

**Strategy on Gender Equality and Social Inclusion  
(GESI) 2021-2025**



# GLOSSARY

BCC	Behaviour Change Communication
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CSO	Civil Society Organization
DID	Disability Inclusive Development
DNH	Do No Harm
FGS	Female Genital Schistosomiasis
FM	FAIRMED
GBV	Gender-Based Violence
GSA	Gender and Social Analysis
GESI	Gender Equality and Social Inclusion
GGGI	Global Gender Gap Index
IEC	Information, Education and Communication
LNOB	Leaving No One Behind
M&E	Monitoring and Evaluation
NDHS	Nepal Demographic Health Survey
NTDs	Neglected Tropical Diseases
NHP	National Health Policy
NHSS	Nepal Health Sector Strategy
NSRU	National Strategy for Reaching the Unreached
OCMC	One Stop Crisis Management Centre
PPP	Public-Private Partnerships
PSEAH	Prevention of Sexual Exploitation, Abuse and Harassment
PWD	Person with Disability
SDG	Sustainable Development Goal
UHC	Universal Health Coverage

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# 1

## INTRODUCTION

### 1.1. Background

FAIRMED was founded in 1959 in Switzerland as an organization committed to work for the people affected by leprosy. Over the years, it has continued to work for the marginalized, expanding its scope to address various diseases of poverty. FAIRMED's vision is a world where nobody suffers or dies from a curable disease and where all people have equal access to prevention and affordable health care of appropriate quality in which everyone can live in a healthy environment that is characterized by fairness. FAIRMED's mission is to break the vicious circle of poverty and disease by enabling fair health opportunities for the very poorest to attain their full health potential, thereby helping to reduce the burden of poverty-related diseases, more specifically the neglected tropical diseases (NTDs).

FAIRMED Foundation Nepal (FM Nepal), established in 2012 began with its first project focused on improving the situation of women in the Terai district of Kapilvastu, with special focus on their reproductive needs<sup>1</sup>. Over the last decade, FAIRMED Foundation Nepal's activities have expanded to nine districts across four provinces. The themes of work now include NTDs alongside its roots in Maternal and Child health, working with the overarching goal to

improve quality of basic health care services for all, while supporting the government in its priority objectives towards universal health coverage.

The social norms in Nepal and legal system (in many cases) continue to neglect girls, women, individuals who do not want to conform to gender binaries and people with disabilities. They, therefore, remain historically marginalized and systematically excluded from the benefits of development. The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), which is ratified by the government of Nepal, aims to ensure that people living with disabilities enjoy the same human rights as everyone else; and that they can participate fully in society by receiving the same opportunities as others. Numerous studies point to a strong correlation between successful development and gender equality (Global Gender Gap Report 2020). Research on disabilities related to NTDs remain sparse and do not highlight the gender driven differences (Kuper, 2019). A recent qualitative analysis showed that ensuring a gender equality perspective is crucial to achieving NTD elimination goals (Dean et al., 2019). FAIRMED Foundation Nepal advocates for gender equality and social inclusion. Also, it advocates for the end of discriminatory practices within the organization,

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1 FAIRMED Annual Report 2019, Nepal Program

in the community, and as a transversal topic, in all its projects and overall program, with a human rights-based approach. One of the main operational objectives for FAIRMED Foundation Nepal is to ensure equal rights and sustainable development of marginalized individuals and communities. Therefore, FAIRMED Foundation Nepal's programs address the underlying causes of discrimination and marginalization, especially those experienced by women and girls, usually stemming from caste, ethnicity, religion, economic and geographical remoteness. Those who live in this unequal social reality are excluded from mainstream development and are least able to exercise their rights or develop their human potential. Thus, to change this and contribute towards equitable distribution of opportunities for good health, forms the core calling of the work of FAIRMED Foundation Nepal.

A decade into FAIRMED Foundation Nepal's work, rooted in improving the health of women and girls, this strategy is being created as a living document (meaning adaptation from practice and learning) primarily to drive action, to bring together the challenges, needs and learnings, and to drive a focused and systematic approach going forward to be gender sensitive and socially inclusive in all our work.

## 1.2. National context

The Constitution of Nepal (2015), in its preamble, states ending all forms of discrimination and oppression, recognizes diversity and proportional representation, and ensures equality and social justice by eliminating discrimination and all

forms of social injustice. The Fundamental Rights under Right to Equality states: "no discrimination shall be made in the application of general laws on grounds of origin, religion, race, caste, tribe, sex, physical condition, condition of health, marital status, pregnancy, economic condition, language or region, ideology or on similar other grounds". The constitution has provisioned for the fundamental right to: free basic health services and equal access to health services, information about an individual's medical treatment, safe motherhood and reproductive health, and no woman to be subjected to physical, mental, sexual, psychological or any other form of violence or exploitation on grounds of religion, social practices, cultural traditions, or on any other grounds. Women's health and children's health (Clauses 38 and 39) are also defined separately as part of the fundamental rights. The Constitution also identifies the specific disadvantaged groups that have the right to participate in the functioning of the state and right to equal access to public services, including people with disability. It includes affirmative action specially targeting excluded populations including women, the extreme poor, endangered ethnic communities, and Dalits<sup>2</sup>.

The Government of Nepal has introduced the implementation of 15th Five Year Plan (2019/20 -2023/24) and believes that this plan will help build a strong foundation to achieve the national vision of "Prosperous Nepal, Happy Nepali". This plan has strongly put emphasis on ensuring constitutional rights, eliminating all forms of discriminations when planning and implementing its program and policies. The Plan puts forward

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2 Constitution of Nepal 2015

the goal to achieve substantial gender equality by ensuring equal and meaningful participation of women, and presents the strategies in its gender equality and women empowerment section to:

- formulate sectoral policies and programs related to gender equality
- adopt gender responsive governance system, institutionalize gender responsive budget, develop data system to measure gender equality and empowerment
- achieve economic and social transformation by giving special priority to economically poor and socially excluded women
- increase access to justice through preventive and protective measures for ending all forms of violence, exploitation, and discrimination against women.

In Nepal, one of the greatest obstacles to sustainable development and poverty reduction is gender inequality and social exclusion. According to 2020 Global Gender Gap Index (GGGI) report conducted by the World Economic Forum, Nepal ranks 101 (0.068 score) out of 153 countries. It ranks 131 in health, lagging in comparison to the ranking in other sectors. Nepal stands in the 59th position in politics and ranks 101 in economic participation and opportunity. Though GESI policies and strategies are formulated in health care, inequalities remain due to challenges in their effective implementation, and because gender and inclusion issues are not considered. The Nepal Demographic Health Survey (NDHS) provides evidence of the differences between genders, regions and socio-economic status, and their intersection with health. NDHS 2016 data show that:

- more than eight in 10 women reported at least one problem in accessing health care for themselves.
- More than two-thirds of women reported not wanting to go alone (68%) and no female health service providers available (67%) as problems in accessing health care.
- More than half of the women reported that managing finances for treatment and distance to a health facility were problems in accessing care.
- Also, it is reported that almost one-third women in Terai (32%) experienced spousal physical, sexual, or emotional violence, as compared to less than one-fifth women in the hilly (20%) and mountainous (19%) regions. 29% women and 23% men believed that wife beating is justified under certain circumstances.

Experiences of gender inequity vary and intersect with other forms of marginalization and exclusion by caste, ethnicity, geography, and wealth status. Early-age marriage, early and multiple pregnancies are the key factors for poor health of women and their children. Social norms in most communities regarding importance placed on the birth of a male child pushes women towards multiple pregnancies and discrimination towards a girl child. 17% of girls between the ages of 15 and 19 years are found to have begun childbearing. Within this number, the proportion is higher in rural areas as compared to the urban areas, and in lowest wealth quintile as compared to highest wealth quintile. Regarding decision making, 59% women participate in decisions for their own healthcare, while 53% participate in decisions on major household purchases.<sup>3</sup>

Therefore, there is a critical need to focus on gender equality and social inclusion across various spheres of development like health, education, economic empowerment, and fight against gender-based violence.

### **Key national health policies, strategies, guidelines, acts and GESI highlights**

#### **National Health Policy (NHP), 2019:**

Recognizing the challenge of ensuring equal access and providing health services with priority to ultra-poor and vulnerable citizens, the NHP provides a strong foundation for gender equality and social inclusion. One of its guiding principles is to ensure health services that target the ultra-marginalized, Dalit and indigenous communities. The goal is to develop and expand a health system for all citizens in the federal structure based on social justice and good governance and ensure access and utilization of quality health services.

#### **Nepal Health Sector Strategy (NHSS), 2015-2020:**

NHSS strives towards the goal to 'improve the health status of all people through an accountable and equitable health service delivery system'. To achieve this goal, NHSS stipulates 'equitable utilization of health care services' as one of the outcomes among nine. An 'equitable access to health services' is one of the strategic principles that envisions equitable service utilization, strengthening service delivery and demand generation to underserved populations, including the urban poor, and calls for partnerships with local level

institutions and community groups to empower women, promote supportive cultural practices and address gender-based violence.

#### **Gender Equality and Social Inclusion (GESI) Strategy for the Health Sector, 2018:**

The GESI Strategy for the Health Sector aims to guide the government in fulfilling its obligations to provide universal coverage of basic health services; achieve equitable, quality, and accountable health services; take a multi-sectoral approach; and uphold the fundamental right to equality, non-discrimination, and social justice in reforming the health system.

#### **National Strategy for Reaching the Unreached (NSRU), 2016-2030:**

The NSRU aims to contribute to the goal of universal health coverage by increasing access to and utilization of health services by unreached populations. The strategy focuses on two things: one, it focuses on targeted interventions to address supply and demand side barriers to reach the specific unreached populations; two, it complements the national GESI strategy for health sector.

#### **Disability Management Policy, Strategy, and 10 Years Action Plan (2015-2025)<sup>4</sup>:**

The policy, strategy and action plan on disability management has the objective of increasing access to preventive, promotional, curative (basic and specialized), and rehabilitative health services for people with disability. The action plan with indicators has been drawn in all the three areas mentioned above to create a disability-friendly

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4 Disability Management (prevention, treatment, and rehabilitation) Policy, Strategy and 10 Years Action Plan (2015-2025 BS), EDCD|Policy, Strategy & 10 years Action Plan on Disability Management Accessed on 2/2/2021

health service. The plan includes establishing accessible and adequate infrastructure, institutional strengthening, and extending health insurance schemes.

**Rights of Persons with Disability Act, 2017:**

This Act has made provisions for the classification of disability, issuing, and maintaining records of identity cards based on proof of disability, to not discriminate or deprive persons of their personal liberty on the grounds of disability, to facilitate treatment in a disability-friendly environment with due priority, to provide referral services as required, and to provide free treatment for persons suffering from classified diseases. Likewise, the Act provisions for reserving bed in hospitals for persons with disability, establishing disability-friendly infrastructure, providing assistive devices, promoting measures to protect people with disability from all forms of violence, exploitation, and harassment, and providing rehabilitation services.

**There are some other national acts and guidelines that mandate to focus on GESI in health services. For example:** Local Government (Operations) Act, 2017 and Deprived People Medical Treatment Fund Guidelines, 2018 have made provisions and provide guidelines for inclusive, accountable, and quality public services to extremely poor and deprived Nepali citizens. Such services include One Stop Crisis Management Centre (OCMC), maternity incentive, social health insurance, social security incentives to persons with disability, single women, and elderly people.

### 1.3. Sustainable Development Goals (SDGs), 2030 – Universal Health Coverage and Leaving No One Behind (LNOB) principle

The sustainable development goals include ending all forms of poverty (Goal 1), a healthy life for all (Goal 3), achieving gender equality and empowering all women and girls (Goal 5), and the principle of leaving no one behind (LNOB). The SDGs national status and roadmap<sup>5</sup> includes important milestone and plan of reducing the level of extreme poverty to five percent, reducing the maternal mortality ratio to less than 70 per 100,000 live births, raising the utilization of skilled birth attendants, ensuring the delivery of basic health services to all, ending preventable deaths of newborns and children under 5 years, ending neglected tropical diseases, water-borne diseases and other communicable diseases, combatting hepatitis, ending all forms of GBV, and marriage of people under the age of 18 years of. FM NEPAL contributes to the achievement of these SDGs, in particular the health-related goals as well as the global health targets such as Universal Health Coverage (UHC). The SDG principle of “leaving no-one behind” is important to FM Nepal as it works towards including those left behind by addressing health issues faced by women, poorest of the poor, and marginalized communities.

FM Nepal aims to address gender inequality, which deprives women and girls of their basic rights and opportunities including universal access to sexual and reproductive health and

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<sup>5</sup> Sustainable Development Goals – Status and Roadmap, 2016 – 2030, Government of Nepal, NPC.



neglected tropical diseases (NTDs). While NTDs impose a heavy burden on all sexes, there has been an increasing recognition of the disproportionate impact of some NTDs more specifically, on the health of females including young girls.

#### **1.4. FM Nepal’s Program Strategy and Vision on GESI**

The Program Strategy (2021-2024) of FM Nepal highlights two core themes:

1. Neglected Tropical Diseases (NTDs) which includes strengthening the health system, and
2. Leave No One Behind (LNOB) – access to health for marginalized people.

FM Nepal’s goal is enabling access to good quality health services for all individuals, communities, and populations with a focus on the most disadvantaged, according to SDGs<sup>6</sup> “no one will be left behind” and to “endeavor to reach the furthest behind first”. NTDs are an indicator of being left behind. FM Nepal understands interventions against NTDs implies equitable access to health care and services. The programs therefore take a grassroots approach that focuses on access to the poorest, hard-to-reach communities, and people affected by emergencies.

FM Nepal’s program strategy is guided by the principles of consideration of all determinants of health in all projects seeking cross-sector solutions; strategic partnerships to create synergies; strengthening of health structures; and strengthening civil society organizations

(CSOs) as autonomous actors. FM Nepal considers disability inclusive development (DID), nexus, gender, and research (four themes) as transversal themes in all its programs and projects. People with disabilities are among the most neglected or “left behind” who face special challenges in accessing health services and other life opportunities, and therefore, FM Nepal pays attention to include of people with disabilities in its program. It supports the local health care system in fragile environments and vulnerable situations to overcome existing crises and be prepared for possible ones/crises linking humanitarian aid with development efforts. Equal rights for men, women, and non-binary individuals, different social groups and people holding distinct identities are essential factors in reducing health inequalities. A human rights-based approach is implemented to promote gender equality and social inclusion and integrate it throughout the project’s cycles.

FM Nepal’s country office has drawn this gender strategy for all its employees in Nepal, its partners in the program/project areas, and seeks compliance from every level. This GESI strategy is based on FM Nepal’s global policy for gender equality and social justice, Constitution of Nepal, and several policy documents that provide guidance for mainstreaming gender equality and social inclusion. The vision for FM Nepal is to consider every action, at every level of organization (individual, FM Nepal, working communities, wider national context), the principles and needs of making inclusiveness at the center with reflection and reflexiveness.

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<sup>6</sup> 2030 Agenda for Sustainable Development <https://sustainabledevelopment.un.org/post2015/transformingourworld>

# 2

## PURPOSE, SCOPE OF APPLICATION, MANAGEMENT RESPONSIBILITIES

### 2.1 Purpose

The purpose of this strategy is to contribute to the better health of women, men, and non-binary or gender non-conforming individuals by paying particular attention to the issues of gender and social inclusion. The GESI perspective is essential to ensure that the specific needs of all genders and marginalized groups are considered, recognized, and addressed in the broader context and about the inter-sections of class, caste/ethnicity, religion, and gender and sexual identity.

### 2.2 Scope of application

The GESI strategy is applicable for all FM Nepal program/projects, organizational structure, and all its employees as well as persons working under the name and legal status of FM Nepal (interns, volunteers, partners and their employees, consultants, vendors etc.). Employees are also expected to behave according to GESI principles even outside working hours and beyond their place of work.

### 2.3 Responsibilities of management<sup>7</sup>

The management team is responsible for:

- Increasing awareness and skills of staff to consider the social differences between women, men, and gender-nonconforming or non-binary people, and their inter-sections in planning, implementation, monitoring,

and evaluation to take appropriate measures in addressing inequalities or human rights violations.

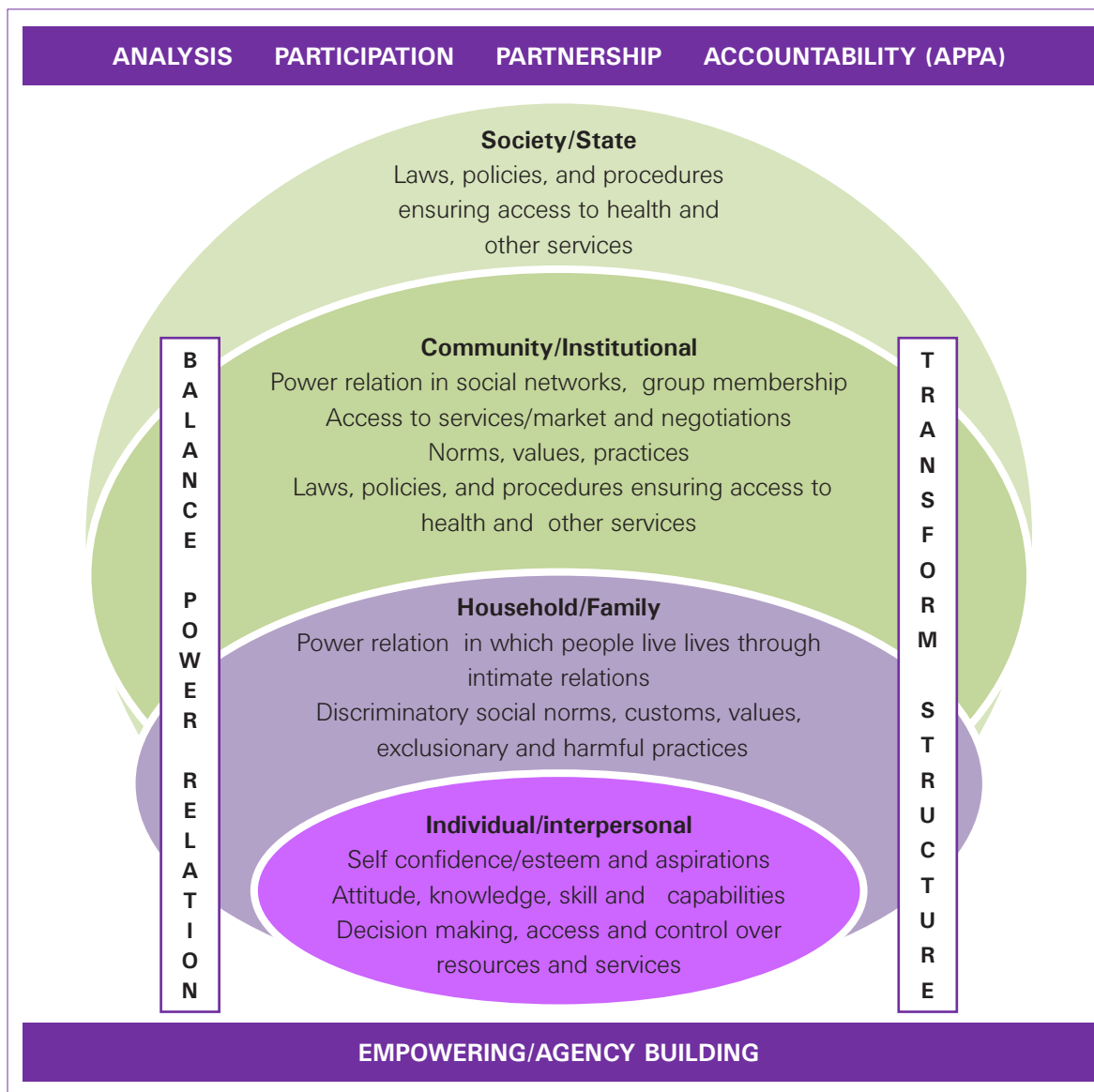
- Systematically review processes to ensure that gender and social analyses are undertaken as part of programmatic planning, implementation, and monitoring.
- Inclusive representation of staff (e.g. gender, disable, dalit and other minority groups) in all FM Nepal offices and involve them in decision-making processes.
- Equitable opportunities for all genders and identities in the areas of recruitment, promotion, social benefits, training and working conditions, and the consideration of care work.
- Encourage and support partner organizations to develop their own gender policies/strategies according to the general principles documented in this strategy.
- Assess the impact of projects on women, men and gender non-binary people, and their intersectional identities in coordination with the stakeholders.
- Facilitate implementation of GESI strategy and ensure that all FM Nepal regulations, decisions, programs are gender responsive and that this does not create additional barriers for women, non-binary individuals, and marginalized or excluded groups/communities.

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<sup>7</sup> Referenced from FM global Policy of Gender Equity and Social Justice

# 3

## GENDER EQUALITY AND SOCIAL INCLUSION (GESI) FRAMEWORK<sup>8</sup>



<sup>8</sup> The GESI framework is conceptualized taking reference from CARE's gender equality and women's voice framework (agency, relation, and structure) and FM Nepal develops it in socio-ecological model.

FM Nepal's GESI framework follows a socio-ecological model considering the interplay of individual, family/household, community/institutional, and societal levels. These ecological levels allow us to understand the range of relations, factors and structures that impact gender equality and social inclusion. This framework emphasizes the assets, empowerment and agency, supportive relationships, networks, norms, and structural environment of women, girls, non-binary people, and marginalized people at individual, family, community, institutional and societal levels. The marginalized population is facing discrimination and hardships that have resulted from harmful traditions, discriminatory practices, conflicts, earthquake/disasters, and now the COVID-19 pandemic. These all have taken a toll on their economic and psycho-social well-being, limiting both their access as well as capabilities to negotiate for better health services for themselves.

FM Nepal's theory of change requires transformative approaches and strategies that promote equal norms and structures as well as support equitable relationship between people of diverse groups and genders. The framework helps in comprehending the space for empowerment and inclusion of excluded groups;

and allows for the understanding of gender and social norms, power relations between women, men, non-binary people, between subordinate and dominant groups, and their intersections. The empowerment of women, girls, non-binary people, marginalized/disadvantaged groups, and communities is a critical aspect of promoting gender equity, social inclusion, and justice. FM Nepal strives to facilitate transformative changes in the lives of people in the project areas through:

**Empower and build agency:** for an individual's self-esteem/confidence, aspirations, knowledge, skills, and abilities.

**Balance power relations:** at households and communities and formal settings/institutions to build equitable relationships.

**Transform/challenge:** underlying structural and institutional barriers including power imbalances, discriminatory social norms, and policies

In this framework, the GESI analysis, participation of women, girls and marginalized population, partnership and accountability serve as continual and cross-cutting agenda at all ecological levels for promoting gender equality and social inclusion.

# 4

## GUIDING GESI PRINCIPLES

FM Nepal adopts the following principles to guide its program, projects and organizational/personal behaviour that translate GESI into practice. FM Nepal provides its projects with a research question and analyzes the results on a scientific basis. Knowledge management is improved, and publications are derived from it.

### **4.1 Promoting gender equity and social inclusion at all levels**

Following SDG Goal 5 (Achieve gender equality and empower all women and girls) and the human rights-based approach, FM Nepal is continuously committed to be inclusive and end gender discrimination and exclusionary practices within the organization, in the community, and as a transversal theme in its overall program and all projects. GESI responsiveness within organizational culture and the implementation of GESI strategy require the commitment of every individual at all levels of the organization, and complete commitment of management to create a supportive environment and culture

### **4.2 Rights to develop potential, self-determination, use of resources**

Ensure that all people have equal rights to develop their potential, self-determination, and use of resources.

### **4.3 Inclusion, non-discrimination, and accountability**

Ensure that all people are treated with dignity and respect and that those who discriminate against others are held accountable. FM Nepal promotes the dialogue between all interest groups, particularly to empower and address power relations.

### **4.4 Support for structural change in projects**

Ensure that projects consider and contribute to structural changes (regarding discriminatory norms, laws and regulations, practices, social inequities, and hierarchies) towards greater gender equality, social inclusion, and justice. This requires interaction between different interest groups and sectors, and most importantly inclusion of the targeted population in decision-making processes of all development activities.

### **4.5 Increasing the scope, effectiveness, and efficiency of measures**

Increasing the scope, effectiveness, and efficiency of measures with systematic analyses, awareness raising, capacity building, and alliance building. Systematic gender analysis aims to assess gender relations and gender inequalities

by considering specific social, economic, and political aspects such as gender roles and division of labor, access to control over services and resources, participation at different levels, needs, interests, and decision making.

#### **4.6 Do No Harm (DNH) approach, cultural sensitivity, and consideration of human rights**

Ensure that no harm is caused in the implementation of measures and that no measures promote inequitable gender roles and that there is no backlash against women's rights and gender equality. Work in partnership with the affected population to ensure mutual learning and respect and cultural sensitivity on gender issues, considering the human rights principles. The gender and culture sensitive behaviour is important while applying a DNH approach in conflict and emergency situations. Different contexts require different approaches and strategies. Working in partnership with the affected population will enable understanding of the necessary cultural sensitivity and gender issues.

#### **4.7 Ensuring ownership, information access and expertise**

Ensure local ownership for developing the best strategies and ways forward for inclusiveness. Additionally, ensuring access to information on the influence of gender on health and health services from the local level. Strengthening of ownership and empowering the beneficiaries or the communities to expand their scope of action and the shaping of their living space. FAIRMED's support includes providing necessary resources for awareness-raising and education, imparting technical and organizational knowledge, and influencing gender-responsive participation. To ensure that FM NEPAL projects are sustainable in the long term, the development of ownership will be encouraged from the outset through concrete measures. Gather and use qualitative and quantitative information on the influence of gender and social inclusion in health and health care at all levels.

# 5

## GENDER EQUALITY AND SOCIAL INCLUSION STRATEGIES

### 5.1 Gender and Social Analysis

FM Nepal will introduce mandatory use of Gender and Social Analysis (GSA) and will gather evidence around agency/empowerment, relation, and structure at all levels of the socio-ecological model to identify key issues contributing to gender inequalities and social exclusion. GSA will examine how power relations that lead to discrimination, subordination, and exclusion intersect with other areas of marginalization or inequality due to different gender and social identities (caste, class, disabilities, remoteness etc.). It will explore the different gendered roles and relationships and exclusionary practices within the organization and the project or program's target areas, and identify how these create specific needs, risks, and inequities for different populations. The results of the analysis and implementation of recommendations will be documented, evaluated, fed into the project cycle, and used for cross sharing and learning.

### 5.2 Mainstreaming Gender and Social Inclusion

Consideration of GESI issues in every aspect is one of FM Nepal's top priorities. As a strategy, GESI perspectives are to be incorporated as a transversal theme in all methods, processes, and steps, and within the organizational culture in a progressive manner. FM Nepal will ensure equal and just participation of people of various sexes/gender identities and marginalized communities

in all levels of the project management cycle. Once consulted, their needs and perspectives will be considered in both humanitarian and development initiatives to ensure that FM Nepal programs benefit women, men, and people of other identities equally, do not harm or exclude women, girls and marginalized groups and help to redress existing gender and social imbalances. The approaches are expected to consist of: GESI as a transversal theme, GESI in the organization, GESI in the projects and GESI in emergencies.

### 5.3 Empowerment of Women and Girls

FM Nepal puts specific efforts to end existing forms of discrimination against women, girls, and gender nonconforming persons. This will help recognizing the traditional distribution of roles, social norms, structural condition, and power relations of women, girls, and gender nonconforming persons. It will also empower them to speak up, act freely, exercise their rights, and improve their personal, social, economic, and political conditions and positions that which is expected to lead in elimination of generations of gender inequalities and exclusionary practices.

### 5.4 Sensitization and Capacity Building

FM Nepal sensitizes and enhances opportunities for the staff, local partners, stakeholders and target population to engage in critical discussions

to analyze the root causes of inequalities, discrimination, oppression and gender-based violence (GBV) issues that are inherent in social structures. The ongoing sensitization sessions will be used as a tool for bringing about conceptual clarity on GESI issues and the barriers that impede access to resources and services for the target population and their meaningful participation in decision-making processes. FM Nepal will invest to strengthen the specific capacity and competencies of its staff, partners, and stakeholders to analyze, unpack and address GESI issues, social norms, and structural barriers. The capacity development will combine the ongoing critical reflection sessions to assess their own understanding, assumptions, and beliefs on GESI issues that lead to exclusion of groups of people.

### **5.5 Reaching the Unreached – Leaving No One Behind**

FM Nepal's projects are mainly targeted to areas where access to health and other basic services are poor (or inaccessible) and where multiple inequalities are prevalent due to remoteness, extreme poverty, social exclusion, and discriminatory practices. FM Nepal supports the affected communities with partner organizations and other interest groups to strengthen their social, economic, and political influence. FM takes measures to reach remote areas and facilitates services to marginalized people and empowers them to demand resources and quality services. FM Nepal will also partner with national and local level actors and youth, and women's organizations to increase participation and representation of marginalized people and achieve 'leave no one behind' objective. FM

Nepal's measures are not only GESI-specific but also conflict-sensitive while working in fragile communities. It requires a context-specific analysis of how the different genders are affected differently by conflicts and how they can attempt to resolve conflicts differently.

### **5.6 Engaging Men and community leaders**

FM Nepal uses the strategy of engaging men and other community leaders in influential positions to promote inclusive change and transformational shifts in gendered social norms and relations. The approach will be used to sensitize and empower men and boys as allies and agents of change by removing toxic masculinities and promoting positive role of men (role model) in shared decision making, equitable division of labor in care giving or unpaid work, healthy and gender-equitable relationships, non-violence, and elimination of harmful practices.

### **5.7 Advocacy and Networking**

FM NEPAL expands its network with likeminded organization to engage in evidence-based advocacy to influence power holders and social political leaders to initiate policy change/updates, leverage resources and empower women, poor, excluded, and marginalized communities for equitable access to quality health care/services. It works with interest groups and links them with specialized partners with GESI expertise, such as women's groups, organizations for persons with disability, women's rights organizations, men engagement organizations, and specialist service providers, including government institutions to achieve the 'leave no one behind' objective. FM Nepal will also collaborate with relevant networks



such as that of women, Janajati, Madhesi and Dalit communities to support marginalized population to break the barriers to access resources and services and their meaningful representation in government, political and community-based structures.

### **5.8 Partnership and Institutional Development**

FAIRMED in Nepal partners with community-based organizations, NGOs, and international agencies in implementing its program in selected districts and areas of thematic focus. FM Nepal will prioritize partners that have GESI sensitive planning and organization to accelerate progress

towards the desired results. Where partners have experiences and credibility on implementing health programs/projects but have no stated stands or approaches on GESI issues, FM Nepal will ensure that their capacities are enhanced to develop a common understanding on GESI issues and empowerment of women, girls and excluded groups. FM Nepal will also establish partnerships with women's rights organizations, organization of people with disabilities (OPD), marginalized people's organizations for advancing health and GESI agenda as well as engaging with those having vested interests in promoting gender equality and social inclusion.

# 6

## SUB STRATEGIES/ACTIVITIES

The table below presents the sub-strategies and activities for FM Nepal GESI strategies:

Strategies	Sub-Strategies/Activities
<b>Gender and social analysis and assessment</b>	<ul style="list-style-type: none"> <li>• Introduce/conduct gender and social analysis, gather evidence and use the information in every project cycle. Questions to answer include:               <ul style="list-style-type: none"> <li>o Which women and girls, which men and boys and which non-binary people are denied access to health and other services?</li> <li>o What are the specific needs and interest of women, girls and non-binary people and people with disabilities?</li> <li>o What are the discriminatory practices that create structural and social barriers to access services, and their participation in social and political processes?</li> <li>o How do unequal power relations based on gender, caste, class, ethnicity, age, disability, and geography influence their ability to access and control resources (human, social and financial capital), including opportunities to negotiate better services?</li> </ul> </li> <li>• Develop and use the GESI checklist to conduct analysis and assessments using the GESI domains of change.</li> </ul>
<b>Mainstreaming gender and social inclusion</b>	<ul style="list-style-type: none"> <li><b>a. GESI as a transversal theme:</b> Integrate GESI as a transversal theme in all steps and processes of project cycle and management.</li> <li>• Design GESI-integrated programming, interventions or activities based on analysis and evidence across all levels of the socio-ecological model.</li> <li>• Integrate GESI in planning, implementation, monitoring and evaluation, and reporting of programs/projects.</li> <li>• Integrate GESI perspective into all documents, IEC/BCC materials, work processes and behaviors.</li> <li>• Take GESI specific measures/interventions: GESI specific analyses and objectives, GESI responsive budgeting, GESI specific indicators, GESI checklists to determine how-well GESI has been integrated, and awareness, training and integration of the transversal gender issue into project work.</li> </ul>

<p><b>Mainstreaming gender and social inclusion</b></p>	<p><b>b. GESI in the organization:</b> Create an organizational culture that is gender friendly and equitable.</p> <ul style="list-style-type: none"> <li>• Strengthen GESI and PSEAH<sup>9</sup> capacity within FM Nepal to institutionalize gender equality and social inclusion:             <ul style="list-style-type: none"> <li>o Review and improve existing documents such as codes of conduct/ personnel policy/regulations from PSEAH and GESI perspective</li> <li>o Implement GESI specific measures such as anti-sexual harassment policies and awareness, inclusive and gender balanced recruitment, data disaggregation of personnel etc.</li> <li>o Assign GESI and PSEAH focal person and form GESI working group to actively engage and support the implementation of GESI strategy. Establish GESI sharing and learning platform (online and offline).</li> </ul> </li> </ul> <p><b>c. GESI in emergencies:</b> Integrate gender and protection concerns into all phases of humanitarian responses</p> <ul style="list-style-type: none"> <li>• Gender needs assessment, prevention and protection awareness among the vulnerable and affected population and service providers</li> <li>• Referrals of those affected by gender-based violence to protection assistance and services. Also, influence and advocate concerned stakeholders and government authorities about gender and protection concerns within humanitarian responses.</li> </ul>
<p><b>Empowerment of women and girls</b></p>	<ul style="list-style-type: none"> <li>• Incorporate interventions in projects to support women and girls to acquire the power to voice, improve participation, decision making and leadership.</li> <li>• Support women and girls to organize and to acquire knowledge and skills to build their solidarity</li> <li>• Support dialogue sessions with other members of the household to understand girls and women’s perspectives and contribute to promoting balanced relationships within the family and ensure safe spaces for discussions and dialogues. Involve family members, community, and social leaders to make them aware of women and girls’ rights.</li> <li>• Interventions that help to recognize, reduce, and redistribute workload of women and girls, consider unpaid care and support work, increase co-responsibility of men for care work.</li> </ul>

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9 Refer a separate guideline for PSEAH

<p><b>Sensitization and capacity Building</b></p>	<ul style="list-style-type: none"> <li>• Conduct GESI training and knowledge enhancement sessions for FM NEPAL and partner staff to analyze, unpack and address social norms that affect their ability to empower excluded and vulnerable groups and to identify ways to ensure inclusive and transformative implementation.</li> <li>• Recruit and retain staff and volunteers who have GESI capacity and/or represent marginalized/vulnerable groups and communities.             <ul style="list-style-type: none"> <li>• Develop GESI leadership and sector specific GESI champions among program staff.</li> </ul> </li> <li>• Publicize and continually apply institutional policies and practices, such as safeguarding, diversity, and protection and anti-harassment policies.</li> <li>• Organize orientation/training to local bodies on GESI responsive health planning and budgeting of local governments and leadership training to elected representatives (Mayor/Deputy Mayors).</li> </ul>
<p><b>Reaching the unreached (targeted and leave no one behind principle)</b></p>	<ul style="list-style-type: none"> <li>• Identify and support the most vulnerable/affected (excluded, marginalized, unreached, un-served) population and communities and fragile and conflict sensitive areas, with partner organizations and other interest groups to strengthen their social, economic, and political influence.</li> <li>• Design targeted programming and interventions based on gender and social analysis from all aspects of the socio-ecological model.</li> <li>• Identify and work with specialized partners with GESI expertise, such as women’s rights organizations, disabled persons’ organizations, and relevant government ministries, departments, and specialist service providers to implement leave no one behind strategy.</li> <li>• Coordinate and collaborate with stakeholders to provide the framework for identifying, monitoring, and supporting GESI programming with vulnerable groups and unreached areas.</li> </ul>
<p><b>Engaging Men and community leaders</b></p>	<ul style="list-style-type: none"> <li>• Engage men and influential community leaders to develop advocates for gender equality and social inclusion and enable them to become active champions in taking actions to redress unequal gender and power relations and to eliminate harmful/discriminatory practices and gender-based violence.</li> <li>• Collaborate with men and influential to develop allies and agents of change through promotion of positive role of men as role models.</li> </ul>

<p><b>Advocacy and Networking</b></p>	<ul style="list-style-type: none"> <li>• Evidence-based advocacy to influence power holders/centers and social/political leaders to policy reform, leverage resources and empower women, poor and marginalized communities to ensure equitable access to quality health services.</li> <li>• Work with interest groups and link them with specialized partners with GESI expertise, such as women’s groups, disabled persons’ organizations, women’s rights organizations, men engagement organizations, and specialist service providers, including government institutions to achieve leave no one behind objective.</li> <li>• Systematically advocate and network to influence and showcase results for replication and scaling up of successful interventions.</li> </ul>
<p><b>Partnership and institutional development</b></p>	<ul style="list-style-type: none"> <li>• Identify and collaborate with legitimate partners, networks, and alliances to amplify the GESI agenda. Promote local partnership with women’s groups and other marginalized/excluded groups.</li> <li>• Support to build GESI capacity of partners to institutionalize gender equality and social inclusion as organizational culture.</li> <li>• Collaborate and support Federal, Province and Local Government (pilot) in mainstreaming GESI in their policy, program, and budget.</li> </ul>

# 7

## MONITORING AND EVALUATION

The monitoring and evaluation (M&E) of GESI mainstreaming are guided by the program/project cycle management framework of FM Nepal where GESI, as a transversal theme, will be built in regular M&E system of the program/projects. The current M&E system focuses more on quantitative data. While quantitative data are important, GESI responsive as well as transformative interventions need to also measure qualitative/substantive changes in norms, structures, and equitable relationships as outlined in the GESI strategy framework.

Organizational and program level indicators and milestones will be developed for the outputs as identified in the GESI Strategy and regular monitoring will be carried out by project teams. Additionally, Gender Focal person will provide technical support and ensure GESI indicators are incorporated in regular monitoring and evaluation system. Program data will track key outcomes by GESI indicators, including disaggregation of gender, caste/ethnicity, disability, and geographical location. Monitoring results will be utilized as the means of continuous learning and a method for achieving the effectiveness of the strategy. The GESI monitoring and evaluation reports will be shared throughout the organization and program/project levels to inform all staff on progress, challenges, and next steps to the achievement of the GESI strategy.

Minimum requirements of GESI M&E

- Identify key GESI issues and develop GESI action plan along with monitoring indicators and mainstream in respective projects/programs.
- Develop GESI monitoring checklist including allocation of financial resource.
- Maintain disaggregated data of project participants (age, gender, caste/ethnicity, disability, location etc.)
- Incorporate domain of change indicators (agency, relation and structure and all ecological levels) in monitoring and evaluation plans. Some examples include:
  - o Access/control (at least health services)
  - o Participation
  - o Decision making
  - o Leadership (# of groups/committees led by women, Dalit, marginalized group)
  - o Norm change
  - o Policy change

The preliminary action plan is annexed and this needs to be reviewed and updated every year during annual review and planning period. (The table of action plan needs to be updated as per organization's capacity and timeline.)



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