GENDER ISSUE	CAUSE OF GENDER ISSUE	GAD OBJECTIVE	RELEVANT LGU PPA	GAD ACTIVITY	PERFORMANCE TARGET	Actual Results	GAD BUDGET	Actual Cost	OFFICE
General Public Services									
Inadequate Knowledge to mainstream GAD related concerns to AIP and other Programs	II ack of knowledge and	To increase knowledge and awareness of Padmin's staff on Gender and Development Issues	Capacity Development	conduct workshop/training on Gender Sentivity	all padmin staff oriented on Gender issues	Not implemente d	10,000.00		PADmin
Low level of awareness on Gender Issues	Gender Bias/Stereotyping					Not implemente d	7,800.00		PIAO
no separate bdng. For women inmates	Jail separation of women cell		gender responsive jail mgnt. Services	construction of separate building for women inmates	50 inmates Women separate of cell	Continuing/ On-going	60,000,000.00		РЈО
Social Service Sector									
Full operationalization of WCC	prevalence number of cases against women & children		Women & Children welfare Program	Purchase of materials & equipment	No. of survivors catered in the center	Implemented	4,000,000.00	4,000,000.00	PSWDO
Prevalence number of VAWC survivors/victims & other cases against women & children	Insufficient knowledge on laws for the protection of women & children		reduced number of VAWC cases & other related cases against women & children	Family Welfare Program	Advocacy Forum/awareness campaign on GAD Related laws at the barangay & schools	Implemented	50,000.00	50,000.00	PSWDO
Ideficiency diseases among	worm infestations are the most common Hygiene Deficiency related infectious	Reduce diarrheal incidence, respiratory infections, increment of dental caries, infections in the mouth and increase school attendance thereby improving academic performance.	DepEd-PGLDN EHCP	Provision of Materials- ToothBrush, Toothpaste, Soap(PGLDN) to Kinder to Grade 6 pupils in 331 schools and washing facilities and toothburush rack (DepEd)	Reduced diarrheal incidence by 30%, Reduced respiratory infections by 20%, reduced the increment of dental caries by 40%, reduced infections in the mouth by 50% and increased school attendance by 20% and thereby improved academic performance	Not	1,200,000.00		DepEd

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No training on Problem-Based Training on Recognizing, Recording, Reporting, and Referring of Women and Children Abuse Cases for Non- Medical Hospital Personnel; and Training for Medical Hospital Personnel	Lack competencies of recognizing, recording, reporting and referring (4Rs) of women and children abuse cases.	Self-directed health care team that can manage victims of abuse	Health facilities	PBL Training on 4Rs (1400/pax x 4 days x 60pax)	Conducted 3 batches live-in training (60 pax trained) on 4Rs on Women & Children protection work	Not implemente d	336,000.00		РНО
Training on Reproductive Health (RH) & RH Laws to Service Providers both hospital & field	Selected service providers were trained on RH in a combatant areas only which was on CY 1998.	Equipped all service providers on RH & its Law	Health facilities	Conduct 2 days- training on RH & RH Laws	200 service providers trained on RH & RH Laws	Not implemente d	200,000.00		РНО
Knowledge among Health Service Providers on MCH/MNCHN programs/MCP Facility's services and their roles as Health Service Providers (MHOs/Physicians, PHNs, RHMs,)	Lack of awareness raising activities on women roles in MCH-MCP services at the facility level.(EINC services)	Self-directed/Gender sensitive health care providers	Contribute in the Reduction of Child Mortality (MDR 4) & Improve the Health of the mothers-MDG 5	Orientation on MNCHN Programs with emphasis on FP-MCH (1400 x 50 x 3 days)	50 Service Providers trained/oriented on MCH/MNCHN- EINC	Not implemente d	210,000.00		РНО
Lack of Upgrading the skills of health personnel	No updates on FP trainings	Capability building, FP CBT Training& Natural FP , Implant	Deliver quality FP services particulary for LAPM	Conduct FP-NFP trainings & modern method-mix training in 2 batches w/ 25pax/batch	Trained Service Providers onFP trainings	Not implemente d	350,000.00		РНО
Partial implementation of Pregnancy Tracking System	Not all pregnants are being tracked & no 4 ANC services	Provided quality ANC/Penatal services	Identified/Masterlisted all pregnant women	Masterloisting of pregnant mothers using standard forms	Province-wide Full implementation of pregnancy tracking system	Not implemente d	25,000.00		РНО
Knowledge among community members on MCH-MCP/FBD Facilities' services and their roles as end users.	Lack of awareness raising activities on women roles in MCH-MCP services at the community level	Increased participation and define gender roles @ their respective family.	MCP-MCH Capability Development Program	Conduct of Family and Commmunity awareness on MCH services and its Maternal Care Package (MCP) Facility	Barangay level sessions in municipalities with MCH- MCP/FBD facilities	Not implemente d	200,000.00		РНО

GENDER ISSUE	CAUSE OF GENDER ISSUE	GAD OBJECTIVE	RELEVANT LGU PPA	GAD ACTIVITY	PERFORMANCE TARGET	Actual Results	GAD BUDGET	Actual Cost	OFFICE
Orientation on Gender in FP- MCH to all provincial government employees	Lack of awareness raising activities on women roles in FP MCH servicces	Increased participation and define gender roles in Family Planning (FP-MCH) services at their respective family	FP-MCH Capability Development Program	Conduct One (1) Day Orientation to provincial employees on Gender in relation to Family Planning-Maternal, Child Health services	150 Government employees at the provincial level	Not implemente d	75,000.00		РНО
Orientation on Gender in FP- MCH and Roles of Service Providers	Lack of awareness raising activities of Health Service Providers' roles in FP-MCH servicces at the community level	Gender sensitive Health Care Service Providers	FP-MCH on Gender related Capability Development Program @ the Service Providers' level	Conduct 2-day li ve-out tarining for Service Providers on Gender in relation to Family Planning-Maternal, Child Health services	200 Service Health Providers	Not implemente d	200,000.00		РНО
Orientation on Gender in FP- MCH and Roles of CHT navigators/ BHWs	Lack of awareness raising activities of Health Services in FP-MCH related to Gender orientation at the community level	Strengthen Community partnership at the barangay level	Capability Development Program of Baragnay Health Workers (BHW) on the identified victims of abuse on their level.	Conduct 2-day for BHWs on Gender in relation to Family Planning-Maternal, Child Health services 100/pax x 1000 for meals & snacks	1000 BHWs oriented @ the barangay level	Not implemente d	100,000.00		РНО
No Half-way houses in municipalities to cater expectant mothers from	Non-accessibility of Birthing Facility/MCP services of expectnt mothers coming from farthest/remote barangyas; long distance & bad roads	Half-way houses in municipality will support the expectant mothers from remote areas/brgys.thus preventing mother of unreasonable deaths; expectant mothers will stay @ the half-way house & wait for one (1) wk before her Expected Date of Confinement (EDC) to be delivered @ MCP	Profssionals handling deliveries: 100% safe	Establishment of thirteen (13) Half-way houses in municipalities with MCP	Established/constructed Half- way houses in municipality with MCP; Increased % Facility Based Deliveries & handled by Health Professionals;	Not implemente d	650,000.00		РНО

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Re-organize Women's Health Teams (WHTs)	Less involvement of community particularly women	Active involvement of Womens as members of WHTs rendering health services in the barangays.	Functional WHTs as Health partners	Reorganization of WHTs per barangay in municipalities	Follow-ups of pregnant mothers/women to avail health services particularly prenatals, & deliver @ Facility based-clinic	Not implemente d	55,000.00		РНО
Importance of Maternal Death Review (MDR)	High cases of Maternal deaths	To reduce maternal deaths and improve the health of the mothers: 4 Prenatal/ ANC, provision of/ Vitmins,FeSo4 w/ Folic Acid	Reduction of Maternal Deaths	Conduct (MDR) to municipality with maternal deaths thus knowing the root cause of death	Prompt submission of Maternal Death Report hastens the conduct of MDR to the concerned municipality.	Not implemente d	25,000.00		РНО
25% of unmeet FP needs	High No. of Unmet & probable Users	Support from LGU/LCE's (appropriated funds/budgetted by LGU's/LCE's) & positive feedback from the audience; & efficient mobilization of BHW's; increased No. of FP acceptors % or decrease Unmet FP needs	IEC materials, FP Cont. supplies	Health Advocacy - Integration of FP-MCH Program: Lobbying to LGU's/LCE, IEC campaign/activities (radio/tv airing & guesting, symposium, recorida & distribution of leaflets, BCC Orientation/Training of Health Providers, mobilization of BHW's to promote EP services; Celebration of Big Event: EP Day/Month	'	Not implemente d	100,000.00		РНО
Lack IEC campaign on FP activities	Lack awareness on FP	Mobilization of BHWs CHT/navigators to address FP program needs and provide adequate information.	Mobilization of CHT/navigators to address FP program needs and provide adequate information.	Conducted regular CHT/FDS/P sessions; Deployment of CHT members to address FP program needs and provide adequate information	Conduct regular CHT/FDS/PL sessions/activities; conduct regular monitoring activities	Not implemente d	55,000.00		РНО
Communicable Diseases: High cases of HIV-AIDS/STD cases	Lack of awareness on HIV- AIDS/STD & no. of cases	High level of awareness of the signs & symptoms of HIV infection will help prevent the spread of the diseases.	Health Services	Conduct Awareness /Advocacies on HIV- AIDS/STD & conduct one (1) day Orientation	High level of awareness on the signs & symptoms of HIV/STD in the community & able to promote precautions	Not implemente d	100,000.00		РНО

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Influence of the church on the use of modern family planning methods	Lack of well informed	Couples/mothers are welkl informed on the use of fp modern methods of their chopices, sufficient supplies of FP commodities	Health Service Providers	& FATWA for Maranaos;	High level of awraness on FP program; increased FP acceptors and adequate FP commodities supplied to couples practicing FP.	Not implemente d	110,000.00		РНО
No Usa-usapan activites	Low Contraceptive Prevalence Rate (CPR) on FP	Conduct Usap-usapan to Pregnant/buntis mothers & chiild care	Increase FP-CPR; and couples aceepted one of the FP methods	Conduct usapusapan activities	No. of conducted Usapusapan activities	Not implemente d	50,000.00		РНО
Lack of Upgrading the skills of health personnel	No updates on FP trainings	Capability building, FP CBT Training& Natural FP , Implant	Deliver quality FP services particulary for LAPM	Conduct FP-NFP trainings & modern method-mix training in 2 batches w/ 25pax/batch (1400/pax x 5days x 50 pax)	Trained Service Providers onFP trainings	Not implemente d	350,000.00		РНО
No CSR strategy	Not given importance on CSR startegy to appropriate budget for FP commodities	No Appropriation for CSR- FP commodities budget	MLGU-Appropriated CSR budget: NHTS families, CCTs & others accessed free FP services & commodities	Provision of FP commodities to FP centers	Continuos stocks of FP & has buffer stocks in every FP method modern & natural and appropriated budget for CSR- FP commodities.	Not implemente d			РНО
Improving information management systems		Regular conduct of DQC	Effective health information systems, reliable data, bases of policy, decision-making, budgeting & procurement of FP commodities.	Conduct DQC to FP- Centers/clinics	Reliable data, bases of policy, decision making, budgeting * procurement of FP commodities	Not implemente d	37,000.00		РНО

GENDER ISSUE	CAUSE OF GENDER ISSUE	GAD OBJECTIVE	RELEVANT LGU PPA	GAD ACTIVITY	PERFORMANCE TARGET	Actual Results	GAD BUDGET	Actual Cost	OFFICE
Women need OB/GYNE check- up	Lack of awareness on Women's Health and Safe Motherhood	Educate women on her health & her rights		reproductive women at	Bedside counselling conducted at OB room	Not implemente d	100,000.00		РНО
High incidence of infant & under five morbidity & mortality	Lack of preventive & curative medical provision for children under five years old	Increased access to quality health services & provision of vaccines/immunization & giving of vitaminns' giving of adequate preventive medical	Health Service Providers		Decreased Infant Morbidity & Mortality cases.	Not implemente d	30,000.00		РНО
Lack of dental health services both mothers & children	High incidence of tooth aches, dental caries	· ·	Dental Health @ Rural & Hospital services	Conduct Dental check-ups & filling & cleaning and provision of tooth brushes & tooth pastes.	No. of children & mothers including pregnants provided dental health services	Not implemente d	100,000.00		РНО
Increasing proportion of individuals (men and women) with unhealthy lifestyle (physical inactivity, unhealthy diet, smoking, drinking alcoholic beverages, substance abuse and premarital sex) among the youth population	Lack of Education Family problem Peer pressure Social Media influences Individual differences Lack of self-discipline Environmental stressors Developing Economic factors	Decrease proportion of individuals (men and women) with unhealthy lifestyle (physical inactivity, unhealthy diet, smoking, drinking alcoholic beverages, substance abuse and pre-marital sex) among the youth population	In-School Working Youth Out of School Youth	Request for orientation about Physical Activity Healthy Diet Smoking Cessation Drink Moderately No to Drugs HIV/AIDS awareness campaign	No. of orientation attended	Not implemente d	300, 000.00		РНО
Inreasing proportion of men and women ages 18 yrs. old and above diagnosed with lifestyle-related non- communicable diseases	Unhealthy lifesytle approach	Decrease proportion of men and women ages 18 yrs. old and above diagnosed with lifestyle- related non-communicable diseases			No. active NCD Club members in the community as a support group	Not implemente d	250, 000.00		РНО
Enhancing Pink Room Services	VAWC victims	Provide privacy & decent room in serving the VAWC victims of hospital care		Information, Education, Campaign on MCW Intensive Healing & Counselling of VAWC victims & other trauma	LNPH employee orientation Magna Carta for Women and related laws		2,000,000.00	500,000.00	all 6 hospitals

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Low participation of husbands / male in Family Planning	Husbands objection on contraceptive use, fear of side effects	Generate demand for use of modern family planning methods	Strengthening Responsible Parenting/Family Planning and Reproductive Health	Implement MR GAD Project Male participation in RH	# of barangays of Advocacy/IEC materials	Implemented	1,000,000.00	1,000,000.00	PPO
		Increase number of FP /Health Care Providers	Capability Building for Community Health Service Providers other than the BHWs	Conduct GST Reproductive Health Training	# of training conducted, # of PVHWs trained	Implemente d	4,000,000.00	4,000,000.00	
Economic Sector									
Inadequate Gender sensitivity awareness	stereotyping gender bias	To increase level of awareness of cooperatives and Pos on Gender Sensitivity issues and mainstreaming of GAD and GE to cooperatives	Capability Building	2 trainings for District 1 and District 2 on Gender Sensitivity and discussion on the CDA Memo Circular 2013-32: Mainstreaming of GAD within cooperatives	5-8 cooperatives formulated action plan for the creation of GAD committee within the cooperatives	Not Implemente d	60,000.00		PCO
Women cooperatives and Pos insufficient capital for livelihood/enterprise	limited capitalization from the members	To increase production of cooperatives and Pos engaged in food and nonfood processing; to enhance and improve marketability of products		Cooperative producers to access to NGA's Technical Assistance Providers; Financial Assistance to Women Federation that will engage in the promoting and marketing of members processed products	increased delivery of 10 products of 10 cooperatives and Pos to the marketing federation		300,000.00		PCO
Limited knowledge on Gender Sensitivity		to increase awareness and understading on gender sensitivity and equality	capacity building	2-day Gender sensitivity Training	increased awareness of 1 staff on Gender Sensitivity				PCO

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Unequal opportunity between men and women in the implementation of the project, most men is preferred.	Lack of GAD awareness	To promote, strengthened and sustained GAD program.	Environmental conservation and sustainable livelihood program -Agro-forestry project	Conduct IEC on GAD program	50% of women participation in all activities		2,000,000.00		ENRO
Limited access of womens group on livestock dispersal on large animals	limited funds from LGU, women responsible only for managing small stock & other animals kept at the homestead	Involvement of women in livestock production through provision of poultry and small ruminants	Sasso & Goat Dispersal	Identification and validation of womens group; provision of sasso and goats stocks; provision of technical assistance	Procurement and Dispersal of chicken & goat		5,000,000.00		PVO
Skills capability of women in product processing	lack of skills and capability in product processing	skills training on processing	Meat/Milk Processing Training	Conduct of meat and milk processing training and dairy entrepreneurship	No. of skilled processors and entrepreneurs		150,000.00		PVO
Agricultural Extension Workers have Limited knowledge on the preparation of Gender Sensitive Project Proposals (PP's)	the preparation Gender	Enhancement of skills of AEW's in preparing gender sensitive PP's	Designation of a trained personel on do prepare Gender Sensitive Project Proposals	Trained AEW's in tne preparation of gender sensitive Project Proposals	training of AEW'S for the preparation of gender sentive Project Proposals		150,000.00		PAO
Farmers (FA/RIC/4-H Club) have no knowledge on Child labor and womens rights	No Trainings of farmer leaders on labor and womens rights	To be responsive on the rights of women and children	Training Child labor and Womens right for farmer leaders	trained farmer leaders on child labor and womens right	training to farmer leaders (FA/RIC/4-H Club) on Child labor and womens rights		250,000.00		PAO
Women (RIC) entrepreneurs have limited knowledge on their rights and thus cannot expand their capability to market their products	Due to lack of awareness of their rights, Women (RIC) lack knowledge on marketing and packaging/labelling and lack of capital	Enhancement of awareness of womens rights and expand Market of Local Products outside LDN	training on the rights of women entreprenuers, including product packaging and labelling	Participation of women entrepreneurs in Trade Fairs and Exibits , Hands on trainings on Packaging/Labelling and provision os access to financial assistance	Training of women entrepreneurs on their rights to develop their capability and expand their bussiness		1,000,000.00		PAO
Facility provision to elderly and PWD	Lack of easy access and comfortable rooms to elderly and PWD guest	Compliance to DOT Accrediatation Standards	Hospitality Industry services program	Establishment of 1-unit PWD room and establishment of access ramp at MCC Hotel	provided easy access and comfort to elderly and PWD guest		2,500,000.00		PRMC

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conducted for planning & designing and monitoring and	Less appreciation on the role in the planning & designing and monitoring and evaluation of infrastructure projects	Increase women involvement in barangay consultation	Infrastructure Development Project	2. Actual conduct of	No personnel trained No. of barangay consultation conducted		750,000.00		PEO
Gender sensitivity not mainstream in the preparation of Detailed Engineering Design		Gender responsive infrastructure projects	Infrastructure Development Project	Training of technical staff in the preparation of gender responsive Detailed Engineering Design	12 technical staff trained		250,000.00		PEO
Total MOOE							25,448,800.00		
Total Capital Outlay							6,265,000.00		
GRAND TOTAL						_	88,098,800.00		

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GFPS Chairperson ICO-Provincial Budget

1/13/2016

Day/Mo/Year