/STI and HIV/AIDS, TB and diarrhea patients Select the location of the health centers on the basis of population density of poor to serve optimum number of the people	Men, women, children, retarded	More than 75% women and children and 25% males receive services due to improved infrastructure from project baseline to the end More than 25% men encouraged to receive services for better design of the building, Health centers located within close proximity of 80% of poor women and children in the service area	# of clients increased due to improved health infrastructure Female staff with small children concentrate more on their work # of turn over among female staff with small kids reduced # of clients increased due to better communication	Construction design, Contract award, Progress report,	LGD, Construction Firm	During Design construction period
Environmental Health **Community**	**Promote Gender & User friendly Community Toilets**	Select the location of the toilet on the basis of population density, socio-economic level of the	Men, women, retarded/ handicappe	At least 50% of the toilet blocks are reserved for the use of women	User friendly and gender friendly community toilets designed and	Construction Design, Contract	LGD, Construction firm Community	During design, construction and leasing

Gender Action Plan (GAP) for Second Urban Primary Health Care Project (UPHCP-II)

Gender Components	Intervention	Activity	Target population	Target	Indicators	Monitoring Mechanisms	Action By	Time Schedule
Toilets		population to serve optimum number of the people Design and construct community toilet with separate block/s for women men Design and construct toilet usable by retarded persons Nominate appropriate person including women for the committee to be responsible and manage these toilets Create earning opportunity for poor preferably women staying in the community Provide orientation to the toilet management committee members both women and men about their roles, responsibilities and obligations towards the project and community	d at community level	100% of the toilets blocks are maintained with proper hygienic manner 100% support services are ensured to keep the toilets in usable condition, (24 hrs. electricity and water supply), 100% daily cleaning of women's toilet blocks is done by poor women in the community, At least 30% lessee of the community toilets would be women 100% lessees both men and women would be properly trained and oriented about their roles, responsibilities and their obligations towards the project Women leaders and female ward counselor/s represents 50% of the O&M/ Toilet Management Committee (if any)	constructed accordingly # of poor women lessee increased Toilet management committee members are trained, 50% of them are female	award, Progress report,	Toilet Management Committee	award

Gender Action Plan (GAP) for Second Urban Primary Health Care Project (UPHCP-II)

Gender Components	Intervention	Activity	Target population	Target	Indicators	Monitoring Mechanisms	Action By	Time Schedule
Community based Solid Waste Disposal Project **Clinical Waste Management**	**Solid Waste Disposal**	Take appropriate measures in reducing environmental hazards in the locality, especially for women and children created through composting process Develop plan addressing women and children health related issues involving men and women in planning and implementation Establish linkage with NGOs for contract award	Poor women and men & children	100% lay people including women, men and children become more conscious in disposing the waste and eventually improve the environment of the homestead as well as community and have better health condition Women represents 50% of the Environmental Management Committee (if any) More than 50% poor including women and men would be able to make some earning through employment opportunity and increased gradually	Reduce the potentiality of getting sick for unhygienic environment related to sanitation and household garbage # of women increased in Management Committee	Initial Environmental assessment report, Environmental progress report	LGD, Concerned Firm	During planning and implementation
	Rehabilitation and compensation to all affected people with particular attention to women (if any)	Awareness through meeting, workshop for women and men at community level Address gender issues in resettlement Action Plan Implement resettlement Action Plan as per design Involve male and female Ward Commissioners in project identification, implementation and	Women and men at community level	100% project affected people particularly women to be relocated, rehabilitated properly without any hassle in a given time frame All project affected people including women and men were compensated by 100% according to market price	All project affected people women and men rehabilitated and compensated as per market value	Resettlement Action Plan, Resettlement Report	Donors, LGED, Deputy Commissioner, resettlement staff	At least one year prior to land acquisition

Gender Action Plan (GAP) for Second Urban Primary Health Care Project (UPHCP-II)

Gender Components	Intervention	Activity	Target population	Target	Indicators	Monitoring Mechanisms	Action By	Time Schedule
		monitoring						
Component-III: Building Capacity and Policy Support for urban Primary Health Care								
Capacity Building	**Recruitment and Management**	Provision of Gender Specialist at PMU & PA NGOs' HQ level Provision of Gender Officer at PIU, CRHCC and PHCC levels Increase person power of Gender Specialist at TA Team at least for 3 years in the project design Provision of more male staff at field level	Female or male	Women constitutes 30% of the management position and 50% of health providers 30% of the staff at field level particularly Counselor and Service Promoters) are male	More female staff at decision making level Gender balanced team is in place	Staff list, progress report	LGED, Donors,	For future project For future Project For future Project
Training, Fellowships, and Study Tours abroad	**<u>Training</u>**	Develop gender inclusive selection criteria for in country and out country trainings Apply the selection criteria during participants selection for in country and out country trainings	Women	Women represent 50% for in-country training courses Women represent 50% of out-country training courses	Gender sensitive selection criteria is in practice # Women for in country increased # Women for out country training increased	Training Reports	MS&T Firm, PMU,	Immediately

Gender Action Plan (GAP) for Second Urban Primary Health Care Project (UPHCP-II)

Gender Components	Intervention	Activity	Target population	Target	Indicators	Monitoring Mechanisms	Action By	Time Schedule
	Gender Sensitization awareness and training	Include gender sensitization issues in all training modules Promote gender balanced training team ToT on Gender and development for core staff of PMU, MC. CC and PA NGOs with refresher courses	Male and Female staff	100% staff of PMU, PIU, CC & MC PA NGOs, are gender sensitized and practice their knowledge at work place	# Clients increased due to behavioral change of service providers Gender equity is ensured in the project activities Core Trainers Team of Gender and Development established	Training Reports	MS&T Firm, PMU,	Immediately
	Add GAP implementation within the scope of ToR	Add GAP implementation within the scope of ToR of the proposed personnel for the current project	PMU, PIU, PA NGOs	100% GAP activities implemented	Gap implementation added in the ToR as proposed	ToR	LGED, PMU MS&T Firm	Immediately
	Add gender policy in BID	Add gender policy as one of the parameters in BID document for PA NGOs selection	BID Document	100% PA NGOs selected as partners have their own gender policy	PA NGOs' Selection criteria is gender inclusive	BID Document	LGD, Donors	For future project
		Increase number of women in WPHCCC	Community women	All the WPHCC have at least 30% women members	# of women in the committee increased	Committee list, Meeting register	PMU, PIUs, CCs, MC, PA NGOs	Immediately
		Promote women's leadership position in WPHCCC	PA NGOs	Women chairs at least 30% of WPHCC	Women's leadership position increased	Committee list, Meeting register	PMU, PIUs, CCs, MC, PA NGOs	Immediately
		Promote gender equality in user forum of the PA NGO	PA NGO	All the user forum have at least 50% women members including poor and non poor	# of women in the forum increased	Committee list, Meeting register	PMU, PIUs, CCs, MC, PA NGOs	Immediately

Gender Action Plan (GAP) for Second Urban Primary Health Care Project (UPHCP-II)

Gender Components	Intervention	Activity	Target population	Target	Indicators	Monitoring Mechanisms	Action By	Time Schedule
Component-IV: Project Implementation and Operationally Relevant Research								
Gender as a cross cutting issues	**Promote gender inclusive M&E, research**	Gender inclusive M & E, research, record keeping, auditing and, reporting	PMU, PIU, CCs, MCs, PA NGOS	All project related tools, formats, documents are 100% gender sensitive	Sex disaggregated data available	Project formats, tool, Reports documents, HMIS	PMU, PIUs, CCs, MC, PA NGOs	June-July 2010
		Gender focused budget with provision of extra fund	UPHCP	Gender focused budget in the project design	Gender focused budget developed	Project Proforma, Project Document	Donors, LGD	During design of the next UPHC project
	Gender Accountability	Translate the GAP into Bengali for field level implementation Implementation of GAP	Field level staff of PA NGOs	100% PA NGOs' field level staff understand the GAP and implement it properly	GAP in Bengali version is ready GAP implementation commenced	GAP Bengali version, Progress report	MS&T firm PMU, PIUs, CCs, MC, PA NGOs	June-July 2010 July –August 2010
	Employment of poor women and men as a means of poverty reduction through employment opportunity	Engage poor, in construction work to earn an income, of which women are at least 30% Conduct orientation on their roles, responsibilities, billing procedure, banking system related to their work in each partnership area	Poor women	At least 30-40% of construction labor are women 100% female labors are paid on the basis of no discrimination in wage rates for work of equal value 100% construction labors are trained	Poor women earns an income Construction labors practice their knowledge at work place	Contract agreement, Work order Training report	LGED, Construction Firm Training firm	For future construction work
	Operationally Relevant Research	Reducing gender inequalities in utilization of urban PHC services and identification of	Women, men, adolescents	Gender inequities in the use of health services declined by 60% from	Inequities in the use of health services declined	Research Report	MS&T PMU, research	Completed by 2010

Gender Action Plan (GAP) for Second Urban Primary Health Care Project (UPHCP-II)

Gender Components	Intervention	Activity	Target population	Target	Indicators	Monitoring Mechanisms	Action By	Time Schedule
		needs of adolescent girls by introducing results of operationally relevant Research		baseline to end project by introducing results of operationally relevant research			Organizations	

Annexes

Annex-a: Template for Baseline summery Data in view of Gender Action Plan (GAP)

Key Project Issues	Base line Data
Total Population Male Female	
Total Live Births per 1000 Male Female	
Total Married population of reproductive age Male Female	
Total Eligible couple Male Female	
Total Delivery	
Total Delivery took place at home	
Total Delivery took place at Institution	
Total Delivery	
Total Caesarian	
Total Delivery by a trained health worker	
Total Complicated pregnancy	
Total Complicated pregnancy referred to health care facility	
Total <5 children Boy Child Girl Child	
Total Contraception users Male Female	
Total Children for -Vitamin A Boy Child Girl Child	
Total ARI incidence	
Total <5 Children for EPI Boy Child Girl Child	
Total Children for Food Supplementation	

Key Project Issues	Base line Data
Boy Child Girl Child	
Current use of Family Planning Method Male Female	
Total Survivors of Violence Male Female	
Major categories of violence	
Total Incidence/Cases of STIs, RTIs infections Male Female	
Total Incidence/ Cases of HIV/AIDS infections Male Female	
Total Community Toilets/ Toilet Blocks for: Men Women	
Key Issues Inclusive of Human Resource Development and Management to support the project work	
Total staff at Management Level Male Female	
Total Staff at Field Level Male Female	
Total Staff Received In-country Training during last two years Male Female	
Total Staff Received Training Abroad during the last two years Male Female	
Total Staff Received Training on Gender and Development (GAD)Issues in the last two years Male Female	

Annex-b: Template for Year-wise Projection and Attainment against GAP

Proportionate Parameters	BASE LINE DATA	Projection by Year		Attainment by Year	
		Y-2010	Y- 2011	Y-2010	Y- 2011
Component-A: Provision of Primary Health Care through tnership Agreement and Behavioral Change nmunication					
Gender Equity based ESP+ services					
100% eligible urban population registered by sex, age and occupation Male— Female---					
Project beneficiaries increased from 30% to 60%, (75% women & children) from project baseline to end Male---- Female-----					
Antenatal Care					
More than 60% of eligible ANC services recipients receive services					
More than 90% of pregnant women received TT					
100% complicated cases recorded in the register & referred to with follow up action					
More than 80% of referral cases reaches and received services					
More than 95% women can identify the sign of complicated pregnancy					
More than 75% household care taker are knowledgeable about food needs of different ages and conditions Male Female					
Delivery Care					
More than 40% increase of safe delivery at home and institution level by skilled personnel from project baseline to the end					
More than 60% reduction in morbidity and mortality among women and children from project baseline to the end					
Postnatal Care					
More than 40% of the PNC service recipients receive services					

Proportionate Parameters	**BASE LINE DATA**	Projection by Year		Attainment by Year	
		Y-2010	Y- 2011	Y-2010	Y- 2011
The U5 mortality rate decrease towards the target level of 60% Girl child- Boy child-					
More than 60% reduction in mortality and morbidity among women and children from project baseline to the end Women- Children-					
Breast Feeding					
Breast feeding					
More than 80% of the children breast fed exclusively and weaned properly					
Promote equity in the use of Family Planning Method					
Ensure 100% availability of contraceptive supplies particularly condom as per users demand					
Promote use of family planning method among male partners by 40% Male-					
Promote maternal nutrition & child nutrition					
Night blindness among pregnant women reduced to less than 1% from project baseline to the end					
More than 90% of children 9-60 months free from Vitamin A deficiency disorder from project baseline to the end Male child- Female child-					
Gender based Violence					
100% of PHCC & CRHCCs has at least 2 staff trained on gender based violence Male- Female-					
10% increase of violence victims attended the institution every year Male---					

Proportionate Parameters	BASE LINE DATA	Projection by Year		Attainment by Year	
		Y-2010	Y- 2011	Y-2010	Y- 2011
Female---					
Management and Prevention/ Control of STIs, RTIs & HIV/AIDS					
More than 80% male and female adults are knowledgeable about STI/HIV and availability of services from project baseline to the end Male- Female-					
100% poor people who are eligible and in need of health services for VCT, HIV, STI, and RTI treatment, obtain services **in grant;** 50% of them are male Male- Female-					
Condom user rate by male partner during sex with non-regular partners increased by 10%-15% every year					
100% of PHCCs are capable to provide proper RTI and STI					
Sexually transmitted infection (STI) prevalence reduced by 10% Male- Female-					
Integrated Management of Childhood Illness (IMCI) **<u>Child Health</u>** **a)-EPI**					
95% coverage of infants under measles from project baseline to the end Male- Female-					
More than 100% infants covered under full immunization from project baseline to the end Male Female-					
Control of Acute Respiratory Infections (ARI)					
More than 85% of mothers of children below 5 years know					

Proportionate Parameters	BASE LINE DATA	Projection by Year		Attainment by Year	
		Y-2010	Y- 2011	Y-2010	Y- 2011
three signs of ARI and dehydration from project baseline to the end					
80% reduction in childhood ARI from project baseline to the end Male- Female-					
Mortality rate from ARI reduced to 0.05% from project baseline to the end Male- Female-					
Control of Diarrhea and Other childhood diseases					
90% reduction in childhood diarrhea from project baseline to the end Male child- Female child-					
Child malnutrition reduced by 10% between baseline to end project Boy child--- Girl Child---					
Malnutrition					
Less than 34% of U5 children get underweight Boy child--- Girl Child---					
More than 70% of mothers will have fed proper complementary food at six months of age of their children					
Communicable Disease Control (CDC)					
65% of new TB cases identified and 90% of them are treated under DOTs, of whom at least 30% are male Male- Female-					
Iodine Deficiency					
At least 60% eligible population accessing to CDC services from project baseline to the end, most of them are women and girls					

Proportionate Parameters	**BASE LINE DATA**	Projection by Year		Attainment by Year	
		Y-2010	Y- 2011	Y-2010	Y- 2011
Women- Girl- Men-					
Iodine deficiency					
Proportion of women and girls accessing basic curative services will be at least 60% from project baseline to the end Women- Girl- Men-					
Provide 30% of each services free of cost to the poor women, men and children					
At least 30% of each service provided under the project will target urban poor; Of which women and children will constitute 75% Women- Girl children- Boy children- Men-					
100% poor receive health service free of cost according to their health needs in their own vicinity Women- Girl children- Boy children- Men-					
Behavioral Change Communication and Marketing (BCCM)					
Strategy has been implemented in more than 75% of the project area					
More than 90% population (men and women) are aware of: (i) the project; Male Female (iii) aware about available services;					

Proportionate Parameters	**BASE LINE DATA**	Projection by Year		Attainment by Year	
		Y-2010	Y- 2011	Y-2010	Y- 2011
Men- Women- (iv) availability of free services for poor and avail that opportunity Men- Women-					
BCC leading to awareness of safe sex, STI and HIV prevention increased by 25% from project baseline to end					
STI prevalence reduced by 20% (grant)					
Promote Gender and Child Friendly Health infrastructure and environmental health in urban areas					
More than 75% women and children and 25% males receive services due to improved infrastructure from project baseline to the end Women- Girl children- Boy children- Men-					
Health centers located within close proximity of 80% of poor women and children in the service area					
50% more women encouraged to receive services for better design of the building, good communication network					
Gender and User friendly Community Toilets					
At least 50% of the toilet blocks are reserved for the use of women					
100% of the toilets blocks are maintained with proper hygienic manner					
100% support services are ensured to keep the toilets in usable condition, (24 hrs. electricity and water supply),					
100% daily cleaning of women's toilet blocks is done by poor women in the community,					
Community based Solid Waste Disposal Project & **Clinical Waste Management**					
100% lay people including women, men and children become more conscious in disposing the waste and eventually					

Proportionate Parameters	BASE LINE DATA	Projection by Year		Attainment by Year	
		Y-2010	Y- 2011	Y-2010	Y- 2011
improve the environment of the homestead as well as community and have better health condition Women- Girl children Boy children- Men-					
Women represents 50% of the Environmental Management Committee (if any)					
More than 50% poor including women and men would be able to make some earning through employment opportunity and increased gradually Women- Men-					
Rehabilitation and compensation to all affected people with particular attention to women if any					
100% project affected people particularly women to be relocated, rehabilitated properly without any hassle in a given time frame Women- Men-					
All project affected people including women and men were compensated 100% according to market price Women- Men-					
Capacity Building					
Recruitment and Management					
Women constitutes 50% of the management position					
30% of the staff at field level particularly Counselor and Service Promoters) are male					
In and out country Training, Fellowships, and Study Tours					
Women represent 50% for in-country training courses Women- Men-					

Proportionate Parameters	**BASE LINE DATA**	Projection by Year		Attainment by Year	
		Y-2010	Y- 2011	Y-2010	Y- 2011
Women represent 50% of out-country training courses Women- Men-					
100% staff of PMU, PIU, CC & MC PA NGOs, are gender sensitized and practice their knowledge at work place Women- Men-					
Gender as a cross cutting issues (Gender Inclusive M & E, Research, Record keeping, Auditing and, Reporting)					
All project related tools, formats, documents are 100% gender sensitive					
Gender focused budget in the project design					
Gender Accountability					
100% PA NGOs' field level staff understand the GAP and implement it properly					
Employment of poor women and men as a means of poverty reduction					
At least 30-40% of construction labor are women Women- Men-					
100% female labors are paid on the basis of no discrimination in wage rates for work of equal value					
100% construction labors are trained, at least 30-40% of construction labor are women Men— Women-					
Operationally Relevant Research					
Gender inequities in the use of health services declined by 60% from baseline to end project by introducing results of operationally relevant research					

Annex - c: Monitoring Template for Implementation of Gender Action Plan (GAP)

Activities	**Status of Implementation** Implemented =1 Under Implementation=2 Action not initiated =3
Gender Equity based ESP+ services	
Identify poor through poverty assessments and household listings.	
Allocate and distribute resources as per health needs	
Establish linkage with Govt. and NGOs working in the partnership areas	
1) Antenatal Care	
Counseling of husband and adult members of the households	
Involve female Ward Counselors and local influential leaders	
Linkage with other govt. and non govt. organizations	
2) Delivery Care	
Counseling and motivation to husband	
Counseling of household adult members particularly women	
Linkage with other govt. and non govt. organizations	
Reduction in morbidity and mortality among women and children	
Counseling of parents	
Counseling of household adult members particularly women	
Postnatal Care	
Counseling and motivation to husband	
Counseling and motivation to household adult male and female members	
Linkage with other govt. and non govt. organizations	
Involve male and female Ward Counselors, local leaders	
Breast feeding	
Counseling to mother	
Promote gender equity in the use of family planning	
Counseling and motivation to husband	

Activities	**Status of Implementation** Implemented =1 Under Implementation=2 Action not initiated =3
Close contact with Directorate of Family Planning to ensure supplies with frequent follow up actions	
Promote maternal & child nutrition	
Counseling both mother and adolescent girls	
Provide nutritional supplement free of cost to the mother and adolescent Counseling both mother and adolescent girls	
Promotion of training activities for staff on gender based violence	
Place gender balance working team Training for PMU, PIU, CC, MC, PHCC & CRHCCs staff concerned	
Training of male and female Ward Counselors from each partnership area Consider Gender based Violence (GbV) as a specific activity	
Increase attendants of violent perpetrator to the health center for counseling and services	
Counseling of Husband and male partners	
Provide first aid, counseling and crisis management	
Formal Linkage with legal support organization	
Gender based Violence (GbV) as specific Activity	
Promote gender inclusive campaign and counseling:	
Place gender balance team	
Prepare list	
Enhance campaign through involvement of male and female Ward Counselors	
Reduce Prevalence of STIs, RTIs & HIV/AIDS through delivery of services among male and female	
Emphasis on partner counseling	
Treatment with medications free of cost	
Promote male contraceptive users	

Activities	**Status of Implementation** Implemented =1 Under Implementation=2 Action not initiated =3
Awareness campaign	
Door to door counseling	
Ensure condom supplies	
Enhance capacity of PHCCs to provide proper RTI and STI services	
Ensure lab facilities	
Training for PMU, PIU, MC, CC, PA NGOs staff concerned	
Integrated Management of Childhood Illness (IMCI)	
Child Health **a)-EPI**	
Awareness among parents & household members	
Provide EPI services for Immunization	
Control of Acute Respiratory Infections (ARI)	
Awareness among mother	
Provide door to door service	
Control of Diarrhea and Other childhood diseases	
Awareness of parents & household adult members both men and women	
Provide door to door service	
Malnutrition	
Awareness among father and mother & household adult members both men and women	
Communicable Disease Control (CDC)	
Awareness through family based approach	
Door to door services	
Strengthening and Expansion of diagnostic facilities in PHCCs	

Activities	**Status of Implementation** Implemented =1 Under Implementation=2 Action not initiated =3
Malnutrition	
Awareness among father and mother & household adult members both men and women	
Communicable Disease Control (CDC)	
Awareness through family based approach	
Door to door services	
Strengthening and Expansion of diagnostic facilities in PHCCs	
Iodine deficiency	
Awareness to both men & women at community levels	
Monitor availability of iodized salt	
Promote consumption of iodized salt	
Leprosy Elimination	
Awareness to both men & women at household and community levels	
Detect and refer suspect cases	
Referral linkage with Govt	
Strengthening and expansion of diagnostic facilities in PHCCs	
Basic Curative Care	
Awareness to both men & women at household and community levels	
Intensify BCC activities	
Provide medication	
Treat Medical Emergencies, Management and Referral	
Awareness to both men & women at household and community levels	
Establish referral linkage with Govt. hospital	
Provide 30% of each services free of cost to the poor women, men and children	
Prepare household list of poor by sex, age, and occupation	

Activities	**Status of Implementation** Implemented =1 Under Implementation=2 Action not initiated =3
Awareness to both men & women at household and community levels	
Establish enough out reach service centers (satellite clinics/ mini clinics) and	
Distribute red cards to the poor	
Ensure health services for poor working women and men according to their convenient time through satellite clinics	
Behavioral Change Communication and Marketing (BCCM)	
Develop gender focused BCC materials to maximize the use of the health services by male and female as well as, male and female child.	
Extensive mobilization of community people through campaign participated by women and men	
Component B: Urban Primary Health Care Infrastructure and Environmental Health	
Promote gender and baby friendly health care infrastructure facility	
For Service Providers: Design and construct gender and baby friendly infrastructure for service providers with provision of sufficient space for baby seating corner, breast feeding corner, toilet corners, reception room, prayer room	
For service Users: Gender and baby friendly infrastructure for service users with sufficient facilities for male & female visitors, toilet facilities, wash room, recreation room for children,	
Keep provision of separate corners for HIV/AIDS+, TB and diarrhea patients	
Select the location of the health centers on the basis of population density of poor to serve optimum number of the people	
Promote Gender & User friendly Community Toilets	
Select the location of the toilet on the basis of population density, socio-economic level of the population to serve optimum number of the people	
Design and construct community toilet with separate block/s for	

Activities	**Status of Implementation** Implemented =1 Under Implementation=2 Action not initiated =3
women men	
Design and construct toilet usable by retarded persons	
Nominate appropriate person including women for the committee to be responsible and manage these toilets	
Create earning opportunity for poor preferably women staying in the community	
Provide orientation to the toilet management committee members both women and men about their roles, responsibilities and obligations towards the project and community	
Solid Waste Disposal	
Take appropriate measures in reducing environmental hazards in the locality, especially for women and children created through composting process	
Develop plan addressing women and children health related issues involving men and women in planning and implementation	
Establish linkage with NGOs for contract award	
Rehabilitation and compensation to all affected people with particular attention to women (if any)	
Awareness through meeting, workshop for women and men at community level	
Address gender issues in resettlement Action Plan	
Implement resettlement Action Plan as per design	
Involve male and female Ward Counselors in project identification, implementation and monitoring	
Component -C: Capacity building and Policy Support for urban primary Health Care	
Recruitment and Management	
Provision of Gender Specialist at PMU & PA NGOs' HQ level	
Provision of Gender Officer at PIU, CRHCC and PHCC levels	
Increase person power of Gender Specialist at TA Team at least for 3 years in the project design	
Provision of more male staff at field level	

Activities	**Status of Implementation** Implemented =1 Under Implementation=2 Action not initiated =3
Recruitment and Management	
Recruit/ promote female staff at management level	
Training, Fellowships, and Study Tours abroad **Training**	
Develop gender inclusive selection criteria for in country and out country trainings	
Apply the selection criteria during participants selection for in country and out country trainings	
Gender Sanitization awareness and training	
Include gender sanitization issues in all training modules	
Promote gender balanced training team	
ToT on Gender and Development for core staff of PMU, MC. CC and PA NGOs with refresher courses	
Gender inclusive Policy Support	
Develop uniform gender policy for UPHCP-II	
Gender policy at each PA NGO in line with govt. policy and UPHCP-II gender policy	
Add GAP implementation within the scope of ToR	
Add GAP implementation within the scope of ToR of the proposed personnel for the current project	
Add gender policy in BID	
Add gender policy as one of the parameters in BID document for PA NGOs selection	
Increase number of women in WPHCCC	
Promote women's leadership position in WPHCCC	
Promote gender inclusive M&E, research	
Gender inclusive M & E, research, record keeping, auditing and, reporting	
Gender focused budget with provision of extra fund	
Gender Accountability	
Translate the GAP into Bengali for field level implementation	

Activities	**Status of Implementation** Implemented =1 Under Implementation=2 Action not initiated =3
Implementation of GAP	
Employment of poor women and men as a means of poverty reduction through employment opportunity	
Engage poor, in construction work to earn an income, of which women are at least 30%	
Conduct orientation on their roles, responsibilities, billing procedure, banking system related to their work in each partnership area	
Operationally Relevant Research	
Reducing gender inequalities in utilization of urban PHC services and identification of needs of adolescent girls by introducing results of operationally relevant Research	
Prevention of STI and HIV/AIDS among the slum dwellers and squatters with rural migrants enhanced to 60% from project baseline to end	

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