GENDER EQUALITY AND SOCIAL INCLUSION ACTION PLAN

GENDER	GENDER EQUALITY AND SOCIAL INCLUSION ACTION PLAN Responsible Time			
Activities	Performance Indicators and Targets	Responsible Agency	Frame	
Outcome level indicator:	Terrormance materials and ranges	Agency	Traine	
By 2025, EPI and COIVID-19 vaccination data with (sex-disaggregated) submitted annually via electronic				
joint reporting form to WHO and UNICEF. (2022 Baseline: sex-disaggregated data is not available for				
EPI vaccination)				
Output 1: Capacity of vaccine storage and transport system increased				
GESI-responsive features	 Separate toilets for men and 	MOH	Year 1	
incorporated in the design of	women,a child day care and			
the new cold chain storage	lactation rooms, and access			
facility. (DMF 1.1a)	designs ^b for person with			
	disabilities included in the new			
	facility.			
	 All facilities including the child day care will be operational in 2025. 			
	 Availability of assistive technology 	С		
	in the auditorium for person with			
	disabilities provided.			
Output 2: Information management of the EPI strengthened for COVID-19 vaccination and routine				
immunization				
Disaggregated data included	1) Sex, age, location, comorbidity	EPI	Year 1–3	
in data systems for EPI and	conditions,d and nationality			
COVID-19 vaccination	disaggregated reports in EPI and			
programs. (Related to	COVID-19 vaccination data			
improving data systems	systems produced regularly by MOH.			
under DMF 2.2a and 2b)	2) The national vaccine information	EPI		
	systems (DHIS-2 and COVID-19	EFI		
	vaccination information system			
	[DHIFAAU]) registers real-time			
	sex- and age- disaggregated data			
	on persons receiving vaccines			
	from EPI and COVID-19			
	vaccination program.			
Output 3: Human resource capacity of the EPI enhanced				
Provide employment and	1) At least 75% of the EPI staff (70%	EPI	Year 1–3	
professional opportunities to women via recruitment and	women) ^e report increased knowledge and skills on cold			
training of EPI staff (DMF	chain management, vaccine			
3.3a & 3b)	deployment planning and			
0.04 4 00)	management of EPI following			
	training. ^f			
	2) At least 60% of contract staff, ^g	MOH and		
	hired are women to support	PMU		
	central EPI program, national			
	health data center, and the			
	biomedical services units of MOH			
	3) GESI sensitive provisions ^h	EPI		
	integrated to COVID-19			
	vaccination program targeted for			
00/40 40	children aged 5 – 11 years old. EPI = Expanded Program on Immunization	on CECL mandar a		

COVID-19 = coronavirus disease, EPI = Expanded Program on Immunization, GESI = gender equality and social inclusion, MOH = Ministry of Health.

Ratio to be based on number of female and male staff in EPI facilities. Can be assumed to be 70% more facilities for women (see endnote "e").

- b Wider spaces, handles and wheelchair access.
- ^c Screen magnifiers and loudspeakers with earphones.
- d Comorbidity is defined as people with these conditions: cancer, under treatment (any case currently on treatment or received treatment within last one year), diabetes mellitus, heart disease, stroke, obesity BMI above 40, immunocompromised patients, stage 3 and 4 kidney disease, chronic liver disease cirrhosis, and thalassemia/sickle cell disease.
- 6 70% target for women (indicators 5 and 6) is based on 2020 MoH data recording a total of 6,328 health workers in Maldives of whom 4,446 (70%) are females and 1,882 (30%) are males. This included medical doctors and specialists: 369 (34%) females and 720 (66%) males; nurses: 2,655 (89%) females and 327 (11%) males; and allied health professionals who include among others community health professionals, dentists, and pharmacy professionals: 1,422 (63%) females and 835 (37%) males.
- f This is following long-term and short-term training supported by the project.
- Temporary staff (8 new hires of whom 5 will be female) refers to those who will be recruited for 2 years on contract basis with ADB support.
- h Ensure that girls and boys, and children with disabilities are provided with vaccination, by monitoring real time vaccine coverage and active outreach. This will be monitored through the DHIS2 and DHIFAAU real time data.