

## SUMMARY POVERTY REDUCTION AND SOCIAL STRATEGY

Country:	Nepal	Project Title:	Responsive COVID-19 Vaccines for Recovery Project under the Asia Pacific Vaccine Access Facility
Lending/Financing Modality:	Project loan	Department/Division:	South Asia Department/Human and Social Development Division

<b>I. POVERTY AND SOCIAL ANALYSIS AND STRATEGY</b> Poverty targeting: General intervention
<p><b>A. Links to the National Poverty Reduction and Inclusive Growth Strategy and Country Partnership Strategy</b>                  The proposed project will support implementation of the government’s NDVP.<sup>a</sup> It will support the procurement of safe and effective COVID-19 vaccines to protect the public, reduce morbidity due to COVID-19 infection, and enable the resumption of economic activities critical for the livelihoods of many Nepali. This will support achieving the national goals set out in the Fifteenth Five-Year Plan (FY2020–FY2024), of reducing poverty, creating employment opportunities, and ensuring universal social security to all.<sup>b</sup>                  The proposed project is aligned with the country partnership strategy for Nepal, 2020–2024, on improving access to devolved services such as health care. It is also aligned with ADB’s Strategy 2030 key operational priorities on (i) addressing remaining poverty and reducing inequalities, particularly in achieving ‘better health for all’ through timely procurement of vaccines; (ii) accelerating progress in gender equality; and (iii) fostering regional cooperation and integration through reducing cross-border risks of communicable and infectious diseases.</p> <p><b>B. Results from the Poverty and Social Analysis during PPTA or Due Diligence</b></p> <p><b>1. Key poverty and social issues.</b> The COVID-19 pandemic has had disproportionate impacts on the poor, informal and migrant workers, and women. With the economic disruption caused by the pandemic, vulnerable individuals, including those just above the poverty line, are likely to be pushed below the poverty line. According to the NPC, an estimated 1.2 million people have fallen below the national poverty line.<sup>c</sup> A recent study shows that every 3 in 5 employees engaged in micro and small businesses lost their jobs due to the pandemic.<sup>d</sup> NPC estimated that about 687,000 overseas Nepali migrant workers would return home due to the COVID-19 crisis.<sup>e</sup> This shows the severity of negative impact of the pandemic on Nepal’s objective of reducing poverty and unemployment. An ADB study projects an increase in the poverty headcount ratio from 27.7% at \$3.20 a day to 31.2% in 2021 due to the pandemic.<sup>f</sup></p> <p><b>2. Beneficiaries.</b> The beneficiaries include 71.62% of the total population above 15 years old targeted to receive the COVID-19 vaccines in the priority order as approved in the NDVP.</p> <p><b>3. Impact channels.</b> The project’s longer-term impact will be accelerated health, social and economic recovery from COVID-19, primarily through vaccinating priority populations. The expected benefits may be achieved through enhanced vaccine supply chain performance; strengthened COVID-19 detection and containment measures; increased public awareness of COVID-19 vaccine benefits and risks; improved equity and transparency of national immunization programs; increased capacity of cold chain and vaccine transport system; and strengthened vaccine logistics, surveillance, and monitoring systems, among others. These measures will indirectly impact poverty reduction through disease containment and support an inclusive and sustained economic recovery.</p> <p><b>4. Other social and poverty issues.</b> The poor, excluded, vulnerable, and people living in remote areas face challenges accessing vaccines due to lack of proper communication and right information. Language barrier also poses a risk in effectively communicating the vaccine’s effect among some of these groups. Due to false information or fear of negative health impacts, there is vaccine hesitancy in some areas where awareness of vaccine benefits is low. Location of vaccine centers is also a hurdle. People who need to travel long distances to the vaccine centers may be left behind, especially women and the elderly.</p> <p><b>5. Design features.</b> The project supports the NDVP target to vaccinate 71.62% of the population against COVID-19. Key design features include support to purchase vaccines and transport to the country; management of vaccine waste; coordination with other development partners to deploy vaccine; and RCCE activities through an ongoing TA.<sup>g</sup></p>
<b>II. PARTICIPATION AND EMPOWERING THE POOR</b>
<p><b>1. Participatory approaches and project activities.</b> ADB closely coordinated with key development partners involved in the sector-wide approach in the health sector for RCCE activities to inform the poor and vulnerable to access vaccines through focused consultations using effective communication tools and techniques. According to the NDVP, all beneficiaries, including women, poor, and excluded people, will have to register themselves in the respective ward offices with their identity cards to receive vaccines. The NDVP has prioritized beneficiaries based on WHO framework. Nearly 48,000 booths and immunization sites will be used with distributed sessions at the ward level, which are expected to reach the target beneficiaries.</p>

2. **Civil society organizations.** CSOs will raise awareness about the vaccine to women, poor, and vulnerable groups through RCCE activities implemented by UNICEF and partially funded by ADB TA.

3. The following forms of civil society organization participation are envisaged during project implementation, rated as high (H), medium (M), low (L), or not applicable (NA):

Information gathering and sharing    Consultation    Collaboration    Partnership

5. Participation plan

Yes.    No.

### III. GENDER AND DEVELOPMENT

Gender mainstreaming category: Effective Gender Mainstreaming (EGM)

**A. Key issues.** The COVID-19 impact poses severe threats to women's overall well-being, mental and physical health, and employment. Roughly 35% of total COVID-19 infected individuals to date are women.<sup>h</sup> There are also reports on increased domestic violence particularly during lockdown from which women suffered the most. Women's Commission hotline service received 885 complaints within April–June 2020, twice more than received within the same period before lockdown.<sup>i</sup> In a lockdown, women, have been overburdened by household chores and care of sick family members, increasing their vulnerability to the disease.<sup>j</sup> As of 2013, 46% of the combined public and private sector health workers are women, most of them are nurses serving in the frontlines.<sup>k</sup> More recent data is not available. About 51,000 FCHVs are mobilized for community outreach and awareness raising. Volunteers, nurses, and lower-level staffs are at higher risk of infection. The NDVP prioritized health workers as the first category to be vaccinated and vaccination started in February 2021. Sex-disaggregated data on vaccinees, including health workers, will be available by 2023. Women, particularly from poor and excluded communities and those living in remote areas, are likely to get informed late and misinformed on vaccines due to socio-cultural and language barriers. Distance to vaccination centers may also affect women's access due to travel costs and time. Behavioral aspects of health workers, especially towards women during vaccination, may also make a difference.

**B. Key actions.** The project will ensure that women from targeted groups, including those from excluded communities, are timely informed on vaccination, its benefits and risks, protected from misinformation, and will get vaccinated. The project DMF includes two GESI indicators. A GESI action plan is also developed. The key actions are closely aligned with the activities proposed by the World Bank loan to ensure gender mainstreaming and inclusion in COVID-19 vaccination. The project aims to vaccinate up to 6.8 million Nepali. There will be at least one female health worker or volunteer in every vaccination site to provide a safe environment. At least 48,000 FCHVs who are key frontline workers will be vaccinated. ADB TA will fund UNICEF to implement RCCE activities in gender-responsive and inclusive outreach to women, poor and vulnerable groups, and to raise awareness on vaccination complementing the government and other partners. The communication materials will reach out to the most vulnerable, gender and culture-sensitive, and be produced in local languages apart from Nepali. Electronic data collection of the vaccinees disaggregated by sex, age, and vaccination location is also supported. UNICEF, community volunteers from the local red cross societies, and scouts will be mobilized and trained (with 30% women and representation from different social groups), for awareness raising following the COVID-19 safety protocols. Social media will be used to reach out to hard-to-reach youth, including mobilizing online volunteers (50% women) as social influencers. Regular surveys will track people's awareness of the risks of COVID-19 and benefits of vaccination. The survey data will be disaggregated by sex, caste and ethnicity, disability, and age, and will support MOHP's media messaging to target poor, vulnerable, and women. The GESI action plan will be jointly monitored with the World Bank during joint review missions, and progress will be reported in the joint tri-annual and annual progress report.

Gender action plan    Other actions or measures    No activity or measure

### IV. ADDRESSING SOCIAL SAFEGUARD ISSUES

#### A. Involuntary Resettlement

**Safeguard Category:**  A    B    C    FI

1. Key impacts. The project will not involve the land acquisition and is not expected to have involuntary resettlement impacts based on an assessment of outputs.

2. Strategy to address the impacts. Not applicable.

3. Plan or other Actions.

Resettlement plan

Resettlement framework

Environmental and social management system arrangement

No action

Combined resettlement and indigenous peoples plan

Combined resettlement framework and indigenous peoples planning framework

Social impact matrix

#### B. Indigenous Peoples

**Safeguard Category:**  A    B    C    FI

1. <b>Key impacts.</b> The project is not expected to have adverse impacts on indigenous peoples. Is broad community support triggered? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Strategy to address the impacts. Not applicable.
3. Plan or other actions. <input type="checkbox"/> Indigenous peoples plan <input type="checkbox"/> Indigenous peoples planning framework <input type="checkbox"/> Environmental and social management system arrangement <input type="checkbox"/> Social impact matrix <input checked="" type="checkbox"/> No action <input type="checkbox"/> Combined resettlement plan and indigenous peoples plan <input type="checkbox"/> Combined resettlement framework and indigenous peoples planning framework <input type="checkbox"/> Indigenous peoples plan elements integrated in project with a summary
<b>V. ADDRESSING OTHER SOCIAL RISKS</b>
<b>A. Risks in the Labor Market</b>
1. Relevance of the project for the country's or region's or sector's labor market: <b>H</b> <input checked="" type="checkbox"/> unemployment <input checked="" type="checkbox"/> underemployment <input type="checkbox"/> retrenchment <input type="checkbox"/> core labor standards
2. <b>Labor market impact.</b> Lower risk of COVID-19 infection, and reduction in morbidity and mortality will facilitate resumption of economic activities and restore job opportunities including those in the informal sector.
<b>B. Affordability (NA)</b>
<b>C. Communicable Diseases and Other Social Risks</b>
1. The impact of the following risks are rated as high (H), medium (M), low (L), or not applicable (NA): <input checked="" type="checkbox"/> Communicable diseases (H) <input type="checkbox"/> Human trafficking (NA) <input type="checkbox"/> Others (please specify) _____ (NA)
2. Risks to people in project area. Not applicable.
<b>VI. MONITORING AND EVALUATION</b>
1. <b>Targets and indicators.</b> The DMF and GESI provide indicators and targets. Monitoring and evaluation will draw on both qualitative and quantitative data to measure progress in achieving targets. To the extent possible, data will be disaggregated by sex for the outcome and some output indicators.
2. <b>Required human resources.</b> The Ministry of Finance and MOHP will provide staff to support monitoring and evaluation of the project. The NHRC will conduct an evaluation of stage 1 and 2 of the NDVP. ADB TA has included provision for third party monitoring and provision for a M&E consultant to support the monitoring.
3. <b>Information in Project Administration Manual.</b> MOHP as the implementing agency will prepare and submit (i) joint tri-annual and annual progress reports; (ii) evaluation reports of stage 1 and stage 2 of the NDVP prepared by NHRC; (iii) annual performance audit of the NDVP prepared by OAG; and (iv) a project completion report. ADB, World Bank, and COVAX agreed to do joint review missions and request for joint progress reporting.
4. <b>Monitoring tools.</b> Progress reports from MOHP, from UNICEF under the TA, NHRC evaluations, annual performance audit by OAG, electronic data in the health information systems.

ADB = Asian Development Bank, COVID-19 = coronavirus disease, COVAX = COVID-19 Vaccines Global Access, CSO = civil society organization, FCHV = Female Community Health Volunteer, GESI = gender equality and social inclusion, M&E = monitoring and evaluation, MOHP = Ministry of Health and Population, NA = not applicable, NHRC = National Health Research Council, NDVP = National Deployment and Vaccination Plan for COVID-19 Vaccines, NPC = National Planning Commission, OAG = Office of the Auditor General, RCCE = risk communication and community engagement, SWAp = sector-wide approach, TA = technical assistance, UNICEF = United Nations Children's Fund, WHO = World Health Organization..

<sup>a</sup> Country National Vaccination Prioritization and Allocation Plan (accessible from the list of linked documents in Appendix 2).

<sup>b</sup> [https://npc.gov.np/images/category/15th\\_plan\\_English\\_Version.pdf](https://npc.gov.np/images/category/15th_plan_English_Version.pdf)

<sup>c</sup> Government of Nepal, National Planning Commission. *Annual Report FY2020*.

<sup>d</sup> United Nations Development Program. 2020. *Rapid Assessment of Socio-economic Impact of COVID-19 in Nepal*.

<sup>e</sup> K.D. Bhattarai. 2020. *Unemployment in Nepal worsens as government fumbles for a response*. *THE ANNAPURNA express*. 12 August.

<sup>f</sup> ADB. 2020. *An Updated Assessment of the Economic Impact of COVID-19*. ADB-Briefs. No. 133. Manila.

<sup>g</sup> ADB. 2019. *Nepal: Portfolio Management and Capacity Development for Enhanced Portfolio Performance*. Manila.

<sup>h</sup> [Coronavirus COVID-19 dashboard](#) (accessed 8 June 2021).

<sup>i</sup> M. Dahal et al. 2020. *"Mitigating violence against women and young girls during COVID-19 induced lockdown in Nepal: A wake up call."*

<sup>j</sup> Nepal Research Institute, CARE Nepal, Government of Nepal: *Rapid Gender Analysis Report on COVID 19 in Nepal*

<sup>k</sup> Ministry of Health and Population, Nepal Health Sector Support Programme. 2013. *Human Resources for Health: Nepal Country Profile*. Kathmandu.

Source: Asian Development Bank.