

## GENDER EQUALITY AND SOCIAL INCLUSION ACTION PLAN

**Gender Equality and Social Inclusion.** The project is categorized *effective gender mainstreaming*. The agreed Gender Equality and Social Inclusion (GESI) action plan is closely aligned with the activities proposed by World Bank to ensure gender mainstreaming and inclusion. Monitoring of the GESI action plan implementation will be done jointly with the World Bank, COVID-19 Vaccines Global Access Facility, and other development partners. The project aims to achieve vaccination of around 6.8 million Nepalis at the outcome level, with reporting by age and sex. At the output level, the proposed project will ensure that at least one female health worker or volunteer in every vaccination site provides a safe environment and that at least 48,000 female community health volunteers will be vaccinated in 2021.<sup>1</sup> The government aims to strengthen the electronic collection of the vaccination data, which will capture each vaccinee's sex, age, and vaccination location. Through the ongoing technical assistance to be implemented by the engagement of the United Nations Children's Fund,<sup>2</sup> the gender-responsive and inclusive risk communication and community engagement activities will increase awareness about the coronavirus disease (COVID-19) pandemic, vaccines, and the vaccination process among people, with reporting disaggregated by sex, vulnerability and caste/ethnicity, and people with disabilities. The risk communication and community engagement activities will include the development of communication materials on COVID-19 vaccination, applying gender-sensitive and inclusive methods and tools to increase awareness of the registration processes, benefits of vaccination, and risk communication. The technical assistance activities will complement the activities of the government and other stakeholders to ensure women, vulnerable people, and other hard-to-reach groups are vaccinated. The project will increase awareness by mobilizing community volunteers from local organizations, like the local red cross societies and the local scouts. As much as possible, these local volunteers will represent different groups in society. These community mobilization activities will focus on high-risk municipalities. The United Nations Children's Fund will coordinate with local governments to ensure that the appropriate health and safety protocols will be followed. In addition, innovative methods to use social media messaging to reach out to hard-to-reach youth will also be implemented through mobilizing online volunteers as social influencers. These social influencers will be both male and female, as well as people with disabilities. This will be complemented by more traditional media messages, using radio, television, and print media. Surveys will be conducted on a regular basis to track people's perception of the risks of COVID-19 and vaccination, and awareness of the benefits of vaccination. Data will be updated at least three times per year to inform the progress reporting. The surveys will also track people's awareness of the vaccination process. These surveys will allow additional data disaggregation and analyses by socioeconomic factors, which will help make messaging even more targeted. The results of the surveys and other data collection methods, like analysis of the electronically collected data and social listening on social media, will inform the communication and messaging.

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<sup>1</sup> The training of the female community health volunteers is part of the World Bank financing.

<sup>2</sup> The United Nations Children's Fund will be engaged through TA 9800. ADB. 2019. [Technical Assisatnce to Nepal for Portfolio Management and Capacity Development for Enhanced Portfolio Performance](#). Manila (TA 9800).

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Outputs/Activities	Indicators and Targets	Responsibilities	Timeframe
<b>Output:</b> Safe and effective COVID-19 vaccines delivered			
1. Vaccinate prioritized population fully, as per protocol	1. About 6.8 million Nepali (22.3% of the population) vaccinated against COVID-19 based on the national vaccination plan (data disaggregated by sex and age) (June 2021 baseline: 691, 494)	MOHP progress reports (data source: e-LMIS and IMU)	2021–2024
2. Vaccinate female community health volunteers fully, as per protocol	2. At least 48,000 female community health volunteers vaccinated with requisite doses of COVID-19 vaccine, as per protocol, by 2021 <sup>a</sup> (April 2021 baseline: 8,546)	MOHP progress reports	2021
3. Include female health worker or volunteer in vaccination sites/outreach centers	3. All (100%) of the vaccination sites or outreach centers have at least one female health worker or volunteer supporting vaccination during the vaccination campaign <sup>a</sup> (January 2021 baseline: 0)	MOHP progress reports	2021–2024
4. Collect disaggregated electronic data	4. Data on vaccination beneficiaries to be electronically collected disaggregated by sex, area, and age (April 2021 baseline: aggregated data only)	MOHP progress reports	2021
5. Implement risk communication and community engagement activities inclusively	5. Gender- and culture-sensitive awareness materials for radio, TV, print, and social media on COVID-19 vaccination developed in Nepali and in local languages, as necessary 6. At least 3,000 (with at least 30% women) trained community-level volunteers, of organizations like the Red Cross, engaged in door-to-door visits as per the prevalent COVID-19 protocols, to raise awareness on risks of COVID-19 and benefits of vaccination in high-risk municipalities to support outreach work of female community health volunteers 7. At least 14 million people (male and female) reached through radio and television programs on the risks of COVID-19 and the benefits of vaccination 8. Up to 1,000 trained online volunteer social influencers provided accurate information through social media channels on the risks of COVID-19 and the benefits of vaccination (target: at least 50% of the influencers are female, 4% people with disabilities) 9. By 2023, population has increased awareness of risks of COVID-19 and benefits of vaccination (with data disaggregated by sex, age group, caste and ethnic groups, and disability) (2021 baseline: to be established with first perception survey on September 2021) 10. Media messaging on risks of COVID-19 and benefits of vaccination of MOHP crisis management team aligned with media analysis and findings of surveys	UNICEF (Data source: progress reports from UNICEF, including surveys conducted by UNICEF)	2021–2024

COVID-19 = coronavirus disease, e-LMIS = electronic logistic management information system, F = female, IMU = Immunization Management Unit, M = male, MOHP = Ministry of Health and Population, UNICEF = United Nations Children's Fund.

<sup>a</sup> These indicators are the same as the World Bank uses and will be jointly monitored.

Source: Asian Development Bank.