

PART II:
**Resources for Gender
Budget Initiative**



Introduction

At the End-of-Project Conference in early August 2005, the question, “**Who holds the wand?**” resonated in one open forum, prompted by the observation that well-crafted plans often fail at implementation.

A wand conjures the image of a fairy godmother and a varied cast of characters, stakeholders, if you will. A wand can be used for good or ill. Too long in the wrong hands or not used at all, the wand of gender equality (and its corollary, gender mainstreaming) needs to be reclaimed by its rightful fairy godmothers – organized and empowered women, in tandem with committed civil society organizations, an awakened community, an enlightened bureaucracy and a political leadership willing to put its money where its mouth is.

This compendium represents a part of the treasure trove of materials generated by the Philippine Local Gender Budget Initiative (GBI) project that includes presentations, **conceptual and operational frameworks, training guides and tools, workshop guidelines and reports**, and so on. This section does not seek to be comprehensive or exhaustive; rather, it tries to provide a glimpse into the rigor, creativity and hard work that fed and fueled the GBI project. It is part of the reclaiming process.

The first cluster of documents presents the **roadmap of initiatives** taken to actually see through the **preparation of gender-responsive plans and results-based budgets** in Hilongos, Leyte and Sorsogon City. It also carries an account of the gains and limits of the Philippine GAD budget experiences.

The second cluster of documents presents the various **conceptual and operational frameworks of gender, gender mainstreaming and gender budgeting**, particularly as they have evolved in the Philippines and as they have been learned from the project. It also examines the interface of gender and governance in the Philippines, including international covenants which need to gain meaning and relevance in the daily lives of women and men in the country and elsewhere.

The third cluster carries various **tools such as the comprehensive cycle of project planning, implementation, monitoring and evaluation (PIME)**, and the GeRL tool of local governance, which seeks to assess the gender responsiveness of local government units. The cluster includes practical application of some tools by the Hilongos and Sorsogon teams.

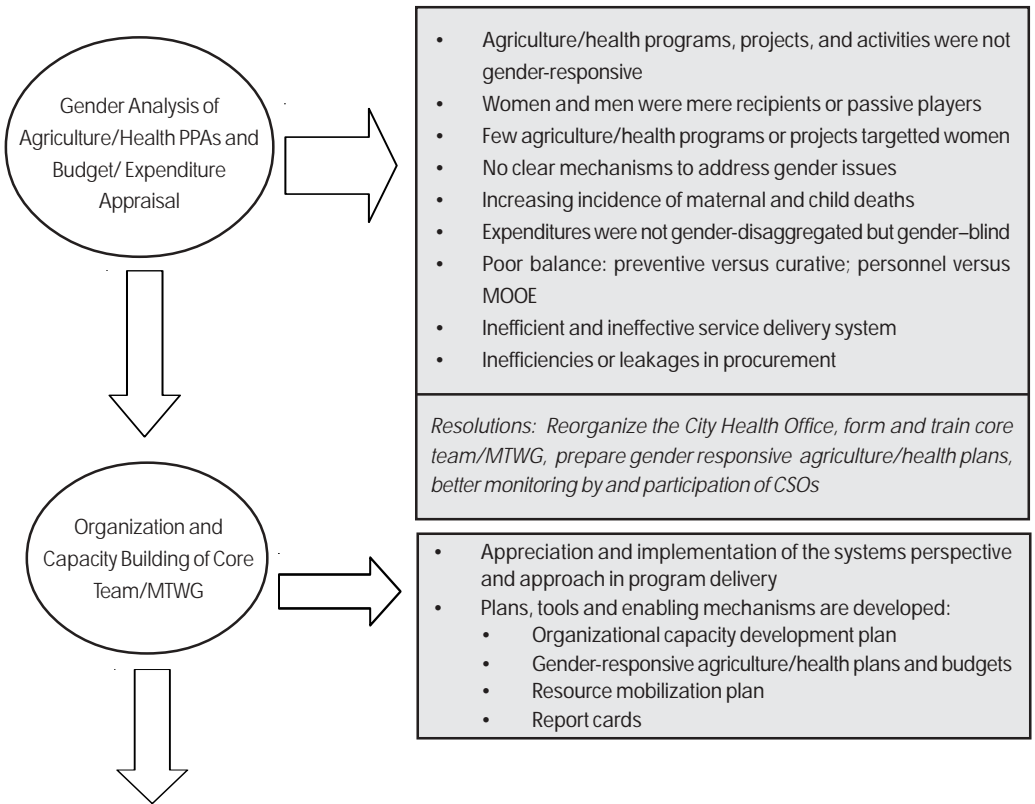
The final section ends with **case studies** of two pioneering projects exemplifying gender mainstreaming in the Visayas (central islands).

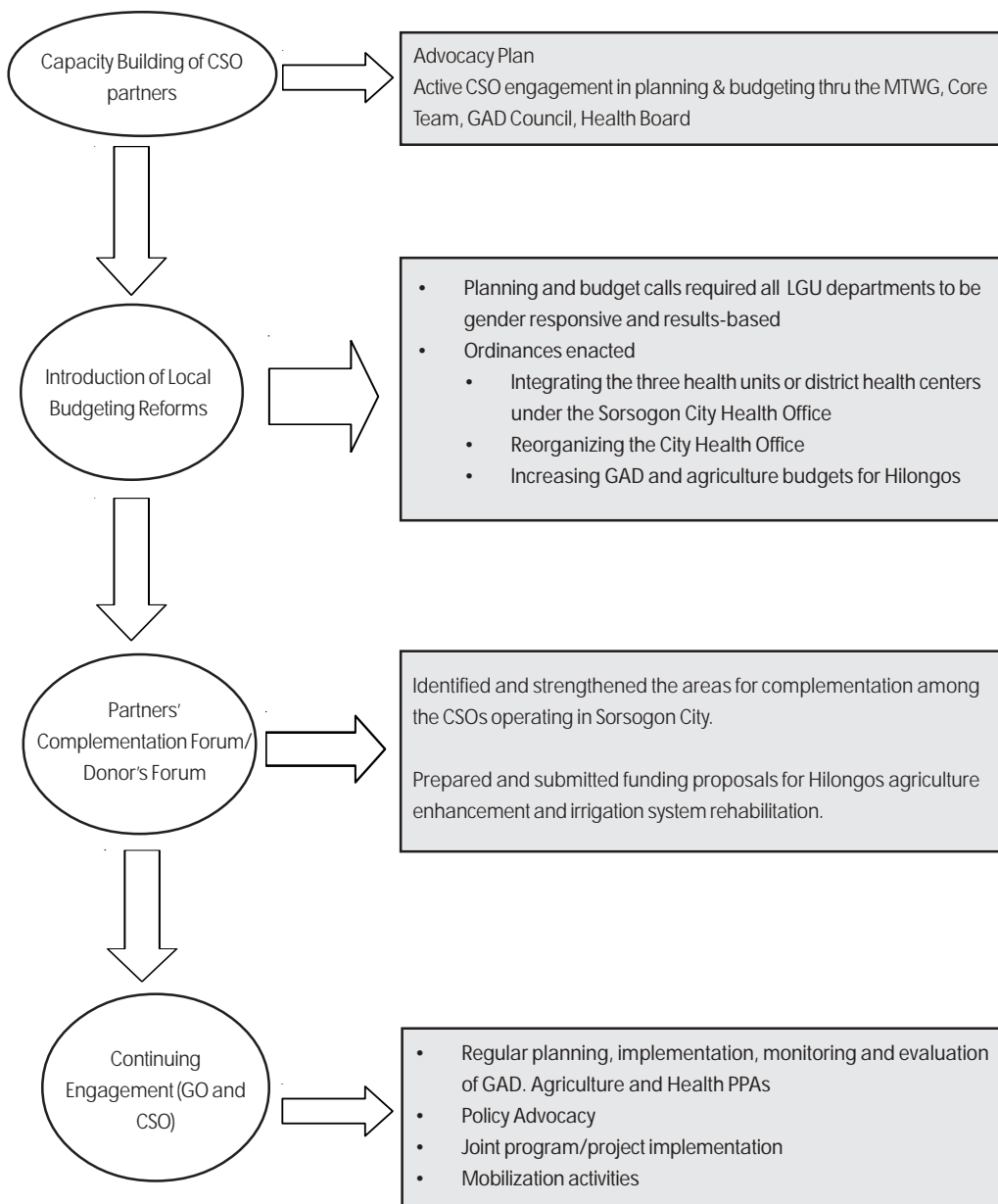
A fitting cap to this Resource Book is the script of a mini-play presented at the End-of-Project Conference by an inspired Sorsogon City team. The women are moved to song, dance and verse by their collective experiences: having gained so much, they are ready to go a long way farther.

Someone once summed up women's demands in two words, poetry and power. These words also sum up what GBI, at its best, can do and that is, to help find the key or keys to women's poetry and power.

Gender and governance is one such key. May the GBI wand point to the way of gender equality and women's empowerment.

The Road Map to Gender Budget Initiatives of Hilongos, Leyte and Sorsogon City'





Issues, Challenges and Imperatives of Local GAD Budgeting²

The National Commission on the Role of Filipino Women (NCRFW) is a government agency now on its third decade as a policy making body, serving as an advisor to the President and Congress on concerns about women.

Evolution of the GAD budget policy

- The 1987 Constitution set the fundamental legal framework for the GAD budget policy: "... the State shall recognize the role of women in nation building, and shall ensure the fundamental equality before the law of women and men."
- The Philippine Development Plan for Women (1989-92) set forth four basic principles, including prioritization and allocation of funds for programs and activities for women, and generation of assistance from international agencies.
- The Women in Development and Nation Building Act (RA 7192) in 1991 mandated that 5%-30% of official development assistance (ODA) be set aside for programs and projects for women.
- A 1993 presidential directive ordered the Department of Budget and Management (DBM) and the National Economic Development Authority (NEDA) to study strategies to ensure that funding for RA 7192 was "incorporated in the budget of all agencies".
- A 1994 presidential memorandum directed government agencies to submit proposals for gender training and a gender database to the DBM, followed by a joint memorandum circular (94-1) from DBM, NEDA and NCRFW providing mechanisms for the institutionalization of GAD within national government agencies.
- 1995 saw the passage of EO 273 (the Philippine Plan for Gender-Responsive Development or PPGD, 1995-2025) directing all government agencies at national, regional and local levels to include GAD in their annual budget proposals and work and financial plans.
- The 1996 and 1997 General Appropriations Act mandated agencies to set aside a minimum of 5% of their 1998 budgets for projects addressing gender concerns. Local Budget Memorandum No. 28 likewise asked LGUs to allocate a minimum of 5% of their 1998 appropriations for gender programs.

Strengths and weaknesses of the GAD budget policy

The GAD budget policy is an enabling mechanism for the implementation of programs/projects/activities (PPAs) that seek women's empowerment and gender equality. While

the original intent was to allow agencies to access the regular budget to fund GAD PPAs, there was confusion on the interpretation of the 5% (*Is it an additional fund? Does it refer only to fund allocation? Is it the total agency fund or the MOOE only?*). Thus, to a large extent, it was used as a “catch-all” fund, providing the wherewithal for such activities as ballroom dancing, aerobics, employee shuttle service, and construction and/or improvement of offices.

The status of compliance with these various enactments and memo circulars is, on the whole, unsatisfactory, coupled with various operational problems such as interpretation of the GAD budget as separate and therefore, inconsistent with the principle of gender mainstreaming; problems on costing and charging; the widespread practice of wrongly attributing activities as GAD activities; and GAD budgeting proceeding independently of regular agency planning and budgeting.

Facilitating factors and challenges

On the other hand, some facilitating factors enabled GAD budgeting to move to where it is now: top management support; participatory strategies; linkage building and partnerships; continuing advocacy; and awareness and capacity building.

However, gender and women advocates continue to face the following challenges:

Challenges	Proposed Solutions
GAD planning and programming	<ul style="list-style-type: none"> ▪ Establish vertical linkages ▪ Engender LGU development plans ▪ Apply GEWEF* in planning
GAD budgeting	<ul style="list-style-type: none"> ▪ Address confusion on different interpretation of GAD budget policy ▪ Encourage use of 30% ODA for GAD PPAs ▪ Shift from quota budgeting to performance budgeting
Systems and tools	<ul style="list-style-type: none"> ▪ Promote effective monitoring and evaluation to track impact of GAD budget ▪ Develop sectoral GAD modules ▪ Strengthen partnership with NGOs in developing M & E systems ▪ Strengthen M & E functions of oversight agencies such as the DBM, NEDA, DILG and NCRFW

* **GEWEF** – Gender Equality and Women’s Empowerment Framework

Towards a gender-sensitive plan, from 5% to 95%

An analysis of why the 5% still persists points to two factors. First is the clamor of NGOs, especially at the LGU level, to retain the 5% quota which has proved to be an enforcing mechanism and a tool for negotiation. But secondly, there is a move to shift from the 5% to 95% towards a gender analysis of the budget, necessitating adoption of a framework that transforms the entire plan into a gender-sensitive plan.

The gender analysis of budgets is characterized by:

- De-emphasizing the quota system. Rather, a performance-based planning and budgeting is used so that the focus of planning for PPAs shall correct gender imbalances and mainstream gender concerns within each agency's mandate.

A. Conceptual and Operational Frameworks

1.1 A Journey from Women in Development (WID) to Gender and Development (GAD)³

	WID	GAD
Approach	<ul style="list-style-type: none">• An approach which views women as the problem	<ul style="list-style-type: none">• An approach to development
Focus	<ul style="list-style-type: none">• Women	<ul style="list-style-type: none">• Relations between women and men
Problem	<ul style="list-style-type: none">• The exclusion of women (half of the locality's productive resources) from the development process	<ul style="list-style-type: none">• Unequal relations of power (rich and poor, women and men) that prevent equitable development and women's full participation
Goal	<ul style="list-style-type: none">• More efficient, effective development	<ul style="list-style-type: none">• Equitable, sustainable development with both women and men as decision-makers
Solution	<ul style="list-style-type: none">• Integrate women into the existing development process	<ul style="list-style-type: none">• Empower the disadvantaged and the women• Transform unequal relations
Strategies	<ul style="list-style-type: none">• Women's projects• Women's components• Integrated projects• Increase women's productivity• Increase women's income• Increase women's ability to look after the household	<ul style="list-style-type: none">• Identify/address practical needs determined by women and men to improve their conditions• At the same time, address women's strategic interests• Address strategic interests of the poor through people-centered development

- Assessing the entire agency budget and analyzing how it benefits men and women differently.
- Engendering agency plans and budget statements. The latter is the agency head's articulation of how its proposed budget will address gender issues within the agency's mandate. It is based on an analysis of prevailing gender issues, including those that had not been adequately addressed by the previous year's budget.

1.2 The Gender Equality and Women Empowerment Framework (GEWEF)⁴

Level of Empowerment	Description	Action for Empowerment	Empowerment Issues
Control	<ul style="list-style-type: none"> • Ultimate level of equality and empowerment 	<ul style="list-style-type: none"> • Equal representation, active roles in development, recognition of contributions • Maintaining and seeking higher goals 	<ul style="list-style-type: none"> • How can we sustain our action and aim high?
Participation	<ul style="list-style-type: none"> • Women have moved to a level where they take decisions alongside men 	<ul style="list-style-type: none"> • Women gain increased attention by organizing themselves and working collectively 	<ul style="list-style-type: none"> • With what means?
Conscientization	<ul style="list-style-type: none"> • Recognition that problems stem from structural institutional discrimination 	<ul style="list-style-type: none"> • Recognition of their role in reinforcing or changing their disadvantaged situation 	<ul style="list-style-type: none"> • What can we do about them?
Access	<ul style="list-style-type: none"> • Involves equality in access to resources 	<ul style="list-style-type: none"> • Recognition that lack of access is a barrier to growth and well-being 	<ul style="list-style-type: none"> • Why do we have problems?
Welfare	<ul style="list-style-type: none"> • Addresses only basic needs without attempting to solve underlying structural causes 	<ul style="list-style-type: none"> • Empowerment involves the desire to understand own problems and needs 	<ul style="list-style-type: none"> • What are our problems?

1.3 The GAD Mainstreaming Strategy⁵

GAD Mainstreaming Definition	Importance of GAD Mainstreaming	GAD Mainstreaming Strategy
<ul style="list-style-type: none"> Integration of women's and men's concerns and experiences in the design, implementation, monitoring and evaluation of policies, programs and projects in all political, economic and social agenda 	<ul style="list-style-type: none"> Ensures that resources are equitably used Contributes to social, economic and cultural progress Makes institutions, policies, programs and projects responsive to the needs of women who constitute half of the population Leads to fairness and justice among women and men 	<ul style="list-style-type: none"> Gender perspective is integrated into the planning, programming and budgeting, implementation, monitoring and evaluation of policies, programs and projects. The 4 entry points in integrating GAD are: GAD planning, establishment of institutional mechanisms, generation of sex-disaggregated data and capability-building on GAD

1.4 The GAD Mainstreaming Evaluation Framework⁶

Stages	1. Foundation Formation	2. Installation of Strategic Mechanisms	3. GAD Application	4. Commitment Enhancement & Institutionalization
	<ul style="list-style-type: none"> Raise people's awareness on gender Generate support for gender mainstreaming 	<ul style="list-style-type: none"> Put in place the key people, necessary policies, support structures, systems and mechanisms to facilitate and sustain gender mainstreaming Sporadic application of GAD concepts and tools 	<ul style="list-style-type: none"> Integrate and consolidate gender efforts to produce desired impact on women Integrate GAD in KRAs of the agency 	<ul style="list-style-type: none"> Implement continuous monitoring, evaluation and improvement of gender mainstreaming efforts Incorporate GAD in all aspects of agency operations

Stages	1. Foundation Formation	2. Installation of Strategic Mec
Enabling Mechanisms	<ul style="list-style-type: none"> • Existing systems and structures are diagnosed • Focal points are set up and liaise with other organizations • GAD focal points undergo GST and other orientation seminars • Sex-disaggregated data on personnel and clients are compiled and gathered • GAD budget allocated based on formulated GAD plan • Partnership with resource institutions/ individuals 	<ul style="list-style-type: none"> • Changes in existing systems and st are proposed • GAD focal points complete technical on GAD concepts and tools • GAD focal points initiate, catalyze a coordinate gender activities; liaise w organizations; determine gender mainstreaming interventions; create desks/TWGs within organizations to and monitor GAD policies, program • Gender responsive data collection s developed and installed • Sector-specific situationers are gene • A system to enforce and monitor 5% ODA funds and at least 5% of the a budget for GAD PPAs is allocated • Developed data base of partners fo access and referral • Participates in partner-initiated activ actively seeks relevant women orga to become partners
Programs, Projects and Activities (PPAs)	<ul style="list-style-type: none"> • IEC strategies and materials for agency heads and key officers are developed and employed • Personnel-directed PPAs with GAD implications are identified • For client-directed PPAs, opportunities and potential for mainstreaming GAD are evaluated • Activities for GAD mainstreaming are identified • Gender responsive planning application in refining PPAs is considered 	<ul style="list-style-type: none"> • IEC materials appropriate for group developed and used • Guidelines in the integration of GAD developed and used • Gender biases in existing PPAs are a • Agency planners, GAD focal points program staff are trained in gender responsive planning
Policy	<ul style="list-style-type: none"> • Policies are formulated and issued to express adherence to and support for GAD concepts and programs • Review of existing policies to determine their gender responsiveness 	<ul style="list-style-type: none"> • Implementing guidelines that provid substance to the policy statements GAD are developed • Establishment of GAD mechanism • Formulation of specific gender resp policies
People	<ul style="list-style-type: none"> • Top management expresses support for gender mainstreaming • Identification of people in strategic positions who can mainstream GAD • GAD orientation and consciousness raising among agency heads and key officers • Practical and strategic gender needs of women are identified • Women in the community are passive recipients 	<ul style="list-style-type: none"> • Top management as GAD sponsors mainstreaming efforts by installing structures, systems and mechanism • Trainers training conducted to propo concepts within agency • Benefit package for women (day ca flexitime, career guidance) • Women in the community take actio prescribed

Mechanisms	3. GAD Application	4. Commitment Enhancement & Institutionalization
<p>structures</p> <p>l courses</p> <p>nd</p> <p>with other</p> <p>e women's</p> <p>o review</p> <p>s, projects</p> <p>system</p> <p>erated</p> <p>%-30% of</p> <p>gency</p> <p>r easier</p> <p>ities and</p> <p>inizations</p>	<ul style="list-style-type: none"> • Strategic planning vis-à-vis gender mainstreaming is adopted and funded • Continuous upgrading of focal points' capabilities through attendance in various training programs • Focal points act as advisers or leaders in implementing GAD PPAs and in partnering with other agencies • Strategic planning for GAD mainstreaming and budget allocation are synchronized and allocation for GAD PPAs increasing • Availability of sex-disaggregated data used in formulating agency PPAs • Projects and interventions with partner institutions and individuals are developed and implemented 	<ul style="list-style-type: none"> • Continuous upgrading of focal points' capabilities through attendance in various training programs • Gender-based indicators for M & E are institutionalized and continuously enhanced • GAD budget not anymore considered special but integrated in the agency's over-all budget • Linkages and networks developed and meaningful partnership with clients and relevant organizations are sustained • Focal points act as oversight to ensure sustainability of gender mainstreaming efforts • Existing structures and systems are continually assessed and evaluated for their gender responsiveness
<p>s are</p> <p>D are</p> <p>assessed</p> <p>and</p>	<ul style="list-style-type: none"> • IEC materials appropriate for beneficiaries and grassroots clients as well as gender mainstreaming technologies and materials are developed and enhanced • GAD mainstreaming elements in all aspects of agency PPAs are integrated and duly implemented • Gender responsive planning tools and techniques are applied and used in developing, implementing, monitoring and evaluating PPAs • Refined personnel-directed PPAs are implemented 	<ul style="list-style-type: none"> • IEC materials and strategies are continuously improved • Extent of GAD integration in the PPAs and its impact are assessed and evaluated • Extent of GAD accomplishment and sustainability are monitored and evaluated • Participation of and benefits to women and men are monitored and evaluated • Gender-responsive personnel-directed PPAs are monitored and continuously refined • Continuous monitoring of impact and sustainability of gender-responsive policies in agency programs and projects
<p>le supporting</p> <p>onsive</p>	<ul style="list-style-type: none"> • Enforcement and implementation of GAD policies 	<ul style="list-style-type: none"> • Continuous review of gender-responsive policies • Sustainability and monitoring of policies as implemented
<p>legitimize</p> <p>support</p> <p>ns</p> <p>agate GAD</p> <p>re,</p> <p>on</p>	<ul style="list-style-type: none"> • Top and middle management integrate gender in the design and implementation of policies, programs and projects • GAD consciousness raising at the beneficiary and grassroots level • More women given critical roles and authority in the organization • Grassroots women are consulted 	<ul style="list-style-type: none"> • Top and middle management install the necessary M & E systems towards continuous improvement of GAD mainstreaming efforts • Agency officials and staff are sensitized and with a common, unified understanding of GAD • More women employees occupy strategic positions in the organization • Women in the community are empowered to effect changes by themselves

Rating the Status of GAD Mainstreaming

The status of initiatives at GAD mainstreaming may be summarized using the Gender Mainstreaming Evaluation Framework (GMEF) matrix which categorizes the level of tasks and results into four stages:

Stage 1: Involves raising people's awareness on gender issues and goals, and generating support for gender mainstreaming.

Stage 2: Puts in place key people, necessary guidelines, support structures and mechanisms to support and sustain gender mainstreaming; there are some sporadic applications of GAD concepts and tools.

Stage 3: Integrates and consolidates gender efforts to produce intended or desired impact, especially in the key result areas of the agency.

Stage 4: Implements continuous monitoring, evaluation and improvement of gender mainstreaming efforts.

1.5 A Conceptual Framework of Results-Oriented Gender Budgeting⁷

In its Gender Budget Initiative Program, UNIFEM maintains the multiple roles of convener of budget actors, capacity builder, catalyst, contributor/donor of funds and technical expertise, and enabler/innovator.

The purposes of gender responsive results-based budgeting (GRRB) are:

- Tool for gender mainstreaming in economic processes and policy making
- Tool for accountability
- Vehicle for women's participation: as experience shows, the women in local governments advocate and make sure gender budgeting is used and implemented
- Provides and asserts the space for recognizing women's unpaid work and care economy that is almost always invisible in the gross domestic product computation

Given the current bottlenecks that have slowed down gender budgeting at the national level, the call is for legislators and stakeholders to "get out of the box" and look to governance mechanisms at the local level to overcome problems at the national level. This requires a review of local level public expenditures, as is being done in India through the *kamataka* which works with elected women representatives at the *panchayat* or villages.

Gender-responsive budgeting has essentially four requisites:

- Research (basically gender analysis)
- Capacity building (re-orienting and developing skills and capacities to translate information into policies and programs for budgeting)

- Policy advocacy
- Knowledge management

The essential logic of GRRB is framed in the question “What is women’s share in public expenditures? What benefits does she gain?” It is further elucidated in the Results Chain, where a policy declaration or statement results in a review or inception of a (gender) plan or program, a mandated budget, and operationalized projects and services. This is illustrated in the following:



The following guidelines provide a perspective for local level budgeting:

- It is performance-based.
- It provides a link to national budgeting.
- It is linked closely to plans.
- It strengthens women’s political participation, both of local leaders and ordinary citizens.
- It is aligned with decentralization.
- Services are felt most at the local level.

Local gender advocates are confronted with the following current and continuing challenges to GRRB:

- Demonstration of impact on women – what has been the impact of previous budgets on men and women?
- Engagement of local people – government and civil society
- Developing technical skills (of local planners, budget officers) for gender analysis of budgets
- Gendering of budgeting processes – budgeting is a political process; another test and task is making local officials appreciate and understand gender budgeting
- Upscaling and institutionalization of gender budget as a tool for accountability and for enhancing local governance

1.6 A Framework for Gender-Responsive Results-Based Budgeting at the Local Level⁸

The budget process involves four stages:

- Budget preparation
- Budget legislation/appropriation
- Budget implementation
- Budget accountability (monitoring through accounting/auditing, reporting)

But even before the budget, there is the plan.

Mainstreaming gender in the local planning process should start with the formulation of an Executive Agenda or Local Development Plan (through amplification of questions):

- ✓ Is it informed by gender analysis? Does it give information on the situation of women and men, girls and boys?
- ✓ Does it explicitly recognize the productive, reproductive/caring, and community management roles of women? Does it recognize differences in socially determined roles/responsibilities of men and women?
- ✓ Does it have a clear policy statement on the need to address gender needs of women? (practical needs—health, reproductive, child care facilities; strategic gender needs—time saving devices, potable water, sanitation, food security, entry into non-traditional occupations, freedom from domestic violence, credit/business financing)
- ✓ Does it assess the gender-responsiveness of mainstream policies?

Good practice indicates the importance of results-oriented budgeting:

- Focus on outputs and outcomes instead of inputs
- Identifies and prioritizes programs/activities/projects that contribute to accomplishment of major final outputs
- Gender concerns should be integrated into definition of program outputs/performance indicators
- Promotes gender equality in implementation of all programs, activities and projects of government

Defining the sectoral outputs:

- Does output contribute towards achieving desired outcomes? Is it effective?
- Is there duplication or conflict with other outputs?
- Are there alternative ways of producing the output?
- Is the current production of the output efficient (least costly)?

Output/performance indicators are defined in terms of:

- ✓ Quality–client satisfaction
- ✓ Quantity–coverage, number of clients served
- ✓ Timeliness
- ✓ Gender-responsiveness – Who benefits? (Do outputs meet the needs of women as well as men?) Who decides? (Did women/men participate in decision-making?) Who controls? (Do women have a say in control over resources?)

It is important to have output indicators that are:

- ✓ Measurable/quantifiable
- ✓ Defined in precise terms

Output targets refer to pre-determined levels/values of indicators.

Setting output targets:

Approaches

- Benchmarking-comparing with performance of similar organizations/LGUs
- Improvement over current performance
- Based on technical standards

Guiding principles

- Targets should be challenging but achievable.
- Over-ambitious or too-easy targets may lead to under-achievement.
- Targets should consider available resources (i.e. budget ceiling).

1.7 Genderizing the Local Development Agenda⁹

Among the questions to be raised in informing the local development agenda with a gender dimension are:

- Is the situation analysis informed by gender analysis?
- Does it recognize the productive, reproductive and community management roles of women?
- Does it recognize differences in socially determined roles and responsibilities of men and women?
- Does it have a policy statement on addressing the practical and strategic gender needs of women?
- Does it assess the gender responsiveness of mainstream policies?
- Are women and men involved in the planning process?

1.8 Tracking Government Expenditures¹⁰

Category	Description and some examples	GRRB tools
Gender-specific/ targeted expenditures	Maternal health programs, special education initiatives for girls, programs addressing violence against women	<ul style="list-style-type: none"> - unit costs-quantity of resource budget requirement - monitoring spending and service delivery: amount of money budgeted, staff allocation, supplies procurement, number of clients reached, client feedback - budget incidence analysis: do men and women, girls/ boys benefit from the expenditure? - assessment of distribution of government spending between men and women, boys and girls–analysis of patterns of service utilization
Non-targeted/ general expenditures	Key questions: Are services equally available to male and female beneficiaries? Are there discriminatory eligibility criteria to access services? Is there a conscious effort to make support available?	
Equal employment opportunities for women in the public sector	Training for women managers; provision of day care services for women employees	Gender balance in: <ul style="list-style-type: none"> - government employment - training programs - membership in local special bodies

1.9 Project Logical Framework

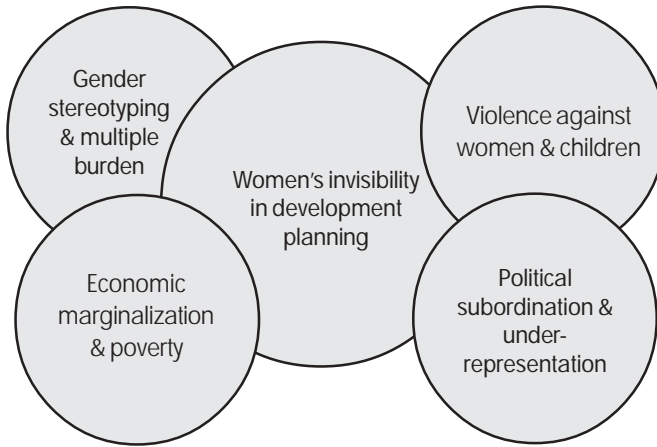
Narrative summary	Expected results	Performance measurement	Assumptions and risks
Project goal	Long-term results (impacts)		
> To transform local budgets into tools against poverty and for gender equality	> Equitable access of women and men to basic social services, especially on health > Greater participation of citizens/CSOs in budgetary decision-making	> Number and percentage of women and men who believe they have reasonable access to these services > Participation levels of CSOs, especially women's groups	> Political will to promote principles of participation, transparency and accountability

<p>Project purposes</p> <p>> To strengthen the results and gender orientation of local budgeting especially for health and agriculture programs</p> <p>> To bring about more resources for key gender-responsive services especially in health and agriculture</p>	<p>End of project results (outcomes)</p> <p>> Clearer performance and gender equity targets established for health and agriculture programs</p> <p>> Enhanced appreciation, openness, and capacity of LGUs and citizenry/civil society groups to work together in local budgeting</p> <p>> Greater funding certainty and prioritization for services needed most by local (community) women and men/ girls and boys</p>	<p>> Gender-sensitive output and outcome program indicators provided</p> <p>> Reorientation made on the programs</p> <p>> Participatory budgeting process evolved</p> <p>> Inclusion of these services in annual and medium-term investment plans and/or changes made in budgetary allocation for these services</p>	<p>> Openness of LGU to relevant stakeholders</p> <p>> Availability of sex-disaggregated data and easy access to budget information and other official documents</p> <p>> Presence of strong CSOs/gender advocates</p>
<p>Inputs/activities (per outcome)</p> <p>(Refer to specific LGU plans)</p>	<p>Short-term outputs</p> <p>(Refer to specific LGU plans)</p>	<p>Performance indicators</p> <p>(Refer to specific LGU plans)</p>	

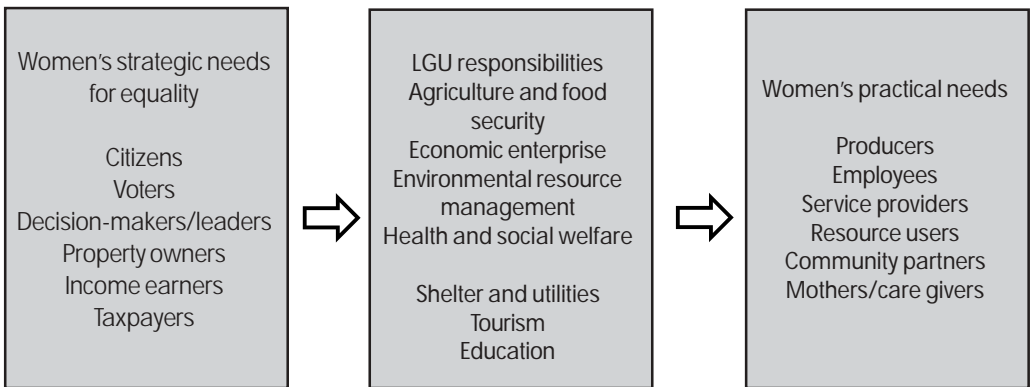
2.1 CEDAW, BFP and MDGs: Standards for Rights and Gender-Responsive Governance¹¹

- Governance is a method of managing public affairs in a participatory manner so that people may have a direct and ongoing voice in the making of decisions that affect them, as well as in the process of implementation of the same. Government is one of the mechanisms of governance. (Guido Bertucci, UN Department of Economics & Social Affairs, World Congress Governance, Manila, June 1999)

- Gender and Governance Issues



- Society views women as the weaker sex. Because of this perception, women's full participation in the development process is restricted (women, because of their secondary status, have limited role in development).
- Women's strategic needs vis-à-vis practical needs



- Gender Equity and Gender Equality

Gender equity is the process of being fair to women and men; and includes measures to compensate for historical and social disadvantages that prevent men and women from operating on a level playing field.

Gender equality is when men and women enjoy the same status; have equal conditions for realizing their full human potential to contribute to and benefit from the results of development. It is also the equal valuing by society of both the similarities and differences between women and men and the role they play.

- The International Instruments for Women's Human Rights and Gender-Responsive Governance

CEDAW (1981)	BPFA (1995)	MDG (2000)
<p>The UN General Assembly adopted the Convention to the Elimination of Discrimination Against Women (CEDAW) on December 19, 1979. It came into force as a treaty on December 3, 1981. There were 179 state parties as of October 2004. The Philippines signed CEDAW on July 15, 1980; ratified it on August 5, 1981; and entered it into force on September 4, 1981. It ratified the Optional Protocol that entered into force February 12, 2004.</p>	<p>The 1995 Fourth World Conference on Women adopted the Beijing Declaration and the Beijing Platform for Action.</p>	<p>The 55th session of the UN General Assembly in September 2000 adopted the Millennium Declaration 2000 establishing eight global Millennium Development Goals.</p>
<p>Has 30 articles</p>	<p>Has 12 areas of concerns</p>	<p>Has 8 development goals</p>
<p>International Bill of Rights for Women 1 Defines discrimination and its basis 2-4 State Obligation 5-16 Areas of Application 17-22 CEDAW Committee 23-30 Administrative Procedures</p>	<ol style="list-style-type: none"> 1. Women and Poverty 2. Women and Education 3. Women and Health 4. Violence Against Women 5. Women and Armed Conflict 6. Women and the Economy 7. Women in Power & Decision-Making 8. Institutional Mechanisms 9. Human Rights of Women 10. Women and Media 11. Women and the Environment 12. The Girl-Child 	<ol style="list-style-type: none"> 1. Eradicate hunger and poverty 2. Achieve universal education 3. Promote gender equality and empower women 4. Reduce child mortality 5. Improve maternal health 6. Combat HIV/AIDS, malaria and other diseases 7. Ensure environmental sustainability 8. Develop global partnership for development
<p>Reporting is every 4 years to the UN-CEDAW Committee. The Philippines submitted its combined 5th and 6th reports in July 2004 and is due to submit the next report in 2007.</p>	<p>Every 5 years: review at the national, regional & global levels; 2000: BFPA+10 resulted in political declaration adopted at the 23rd UN Assembly Special Session; 2004: review and appraisal at the national and regional levels done; global level review for BFPA+10 on March 2005 at the 49th Session of the UN Commission on the Status of Women</p>	<p>Has 16 global targets and 48 global indicators. The 1st Philippine progress report was published in 2003. Consultations are ongoing to review its progress and review the 2nd report.</p>

MDG 1. Eradicate extreme hunger and poverty

CEDAW

1.1 Eliminate discrimination against women to ensure the same rights for men and women in employment; equal pay for work of equal value

1.3 Gender equality in all areas of economic and social life; same right to bank loans and all forms of financial credit.

1.4 Rural women's equal treatment in land reform

1.5 Equality before the law; same legal rights and responsibilities relating to contracts and property

1.6 Equality in marriage and family life

BPFA

A2. Revise laws and administrative practices to ensure women's equal rights and access to economic resources

A3. Provide women with access to savings and credit mechanisms and institutions

A4. Develop gender-based methodologies and conduct research to address feminization of poverty

MDG 2. Achieve universal primary education

CEDAW

Article 10. Eliminate discrimination against women to ensure equal rights between men and women in education

Ensure womens' access to studies and achievement of diplomas at all levels of education, in rural as well as urban areas; access to the same standard of education;

Article 14.2.d. Ensure rural women's rights to access all forms of training and education

BPFA

B.1. Ensure equal access to education
B.4. Develop non-discriminatory education and training
B.5. Allocate sufficient resources to monitor implementation of education reforms

L.4. Eliminate discrimination against girls in education, provide the same opportunities for scholarships, trainings and grants

L.7. Eradicate violence against the girl-child

MDG 3. Promote gender equality and empowerment

CEDAW

Article 2a. Embody the principle of the equality of men and women in national constitutions

Article 2b. Adopt legislative measures to prohibit all forms of discrimination against women, and ensure that all women have access to protection from discrimination through national tribunals and other public institutions

Article 2f. Abolish existing laws, regulations, customs and practices that discriminate against women

BPFA

I2. Ensure equality with no discrimination under the law and in practice

H1. Create or strengthen national machineries and other governmental bodies

H2. Integrate gender perspectives in legislation, public policies, programs and projects

H3. Generate and disseminate sex-disaggregated data and information for planning and evaluation

MDG 4. Reduce child mortality

MDG 5. Improve maternal health

CEDAW

Article 12.1. Eliminate discrimination in the field of health care

Article 12.2. Ensure women-appropriate services in connection with privacy, confinement, and the post-natal period, granting free services, where necessary, that promote women's health

Article 14.2. Ensure rural women's right to adequate health care facilities, including information, counseling and services in family planning

BPFA

C1. Increase women's access throughout the life cycle to appropriate, affordable and quality health care, information and related services

C2. Strengthen preventive programs that promote women's health

C3. Undertake gender-sensitive initiatives that address STD/HIV-AIDS and sexual and reproductive health issues

MDG 6. Combat HIV/AIDS, malaria and other diseases

CEDAW

Article 5a. Eliminate social and cultural stereotypes and practices based on gender inequality

Article 11. Eliminate discrimination against women to ensure the same rights for men and women in employment

Gen. Recom. 15. Avoid discrimination against women in national strategies for the prevention and control of HIV/AIDS

Gen. Recom. 19. Eliminate all forms of gender-based violence against women

BPFA

C1. Increase women's access through-out the life cycle to appropriate, affordable and quality health care, information and related services

C3. Undertake gender-sensitive initiatives to address sexually transmitted diseases, HIV/AIDS, and sexual and reproductive health issues

L2. Eliminate negative cultural attitudes and practices against girls

MDG 7. Ensure environmental sustainability

CEDAW

Article 14.1. Take into account the particular problems faced by rural women and the significant roles that women play in the economic survival of their families

Article 14.2. Ensure rural women's right to participate in the elaboration and implementation of development planning at all levels

Article 13.2. Ensure that rural women have access to agricultural credit and loans, marketing facilities, appropriate technology and equal treatment in land and agrarian reform

BPFA

K1. Involve women actively in environmental decision-making at all levels

K2. Integrate gender concerns in policies and programs for sustainable development

K3. Strengthen or establish mechanisms at national, regional and international levels to assess the impact of development and environmental policies on women

MDG 8. Develop a global partnership for development

CEDAW

Article 8. Ensure women the opportunity to represent their governments at the international level and to participate in the work of international organizations

Article 7b. Ensure women the right to participate in the formulation and implementation of government policy and to hold public office and perform public functions at all levels of government

Article 7c. Ensure women's right to participate in NGOs and associations concerned with the public and political life of the country

BPFA

A1. Review, adopt and maintain macroeconomic policies and development strategies that address the needs and efforts of women in poverty

G1. Take measures to ensure women's equal access and full participation in power structures and decision-making.

LINKS between CEDAW, BPFA and MDG

1. The CEDAW, BPFA and MDGs are mutually supporting processes. The three documents should be viewed as complementary tools – CEDAW as the overarching ideological and legal framework while the BPFA and MDGs translate it into broad action plans.
2. CEDAW is a women's bill of rights; BPFA is programmatic based on issues or areas of concern; MDGs are concrete, time bound, with measurable goals and targets and indicators for poverty reduction.
3. The MDG explicitly supports CEDAW. MDG is not a brand-new agenda but is a new vehicle for implementing CEDAW and the BPFA. The resources and commitment being mobilized for the MDGs can be harnessed to support CEDAW and BPFA implementation.

Gender challenges to the MDG

- Gender, as a cross-cutting concern for the achievement of all MDGs, is not well reflected in the global targets and indicators.
- The obligations and commitments under the CEDAW and the BPFA are poorly represented in the MDG goals and targets. There is a need to include a broader range of gender-sensitive targets and indicators at the national level.
- MDGs distract attention and resource commitment away from gender equality processes.

National MDG reporting

- Bring CEDAW and Beijing advocates to the table. Involve broad consultation with relevant sectors.
- Draw on CEDAW and BFPAs for situation analysis. Global targets and indicators can be adjusted and expanded to suit national contexts and be made more gender-responsive.
- Frame national indicators that respond to CEDAW and Beijing priorities.
- Improve statistical capacity on gender equality issues.
- Identify appropriate implementation measures.

2.2 Reproductive Health, Population and Sustainable Development Framework¹²

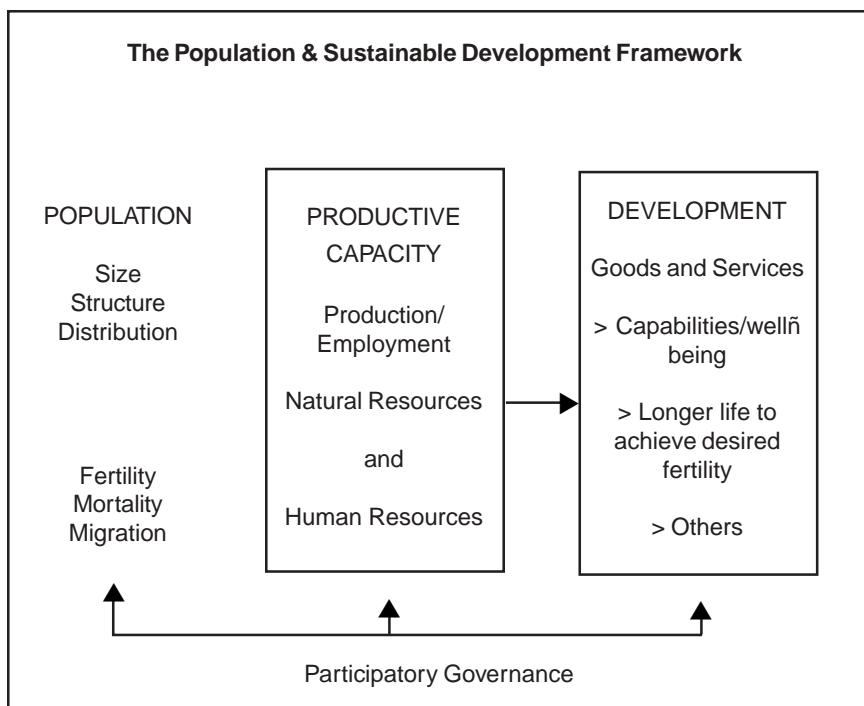
- Gender Equity, Equality, and Women Empowerment as cornerstones for Sustainable Development:

Advancing gender equality and equity; the empowerment of women; the elimination of all kinds of violence against women; and ensuring women's ability to control their own fertility are cornerstones of population and development-related programs. (International Conference on Population and Development Programme of Action, Principle 4)

- o Gender equity – process of being fair to both women and men; leads to equality
- o Gender equality – when men and women enjoy the same status socially, economically, politically and culturally
- o Both equality and empowerment are necessary to achieve political, social, economic, cultural and environmental security.
- The Population & Sustainable Development Framework (ICPD at 10th National Conference, 2004)

References:

1. Lee Waldorf. "Pathways to Gender Equality: CEDAW, Beijing and the MDGs" GTZ and UNIFEM, USA: New York.
2. Paul Ekins, ed. 1986. The Living Economy, Routledge & Kegan Paul, USA.



- Shared development agenda

People from all social classes must be able to share in the country's progress. All people must have access to basic services such as food, clothing, housing, employment, health services as key conditions to live in a sound and clean environment.

- Desired results: Reducing poverty and ensuring environment protection and sustainable development
- Direct links between population and quality of life

Quality of life is directly linked to people's capabilities, including the capability to have the number of children they want and to move around freely. It includes the capacity to be free from preventive illnesses, be well-nourished, and be educated; have access to employment and income opportunities; be able to move about in search of better opportunities; enjoy social justice and equity; and have the capacity to meet fertility options.

➤ Key result areas:

Population and health: healthy people make a healthy nation

Population and education: education for all

Population and employment: jobs, more jobs

Population and housing: house for the homeless

Population and environment: sowing what you reap

➤ Reproductive health (RH)

Ten elements:

- Family planning – for safe and effective fertility regulation
- Maternal and child health and nutrition – for safe pregnancy and childbirth and a healthy infant
- Prevention of abortion and management of its complications – for prevention of unwanted pregnancies and for the management of complications arising from abortion
- Prevention and treatment of reproductive tract infections including STDs, HIV, and AIDS – for better understanding of the disease and its causes and protection from it
- Prevention and appropriate treatment of infertility and sexual disorders
- Prevention and treatment of breast cancers, cancers of the reproductive system, and other adverse gynecological conditions
- Counseling and education on sexuality and sexual health
- Adolescent RH – for appropriate services and information including those on STD and sexual abuse
- Male reproductive health – for the unique RH needs of men and to support women's RH decisions
- Prevention and management of violence against women – to assist women who are victims of rape and sexual harassment as well as domestic violence

Reproductive health as a human right:

- Article 1 in the Universal Declaration of Human Rights states that “All human beings are born free and equal in dignity and rights.” Government has the duty to respect, protect and ensure this human right, including RH. Therefore, all individuals should have access to reliable information and quality reproductive health care, including family planning services.
- The Philippine population policy: “Responsible Parenthood for Sustainable Development”

Basis: 1987 Constitution, Article XV, Section 3.1

“The state shall defend the right of the spouses to found a family in accordance with their convictions and the demands of responsible parenthood”.

2.3 Gender Responsive Options in Localizing CEDAW and the MDGs¹³

Goal 1. Eradicate extreme poverty and hunger		
Targets	Suggested LGU options	Gender-responsive measures
<p>Reduce by half the proportion of people living on less than a dollar a day</p> <p>Reduce by half the proportion of people who suffer from hunger</p>	<p>Provision of livelihood and employment opportunities for marginalized groups through community enterprise and skills training</p> <p>Provision of basic training on household food security such as home gardening, backyard livestock industry, and inland fishing; and</p>	<p>Sex-disaggregated profile of the poor population</p> <p>Gender analysis of roles, tasks, contributions and needs of women sector among the poor</p> <p>Involve women-food producers and consumers in training, program planning, designing and monitoring of agriculture, fisheries and livelihood programs</p> <p>Gender-responsive training</p>
Goal 2. Achieve universal primary education		
<p>Ensure that all boys and girls complete a full course primary schooling</p>	<p>Construction/ rehabilitation of school facilities such as school buildings with toilets and water supplies, clinics, public libraries, basic science laboratory rooms, etc.</p>	<p>Representation of women and men in the PTCAs and in local school boards in their project planning, decision-making, and monitoring of infrastructure projects to ensure transparency, cost-effectiveness, and gender-responsiveness of design of facilities</p>
	<p>Provision of day-care center teachers/workers with gender-sensitive instructional materials</p>	<p>Gender sensitivity training for teachers and parents</p> <p>Ensure that curriculum and teaching materials do not promote gender stereotypes</p>

Goal 3. Promote gender equality		
Eliminate gender disparity in primary and secondary education, preferably by 2005, and at all levels by 2015.	Allocation of 5% LGU budget for gender and development programs/projects/activities (PPAs) addressing MDGs such as implementation of laws on violence against women (RA 9208 and 9262)	GAD orientation and sensitivity training for all LGU personnel, especially LGU officials Gender-responsive policy and program development & monitoring GAD planning, budgeting and performance audit
	Ensure participation of women in local special bodies (LSBs)	Leadership and project management training among women POs and NGOs
Goal 4. Reduce child mortality		
Reduce by 2/3 the mortality rate among children under five	Immunization of all children against tuberculosis, diphtheria, pertussis, tetanus, measles & hepatitis B before reaching 1 year old	LGU education campaign among fathers and mothers on shared parenting and child care LGU plan and budget for more accessible and affordable child care health services, e.g. lying-in clinic
	Promotion of exclusive breastfeeding up to 6 months and continuation of breastfeeding up to 2 years	Breastfeeding policies and practices in the workplace be provided to working mothers
Goal 5. Improved women's reproductive health		
Reduce by ¾ the maternal mortality rate	Conduct of advocacy and other related services on the following reproductive health elements:	
Increase access to reproductive health services to 60% by 2005, 80% by 2010 and 100% by 2015	Family planning education, counseling services, and contraceptives for both men and women Provision of iron and vitamin A supplementation for pregnant and lactating mothers Anti-VAWC	Gender-sensitivity training among health personnel Gender-sensitive policies, programs, facilities and practices Gender-responsive monitoring, documentation and reporting system

Goal 6. Combat HIV/AIDs, malaria and other diseases		
Halt and begin to reverse the spread of HIV/AIDs	Promotion and provision of AIDs prevention services such as counseling, massive information campaign, social mobilization, and STI/ HIV/AIDs management in health facilities	Ensure non-sexist sexuality education for men and women in schools, mass media and the work place
Halt and begin to reverse the incidence of malaria and other major diseases		
	Establishment and strengthening of "anti-TB" networks Implementation of comprehensive cleanliness program such as de-clogging of canals, etc.	Participation of men and women from all sectors in public health and cleanliness campaigns
Goal 7. Ensure environmental sustainability		
Integrate the principles of sustainable development into country policies and programs	Enforcement of forest laws, rules and regulations in community watersheds, communal forests and other devolved areas	Involve rural women in resource-management bodies in planning, decision-making, monitoring and evaluation
Reverse loss of environmental resources	Implementation of devolved community-based forestry management projects which include integrated social forestry in communal forests	
Reduce by half the proportion of people without sustainable access to safe drinking water		
Achieve significant improvement in the lives of at least 100 million slum dwellers by 2020		

2.4 Governance and Venues for People's Participation¹⁴

(Note: In this paper, JV Garganera first traced the evolution of governance in the country during the past three decades: top-down in the 70s with martial rule; people-centered development with People Power in the 80s; and critiquing of development aggression and the continuing challenge starting from the 90s for government and civil society to work together for development. Following are excerpts from his marathon presentation.)

Government refers to the bureaucracy, institutions, laws, systems and policies, while governance is executing authority and administration, which engages both government and the governed. Hence, governance involves mechanisms, processes and institutions.

What is governance?

- Exercise of economic, political and administrative authority
- Management of state affairs at all levels
- Comprises mechanisms, processes and institutions
- Includes citizens and groups (who exercise rights and perform obligations)
- Mediates differences

Governance is ...

- how POWER is exercised
- how DECISIONS are taken
- how CITIZENS have their way

Guiding principles

Among the guiding principles in governance are those embodied in the 1991 Local Government Code (LGC) of the Philippines:

- local autonomy (LGUs' sharing power with national government)
- decentralization (decision-making moving from center to periphery)
- devolution (shifting power from national to local governments)
- de-bureaucratization (streamlining of bureaucracy)
- democratization (broadening organized people's engagement in government)

LGU: Agent of state, agent of people

The LGU is an agent of both state and the people and must learn to balance and harmonize both roles, drawing its broad mandate from what is needed for people's development.

As an agent of the state, the LGU sells programs of the national government by implementing or executing them. As an agent of the people, the LGU (unlike the national

government) is nearer to the community, knowing what is appropriate for the people in terms of programs or projects.

The LGU resolves potential conflicts by ... selecting which national programs are acceptable to the people and are instruments to propel their development. The LGU puts to action (its) powers to ensure a balance in ... being an agent of the state and an agent of the people.

Components of the local public administration cycle:

- election
- development planning
- fiscal management
- legislation
- management and implementation
- monitoring and evaluation

Ten principles of good governance

These are transparency, participation, accountability, leadership, general organization and management, inter-governmental relations, rule of law, continuity-predictability-sustainability in implementation of programs, preference for the poor and effective provision of basic services.

Venues for people's participation

NGOs and POs can participate in local governance through the following:

- Local Special Bodies (LSBs) which are *LGC-mandated*, such as the local development council (LDC), local school board (LScB), local health board (LHB), peace and order council (POC), bids and awards committee (BAC)
- Local Special Bodies *mandated by other laws* such as solid waste management board (SWB), local housing board, fisheries and aquatic resource management council (FARMC), public law enforcement bureau (PLEB), PAMB, BAFC and others
- LGU-NGO partnerships
- Monitoring and evaluation
- Initiatives and referendum
- Prior mandatory consultations
- Local sectoral representation (LSR)
- Privatization

However, the following are the three best venues: planning and budgeting (as member of the LDC or post-LGC special bodies), joint programs and projects with government, and people's participation (e.g. poverty mapping as an entry point).

A critical path to participatory governance requires:

- Democratization: Why do we need to participate? Who will get involved? What agenda do we bring to the partnerships?
- Being clear on our reasons and motivations: LGU accountability, genuine development for all and sustainable development, people's access to resources, our access to government (government to graduate to governance)
- A strong network with skills running the gamut of the local public administration cycle (media, academe, church, etc.)

Final reminders

1. ***Do we have a clear agenda?***

What is the burning issue you wish to pursue? Is it a gender or health concern? Can it be resolved by governance?

2. ***Do we have players?***

Do we have organized groups? A network or coalition? Do we have a clear constituency? Do people know what it is we are doing? Are the groups accredited? Are the other sectors with us or against us? How about the media, academe and civic organizations?

3. ***Is there space to participate?***

Is the LGU open to people's participation? Are the LSBs and BDCs functional? Or are we better off as plain NGOs? Are there non-LGC venues for people's participation? What is the environment for participation? Is the SB (local legislative council) an enemy or an ally? Are the SB members open to NGOs or a "closed mafia"?

4. ***Do we have the tools and skills?***

Do we have a power map (a tool to define the interests of various local stakeholders; and tracks whether individuals or organizations are allies or enemies)? Will they benefit from our participatory governance initiatives? Do we have a clear development agenda? Do we have an advocacy plan? Negotiation skills? Solutions? What is our minimum and maximum requirement for negotiations, our fallback position? Can we mobilize resources?

The set of skills we need to have: ***lobbying and advocacy, planning and budgeting, PIME and resource mobilization.***

5. ***Do we have the end in mind at the start?***

Can you, so far, foresee what will happen in 2007 – passage of a resolution or ordinance, a particular plan for your sector? Know your targets and time frame

well. Do you have mechanisms to make plans operational; or will they be created in the future? Will these be multi-sectoral mechanisms and do you want them institutionalized? Is this long-term?

[The presentation on civil society organizations differentiated between government and civil society, defined CSO and NGO, traced the history of NGO development from the 30s to the 90s, identified strategic and emerging roles of NGOs, highlighted areas of LGU-NGO collaboration, and underscored the corollary challenges for LGUs and NGOs in partnering for good governance.]

B. Tools

1.1 The PIME (Planning, Implementation, Monitoring and Evaluation) Overview¹⁵

What is a program?

A program is a set or collection of planned activities and events that require the coordination of people and organizational units, the mobilization and utilization of resources, and the orchestration of tasks in order to achieve stated organizational goals or objectives.

Examples of a program are:

- Conceptualization, design, implementation, monitoring and evaluation of a ***health program, a community livelihood program, an income generating program for poor families, a resettlement program for displaced households, a technology modernization program for a cooperative enterprise, a human resource development program for a school*** and so on.

What is a project?

A project is a specific and oftentimes, time, people and resource bound plan of action that seeks to accomplish measurable results or objectives.

Examples of a project are:

- Setting up of a health clinic for a municipality
- A fish-cage livelihood project
- A housing project for a particular group of dislocated families in a village
- The setting up of a food processing plant using state-of-the-art technology
- A project to build a school

Program and project objectives

Programs and projects are pursued to attain specific objectives which are often stated in general terms. Objectives are then translated into key result areas (KRAs) and performance indicators (PIs) to make them operative and manageable.

What are key result areas (KRAs) and performance indicators (PI)?

Key result areas are expected major outcomes which, if attained, indicate the achievement of objectives. Performance indicators are quantifiable measures or indicators of performance (objectively verifiable indicators).

An illustration of program and project objectives, KRAs and PIs

- Objective – good health for all members of the community
- KRAs – reduction in morbidity and mortality, longer lifespan and lower incidence of malnutrition for community members
- PIs – future mortality and morbidity incidences compared to incidences in the past or present (*computation of number of sick or dead persons, in a given time frame – one month or one year, for every 1,000 population in the community*)

What is the importance of baseline?

- Serves as the “starting point” of the program or project
- Reference or point of comparison between the pre-program or pre-project situation and the post-program or post-project situation.

What is benchmark information?

- Reports and data compiled to describe the important characteristics of persons or groups that may be affected by a project
- Enables projects to be prepared on the basis of realistic assumptions about beneficiary response to the project, as well as to assess subsequent impact
- Always refers to conditions prior to an intervention

What are the uses of benchmark information?

- To ensure that interventions respond to the needs and desires of those for whom the project is intended to benefit
- To evaluate the impact of the project

What are the various program/project stages?

1. Providing program or project inputs
2. Processing the inputs (throughputs)
3. Generating outputs
4. Attaining the desired end results or outcomes

What are the PIME principles?

- Adherence to the phases of the project cycle to ensure a structured and well-informed decision-making process; consistent analytical approach to project design and management
- Client orientation – adherence to participatory processes
- Incorporation of aspects of sustainability into project design
- An integrated approach

1.2 What is a Good Plan?¹⁶

- **A good plan intends to improve a problem situation.**

A good plan starts from the thorough analysis of the situation: describe the situation in terms of problems and opportunities, constraints and potentials, and the factors that cause them; recognize that these are caused by the interplay of economic, social and demographic factors (example: health problem situation may be caused by factors such as fertility, malnutrition, environmental contamination, education, incomes and prices, etc.).

Use sex-disaggregated data and gender-sensitive tools for data gathering; and use gender-based framework for analysis.

- **A good plan is anchored on the VMG of the LGU.**

The plan contributes to the attainment of the VMG of the LGU.

Gender concerns are articulated in the VMG.

- **A good plan has clear and well-defined goals, objectives and targets.**

Specific – it clearly defines **what** the plan intends to do; to **whom**; **when**; focused targeting (what segment of population or client is targeted: demographic, geographic, income level)

Measurable – quantitative and qualitative

Attainable – considering the elements of time, resources, capacity

Results-oriented – clear indicators; defined in the different levels of results

Time-bound – time frame is set when expected outputs, effects and impacts are to be seen or felt; also concerned with efficiency and rational utilization of resources

Results are gender-specific as defined by indicators with bias for women, particularly the poor and marginalized.

The plan by itself is a tool for monitoring and evaluation.

- **A good plan has doable and effective strategies translated into programs, projects and activities (PPAs).**

Incorporate and address gender concerns.

Recognize differences in needs and situation of men and women.
Do not over-burden women.

➤ **A good plan has appropriate policy support.**

Provide for equal participation of men and women.
Allocate budget/funds and provide for the needed human requirements.

➤ **A good plan is backed up by resources.**

Resource mobilization/financing the plan: locating, allocating and utilizing resources

➤ **A good plan promotes participation among stakeholders.**

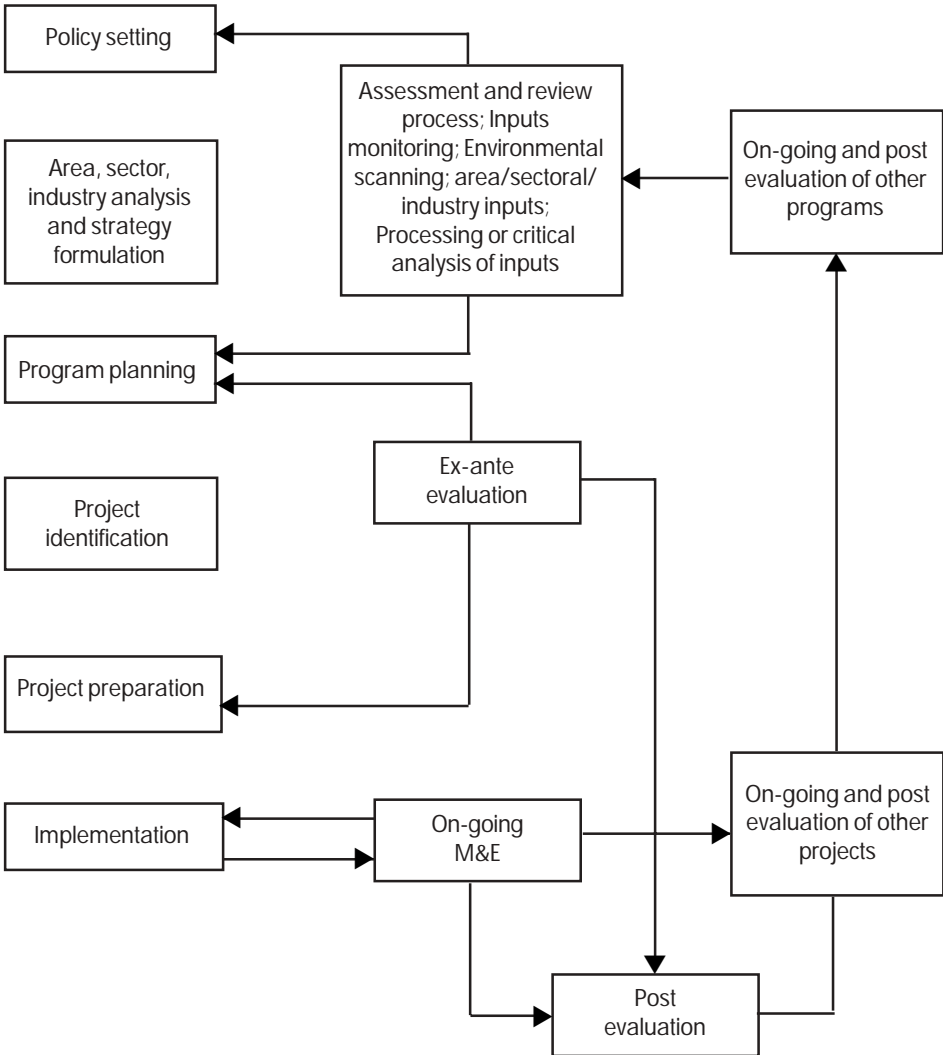
Government, NGOs, POs, private sector and the community
Critical (in number and influence in decisions) participation of women in the planning, implementation, monitoring and evaluation

1.3 The PIME Cycle¹⁷

Program/Project PIME Cycle

Planning and Implementation

Monitoring and Evaluation



1.4 Templates for the PIME Cycle¹⁸

Template A: Assessment of Current LGU Planning Practices

Key areas	Strengths	Problem areas
<p>Data and information systems</p> <p>Availability of sex-disaggregated data on the following:</p> <ul style="list-style-type: none"> ➤ Available resources and the utilization and access of women to these resources ➤ Support systems available to women ➤ Inventory of women skills ➤ Gender-related issues and problems in the community ➤ Services available to women and men ➤ Power relations of men and women ➤ Existing cultural practices ➤ Production level and income ➤ Employment ➤ Literacy and educational level ➤ Database for focused targeting <p>Systems for data collection, processing, storing (use of gender sensitive tools and frameworks)</p> <ul style="list-style-type: none"> ➤ Data gathering tools presently being utilized ➤ Planning tools and frameworks being utilized ➤ Frequency of data collection or updating data 		
<p>Organizations/structures</p> <p>Group or body in the LGU tasked/mandated to plan for agriculture or health</p> <p>Structures being utilized for planning which provide opportunity for multi-sectoral participation (LHB, local development councils, municipal agricultural council, etc.)</p>		

<p>Capacity building for personnel and other sectors who are involved in planning</p> <p>Need-specific training for women and men (clients)</p>		
<p>Resources</p> <p>Availability of resources (funds allocation) for planning activities, which include provision for data and information management systems</p> <p>Resource mobilization to implement plans to include provisions for support services for women</p>		
<p>Policy</p> <p>Policy that provides mandate and institutionalizes the planning process in the LGU</p> <p>Guidelines which provide for the requirements and standards for gender-responsive and results-oriented planning:</p> <ul style="list-style-type: none"> ➤ Gender-specific targeting ➤ Scheme of implementation recognizes differences between men and women ➤ Roles or tasks do not reinforce traditional roles ➤ Clear output, effects and outcome indicators <p>Policy that allocates funds for planning and related activities</p> <p>Policy that provides for equal participation of women and men in the planning process</p>		

Template B: Improvement Interventions for Planning
 LGU: _____

Identified problem areas	Targets	Interventions	Resources needed	Person/s responsible
1. Data and information system				
2. Organizations/ structures				
3. Resources				
4. Policy				
5. Others				

Template C: Assessment of Current LGU Monitoring and Evaluation Practices
 LGU: _____

Key areas	Strengths	Problem Areas
<p>Data and information systems</p> <ul style="list-style-type: none"> ▫ Availability of clear monitoring and evaluation indicators (<i>input, process or throughput, output, outcome and impact indicators; gender-based indicators are institutionalized and continuously enhanced</i>) ▫ Specific sources of data and information (<i>participation of women and men beneficiaries in providing data</i>) ▫ Data base system: collection, screening, consolidation, processing, storage and utilization (<i>gender-responsive data collection, presence of sex-disaggregated data</i>) ▫ Monitoring and evaluation tools and frameworks currently being utilized (<i>application of GAD concepts and tools</i>) ▫ Frequency of collecting data for monitoring and evaluation ▫ Reporting mechanisms 		
<p>Organizations or structures</p> <ul style="list-style-type: none"> ▫ Group or body in the LGU tasked/ mandated to monitor and evaluate health and agriculture sector development programs and projects (<i>GAD focal point and program staff with GAD K-S-O</i>) 		

<ul style="list-style-type: none"> ▫ Structures being utilized for monitoring and evaluation which provide opportunities for participation of women and men implementers and beneficiaries ▫ Coordinating mechanisms within the LGU which provides for sharing of information and integration of learnings and insights among different units/ departments ▫ Capacity building for LGU staff involved in monitoring and evaluation of health and agriculture sector development programs and projects 		
<p>Policies</p> <ul style="list-style-type: none"> ▫ Policy which provides mandate and institutionalizes the monitoring and evaluation system ▫ Guidelines which provide for the standards and requirements for monitoring and evaluation of health and agriculture sector development programs and projects (on <i>focus-financial, physical, etc. accom., method, frequency</i>) ▫ Policy on gender mainstreaming: assessment of gender impacts, participation of women and men implementers and beneficiaries in monitoring and evaluation processes ▫ Policy which allocates budget/ resources for undertaking monitoring and evaluation of health and agriculture sector development programs and projects 		


Template D: Improvement Intervention for Monitoring and Evaluation Practices

LGU: _____

Identified problem areas	Targets	Interventions	Resources needed	Person/s responsible
1. Data and information system				
2. Organizations/ Structures				
3. Policies				
4. Others				

1.5 Project Evaluation: Measuring Levels of Results¹⁹

[This input addresses the question “What exactly do we expect to see after implementing the plan?”]

	2006	2007	2008
INPUTS	IMMEDIATE RESULTS	EFFECTS (OR INTERMEDIATE OUTCOMES)	IMPACT (LONG TERM OUTCOMES)
<p><i>Human</i> Financial Material Technology</p> <p>(Requirements to implement the plan and produce the desired results)</p>	 OUTPUT INDICATORS		
	<p>Results from the performance of identified activities like:</p> <p># of trainings conducted</p> <p># of women/men trained</p> <p># of facilities set up</p> <p># pieces of equipments procured</p> <p># of meetings conducted</p> <p># of structures/systems installed</p>	<p>INTERMEDIATE INDICATORS</p> <p>Observable changes in the situation or behavior of target groups due to the collective influence of the outputs like:</p> <p>Health – Morbidity Mortality Women Fertility CPR of modern FP methods among men and women Malnutrition Rate</p> <p>Agriculture – Income level</p> <p>Production level</p> <p>Employment rates</p> <p>Subsistence incidence</p>	<p>OUTCOME INDICATORS</p> <p>Long-term and relatively permanent observable changes in situation, paradigm of people, gender relations, gender division of labor, structures and systems like:</p> <p>Improved –</p> <ul style="list-style-type: none"> > health situation of women > access to and control over resources and benefits > social, economic and political position of women in the community > level of skills of women > level of empowerment of women

2. A Gender-Responsive LGU Assessment (GeRL) Tool²⁰

GENDER-RESPONSIVE LGU (GeRL) KA BA? (Are You A Gender-Responsive LGU?)
Self-Assessment Instrument

Dear Respondent,

Mabuhay!

One of the major thrusts of the country is to ensure that gender concerns are integrated in the development undertakings both at the national and local levels. At the local level, this means making local government units' services more responsive to women's concerns, problems and issues in their respective localities.

Towards this end, the National Commission on the Role of Filipino Women (NCRFW) in partnership with the Department of the Interior and Local Government - Local Government Academy (DILG-LGA) is administering the *Gender-Responsive LGU Ka Ba? (GeRL Ka Ba?) Self-Assessment Instrument* for Local Government Units (LGUs). This GeRL Self-Assessment aims to draw information on the current gender-responsive efforts and practices of LGUs at the city and municipal levels. Results of the Self-Assessment shall serve as one of the bases for the LGUs in determining the status of GAD mainstreaming in their localities and in developing their GAD Plans. This shall also help the NCRFW and LGA in developing technical assistance packages for LGUs.

In view of this, we encourage you to accomplish this Self-Assessment Instrument completely and accurately.

The instrument is divided into three parts:

Part I. Basic LGU Information and Data: This involves the identification of GAD-related socio-economic data of the locality.

Part II. LGU Basic Services: This involves the LGU's assessment of its provision of basic services and strategies employed in making the LGU gender-responsive.

Part III. Other Information: This consists of open-ended questions that will allow the NCRFW and LGA to draw ideas and strategies on how to better assist the LGUs in making their localities gender-responsive.

Thank you very much for your cooperation.

The National Commission on the Role of Filipino Women (NCRFW) and the Department of the Interior and Local Government - Local Government Academy (DILG-LGA)

PART I. BASIC LGU INFORMATION & DATA

1. Name of Local Government Unit		2. Address (include the Region)	
3. Type of LGU (Pls. check) <input type="checkbox"/> Municipality <input type="checkbox"/> City Indicate name of Barangays _____		4. Classification (Pls. check) <input type="checkbox"/> 1st class <input type="checkbox"/> 4th class <input type="checkbox"/> 2nd class <input type="checkbox"/> 5th class <input type="checkbox"/> 3rd class <input type="checkbox"/> 6th class	
5. Telephone Numbers:	6. Fax Number	7. Email Address	
8. Name of the Local Chief Executive (Mayor)		9. Name of GAD Focal/Point Person (If any)	
Please indicate the latest data on the following:			
Aspect	Figure/Data		As of what year
	Male	Female	
Population			
• Population growth rate			
• Percentage of women aged 15-49			
• Average household size			
• Percentage of female-headed households			
Health Related Data			
• Life expectancy rate			
• Maternal Mortality Rate			NA
• Infant Mortality rate			
• Child mortality rate			
• Number of cases of teenage pregnancy			
• Percentage of households with access to family planning services			NA

· Percentage of population covered by PhilHealth and other health-financing schemes			
Education Related Data			
· Literacy rate			
· Number of girl children in school and graduates in primary and secondary		NA	
· Number of school drop-outs			
Security and Safety Related Data			
· Number of cases of domestic violence			
· Percentage of crime victims			
Most common crimes committed against women (e.g. rape, trafficking, prostitution, etc.)			
Economic Related Data			
· Average family income _____			
Common economic activities of women (e.g. self-employed, employees, OFWs, factory workers, etc.)			
Indicate the number of women who:			
· Own business enterprises	_____	as of (indicate year) _____	
· Are officers/leaders of cooperatives	_____	as of (indicate year) _____	
· Are members of cooperatives	_____	as of (indicate year) _____	
Number of organized groups of women or women NGOs in the area _____ . Please attach a list of these NGOs.			
Is there a local council of women in your area? (Yes/No)			
Do you have access to a gender-resource center? (Yes/No)			
Please indicate the total number of women members/representatives in the following:			
Position / Aspect	Figure/Data		
	Male	Female	Total
Elected Officials, i.e., Mayor, Vice Mayor, Sanggunian Members and Barangay Officials			
Department Heads and other managerial/ supervisory position in the LGU			
Local Development Council			
Local Health Board			
Local School Board			
Bids and Awards Committee			
Peace and Order Council			
Agrarian Reform Councils			

PART II. LGU BASIC SERVICES. Please encircle the appropriate description of your LGU.

This portion involves the LGU's assessment of its capacity to deliver gender responsive services and to assess each indicator varies. However, the general description of the levels in the scaling is as follows:

Level

- 1 – Does not manifest gender-responsiveness
- 2 – Shows early manifestations of gender-responsiveness
- 3 – Has adequate manifestation of gender-responsiveness
- 4 – Manifests a systematic approach and moving towards advanced stages of being gender-responsive
- 5 – Has institutionalized a comprehensive approach in making the LGU gender-responsive

GENDER-RESPONSIVENESS INDICATORS		
	1	2
Availability of the following health-related facilities/services in LGU:		
Day care center	Not available in any barangay	Present in less than 25% of the barangays
Percentage of households with source of/access to safe drinking water	10% or below of households have source of /access to safe drinking water	11%-25% of households have source of/access to safe drinking water
Percentage of households with sanitary toilet	10% or below of households have sanitary toilets	11%-25% of households have sanitary toilets
Garbage disposal system	Not available in any barangay	Present in less than 25% of the barangays
Barangay Health Centers. <i>Please indicate: (1) total number of personnel & volunteers working in the barangay centers: _____ (2) average number of personnel and volunteers working in barangay centers (per brgy): _____</i>	Not available in any barangay	Present in less than 25% of the barangays
Multi-purpose hall that can be accessed/used by women for recreation and other functions and activities (e.g. reading center, information center, etc.)	Not available in any barangay	Present in less than 25% of the barangays

to employ strategies to make its operations gender-responsive. In general, the scaling system used to assess:

being gender-responsive
responsive

LEVEL OF GENDER-RESPONSIVENESS				REMARKS
	3	4	5	
han	Present in 25%- 50% of the barangays	Available in 51%-75% of the barangays	Available in more than 75% of the barangays	
ave ss to ater	26%-50% of households have source of/access to safe potable water	51%-75% of households have source of/access to safe drinking water	More than 75% of households have source of/ access to safe drinking water	
ave is	26%-50% of households have sanitary toilets	51%-75% of households have sanitary toilets	More than 75% of households have sanitary toilets	
han	Present in 25%- 50% of the barangays	Present in 51%-75% of the barangays	Present in more than 75% of the barangays	
han	Present in 25%- 50% of the barangays	Present in 51%-75% of the barangays	Present in more than 75% of the barangays	
han	Present in 25%- 50% of the barangays	Present in 51%-75% of the barangays	Present in more than 75% of the barangays	

GENDER-RESPONSIVENESS INDICATORS		
	1	2
<i>Accessibility of the following health services in LGU:</i>		
Maternal care	Not offered in any of the Brgy. Health Centers	25% and below the Brgy. Health Centers offer th
Family planning services using the reproductive health framework	Not offered in any of the Brgy. Health Centers	25% and below the Brgy. Health Centers offer th
Counseling services for women	Not offered in any of the Brgy. Health Centers	25% and below the Brgy. Health Centers offer th
Disease control program for sexually-transmitted diseases or HIV AIDS (could be an information dis-semination program)	Not offered in any of the Brgy. Health Centers	25% and below the Brgy. Health Centers offer th
PAP smear	Not offered in the city/municipal health center(s)	
Breast cancer examination (including mammogram)	Not offered in the city/municipal Health Center(s)	
Indicate other health services provided in the following:		
<i>Barangay Health Centers</i>		
Do you have an existing health referral system? (Yes/No) _____. If Yes , describe the ser		

LEVEL OF GENDER-RESPONSIVENESS				REMARKS
	3	4	5	
100% of the Brgy. Health Centers offer this	26%-50% of the Brgy. Health Centers offer this	51%-75% of the Brgy. Health Centers offer this	More than 75% of the Brgy. Health Centers offer this	
100% of the Brgy. Health Centers offer this	26%-50% of the Brgy. Health Centers offer this	51%-75% of the Brgy. Health Centers offer this	More than 75% of the Brgy. Health Centers offer this	
100% of the Brgy. Health Centers offer this	26%-50% of the Brgy. Health Centers offer this	51-75% of the Brgy. Health Centers offer this	More than 75% of the Brgy. Health Centers offer this	
100% of the Brgy. Health Centers offer this	26%-50% of the Brgy. Health Centers offer this	51-75% of the Brgy. Health Centers offer this	More than 75% of the Brgy. Health Centers offer this	
	LGU has an existing referral system for women to access this service (e.g. referral to private clinics, hospitals, medical missions)		This service is available at the city/municipal health center(s)	
	LGU has an existing referral system for women to access this service (e.g. referral to private clinics, hospitals, medical missions)		This service is available at the city/municipal health center(s)	
<i>City/Municipal Health Centers or Rural Health Units (RHUs)</i>				
Services accessed through this system:				

GENDER-RESPONSIVENESS INDICATORS		
	1	2
Availability of the following health-related facilities/services in LGU:		
Private rooms for counseling and physical examination	Not available in any of the Brgy. Health Centers	25% and below the Brgy. Health Centers offer the
Availability of comfort rooms	Not available in any of the Brgy. Health Centers	25% and below the Brgy. Health Centers offer the
Availability of water	Not available in any of the Brgy. Health Centers	25% and below the Brgy. Health Centers offer the
Lying-in facilities	Not offered in the city/municipal Health Center(s)	
Please indicate other health related facilities/services in the LGU: (Include those provided by NGOs and		
Availability of the following safety and protection related facilities/services in the LGU:		
Availability of separate toilets for men and women in LGU-managed/owned facilities or places (e.g. market, public offices, parks, etc.)	Not available in any of the LGU-managed/owned places	Available in less than 25% of the LGU-managed/owned places
Adequacy of lighting of streets and public places to deter crime	Less than 20% of streets/public places are lighted	20%-40% of streets/public places are lighted
Women's desk at the police stations	Not available in any police station in the LGU	Present in less than 25% of the police stations in the LGU
Separate room for interrogation of women victims in police stations	Not available in any police station in the LGU	Present in less than 25% of the police stations in the LGU

LEVEL OF GENDER-RESPONSIVENESS				REMARKS
	3	4	5	
Percentage of health centers	26%-50% of the Brgy. Health Centers have this	51%-75% of the Brgy. Health Centers have this	More than 75% of the Brgy. Health Centers have this	
Percentage of health centers	26%-50% of the Brgy. Health Centers have this	51%-75% of the Brgy. Health Centers have this	More than 75% of the Brgy. Health Centers have this	
Percentage of health centers	26%-50% of the Brgy. Health Centers have this	51%-75% of the Brgy. Health Centers have this	More than 75% of the Brgy. Health Centers have this	
	LGU has an existing referral system for women to hospitals and private clinics		This service is available at the city/municipal health center(s)	
and other private clinics and hospitals)				
Percentage of streets/public places	Available 25%-50% of the LGU-managed/ owned places	Available 51%-75% of the LGU-managed/ owned places	Available in more than 75% of the LGU- managed/ owned places	
Percentage of streets/public places	41%-60% of streets/ public places are lighted	61%-80% of streets/ public places are lighted	More than 80% of streets/public places are lighted	
Percentage of police stations in the LGU	Present in 25%- 50% of the police stations in the LGU	Available in 51%-75% of the police stations in the LGU	Available in more than 75% of the police stations in the LGU	
Percentage of police stations in the LGU	Present in 25%- 50% of the police stations in the LGU	Available in 51%-75% of the police stations in the LGU	Available in more than 75% of the police stations in the LGU	

GENDER-RESPONSIVENESS INDICATORS		
	1	2
Availability of the following safety and protection facilities/services in LGU:		
Separate detention centers for women	Not available in any police station in the LGU	Present in less than 25% of the police stations in the LGU
Separate detention centers for juvenile delinquents	Not available in any police station in the LGU	Present in less than 25% of the police stations in the LGU
Services related to prevention of domestic violence <i>Please identify the services</i> _____ _____ _____	Not available in any barangay	Present in less than 25% of the barangays
Services and mechanisms to prevent human trafficking <i>Please identify the mechanisms</i> _____ _____ _____	Not available in the LGU	
Rehabilitation/Development/ Crisis Center for Women	Not available in the LGU	
Availability of the services/programs provided at the Rehabilitation/Development/Crisis Center		
Check the services present: <input type="checkbox"/> Counseling program <input type="checkbox"/> Treatment for physical injuries and trauma <input type="checkbox"/> Temporary shelter <input type="checkbox"/> Legal services <input type="checkbox"/> Productivity/livelihood program <input type="checkbox"/> Job referral system Others, please specify: _____ _____ _____	There is no Rehabilitation/ Development/ Crisis Center in the LGU	At least 1 type of service is offered at the Rehabilitation/ Development/ Crisis Center

LEVEL OF GENDER-RESPONSIVENESS				REMARKS
	3	4	5	
han ice GU	Present in 25%- 50% of the police stations in the LGU	Available in 51%-75% of the police stations in the LGU	Available in more than 75% of the police stations in the LGU	
han ice GU	Present in 25%- 50% of the police stations in the LGU	Available in 51%-75% of the police stations in the LGU	Available in more than 75% of the police stations in the LGU	
han	Present in 25%- 50% of the barangays	Available in 51%-75% of the barangays	Available in more than 75% of the barangays	
			Available in the LGU	
			Available in the LGU	
ter for Women				
of d at on/ crisis	At least 2 types of services are offered at the Rehabilitation/ Development/ Crisis Center	At least 3 types of services are offered at the Rehabilitation/ Development/ Crisis Center	More than 4 types of services are offered at the Rehabilitation/ Development/ Crisis Center	

GENDER-RESPONSIVENESS INDICATORS		
	1	2
<i>Facilities/services in the LGU, please indicate other safety and protection related:</i>		
<i>Accessibility of LGU sponsored or conducted training programs for women constituents (cooperatives)</i>		
Functional (Literacy) Training Programs for Women	The LGU has not conducted/ sponsored this	This is conducted only upon initiation of or if resources and programs offered by other agencies/ organizations
Number of Livelihood Training Programs for Women	The LGU does not offer any livelihood training program for women	At least 1 type livelihood training program per year
Types of livelihood training programs offered by the LGU <ul style="list-style-type: none"> · Traditional livelihood (e.g. basket-making, weaving, tocino-making, etc.) Please specify _____ _____ _____ · Non-traditional Occupation Training Program (welding, motorcycle driving, etc.) Please specify _____ _____ _____ 	The LGU has not conducted/ sponsored this	This is conducted only upon initiation of or if resources and programs offered by other agencies/ organizations
	The LGU has not conducted/ sponsored this	This is conducted only upon initiation of or if resources and programs offered by other agencies/ organizations

LEVEL OF GENDER-RESPONSIVENESS				REMARKS
	3	4	5	
...atives, women NGOS, women groups) in the past three years:				
ed tion es are er s	This is conducted by the LGU in partnership with other agencies/ organizations on a regular basis	This is a LGU-initiated program but conducted on per-need basis	This is a regularly-funded program of the LGU and conducted at least once a year	
of ng ear	At least 2 types of livelihood training programs per year	At least 3 types of livelihood training programs per year	At least 4 types of livelihood training programs per year	
ed tion es are er s	This is conducted by the LGU in partnership with other agencies/ organizations on a regular basis	This is a LGU-initiated program but conducted on per-need basis This is a LGU-initiated program but conducted on per-need basis	This is a regularly-funded program of the LGU and conducted at least once a year	
ed tion es are er s	This is conducted by the LGU in partnership with other agencies/ organizations on a regular basis	This is a LGU-initiated program but conducted on per-need basis	This is a regularly-funded program of the LGU and conducted at least once a year	

GENDER-RESPONSIVENESS INDICATORS		
	1	2
<i>Accessibility of LGU sponsored or conducted GAD-related training programs to its constituents</i>		
Gender Sensitivity Training/Orientation <i>Specify groups of women who participated in this program</i> _____ _____ _____	The LGU has not conducted/ sponsored this	This is conducted once a year
Orientation Program on domestic violence <i>Specify groups of women who participated in this program</i> _____ _____ _____	The LGU has not conducted/ sponsored this	This is conducted once a year
Orientation Program on Sexual Harassment Law <i>Specify groups of women which participated in this program</i> _____ _____ _____	The LGU has not conducted/ sponsored this	This is conducted once a year
Gender Responsive Planning <i>Specify groups of women which participated in this program</i> _____ _____ _____	The LGU has not conducted/ sponsored this	This is conducted once a year
Sector Specific Training Program (e.g. gender and environment). <i>Specify groups of women which participated in this program</i> _____ _____ _____	The LGU has not conducted/ sponsored this	This is conducted once a year

LEVEL OF GENDER-RESPONSIVENESS				REMARKS
	3	4	5	
<i>ts/groups (cooperatives, women NGOS, women groups) in the past 3 years:</i>				
ed	This is conducted twice a year	This is conducted thrice a year	This is conducted at least four times a year	
ed	This is conducted twice a year	This is conducted thrice a year	This is conducted at least four times a year	
ed	This is conducted twice a year	This is conducted thrice a year	This is conducted at least four times a year	
ed	This is conducted twice a year	This is conducted thrice a year	This is conducted at least four times a year	
ed	This is conducted twice a year	This is conducted thrice a year	This is conducted at least four times a year	

GENDER-RESPONSIVENESS INDICATORS		
	1	2
<i>Number of LGU staff/officials that attended the following GAD-related training programs in</i>		
Gender Sensitivity Training/Orientation	The staff has not attended this	Less than 25% LGU staff/officials have attended this
Orientation Program on Domestic Violence	The staff has not attended this	Less than 25% LGU staff/officials have attended this
Orientation Program on Sexual Harassment Law	The staff has not attended this.	Less than 25% LGU staff/officials have attended this
Gender Responsive Planning	The staff has not attended this.	Less than 25% LGU staff/officials have attended this
GAD Budgeting	The staff has not attended this	Less than 25% LGU staff/officials have attended this
Gender Mainstreaming	The staff has not attended this	Less than 25% LGU staff/officials have attended this
Sector Specific Training Program <i>Please specify:</i> _____ _____ _____	The staff has not attended this	Less than 25% LGU staff/officials have attended this
<i>Presence of organized committees/working groups to address specific gender issues and concerns</i>		
Committee on decorum and investigation	Not yet organized at the LGU	A memorandum order has been issued to organize this

LEVEL OF GENDER-RESPONSIVENESS				REMARKS
	3	4	5	
<i>the last 3 years:</i>				
of als this	25%-50% of LGU staff/ officials have attended this	51%-75% of LGU staff/ officials have attended this	More than 75% of LGU staff/officials have attended this	
of als this	25%-50% of LGU staff/ officials have attended this	51%-75% of LGU staff/ officials have attended this	More than 75% of LGU staff/officials have attended this	
of als this	25%-50% of LGU staff/ officials have attended this	51%-75% of LGU staff/ officials have attended this	More than 75% of LGU staff/officials have attended this	
of als this	25%-50% of LGU staff/ officials have attended this	51%-75% of LGU staff/ officials have attended this	More than 75% of LGU staff/officials have attended this	
of als this	25%-50% of LGU staff/ officials have attended this	51%-75% of LGU staff/ officials have attended this	More than 75% of LGU staff/officials have attended this	
of als this	25%-50% of LGU staff/ officials have attended this	51%-75% of LGU staff/ officials have attended this	More than 75% of LGU staff/officials have attended this	
of als this	25%-50% of LGU staff/ officials have attended this	51%-75% of LGU staff/ officials have attended this	More than 75% of LGU staff/officials have attended this	
<i>Concerns</i>				
m/ en s	Appointed people and allocated resources to keep this committee working	The committee/group has developed/ implemented some programs and policies	The work of the committee/group has been part of LGU's regular function	

GENDER-RESPONSIVENESS INDICATORS		
	1	2
Presence of Anti-Domestic Violence Programs and services	Not yet organized at the LGU	A memorandum order has been issued to organize this
Committee on protecting children	Not yet organized at the LGU	A memorandum order has been issued to organize this
Women, Children and Family Committee at the Sanggunian	Not yet organized at the Sanggunian	
Local Commission on Women or similar structures. Please indicate below: _____ _____ _____	Not yet organized at the LGU	A memorandum order has been issued to organize this
GAD Focal Point/Persons	No GAD Focal Point/Person	GAD Focal Point only one person champion

LEVEL OF GENDER-RESPONSIVENESS				REMARKS
	3	4	5	
m/en	Appointed people and allocated resources to keep this committee working.	The committee/group has developed/ implemented some programs and policies	The work of the committee/group has been part of LGU's regular function	
m/en ize	Appointed people and allocated resources to keep this committee working	The committee/group has developed/ implemented some programs and policies	The work of the committee/group has been part of LGU's regular function	
	Appointed people and allocated resources to keep this committee working		The committee/ group has developed/ implemented some programs and ordinances	
m/en ize	Appointed people and allocated resources to keep this committee working	The committee/ group has developed/ implemented some programs and policies	The work of the committee/group has been part of LGU's regular function	
nt is on/	GAD Focal Point is a Task Force/adhoc committee	GAD Focal Point is a permanent structure and office within the LGU	GAD Focal Point is a permanent structure and office within the LGU and is composed of multi-sectoral groups including representatives from different agencies, NGOs and other civil society organizations	

GENDER-RESPONSIVENESS INDICATORS		
	1	2
<i>Development and implementation of plans, strategies and resources to address gender conc</i>		
Use of sex-disaggregated data in planning	No sex–disaggregated data available	Presence of a s disaggregated database structu
Development and implementation of GAD plan	The LGU has no GAD plan	LGU has a GAD P but not implemen
Presence of GAD plans at the barangay level	Not available in any barangay	Present in less th 25% of the barangays
Allocation of GAD budget	The LGU has not allocated a budget for GAD-related activities for the past three years	The GAD budgeti on per-activity ba
Mobilization of additional resources (human and financial)	The LGU does not make any effort to generate resources to promote GAD	LGU seldom ma efforts to genera additional resour to promote GA
Utilization of GAD budget	The budget is not utilized or totally used for other purposes	Only 25% of budg utilized to func activities in the G plan

LEVEL OF GENDER-RESPONSIVENESS				REMARKS
	3	4	5	
<i>Patterns and issues</i>				
Text and structure	Data completely encoded/stored in the sex-disaggregated database of the LGU	Report or women situationer generated from the sex-disaggregated database of the LGU	Disaggregated data used in GAD planning and identification of projects and programs	
Plan implemented	Less than 50% of the LGU's GAD Plan has been implemented	More than 50% of the GAD Plan has been implemented	The GAD Plan has totally been implemented, monitored and evaluated	
Plan implemented	Present in 25%- 50% of the barangays	Present in 51%-75% of the barangays	Present in more than 75% of the barangays	
Budget basis	The LGU's GAD budget allocation has been the same amount for the past three years	The LGU's GAD budget allocation has been annually increasing by 10%-25% for the past three years	The LGU's GAD budget allocation has been annually increasing by more than 25% for the past three years	
Additional resources for GAD	LGU frequently makes efforts to generate additional resources to promote GAD	LGU almost always makes efforts to generate additional resources to promote GAD; and partners with local NGOs, resource institutions in promoting and addressing GAD concerns	LGU constantly makes efforts to generate additional resources and has implemented at least one program in partnership with NGOs and other agencies to promote GAD	
Budget utilization for GAD	26%-50% of the budget is utilized to fund activities in the GAD plan	51%-75% of the budget is utilized to fund activities in the GAD plan	More than 75% of the budget is utilized based on the GAD plan and its utilization is monitored	

GENDER-RESPONSIVENESS INDICATORS		
	1	2
Capacity building strategies for GAD	The LGU does not have a specific capacity-building plan to develop GAD knowledge and expertise.	The LGU has developed capacity building plan to develop GAD knowledge and expertise but not implemented
Involvement and participation of women in LGU development programs	Women are not participating at all	Women are only consulted
Implementation of information, education and communication (IEC) strategies (e.g. posters, flyers, "pulong-pulong") to build awareness on gender issues and concerns	No existing IEC strategies to promote/address gender concerns and issues	Developed IEC plans/strategies to promote/address gender concerns and issues but not implemented
Check the gender-related programs with IEC components: <input type="checkbox"/> Maternal Care <input type="checkbox"/> Family Planning/ Reproductive Health <input type="checkbox"/> HIV/AIDS Prevention <input type="checkbox"/> Against Domestic Violence <input type="checkbox"/> Against Human Trafficking <input type="checkbox"/> Productivity/Livelihood Program Others, please specify: _____ _____ _____	No existing IEC strategies to promote/address gender concerns and issues.	At least 1 program

LEVEL OF GENDER-RESPONSIVENESS				REMARKS
	3	4	5	
Capacity-building to develop GAD knowledge and expertise	Intermittent implementation of capacity-building plan to develop GAD knowledge and expertise	Purposive capacity-building strategies undertaken core expertise and has been developed within the LGU	GAD experts developed at LGU and are now able to apply the knowledge and provide assistance to barangays and other community groups	
Women groups are part of the planning process	Women groups are part of the planning process	Women groups are part of the planning and implementation processes	Women groups are part of the planning, implementation and evaluation processes	
IEC materials on gender issues and concerns produced and disseminated to the communities	IEC materials on gender issues and concerns produced and disseminated to the communities	IEC materials produced and women groups/ communities mobilized to promote awareness and address gender concerns and issues	IEC materials produced; women groups/ communities mobilized; and mass media utilized to promote awareness and address gender concerns and issues	
At least 2 programs	At least 2 programs	At least 3 programs	At least 4 programs	

GENDER-RESPONSIVENESS INDICATORS		
	1	2
<i>Presence and implementation of local ordinances and policies</i>		
GAD Code or Ordinances	This does not exist at the LGU	This ordinance/po has been drafted
Domestic violence-related ordinance	This does not exist at the LGU	This ordinance/po has been drafted
Ordinances related to children and women protection and welfare	This does not exist at the LGU	This ordinance/po has been drafted
Ordinances against human trafficking	This does not exist at the LGU	This ordinance/po has been drafted
Equal opportunity policy/ordinance	This does not exist at the LGU	This ordinance/po has been drafted
Anti-sexual harassment policy	This does not exist at the LGU	This ordinance/po has been drafted
<i>Please indicate other capacity development and mainstreaming related services in the LGU:</i>		

LEVEL OF GENDER-RESPONSIVENESS				REMARKS
	3	4	5	
Policy ed	This ordinance/policy has been enacted and approved	This ordinance/policy has been partially implemented with proper allocation of manpower and budget	This ordinance/policy has been fully implemented, monitored and evaluated	
Policy ed	This ordinance/policy has been enacted and approved	This ordinance/policy has been partially implemented with proper allocation of manpower and budget	This ordinance/policy has been fully implemented, monitored and evaluated	
Policy ed	This ordinance/policy has been enacted and approved	This ordinance/policy has been partially implemented with proper allocation of manpower and budget	This ordinance/policy has been fully implemented, monitored and evaluated	
Policy ed	This ordinance/policy has been enacted and approved	This ordinance/policy has been partially implemented with proper allocation of manpower and budget	This ordinance/policy has been fully implemented, monitored and evaluated	
Policy ed	This ordinance/policy has been enacted and approved	This ordinance/policy has been partially as been implemented with proper allocation of manpower and budget	This ordinance/policy has been fully implemented, monitored and evaluated	
Policy ed	This ordinance/policy has been enacted and approved		This ordinance/policy has been implemented, monitored and evaluated	

PART III. OTHER INFORMATION. Please answer the following questions briefly.

Others
<p>1. Please indicate TOP THREE problems/concerns/issues of women constituents in the locality.</p> <ul style="list-style-type: none">a.b.c.
<p>2. Please indicate TOP THREE FACTORS that HELPED you in integrating GAD concerns in your development programs, projects, activities:</p> <ul style="list-style-type: none">a.b.c.
<p>3. Please indicate TOP THREE FACTORS that HINDERED/MADE IT DIFFICULT for you to integrate GAD concerns in your development programs, projects, activities:</p> <ul style="list-style-type: none">a.b.c.
<p>4. Identify other innovative and creative GAD-related programs, projects and strategies implemented by the LGU in the last three years but were not covered by the questionnaire.</p> <ul style="list-style-type: none">a.b.c.d.e.
<p>5. Type of support needed by the LGU in its effort to make it more gender-responsive.</p> <ul style="list-style-type: none">a.b.c.d.e.

C. Application of Tools

1. Health and Agriculture Sectors' Outputs and Outcomes

[An application of categories of government expenditures on the health and agriculture sectors as presented by the project consultant.]

A. Health sector outcome: reduction of maternal and child mortality rates	
Gender-specific/targeted expenditures	Maternal health programs (tetanus toxoid vaccination/Vitamin A supplementation, reproductive health, prenatal/natal/post-natal care)
Non-targeted/general expenditures	Child health (EPI, micronutrient supplementation, access to potable water supply and sanitary toilets) Provision of basic health care Control of communicable diseases (TB, malaria, schistosomiasis)
B. Agriculture sector outcome: improvement in agricultural production that leads to increased income of farmers, fisherfolks, that results in food security eventually resulting in reduction of poverty/malnutrition	
Gender-specific program	Programs designed to address specific needs of women, e.g. specialized credit programs Technologies appropriate to women, or that support the products, activities or major roles typically played by women, e.g. vegetable and fruit production, food processing, home-based livestock raising
Non-targeted programs	Agricultural extension/technical support services (usually by crop) Distribution of inputs (e.g. seeds, livestock) Credit program

2. Hilongos Annual Gender-responsive and Result-oriented Plan and Budget (20

Goal: To improve the delivery of agricultural programs and services to the people of Hilongos.

Program/activity/ project	Gender issue/concern	GAD objectives	Identified
<p>ORGANIZATON- FOCUSED</p> <p>Establishment of a gender responsive monitoring information system</p>	<p>Lack of sex-disaggregated data</p> <p>Reporting forms do not show sex-disaggregated data</p>	<p>To establish sex-disaggregated data</p> <p>To develop forms that are gender responsive</p> <p>To regularly monitor and evaluate the program/projects</p>	<p>Organizational orientation</p> <p>Conduct gender Data gathering</p> <p>Review and forms for a</p> <p>Conduct of gender-re</p> <p>Seek technical establish the ISRDS</p> <p>Procurement computer</p> <p>Installation Hands on computer</p> <p>Conduct of</p> <p>Seek approval on the creation SB resolution creation</p>

Planned GAD activity	Target	GAD performance indicator	GAD budget	Budget source
Selection and training of enumerators	51 teams of barangay enumerators organized & oriented	51 barangays have gender based info system on agriculture	P102,000	LGU/GAD (municipal and barangay)
Gender analysis and planning	51 barangays	Data analyzed		
Identify and revise existing agriculture				
Orientation on gender responsive forms	4 female ATs, 4 male ATs, 1 admin. staff and 1 MAO	5 women & 5 men OMA personnel attended	P5T	LGU/OMA
Technical assistance; follow-ups with LSU-	ATs	Gender-responsive forms developed		
Development of new				
Implementation of MIS program training in	4 female ATs, 4 male ATs, 1 admin. staff and 1 MAO	New computer with MIS installed	P50,000	LGU/OMA
		ATs are computer literate	P5,000	
Conduct of regular M and E		Monthly monitoring and semi-annual evaluation conducted	P20,000	-do-
Approval from the LCE and ratification of MAC and resolution recognizing its	LCE and SBs	1 resolution passed by SB recognizing the Local Municipal Agricultural Council	P27,000 per meeting	LGU/GAD

Program/activity/ project	Gender issue/concern	GAD objectives	Identifi
Capability building of all LGU officials and staff	Not all LGU officials and personnel are gender responsive	<p>Organization of a council that focuses on agricultural concerns</p> <p>To raise the gender awareness of LGU officials and personnel.</p> <p>To enhance extension work of agricultural technicians</p>	<p>Creation of Agricultural</p> <p>Conduct gender training for officials and</p> <p>Conduct of session</p> <p>Technical training for agricultural</p> <p>Procurement of kits for soil</p>

- Goal 1. To restore agricultural productivity of 742 hectares of rice lands in the 7 barangays**
2. To provide access to the 2 barangays and 3 other barangays that are rich in abaca, co

CLIENT-FOCUSED			
1. Rehabilitation of Tagbaoto irrigation system	742 has. of farm land being tilled by 1,892 households are no longer productive due to non-availability of irrigation water	To raise funds for the rehabilitation of the irrigation system	Prepare presentation for donors
2. Rehabilitation of farm to market roads.	Agriculture products cannot reach the market due to impassable roads	To search for funds for the farm-to-market roads	Prepare presentation for present donors

Planned GAD activity	Target	GAD performance indicator	GAD budget	Budget source
Formation of Municipal Gender Council	Brgy. kagawads on agriculture, SB, NGOs & POs	MAC formed, 5 meetings conducted in a year		LGU/GAD
Gender sensitivity training for all elected officials and personnel	55 female and 70 male officials and personnel	50% of women and men officials and personnel attended	P72,000	LGU
Conducting in-depth gender training	55 women and 70 men officials and personnel.	50% of women and men officials and personnel attended in-depth training	P10,000	LGU/GAD
Training in ICT and digital technology	All (9) OMA personnel	4 women ATs and 4 men ATs and 1 MAO attended the trainings # of trainings conducted	P30,000	-do-
Conducting assessment of extension workers for soil analysis	4 female ATs and 4 male ATs	# of kits for soil analysis procured		

Projects and other products

Submission of project proposal for consideration to funding	1 project proposal completed	1 project proposal submitted to FAs	P50 M	Funding agencies (foreign & local)
Submission of project proposals for consideration to funding	Project proposals completed	Proposals submitted to FAs	P15 M	Funding agencies

Goal 3: Increase household monthly income from P 4,000 to P 5,000

<p>Alternative livelihood program</p>	<p>Out-migration of youth and women due to growing unemployment</p>	<p>To provide opportunities for alternative livelihood to affected families</p> <p>To ensure food availability in every household</p> <p>To enhance skills of women in their off-farm activities</p>	<p>Conduct Farmers' vegetable production</p> <p>Lobby with councils and ordinances vegetable</p> <p>Provision and access financial</p> <p>Awarding Vegetable Barangay</p> <p>Provision marketing</p>
<p>Lowland hybrid rice commercialization</p>	<ol style="list-style-type: none"> 1. Women are not considered as farmers 2. Women-farmers are multiple burdened by capital sourcing, caring of children and household chores 3. Incidence of child abuses in 20 brgys.: child labor (162 girls and 243 boys), physical abuse - 4 4. Only five incidences of wife battering are reported 	<p>To include women as direct beneficiaries of the program</p> <p>To raise the level of gender consciousness of farmers</p> <p>To educate parents on the basic rights of the children</p> <p>To minimize violence against women</p>	<p>Conduct on hybrid commercial</p> <p>Inclusion under su</p> <p>Conduct for farmer</p> <p>Conduct children's parent ef and/or E</p> <p>Conduct and lega</p>

skills training in: Field School in (HVCC), cut flower on, food trades	50% of 90% of women engaged in off- farm activities	# of women and men attended skills training per topic	P46,000	LGU/GAD
with SB & barangay on enactment of es related to e production	SB and barangay councils	1 municipal ordinance and 51 barangay ordinances enacted		LGU/GAD
of vegetable seeds s to credit and institutions	10,700 households in 51 barangays	at least 70% of total households per barangay	P50,000	LGU/GAD
g of Most e-Productive y	51 barangays	10 barangays awardees	P20,000	Abanse! Pinay
of seed capital and g assistance	# of women and men who attended the skills training.	# of ongoing livelihood activities	P30,000	Quedancor
orientation seminar d rice cialization	160 women-farmers in 20 identified brgys.	25% increase in income		LGU/GAD
of hybrid rice seeds bsidy program	325 farmers	# of women and men availed of and benefited	(P30,000 x 7 barangays = P210,000)	Farmers' equity
gender orientation ers	165 male and 160 female farmers	80% of 160 women attended the orientation	P32,000	LGU/GAD
seminar on s rights and on ffectiveness service RPAT	325 couples	# of women and men attended decrease in # of abuses by 50%	P65,000	MSWD
seminar on VAW l literacy	325 couples	# of women and men attended increase in # of reported cases	P40,000	

Upland cassava production	1. Farmers earning below poverty threshold	To introduce cassava production as other means of incomes	
4. Techno demo on oysters and mussels	<ol style="list-style-type: none"> 1. Lack of economic opportunities of men and women in coastal barangays. 2. Unvalued women's work in fishing communities (837 HH) 3. 70 children are hired to work in fishing boats 	<p>To ensure marketing of cassava products</p> <p>To increase access to economic opportunities and provide skills training</p> <p>To increase awareness on the role of women</p> <p>To stop the hiring of children in fishing operations</p>	<p>Establishe mussels a</p> <p>Conduct o</p> <p>Informational enforcem law</p>

Goal 4: To restore and protect the Salog River corridors

Advocacy program against quarrying	Men and women in seven barangays are hopeless and can't take action on their own.	To raise the level of awareness on the ill effects of quarrying	<p>Conduct in importance environme</p> <p>Lobby at th to stop ren quarrying</p> <p>Mobilize a CSOs</p> <p>Organize r coalition a</p> <p>Link up wi ABS-CBN, journalists environme</p>
------------------------------------	---	---	---

	83 upland farmers	90% of 83 farmers engaged in cassava production	P20,000	LGU/GAD
	-do-	80% of 83 upland farmers attended	P280,000	-
and techno demo on and oysters culture	837 fishing households in 9 coastal barangays	# of men and women availed/benefited	P22,000	LGU/GAD
		5 demos on mussels and 5 demos on oyster established	P33,000	-do-
of GST	# of households in 11 barangays	# of women involved in the establishment	P22,000	LGU/GAD
on drive & ent of child labor	# of households in 11 barangays	# of men & women attended per barangay	P22,000	Brgy level
		Decrease by 80% of 70 children hired to work in fishing boats		
info campaign on e of protecting the ent	7 brgys. affected areas	# of men and women attended per barangay	P35,000	LGU budget
ne provincial level ewing/issuing permits	Governor and SP	1 resolution passed and supported by provincial government No renewal/issuance of quarrying permits	P15,000	LGU budget
nd strengthen	7 CSOs in the affected brgys.	Regulation of illegal activities		
multi-sectoral gainst quarrying	Existing CSOs (NGOs, POs, Church)	CSOs organize sectors mobilized and vigilant on quarrying activities Multi-sectoral coalition formed		
th media (GMA, investigative) church and ent lawyers	Local and national tri-media , parish priests and ELAC	3 local and national tri-media tapped		

3. Sorsogon City Annual Gender-responsive and Result-oriented Health Plan and

MDG No. 4: Reduce child mortality Target: Reduce under 5 children mortality from 19.6% to 15% by 2006		
Gender issue/concern	GAD objective	Identified GAD Activity
<p>Under Five Clinic (UFC)</p> <ul style="list-style-type: none"> - Lack of involvement of fathers/male caregivers to UFC activities (EPI, DPT, ARI, CDD and nutrition) - Sexist way of parents in child rearing/care - No gender segregation of data for UFC 	<ul style="list-style-type: none"> - To increase the awareness of females and males on shared parenting and gender sensitive child care - To establish a gender sensitive data banking system for UFC - To prevent iron deficiency, anemia and Vit. A deficiency related diseases in UFC 	<ul style="list-style-type: none"> - Review, revise and improve modules for the conduct of mothers' and fathers' classes - Incorporate Gender Sensitivity orientation in giving counseling to parents of under five children
<p>Nutrition</p>	<ul style="list-style-type: none"> - To improve nutritional status of UFC 	<ul style="list-style-type: none"> - Provision of micro nutrient supplementation (Vit. A, Ferrous Sulfate) to UFC - OPT and regular weighing (growth monitoring) - Provide supplementary feeding 3X/week for 120 days - Regular deworming
<p>CDD and ARI surveillance</p>	<ul style="list-style-type: none"> - To provide preventive and curative measures to UFC 	<ul style="list-style-type: none"> - Diagnosis and treatment of UFC afflicted with CDD, ARI
<p>Surveillance of diarrhea cases</p>	<ul style="list-style-type: none"> - To prevent diarrhea among UFC with AGE 	<ul style="list-style-type: none"> - Provision of ORS among UFC with AGE - Water sample collection of water sources

and Budget (FY 2006)

Target	GAD performance indicator	GAD budget
- 20 fathers/male and mothers/female care givers with children aged five years and below per barangay in 64 barangays	- Number of fathers/male and mothers/female care givers who attended the father's class and become gender sensitive and participative in UFC activities	Training Materials: P26,625 Snacks: P160,000
- 12-71 mos. boys/girls	- Number of boys and girls 12-71 mos. given micronutrient supplementation	Vit. A: P200,000 "IU" P396,672
- Under five children	- Number of boys and girls weighed	Weighing scale P224,000
- BN-VL, pre-schooler (UFC)	- Number of boys and girls UF with poor nutritional status identified and given supplementary feeding.	Mongo, milk, rice P1.5 M
- UFC – 4,516 (every 6 mos.)	- Number of UFC dewormed	
- UFC	- Number of boys/girls diagnosed and given medicines	Cotrimoxazole, Paracetamol: P1.4 M
- UFC	- Number of boys/girls identified with AGE and provided with ORS	Oresol: 2,500 sachets x P110 = P27,500
	- Number of functional ORT corners/barangay	
	- IV fluids/TV sets (Bacon area)	IVF fluids/sets
- All doubtful sources	- All doubtful sources identified	PHC media

		<ul style="list-style-type: none"> - Chlorination of contaminated water - Construction of sanitary toilet
Target: Reduce infant mortality rate from 4.11% to 3% by year 2006		
EPI	To provide routine immunization (BCG, OPV, DPT, measles, Hepa B) to under 1 year old	<ul style="list-style-type: none"> - Conduct routine immunization to under/ equal 1 year old children - Provision for regular supply of vaccines (Hepa B) and other EPI supplies
Nutrition	<p>To prevent Vitamin A deficiency related diseases among infants</p> <p>To involve the husbands in prenatal activities</p>	<ul style="list-style-type: none"> - Provision of newborn screening - Vit. A supplementation (micronutrient) - Provision of Vit. A to sick infants with measles - OPT and regular weighing (growth monitoring)
MDG No. 5: Improve women's reproductive health		
Strategic Goal #1: Reduce MMR from 3.32% to 1.66% by 2006		
I – Maternal and child health care		
1. Non-participation of husbands during prenatal visits		<ul style="list-style-type: none"> - IEC for couples - If single, identify support person for IEC

<ul style="list-style-type: none"> - Identified contaminated water source - 15% of total household without toilets - Infants 	<ul style="list-style-type: none"> - Safe water - Households provided with toilets 	<p>Chlorinator/chlorine gram 200 kgs. x P50 = P10,000</p> <p>Toilet bowls/cement/steel bars</p>
<ul style="list-style-type: none"> - Newborn - 6-11 mos. - 6-11 mos. - 0-11 mos. 	<ul style="list-style-type: none"> - Number of children immunized - Availability of vaccines and other EPI supplies (syringes), etc. - Number of newborn screened - # of boys/girls given vit. A - # of sick infants (measles) given Vit. A - # of boys/girls weighed 	<p>OPV BCG AMV: P150,000 DPT Hepa B Disposable syringes with needle 2ml. 15,000 pcs. x P5 = P75,000 15,000 pcs. (1ml.) x P5 = P75,000 Paracetamol 80 mg tablet 10,000 tabs x P5 x 2 = P35,000</p> <p>3,924 deliveries x P550 = P2,158,200</p> <p>Vit. A 1,000,000 "IU"</p> <p>P2,254</p> <p>Weighing scales P224,000 P160,000</p>
<ul style="list-style-type: none"> - 75% of the population 	<ul style="list-style-type: none"> - Number of males and females given IEC 	<p>(P2,500/barangay per annum)</p>

<p>Facilities for prenatal check-ups are not gender sensitive</p>	<p>To provide gender sensitive facilities conducive for prenatal check-ups</p>	<ul style="list-style-type: none"> - Ocular inspection of physical structure of examination rooms and do some renovations to make them women friendly
<p>More mothers are involved now in income generating activities that add to their burden of caring for their families. This creates more stress for them.</p>	<p>To obtain information on the overall situation of the women and identify appropriate mechanisms or interventions</p>	<ul style="list-style-type: none"> - Submit reports and recommendations to concerned department - Conduct of Focus Group Discussion (FGDs)
<p>High unmet needs of pregnant and postpartum women</p>	<p>Reduce unmet needs of pregnant and postpartum women</p>	<ul style="list-style-type: none"> - Provision of multiple micronutrient supplementation to pregnant women - Provision of complete TT immunization
<p>No lying-in clinics in far flung/remote areas</p>	<p>To establish lying-in clinics to far flung areas</p>	<ul style="list-style-type: none"> - Submission of proposal to city LGU for the establishment of lying-in clinics in far flung areas - Provision of urine examination - Provision of blood typing and HgB determination - Provision of at least one prenatal consultation per trimester or more - Risk code screening with thorough evaluation of pregnant women - Appropriate and timely referral of high risk cases - Provision of adequate quality postpartum care

- Identified BHS	Submitted reports and recommendations	P15,000 gasoline
- Mothers	# of mothers convened	
- 3.5% of TP	# of pregnant women given supplementation	P3,872, 715 (P5, 269 x 35 wks x 7days x P3)
- 3.5% of TP	# of pregnant women given immunization # of additional lying in clinics established in remote areas	
- Pregnant mothers	# of pregnant women with urinalysis	P15,000 (urine strips 15 bxs x P1,000)
- 3.5% of TP	# of pregnant women with BT and HgB record	P28,485 (Drabkins Reagent 1,500 ml. = P18,000 Typing Sera-15 bot x P699)
- 3.5% of TP	# of pregnant women given prenatal consult and number of consults done	P10,485
- 3.5% of TP	# of pregnant women with thorough evaluation	P82,500 HBMR-5,000 pcs x P15
- 3.5% of TP	# of high risk cases properly referred	Birth plan - 5,000 pcs x P1.50 = P7,500
- AC	# of women with proper postpartum follow-up and care	P7,500 (Risk code guide 5,000 pcs x P1.50)
- 3.5% of TP		P5,000 (2-way referral forms 5,000 pcs x P1)

II – Reproductive Health Services		
<p>Lack of Participation of Male Counterparts in Family Planning Activities</p>	<p>To involve male in family planning activities and incorporate gender sensitivity orientation</p>	<ul style="list-style-type: none"> - Review and revise modules used for couple's classes - Conduct of gender sensitive Parents'/Couples' Classes instead of Mother's Classes - Creation of TAKUSA
<p>Lack of access to reproductive health (RH) services</p>	<p>Increase access to RH/FP programs and services</p>	<ul style="list-style-type: none"> - IEC on RH for couples and adolescents - Provision of Family Planning (FP) supplies - Provision of BTL and NSV methods of contraception through referral - Feasibility Study on setting up of Reproductive Health Center
<p>Conflict on state vs. church point of view concerning RH</p>	<p>To facilitate an agreement between the local church and LGU authorities to provide a more culturally sensitive, high quality RH services</p>	<ul style="list-style-type: none"> - Dialogue with local church authorities

<ul style="list-style-type: none"> - 24 Pilot Brgys. (15 Couples/barangays) - 9 pilot barangays - 24 pilot brgys. (15 couples/barangays) - 3 possible youth organization - 3,000 women (for pills) - 3,000 men (for condom) - 400 women (for injectables) - 75 female and 75 male - Local church authorities and LGU representatives 	<ul style="list-style-type: none"> No. of organized parents' class No. of TAKUSA members No. of males and females with adequate information on RH and FP No. of male and female adolescents with adequate information on RH No. of male and female provided with FP supplies No. of male and female provided with NSV/BTL No. of meetings and resolutions by church and the LGU 	<ul style="list-style-type: none"> P216,000 *to utilize budget from II.1. plus P10,000 for IEC materials P720,000 (pills) P4,320,000 (condoms/vasectomy) P192,000 (injectables) P149,500 Meals: 15 x 3 days x P20.00 x 4 x 115 Accommodation: 8 x 125 x 3 days x 4 Medicines: Amox. 500 mg. 21 caps./pt. x 5.50 x 115 x 4 Mefenamic Acid 500mg. 15 caps./pt. x 5.00 x 40 Silk/Licodine 2% Band Aid
---	--	--

MDG No. 6. Combat HIV-AIDS, Malaria and other Diseases

Gender issue/concern	GAD objective	Identified GAD Activity
<p>I – HIV/AIDS – STIs</p> <ul style="list-style-type: none"> - No gender disaggregation of data on cases of HIV/AIDS/STIs, CARI, CDD and other communicable and non-communicable diseases - Low awareness of community and specific clients on HIV/AIDS – STIs, CARI, CDD and other communicable and non-communicable diseases - Sexist sexuality education for men and women/boys and girls in schools, mass media and the workplace - No coordination/ collaboration with private clinics and hospitals regarding STI cases 	<p>To improve and ensure utilization of MIS for HIV/AIDS/STIs, CARI, CDD and other communicable and non-communicable diseases.</p> <p>To reduce mortality and morbidity on HIV/AIDS – STIs, CARI, CDD and other communicable and non-communicable diseases through increasing awareness of community on specific disease.</p> <p>To establish and strengthen coordination with private clinics and hospitals for statistical surveillance and for monitoring and planning purposes</p> <p>To prevent mortality and morbidity</p> <p>Increase involvement of males in HIV/AIDS-STIs prevention program</p>	<ul style="list-style-type: none"> - Review, revise/ and improve existing Information system - Conduct of Information and Education campaigns on HIV/AIDS/STIs, CARI, CDD and other communicable and non-communicable diseases. - Pass a resolution requiring all private clinics and hospitals to submit monthly report of all cases of STIs to the CHO - Identification and orientation of MSMs (Men Having Sex with Men) on HIV/AIDS – STIs and other related topics - Encourage more males in health education campaign through peer counseling groups. - Revival of Fathers' Classes

Target	GAD performance indicator	GAD budget
<ul style="list-style-type: none"> - City Health Personnel - Community 	<ul style="list-style-type: none"> - Gender sensitive information system on HIV/AIDS/STIs, CARI, CDD and other communicable and non-communicable diseases. 	
<ul style="list-style-type: none"> - All private clinics and hospitals operating in Sorsogon City 	<ul style="list-style-type: none"> - Accurate data of STI cases in Sorsogon City - Gender-responsive and results-oriented monitoring and planning for HIV/AIDS STI cases 	
<ul style="list-style-type: none"> - 100 MSMs/yr. 	<ul style="list-style-type: none"> - 100% MSM identified and oriented 	<p>P50,000 (c/o LGU/NGO)</p>
<ul style="list-style-type: none"> - 64 barangays (100 pax/class) 	<ul style="list-style-type: none"> - Male/female participated in health education campaigns - 64 barangays conducted Fathers' Classes 	<p>P50,000 (c/o LGU)</p>

		<ul style="list-style-type: none"> - Encourage male and female clients to seek treatment and counseling - Identify and encourage more male/female OFWs to undergo HIV/AIDS/STIs orientation. - Conduct adolescence sexuality classes among secondary and collegiate schools - IEC materials reproduction/ dissemination - Radio program and TV guesting - Conduct of Feminine Care Class to establishments' entertainers - Conduct of lectures to: mothers, youths, food handlers, bar owners - Commemoration of World's AIDS Day/ International Candle lighting ceremony - Conduct of Community Health Education to barangay officials - Installation of HOTLINES (telephone & text) at the CHO-SHC - Promotion and strengthening of VCT
--	--	--

<ul style="list-style-type: none"> - 50% of male/female seeking treatment - 175 OFWs (350-baseline) - 10 secondary schools, 8 colleges - 64 brgys. Thru RHMs/ BHWs - 1 session/quarter - CSWs - Mothers, youths, bar owners, food handlers - Sorsogon City - Barangay officials - SHC/Community - SHC/Community 	<ul style="list-style-type: none"> - Male/female clients sought treatment and counseling at the health centers - At least 85% undergone consultation - 18 schools conducted HIV/ AIDS orientation - Level of awareness of the community - Feminine care classes conducted - Celebration of activities conducted - IEC to barangay officials conducted - Telephone and text hotlines installed - VCT promoted 	<ul style="list-style-type: none"> P50,000 (c/o NGO) P20,000 (c/o LGU/NGO) P20,000 (c/o LGU/DOH) P10,000 (c/o LGU) P20,000 (c/o LGU) P20,000 (c/o LGU) P50,000 (c/o NGO) c/o World Vision
--	---	---

<p>- Increase male participation during IEC campaigns</p> <p>- Drivers, fisher folks, farmers, housewives</p> <p>- 22 barangays 50% male and 50% female officers</p> <p>64 barangays</p> <p>64 barangays</p> <p>64 barangays</p> <p>64 barangays</p> <p>Community TB patients</p> <p>UFC, 5 above adults (male/female)</p> <p>AC</p>	<p>- Increase awareness of community</p> <p>- TB Task Force organized in 22 barangays with 50% male/female leaders</p> <p># of sputum specimen examined</p> <p># of TB symptomatic examined</p> <p># of new Pts found positive</p> <p># of new Pts found positive by x-ray</p> <p># of Pts with sputum (+) undergoing Tx</p> <p>Increase male participation</p> <p>Increase CDR</p>	<p>P196,000 (sputum caps) – c/o LGU</p> <p>P15,000 (glass slides) – c/o LGU</p> <p>P5,000 (AFB stain) – c/o DOH</p> <p>P1.8M (c/o LGU)</p> <p>P50,000 (c/o LGU)</p> <p>P20,000 (c/o LGU)</p> <p>P200,000 (c/o LGU)</p> <p>P15,000 (c/o LGU)</p>
--	---	---

<p>2. Control Respiratory Infections (CARI)</p> <p>a. Pneumonia b. Asthma c. Bronchitis d. COPD e. Tonsillitis</p> <p><i>* mostly children/young ones are affected</i></p>	<p>Early detection and recognition of signs and symptoms to decrease morbidities</p> <p>Prevent mortality or complications</p>	<ul style="list-style-type: none"> - Health Education of care givers (care givers' classes) - Counseling during clinic consultation - Encourage father's/males to join care givers class - Provision of medicines - Treatment of cases
<p>3. Control of Diarrhea Diseases (CDD)</p> <p>a. Diarrhea b. Parasitism c. Amoebiasis d. Typhoid e. Cholera f. Food poisoning</p> <p><i>* mostly children/young ones are affected</i></p>	<p>Early detection and recognition of signs and symptoms</p> <p>To decrease morbidities</p> <p>Prevent mortality or complications</p> <p>Establishments of Rehydration unit at the RHUs</p>	<ul style="list-style-type: none"> - Health Education of care givers (care givers' classes) - Gender sensitive counseling during clinic consultation - Encourage fathers/males to join care givers' classes - Food handlers class - Provision of toilets - Provision/installation of potable water sources - Mothers class - Provision of medicines - Treatment of cases

UFC, 5 or above adults (male/ female)		
AC		
UFC, 5 or above adults (male/ female)		
		P50,000 (c/o LGU)
	# of food handlers' classes conducted	P100,000 (c/o LGU)
	# of toilet bowls provided/ constructed	P150,000 (c/o LGU)
	# of water sources examined/ chlorinated	P50,000 – chlorine P200,000-oresol
AC	# of patients treated	P300,000 (c/o LGU)
AC	Rehydration units established (3 DHUs)	P10,000 (c/o LGU)

OTHERS/Non-Communicable Diseases A. Malnutrition	To decrease no. of children (UFC) with malnutrition	<ul style="list-style-type: none"> - Health Education of care givers (care givers' classes)
	Early detection and recognition of signs and symptoms	<ul style="list-style-type: none"> - Counseling during clinic consultation - Encourage fathers/male to join care givers ' classes - Feeding Program - Mothers' classes/Fathers' classes
	Prevent mortality/morbidity or complications	<ul style="list-style-type: none"> - Stool examination of undernourished children - Provision of medicines/ Treatment of cases - Provision of sanitary toilets
	Deworming Program	<ul style="list-style-type: none"> - Monitoring/Screening of UFCs
	Regular EPI/Vitamin A supplementation	<ul style="list-style-type: none"> - Provision of antihelminthics to those with parasitism - Mothers Class/Fathers Class - Gender sensitive counseling during clinic consultation - Community Assembly
	Breast Feeding Program	<ul style="list-style-type: none"> - Mothers' Class/Fathers' Class
B. Dengue Fever Dengue Hemorrhagic Fever	Increase awareness and knowledge of the community	<ul style="list-style-type: none"> - Gender sensitive counseling during clinic consultation
	Prevent morbidity/mortality	<ul style="list-style-type: none"> - Community Assemblies (male/female) – IEC to control dengue - Early detection thru tourniquet testing of febrile pts.

64 barangays	No. of boys/girls with malnutrition were treated/rehabilitated	
64 barangays	Male/female participants attended	
64 barangays		
64 barangays	# of feeding programs	P200,000 (c/o LGU)
64 barangays	# of mothers'/fathers' classes conducted	P150,000 (c/o LGU)
64 barangays	male/female examined	
64 barangays	male/female treated	
household with no toilets	toilets provided	
64 barangays		
64 barangays		P20,000 (c/o LGU)
7-9 barangays/quarter	Assemblies conducted	
7-9 barangays/quarter	Male/female classes	
7-9 barangays/quarter	Assemblies conducted	P60,000 (BP apparatus)-c/o LGU
64 barangays		P30,000 (stethoscope)-c/o LGU
7-9 barangays/quarter		
7-9 barangays/quarter		P24,500 (timer)
		P50,000 (platelet count reagent)
	# of Pts Screened	

<p>C. Cardiovascular and Hypertensive disease</p>	<p>Increase awareness and knowledge of the community</p> <p>Prevent morbidity/mortality</p> <p>Early detection and management of cases</p>	<ul style="list-style-type: none"> - Proper waste disposal and environmental sanitation campaign - 4:00 o'clock habit - Provision of medicines - IEC - Conduct of Community Assemblies - Caregivers' classes - Distribution of flyers and leaflets - Individual/group gender sensitive counseling during clinic visits - Healthy lifestyles - Blood pressure screening and monitoring for 15 years old and above
<p>D. Cancer of all types</p>	<p>Increase awareness and knowledge of the community</p> <p>Prevention of morbidity and mortality</p> <p>Early detection and management of cases</p>	<ul style="list-style-type: none"> - Laboratory work-up - Treatment of cases - Mothers' Class/Fathers' Class - Community Assemblies - IEC distribution/ dissemination - Gender sensitive counseling during clinic visits - Anti-Smoking campaign, ban in government agencies/offices and public places - Promotion of healthy lifestyle

<p>10-15 barangays/quarter year round as needed</p>	<p>Availability of medicines</p> <p># of classes/assemblies conducted</p> <p># of sessions conducted</p>	<p>P200,000 (multi-vitamins)</p> <p>P20,000 (c/o LGU)</p> <p>P15,000.00</p>
<p>10-15 barangays/quarter</p>	<p># of pts. Screened and treated</p> <p># of classes conducted</p>	<p>P10,000</p> <p>P200,000</p> <p>P10,000</p> <p>P15,000</p>
<p>SP/LCE</p>		<p>P10,000</p> <p>P50,000</p>

<p>E. Diabetes</p>	<p>Increase awareness and knowledge of the community (Advocacy campaign)</p> <p>Decrease incidence of diabetes</p> <p>Early detection of signs and symptoms</p> <p>Prevent mortality and complications</p> <p>Increase awareness and knowledge of the community (Advocacy Campaign)</p>	<ul style="list-style-type: none"> - Referral of suspects - Advocacy on <ul style="list-style-type: none"> Female: Self breast examination and regular PAPS Smear Male: Prostate examination of 40 and above - Advocacy on cessation of smoking - Promote regular exercise - Treatment - Mothers' Classes/Fathers' Classes - Community Assemblies - IEC materials distribution/ dissemination - Anti-Smoking campaign - Gender sensitive counseling during clinic visits - Organize and establish diabetics' club - Promotion of healthy lifestyles - Referral of suspects - Blood sugar monitoring/ screening of suspects - Treatment of cases
--------------------	---	---

AC	# of Pts referred/TX	
Women of Reproductive Age	# of pts with breast examined # of female smeared and examined	P20,000
Adult Males		
		P100,000 (medicines)
10-15 barangays/quarter	# of classes/assemblies conducted	P20,000
		P15,000
4 meetings	# meetings conducted: established 1 diabetic club	P10,000
	# of sessions conducted	P5,000
	# pts referred/treated	P100,000
	# pts screened and referred	
	# of pts treated	

<p>F. Liver and Kidney Diseases</p>	<p>Decrease incidence</p> <p>Early detection of signs and symptoms</p> <p>Prevent mortality and complications</p> <p>Increase awareness and knowledge of the community (Advocacy Campaign)</p>	<ul style="list-style-type: none"> - Mothers' Classes/Fathers' Classes - Community Assemblies - IEC distribution/ dissemination - Gender sensitive counseling during clinic visits - Caregivers' Classes - Promotion of healthy lifestyles - Advocacy on proper nutrition - Referral of suspects - Screening of suspects: urinalysis, laboratory work-up - Treatment of cases - Referral of complicated cases to next level of care and mgt.
<p>G. Gastric/Peptic Diseases</p>	<p>Decrease incidence</p> <p>Early detection of signs and symptoms</p> <p>Prevent mortality and complications</p> <p>Increase awareness and knowledge of the community (Advocacy campaign)</p>	<ul style="list-style-type: none"> - Mothers' Classes/Fathers' Classes - Community Assemblies - IEC distribution/ dissemination - Gender Sensitive Counseling during clinic visits - Caregivers' Classes - Promotion of healthy lifestyles - Advocacy on proper nutrition - Referral of suspects - Screening of suspects: laboratory work-up - Treatment of cases to next level of care and management
<p>H. Rabies Control</p>	<ul style="list-style-type: none"> - Decrease incidence - Prevent mortality and complications 	<ul style="list-style-type: none"> - Parents' Classes - Community assemblies - Distribution of IEC materials - Gender sensitive counseling during clinic consultations - Caregivers' classes - Anti-rabies campaign thru resolutions and ordinances - Vaccination of dogs - Organize/establish responsible owners of pet dogs and other canines - Vaccination of exposed individual - Referral to higher level of care - Provision availability of vaccines

10-15 barangays/quarter	# of classes/assemblies conducted	P20,000/P10,000
10-15 barangays as they come	# of sessions conducted	P20,000
As needed	# of patients treated	
As needed	# of pts referred to hospital	5,000
As needed		P100,000
10-15 barangays/quarter	# of classes/assemblies conducted	P200,000
As needed		P20,000
10-15 barangays/quarter		P15,000
		P15,000
		P5,000
As they come	# of suspects referred	
As needed	# of patients screened	P10,000
As needed	# of patients treated	P 100,000
10-15 brgys./quarter 10-15 brgys./quarter	# classes/assemblies conducted	
SP/LCE	# classes conducted SP Resolution	P20,000
DA/Veterinarian DA/Veterinarian	# of dogs vaccinated # of club organized	P15,000
As needed	# pts vaccinated	P 100,000
As needed		
As needed		

Organization Focused		
Gender issue/concern	GAD objective	Identified GAD Activity
<p>I – Capability building program for health service providers</p> <ul style="list-style-type: none"> - Lack of orientation of health personnel on gender and development - Health personnel are not gender sensitive in delivering health services to clients - Lack of knowledge of health personnel on reproductive health 	<ul style="list-style-type: none"> - Increase gender sensitivity of health personnel and volunteers - Enhance capacity of health staff in providing reproductive health services 	<ul style="list-style-type: none"> - Assess training needs of all involved in the health program - Gender sensitivity training for all health staff and volunteers - Training in NSV and BTL; skills enhancement training of midwives in IMCI, birth deliveries - Training in family planning for BHW's
<p>Direct policy support for health and gender</p> <ul style="list-style-type: none"> - Lack of gender orientation of <i>Sangguniang Panglunsod</i> members - Lack of legislative and executive policies on violence against women - Frequent changing of heads of committees on women and health 	<ul style="list-style-type: none"> - Increase gender sensitivity among legislators and department heads - Provide policies that would eliminate incidence of violence against women and children - Identify and train legislative champions on gender and health 	<ul style="list-style-type: none"> - Gender sensitivity training for legislators and department heads - Review legislation of city in the areas of health and gender - Formulate corresponding legislation - Work for lobby groups to demand controlled structures in the SP
<p>Support structures for health and gender-</p> <p>Lack of gender responsive and results-oriented health policies</p>	<ul style="list-style-type: none"> - Improve and promote participatory and gender responsive, results-oriented governance - Reinforce and strengthen local health board, GAD council and NGO/PO partners 	<ul style="list-style-type: none"> - Update health board, GAD council, NGO/PO partners with current health information - Regular meeting of health board - Training in advocacy and people's participation in local governance of partner NGO/POs

Target	GAD performance indicator	GAD budget
<p>130 volunteers and 140 health personnel</p> <p>- 14 Sangguniang Panglunsod members - department heads</p> <p>- Members of the LHB - Members of the GAD council - CSOs</p>	<p>No. of health personnel who participated in trainings on gender sensitivity and reproductive health</p> <p>No. of trained staff trained on NSV and BTL</p> <p>No. of midwives trained in birth deliveries, IMCI</p> <p>No. of BHWs trained in family planning</p> <p>- Gender sensitive legislators and department heads</p> <p>- No. of gender sensitive health legislations passed by the Sangguniang Panglunsod</p> <p>- Permanent committee chair on health and women</p> <p>- No. of LHB regular meetings conducted</p> <p>- No. of LHB, NGO/PO attending meetings</p> <p>- Advocacy plan formulated by the CSOs</p>	<p>P500,000</p> <p>Food – P345,600 (P120/head x 2 days x 3 trainings x 480 pax)</p> <p>Materials: P154,400</p>

<p>Resource mobilization</p> <ul style="list-style-type: none"> - Insufficient funds for health and gender services 	<ul style="list-style-type: none"> - Come up with a health care financing scheme 	<ul style="list-style-type: none"> - Prioritize budgetary needs - Explore possible funding donors - Prepare/submit proposals - Institutionalize cost sharing - Donor's Forum
<p>Management information system</p> <ul style="list-style-type: none"> - Lack of sex-disaggregated health information 	<ul style="list-style-type: none"> - Establish a gender sensitive health management information system 	<ul style="list-style-type: none"> - Assess existing information system - Determine needs - Design and develop information system - Identify user and sources of data - Gather data and population database
<p>Facilities and equipments upgrading</p> <ul style="list-style-type: none"> - Facilities for pre-natal check-up not gender sensitive - Lack of access to facility deliveries - Absence of a reproductive health facility offering services for male and female 	<ul style="list-style-type: none"> - Provide conducive and women-friendly facilities for pre-natal check-ups - Convert BHS to lying in clinics - Study the possibility of converting Amberg hospital to a comprehensive RH center 	<ul style="list-style-type: none"> - Verify condition of BHS- Prioritize and recommend BHS for renovation - Gather data for the FS, inventory of existing facilities - Identify consultants - Prepare feasibility study
<p>Procurement of supplies</p> <ul style="list-style-type: none"> - Lack of sufficient drugs and commodities for reproductive health 	<ul style="list-style-type: none"> - Ensure availability of medicines, drugs, commodities and other needs - Make procurement system participatory and transparent 	<ul style="list-style-type: none"> - Analyze current years, consumption, needs based on health performance and plan - Ensure the preparation of annual plan for medicines, commodities, equipments buildings

Acronyms:

ARI	acute respiratory infection	NSV	non-scalpel vasectomy
Bn-vl	below normal – very low	MSM	men having sex with men
BTL	bilateral tubal ligation	ORS	oral rehydration solution
CDD	control of diarrhea diseases	ORT	oral rehydration therapy
DPT	diphtheria, pertussis, tetanus	STI	sexually transmitted infection
EPI	expanded program for immunization	FS	feasibility study
HgB	hemoglobin count		

D. Case Studies on Local-level Gender Budgeting

1. The Pro-GAD Capoocan Experience²¹

The program, “Integrating Participatory Governance Framework with Gender and Development” was jointly implemented by the Capoocan, Leyte LGU and the Center for Partnership Initiatives for Development (CPID). It is an innovative approach integrating gender and development within the framework of participatory governance.

It is funded by the 5% GAD budget of the municipality and the barangays, and through the 95% regular LGU budget which has mainstreamed GAD (e.g. instituting a women’s desk in the police department and hiring a policewoman). The municipal government has institutionalized the GAD budget since 1999, covering 21 barangays with a total population of 27,593.

The program is participatory and consultative, from problem identification and conceptualization to implementation. It was jumpstarted by the allocation of P80, 000 for initial activities, including GAD program development.

Providing legal basis for the initiative was the issuance of an executive order instituting the GAD program of Capoocan and allocating the 5% GAD budget. As well, GAD budget provisions in RA 7192, DBM local budget memo No. 32 and DILG memo circular 99-146 were localized.

The project has resulted in:

- ♀ Enhanced women’s participation in decision-making and local planning as evidenced in reactivated barangay development councils, and women’s participation in barangay development planning, GAD planning and budgeting. This has facilitated the shift from traditional focus on infrastructure to projects that promote gender equality with priority on health, nutrition, livelihood and support infrastructure for women’s practical needs;

- ♀ Formulation of a five-year municipal GAD strategic plan which, when adopted, will guide the Pro-GAD Capooacan program in the next five years;
- ♀ Translating GAD plans into action, and putting in place key players and mechanisms such as the municipal GAD focal team, overall program coordinator, Pro-GAD field teams and staff, and barangay GAD focal persons;
- ♀ Institution of other Pro-GAD mechanisms such as *Bantay Panimalay* (a quick response team), Committee on Decorum and Investigation (to protect municipal employees from workplace sexual harassment), and GAD resource center.

Ongoing programs and initiatives spurred by the Pro-GAD program include: community organizing that strengthens women's and people's organizations, gender-related education and training, socio-economic livelihood for women, counseling, shelter and assistance to women victims of violence, establishment of 21 day care centers, and advocacy and networking.

Active women's lobbying has resulted in an ordinance regulating the operation of videoke/sing-along bars and three gender-related resolutions (support for the GAD focal team, training for *hilots* – local chiropractors and/or midwives, and creation of a beauty pageant regulatory board).

Among the lessons and insights yielded by the program are: participatory approach increases program ownership by constituents; political will is important (with the mayor's commitment as the most facilitative factor); investing in training and partnership with an NGO is vital; focus on the community is important; and early priority in gender mainstreaming is critical.

2. The *Bantay Banay* Program²²

The *Bantay Banay* (BB) program (meaning family or community watch), under the aegis of *Lihok Pilipina* Foundation, started in Cebu City in 1992 to address the problem of domestic violence, particularly in poor communities.

It has established participatory structures at various levels of governance: in barangays through volunteers; in cities through inter-agency coordinating councils that bring together GOs, NGOs and POs; and across provinces through regional networks. The BB national partners' network currently encompasses eight regions, mostly in the Visayas and Mindanao.

Interlinking components include IAC formation, client empowerment, service provision, public awareness, LGU mainstreaming, community-based participation, client healing, case intervention, policy advocacy and financial sustainability.

To provide services and direct intervention, and to undertake training and advocacy and media work, Bantay Banay employs the following strategies: organization and training of community groups, formation of area inter-agency committees, mainstreaming VAW as a governance issue, and having anchor NGOs and agencies.

Its outputs and outcomes are felt in the areas of the GAD budget, policy, partnerships and local concerns.

Cebu City's GAD budget allocation rose from P1.2 million in 2002 to P2 million in 2003 and P15 million in 2004. The total barangay GAD budget allocation slightly dipped from P9.091 million in 2000 to P8.043 million in 2002, rising to P8.134 million in 2002 and P9.518 million in 2003.

Bantay Banay advocacy has helped in the passage of the GAD Code of Cebu City and various ordinances against domestic violence creating the women and family affairs commission and the committee on decorum and investigation to address sexual harassment cases in the Cebu City LGU.

Among the issues and concerns Bantay Banay has had to deal with are lack of familiarity with GAD on the part of line agencies, inability of some barangays to draw up GAD plans, control wielded by barangay captains over gender committee budgets, GAD personnel who are political appointees and not gender-sensitive, red tape that blocks fund release, and monitoring the GAD plan and budget implementation.

Bantay Banay uses a combination of efforts and interventions to access funds. A Cebu Commission for Women is responsible for accessing of funds for GAD projects. Plans and proposals are based on the GAD Code to qualify for allocations.

Bantay Banay has received a handful of local and international awards.

3. Mainstreaming Gender in Government PPAs and the Role of the GAD Budget (The Bacolod Experience)²³

Why GAD?

GAD makes visible women's and men's roles in and contribution to development. GAD tries to address the inequalities between women and men. GAD deliberately addresses the issues between women and men by developing, budgeting, implementing, monitoring and evaluating programs, projects and services.

Assumptions

Government has the resources.
Government defines policies.
Government allocates and spends.

Government should be responsive.

Gender mainstreaming is a process of integrating gender perspective in: organization, legislation, policies, programs/projects, and institutional mechanisms within government.

Component strategies in GAD mainstreaming

GAD focal system

GAD plan and budget. GAD plan is a blueprint of how you can make your organization, its policies, programs and activities gender responsive. GAD budget is the sum total of all resources required to implement the GAD plan.

Basic data on Bacolod City

Bacolod City is a highly urbanized city in the Visayas, with a yearly income of P500-550 million, and active civil society and GAD advocates. It has a woman mayor but the local council is dominated by men.

GAD mainstreaming efforts

These include: a gender analysis of the situation (Tracking Gender in the Bacolod City Budget, a 2000 study undertaken by DAWN Foundation with the support of the Asia Foundation), GAD planning (a GAD plan and improved GAD budget), and LGU and community support systems (council of GAD focal points and network of women's NGOs).

Tracking gender in the Bacolod City budget

This process entailed review of policy mandates; review of the planning and budgeting process; tracking the GAD budget according to council policy mandates and the quantity of allocations which the departments identified; and examining the department budgets according to their mandated functions; the GAD barangay budgets monitored according to their use as "required" by the city council.

Findings

Key findings of the study included: gaps between policy and implementation, minimal compliance by departments with "traditional" departments accounting for most of the GAD budget, 100% compliance at the village level followed by a significant decrease the year after, not genuine people's participation in planning and budgeting due to maneuverings of most bureaucrats and politicians, unclear basis for identification of GAD projects, and weak technical capability in GAD planning and budgeting.

Insights

- the need for capability building in GAD planning and budgeting for all
- the need for city-wide and departmental GAD planning for the GAD policy and plan to become the basis of the GAD budget, and for the GAD budget to be integrated into provincial and national plans (the need for the DBM to seriously enforce the GAD budget policy)
- the need for each department and village to identify GAD focal points and GAD advocates and champions
- the need for the city development council (CDC) to expand its role in planning and budgeting, not only of the 20% development fund but of the total city budget
- the need for the CDC to have effective monitoring mechanisms to make functional the project monitoring teams (PMTs)

Three stages of GAD assessment and planning

1. Assessment of GAD initiatives (policy, people and enabling mechanisms)
2. GAD analysis using GAD tools: GEWEF³ tool and others
3. GAD planning using DBM framework

Issues and challenges

→ *Issue:* Gender mainstreaming initiatives vs. the minimum 5% GAD budget policy
♀ *Recommendation:* Continue 5% GAD budget implementation while GAD mainstreaming efforts are still underway and LGU GAD appreciation is still limited.

→ *Issue:* Different agencies have different statements on GAD budget and GAD mainstreaming efforts.
♀ *Recommendation:* Review ODA rules to sustain efforts at local level.

→ *Issue:* Many local GAD budgets are not anchored on good GAD plans based on a comprehensive gender analysis.
♀ *Recommendation:* For LGUs to undertake a comprehensive gender analysis before undertaking GAD planning and budgeting.

→ *Issue:* What role can Congress play in GAD mainstreaming?
♀ *Recommendation:* Pass laws that will give NCRFW greater powers for GAD mainstreaming, fund more GAD-responsive women-specific projects, encourage greater women's participation in Congress, and facilitate GAD mainstreaming efforts at the local level through formal or informal pressure.

E. An Original Verse Play on GAD

Script of Sorsogon City's verse-play "What Is This?"²⁴

*What is this? Why the commotion?
I do not understand, I do not know
Where we failed, whether we failed
Why women are shouting out loud for their rights.*

Women: *There is no miracle! I am a woman.
The seed of humanity springs from me.
The country's age-old problem, if ignored,
Will signal the world's end. There is no miracle!*

*People in government are out of their wits
Issuing calls and declarations, seeking answers
Fearing the world's end, asking people
To trace the root cause, to shed light on this
Linking those who bear the seeds of humanity.*

*Reaching a dead end
Huge crowds of people are joining in
And so the mayor has sought out LIKAS
Discussing, deliberating, analyzing
Asking here and there if there is truth
Through FGDs and analyses
These did not pass unnoticed by those in government offices
This is what they saw, this is the truth.*

[Then the reality of women's lives is depicted in dance: a battered wife, maltreatment, men's neglect, interminable housework, a housewife's unkept appearance and her husband's mindlessness, hauling and selling goods, victim of sexually-transmitted disease, rejection slips.]

[Women dancing out these scenes emerge from a big ovary-shaped door, later bearing placards with these words: No data segregation, no tools or frameworks to ensure gender sensitivity ... in the end the ovary topples over.]

*And because of this, no time was wasted,
Planning, consulting, injecting GAD into the budget
Crafting an action plan integrating the city health program with DOH
There was clarity on the local health system
Governance is askew if this is not attended to. Therefore, leaders, and citizenry, as well
All sectors must engage, people's organizations must take part too
And so the city gender-responsive and result-oriented health budget emerged*

Chorus: G A D, G A D
Deep, deep down in my heart
In my mind, in my plan
Project for women at hand

Each department proposes a gender-responsive budget
An ordinance to integrate “Mauswag na Ciudad” with the DOH program
An ordinance to craft a gender-responsive and results-oriented plan
Focus on health problems such as TB, vitamin A deficiency, maternal deaths.

Notes

- ¹ The project as summarized by Florencia Casanova-Dorotan, UNIFEM-WAND Project Manager.
- ² Lorenza Umali, Project Inception Workshop, Pan Pacific Hotel, Manila, Philippines, November 12-13, 2004.
- ³ Remedios Rikken, Seminar on Enhancing Gender Responsiveness of Local Governance, LIKAS-RIDGE, Irosin, Sorsogon, Philippines, May 9-11, 2005.
- ⁴ Modified from Sarah Longwe’s (Zambia) ‘Women’s Equality and Empowerment Framework’ (WEEF) by Remedios Rikken.
- ⁵ Celia Flor, Training-Workshop on Gender-Responsive and Results-Oriented Budgeting, Leyte State University, VISCA, Baybay, Leyte, Philippines, May 18-20, 2005.
- ⁶ Developed by the National Commission on the Role of Filipino Women, Manila, Philippines, 2001.
- ⁷ Lucita Lazo, UNIFEM Regional Program Director, Project Inception Workshop, Pan Pacific Hotel, Manila, Philippines, November 12-13, 2004.
- ⁸ Rosario Manasan, “Framework for Gender-Responsive Results-Oriented Budgeting at the Local Level”, Project Inception Workshop, Pan Pacific Hotel, Manila, Philippines, November 12-13, 2004.
- ⁹ Ibid., 4.
- ¹⁰ Ibid., 4.
- ¹¹ Luz Rodriguez, ‘Gender-Responsive and Results-Oriented Budgeting Seminar-Workshop’ for Hilongos and Sorsogon City, Leyte State University, VISCA, Baybay, Leyte, May 18-20, 2005.
- ¹² Florencia Casanova-Dorotan, Training Workshop on ‘Gender Responsive and Results-Oriented Planning, Implementation, Monitoring, and Evaluation (PIME) and Resource Mobilization’, LIKAS-RIDGE, Irosin, Sorsogon, May 31-June 3, 2005.
- ¹³ Luz Rodriguez, Training Workshop on ‘Gender-Responsive and Results-Oriented Budgeting’, Leyte State University, VISCA, Baybay, Leyte, May 18-20, 2005.
- ¹⁴ Jesus Vicente Garganera, Seminar-Workshop on ‘People’s Participation in Local Governance’ (PPLG), LIKAS-RIDGE, Irosin, Sorsogon, June 28-30, 2005.
- ¹⁵ Caroline M. Ubalde, Training Workshop on ‘Gender Responsive and Results Oriented Planning, Implementation, Monitoring, Evaluation and Resource Mobilization’, LIKAS-RIDGE, Irosin, Sorsogon, Philippines, May 31-June 3, 2005.

- ¹⁶ Caroline Ubalde, Training-Workshop on 'Gender-Responsive and Results-Oriented Planning, Implementation, Monitoring, Evaluation and Resource Mobilization', LIKAS-RIDGE, Irosin, Sorsogon, Philippines, May 31-June 3, 2005.
- ¹⁷ Caroline M. Ubalde, Training Workshop on 'Gender Responsive and Results Oriented Planning, Implementation, Monitoring, Evaluation and Resource Mobilization', LIKAS-RIDGE, Irosin, Sorsogon, Philippines, May 31-June 3, 2005.
- ¹⁸ Caroline M. Ubalde and Joji R. Orbase, Training Workshop on 'Gender Responsive and Results Oriented Planning, Implementation, Monitoring, Evaluation and Resource Mobilization', LIKAS-RIDGE, Irosin, Sorsogon, Philippines, May 31-June 3, 2005.
- ¹⁹ Caroline M. Ubalde, Training Workshop on 'Gender Responsive and Results Oriented Planning, Implementation, Monitoring, Evaluation and Resource Mobilization', LIKAS-RIDGE, Irosin, Sorsogon, Philippines, May 31-June 3, 2005.
- ²⁰ Developed by the National Commission on the Role of Filipino Women and Department of Interior and Local Government-Local Government Academy, 2004.
- ²¹ Marietta Porciuncula, 'Making a Difference Through Participatory Gender Responsive Governance in Capocan, Leyte', Project Inception Workshop, Pan Pacific Hotel, Manila, Philippines, November 12-13, 2004.
- ²² Genevieve Fuentes-Makinano, Project Inception Workshop, Pan Pacific Hotel, Manila, Philippines, November 12-13, 2004.
- ²³ Celia Flor, Training Workshop on 'Gender Responsive and Results Oriented Budgeting', Leyte State University, VISCA, Baybay, Leyte, May 18-20, 2005.
- ²⁴ Translated from the original verse-play presented by the Sorsogon Core Team during the End-of Project Conference in Bayview Park Hotel, Manila, Philippines, August 5, 2005.