

## GENDER EQUALITY AND SOCIAL INCLUSION ACTION PLAN

Activities	Performance Indicators and Targets	Responsibility	Timeframe
<b>Output 2: Vaccination information dissemination and monitoring systems strengthened</b>			
1. Conduct a qualitative survey <sup>1</sup> on constraints and obstacles faced by excluded and vulnerable groups <sup>2</sup> on COVID-19 vaccines in six provinces (North, North Central, Eastern, Central, Sabaragamuwa, and Uva Provinces). <sup>3</sup>	1. The survey to identify the constraints and apprehension about COVID-19 vaccines covers at least 70% of women (2021 baseline: 0).	MOH, PMU, HPB, Epidemiology Unit, FHB, CSOs, GESI consultant	Q3 2021
2. Develop a guideline for gender- and socially-sensitive vaccine communication for CSOs and staff of medical officers of health, based on the findings of the qualitative survey.			
3. Develop gender- and socially-inclusive communication and outreach program and tools with CSOs targeting women, and vulnerable and excluded groups.	1. At least 60 representatives (60% women) of CSOs, including women and disability focused CSOs, reported improved knowledge on community mobilization and participation in COVID-19 vaccination program in six provinces <sup>4</sup> (2021 baseline: 0). 2. At least 5,000 hard-to-reach people (60% women) in six provinces participated in information campaigns on COVID-19 vaccines led by CSOs (2021 baseline: 0). 3. Public information materials in all three major languages (Sinhala, Tamil, and English) based on the qualitative survey results developed and disseminated among women, excluded and vulnerable groups in six provinces (2021 baseline: none). 4. At least 90% of the 5,000 participants (60% women) of information campaigns assisted in COVID-19 vaccination in the respective medical officer of health areas <sup>5</sup> (2021 baseline: 0).		Q3 2021– Q3 2024

<sup>1</sup> Survey participants of 500 people (equal proportion of men and women in six provinces) will be selected through random sampling.

<sup>2</sup> Excluded individuals refer to those who have no full access to various resources and services due to their disadvantaged identities (e.g., gender, disability, ethnicity, religion). Vulnerable individuals are those who cannot access resources and services because of their situational disadvantage (e.g., old age, geographical location, occupation, illness). There are individuals that are both excluded and vulnerable, such as elderly women with disabilities in hard-to-reach geographical areas and women informal workers in disaster prone areas.

<sup>3</sup> These are the most economically disadvantaged and geographically remote areas in Sri Lanka.

<sup>4</sup> Target can be measured by administering a training evaluation form at the end of the training.

<sup>5</sup> Medical officer of health area is the geographic location where a particular medical officer, who is supported by public health nurses, public health midwives, and public health inspectors, renders preventive services.

Activities	Performance Indicators and Targets	Responsibility	Timeframe
	Public information materials in all three major languages (Sinhala, Tamil, and English) based on the qualitative survey results developed and disseminated among women, excluded and vulnerable groups in six provinces (2021 baseline: none).		
4. Integrate GESI-related information in e-NIP and COVID-19 Immunization Tracker systems.	<ol style="list-style-type: none"> <li>1. Data in e-NIP and COVID-19 Immunization Tracker systems disaggregated by sex/gender (male, female, others), age, and district/division (2021 baseline: not available).</li> <li>2. Sex-disaggregated, age-appropriate COVID-19 vaccination data included in annual national health reports (2021 baseline: not available).<sup>6</sup></li> </ol>		Q3 2021– Q3 2024
<b>Output 3. Capacity of vaccine transport systems expanded</b>			
5. Improve access to vaccination centers of excluded and vulnerable communities, targeting women and persons with disabilities facing mobility constraints.	<ol style="list-style-type: none"> <li>1. Mobile communication teams (50% women) in at least 50% of medical officers of health areas reporting increased knowledge of gender, disability, and socially-sensitive ways of communicating COVID-19 vaccine benefits and risks to women and excluded and vulnerable groups (2021 baseline: 0).<sup>7</sup></li> <li>2. At least one training manual developed to support CSOs and staff of medical officers of health areas in addressing the needs of pregnant and lactating women, women with existing conditions and disabilities, and identifying GBV cases and providing referral support to survivors (2021 baseline: 0).</li> <li>3. Separate toilets for women available in all vaccination centers (2021 baseline: not available).</li> <li>4. At least 60% of persons over 60 years in six provinces—with percentage of women and men proportional to their population based on census data—received the COVID-19 vaccine (2021 baseline: 0).</li> <li>5. At least 25 district-specific vehicle hire contracts signed for dedicated transport to enable vulnerable women and persons with disabilities to access vaccination centers in all nine provinces (2021 baseline: 0).</li> </ol>	MOH, PMU, HPB, Epidemiology Unit, FHB, CSOs, GESI consultant	Q3 2021– Q3 2024  Q4 2021– Q3 2024
<b>Project Management</b>			
6. Recruit a full-time GESI consultant in the PMU.	Timely inputs submitted in Quarterly Progress Reports and relevant data of all GESI commitments set out in the project.	PMU	Q3 2021– Q3 2024

COVID-19 = coronavirus disease 2019, CSO = civil society organization, e-NIP = electronic National Immunization Program, FHB = Family Health Bureau, HPB = Health Promotion Bureau, GBV = gender-based violence, GESI = gender equality and social inclusion, MOH = Ministry of Health, PMU = project management unit, Q = quarter.

Source: Asian Development Bank.

<sup>6</sup> Reports from the Epidemiology Unit on the COVID-19 vaccination program.

<sup>7</sup> Target can be measured by administering a training evaluation form at the end of the training.