Integrating Gender in Malaria responses, What you should know

Tuesday, June 16th, 2020

Key Notes Speakers

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Introduction
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Title: Strategic Objective 3: Promote and Protect human rights and gender equality
ORIGINS

• The Global Fund's Gender Equality Strategy was not being implemented well & gender equality activists were not engaging well with the Global Fund

• Limited number of women and gender equality activists engaged in GF processes and on CCMs

• Successful gender projects not at the right scale to address the needs/rights of women and girls nor did they respond to priority needs

• Much more was required: Global Fund strategies, policies and processes and support from technical partners at all phases

• Realisation that women needed support and no organization or initiative was focused on this – W4GF was established to fulfil a clear, identified need

OBJECTIVES

Objective 1: To improve awareness & understanding of Global Fund processes & policies among women in all their diversity around the world – so women of different backgrounds and experiences become stronger advocates, to influence what Global Fund money is used for.

Objective 2: To create a platform where women make connections, learn from each other from each other, strategize and collaborate; the collective voices of 200 Advocates set priorities for advocacy with the Global Fund.

Objective 3: To secure accountability for and critique of Global Fund investments: tracking Global Fund–supported programmes and services, and influencing global and national processes to inform stronger programming for women and girls.
What is gender and why does it matter?
GENDER EXPRESSION
The way a person communicates their gender identity to others by the way they dress, act or refer to themselves.

GENDER IDENTITY
A person’s internal sense of being a man or a woman or anything in between.

ORIENTATION/ATTRACTION
A term to describe sexual and/or romantic attractions to others.

SEX
The labels, male, female, or intersex, given to someone at birth based on their body parts.
GENDER EQUALITY CONTINUUM TOOL

Ignores:
- the set of economic/social/political roles, rights, entitlements, responsibilities, obligations and associated with being female & male
- power dynamics between and among men & women, boys & girls

Gender Blind

Gender Aware

- Examines and addresses these gender considerations and adopts an approach along the continuum

Exploitative

Accommodating

Transformative

Reinforces or takes advantage of gender inequalities and stereotypes

Works around existing gender differences and inequalities

- Fosters critical examination of gender norms* and dynamics
- Strengthens or creates systems* that support gender equality
- Strengthens or creates equitable gender norms and dynamics
- Changes inequitable gender norms and dynamics

GOAL

Gender Equality and better development outcomes

* Norms encompass attitudes and practices
* A system consists of a set of interacting structures, practices, and relations
## Examples of approaches

<table>
<thead>
<tr>
<th>Gender blind</th>
<th>Gender-sensitive</th>
<th>Gender-transformative</th>
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<tbody>
<tr>
<td>Distributing condoms at health centers</td>
<td>Distributing male and female condoms at health centers</td>
<td>Peer-led behavior change communication and social mobilization of women’s decision-making on condom uses</td>
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**Recommended Gender-responsive and transformative**

Community-based distribution of male and female condoms with training on negotiation skills for women
Key Global Fund Policies!
Innovative approaches to meet diverse country needs are essential to accelerate the end of the epidemics

- Scale-up evidence-based interventions with a focus on the highest burden countries with the lowest economic capacity and on key and vulnerable populations disproportionately affected by the three diseases.
- Evolve the allocation model and processes for greater impact, including innovative approaches differentiated to country needs.
- Support grant implementation success based on impact, effectiveness, risk analysis and value-for-money.
- Improve effectiveness in challenging operating environments through innovation, increased flexibility and partnerships.
- Support sustainable responses for epidemic control and successful transitions.

Strengthening systems for health is critical to attain universal health coverage and to accelerate the end of the epidemics

- Strengthen community responses and systems.
- Support reproductive, women’s, children’s, and adolescent health, and platforms for integrated service delivery.
- Strengthen global and in-country procurement and supply chain systems.
- Leverage critical investments in human resources for health.
- Strengthen data systems for health and countries’ capacities for analysis and use.
- Strengthen and align to robust national health strategies and national disease-specific strategic plans.
- Strengthen financial management and oversight.

Increased programmatic and financial resources from diverse sources are needed to accelerate the end of the epidemics

- Attract additional financial and programmatic resources for health from current and new public and private sources.
- Support countries to use existing resources more efficiently and to increase domestic resource mobilization.
- Implement and partner on market shaping efforts that increase access to affordable, quality-assured key medicines and technologies.
- Support efforts to stimulate innovation and facilitate the rapid introduction and scale-up of cost-effective health technologies and implementation models.

MAXIMIZE IMPACT AGAINST HIV, TB AND MALARIA

BUILD RESILIENT & SUSTAINABLE SYSTEMS FOR HEALTH

PROMOTE & PROTECT HUMAN RIGHTS AND GENDER EQUALITY

MOBILIZE INCREASED RESOURCES

Global Fund Strategy 2017-2022

Promoting and protecting human rights and gender equality is required to accelerate the end of the epidemics

- Scale-up programs to support women and girls, including programs to advance sexual and reproductive health and rights.
- Invest to reduce health inequities including gender- and age-related disparities.
- Introduce and scale-up programs that remove human rights barriers to accessing HIV, TB and malaria services.
- Integrate human rights considerations throughout the grant cycle and in policies and policy-making processes.
- Support meaningful engagement of key and vulnerable populations and networks in Global Fund-related processes.
Priorities for Malaria

- **Increase awareness of inequity issues, human rights and gender related barriers** to access and use of services, and their relationship with malaria program outcomes.
- Increase countries’ appetite to conduct equity / gender and human rights related **assessments, such as the Malaria Matchbox**, to identify higher-risk and underserved populations, where they are, and the barriers that they face to access primary health care, including malaria services and how malaria interventions can be tailored to ensure that no one is left behind.
- **Publish the Malaria Matchbox and integrate its methodology into countries’ processes, such as Malaria Program Reviews and funding request development, as well as in alignment with the High Burden High Impact initiative.**
- Increase the **meaningful participation of community actors**, including groups of high-risk and underserved populations in the design of funding requests to the Global Fund, as well as through grant making.
- **Strengthen community systems**, including to be able to monitor access to malaria services, especially for high-risk and underserved populations.
Gender Equity priorities for malaria programmes
Insecticide Treated Net (ITN) use is also subject to gender norms

- ITNs have been shown to reduce both the number of malaria cases and malaria-related deaths in pregnant women and their children. (5)

- The acceptability and use of ITNs are strongly linked to culturally accepted sleeping patterns, in which gender plays an important role. In some instances, young children sleep with their mother and are therefore protected by her bednet if she has one. Alternatively, if a household only has one bednet, priority may be given to the male head of the household as he is often considered the primary breadwinner. In other contexts, men have very little access to ITNs if they predominantly sleep outside. (25)

- Economic inequities in areas such as the control of household resources also affect access to ITNs and are an important gender issue. In one study in Benin, many women are often responsible for the maintenance of ITNs as part of their household duties. This includes washing and often chemical re-treatment of the nets. Studies on the use of ITNs indicate that women frequently have to request their husband’s permission for money to re-treat the nets (25).

Malaria can have different socioeconomic consequences for men and women

- Although more research is needed on this issue, a study in rural Colombia found that illness in an adult male placed the whole household at risk. The workload of women was significantly increased as they had to take care of sick household members as well as replace males in farm production. The study found that 64% of all tasks normally undertaken by the sick person were then performed by women. The women expressed concern about the loss of the main economic provider as well as about having to work harder in order to earn money to buy medicine and food. The study pointed out that although the disease burden was greatest amongst adult males, the indirect economic burden of the disease was greater for women. (26)
Recommendations from CS4ME

• Increase the allocation of domestic resources for health and prioritize high impact and community-led interventions;
• Establish and operationalize Universal Health Coverage in improving affordable health services for all;
• Ensure high-quality malaria tools and efficacious commodities (such as long-lasting insecticidal mosquito nets) continue to be deployed in remote communities;
• Resolve the long term problems of drug stock-outs and medical commodities throughout the health system (including peripheral health facilities);
• Increase the representation of malaria affected communities in the national coordinating bodies and all strategic platforms and decision-making spaces in health;
• Increase the technical, financial and institutional capacities of civil society and community based organizations so that they can even more effectively contribute qualitatively and significantly to the reduction of malaria morbidity and mortality;
• **Guarantee human rights, gender sensitivity, and the dignity of communities in the definition of policies, strategies and the implementation of malaria control/elimination interventions**;
• Ensure equitable community-centered programs based on the needs of people affected by malaria;
• Support community-based monitoring that are led by communities for malaria interventions and assure quality of current interventions;
• Scale-up community-based interventions in malaria by increasing the number of Community Health Workers (CHWs) trained, equipped and fairly compensated;
• Ensure protection of health personnel and community health workers who are essential for the continuity of malaria control services during the COVID-19 crisis;
• Assess the impact of COVID-19 in the fight against malaria and ensure measures for management of epidemics and at the same time continue the focus on uninterrupted malaria services.
Key Resources: women4gf.org

1. World Malaria Day 2020 Declaration (CS4ME)
2. World Malaria Report 2019
3. World Malaria Report 2018
4. WHO World Malaria Report 2017
5. Gender Analysis – USAID’s Malaria Action Program for Districts – May 2017
6. Civil Society for Malaria Elimination (CS4ME) Network
8. Malaria Matchbox Toolkit in English, French and Portuguese
9. The Fight Against Malaria
10. The Importance of Gender in Malaria Data
11. World Health Organisation (WHO) Gender, Health and Malaria Information Sheet
12. World Health Organisation (WHO) webpage on Lives at risk: malaria in pregnancy
13. United Nations Development Programme (UNDP) Discussion Paper on Gender and Malaria
Thank you!

Women4GlobalFund (W4GF) is a dynamic global movement of women and gender equality advocates committed to ensuring that Global Fund programmes are gender-transformative to meet the rights and priorities of women and girls in all our diversity.

For more information, contact Sophie Dilmitis, Global Coordinator,

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Katya BURNS and Carrie GHEEN
Former TRP members

Title: Gender and Malaria: Programming
Interventions and Resources

• This is a comparatively new field and there are few examples of best practices
• The Global Fund has a Technical Brief on Malaria, Gender and Human Rights (2019)
• UNDP has a Discussion Paper on Gender and Malaria (2015)
• USAID conducted a gender analysis of malaria programs in Uganda (2017)
• The Gates Foundation commissioned a Gender and Malaria Evidence Review (2020)
Universal and Equitable

• **Universal access does not necessarily mean equitable access.**
• A lot of malaria programming focuses on "universal coverage.” But women, especially young women/adolescent girls face greater barriers to accessing services.

*For example:*

• Gender-specific barriers include distance/cost/stigma – all of which impact women and girls’ ability to access LLIN or reach a service point.
• Having a CHW in a village who provides iCCM in theory means that there is sure "access,” but when that CHW is an older male - it can still be very hard for a young woman to venture into a mans house/residential area to have a 30 minute malaria RDT, counseling on malaria treatment, then have the male CHW ask her: "so you think you might be pregnant?".
• *How many adolescent girls are going to run to the clinic to get her ANC check and request a free LLIN?*
Improving data

• Country-level data systems are not currently designed to produce sex-disaggregated or gender-specific data (beyond data for pregnant women), at the national level.
• Although data collected at the facility-level is disaggregated by sex, that disaggregation is lost as the data is reported upwards through the system.
• The process of adapting data systems can be difficult and costly, and non-routine approaches to data collection such as surveys and qualitative studies can also be used to gather sex-disaggregated and gender-specific data.
Gender and Malaria: engage women in planning

- **LLINs**: Involve women and/or women led groups in the planning, distribution and verification stages of LLIN mass campaigns. At the planning and verification stages, have a ‘check’ performed by woman of standing in the community. This could involve Nuns and Mothers Groups.

- **IRS**: Engage women in mapping and site spraying identification. Women spend a lot of time in the gardens and around the house so they can make sure that targeting is done correctly. Also make sure that women are included in awareness raising so they know what’s happening and can prepare the home and children in advance.
Gender and malaria interventions: examples

• **Conduct a gender analysis**: For example, one country conducted a participatory gender assessment to understand gender barriers to access to LLINs for women, men, adolescent girls and boys and intersectional issues (education, geographic location). Use the Malaria Matchbox.

• **Include gender considerations when targeting vulnerable groups**: In one country, male mobile forest workers were identified as a vulnerable group, however, the country also found that families accompanied the forest workers. An intervention was developed to provide malaria services to the wives and children of forest workers.
Gender and malaria interventions: examples

• **Use gender-sensitive communication approaches to reach women:** For example, target female social networks to disseminate information. In one country, a study found that female-headed household were less likely to access written messaging – but a larger proportion of female-headed households subscribed to community groups.

• Working with girls and boys clubs in schools and youth clubs for out of school youth using participatory theatre for development to raise awareness on gender inequality linked to vulnerability to malaria or information on malaria prevention and control.
Gender and malaria interventions: examples

• **Include interventions that target male-specific vulnerabilities:** Men tend to be away from home during peak biting times. Examples of interventions include long-lasting, insecticide-treated hammocks were provided to forest workers, insecticide-treated clothing in refugee areas, insecticide-treated personal clothes and bedding.

• **Engaging men for women’s empowerment:** In the Gambia, a project called *Raising Women’s Voices on Malaria*, funded by the Swedish International Development Cooperation Agency, worked with peer educators using short dramas and community focus group discussions to show male household heads the critical role they can play in supporting women both to go for IPTp, ITNs and other malaria control measures.
Gender and malaria interventions: examples

- **iCCM:** The PMI-supported study in Uganda found that iCCM was an effective approach to ensure women can take timely action to address malaria despite their limited decision-making power and weak access to resources. That study recommended scaling-up of iCCM services as an effective method for overcoming gender-related barriers to malaria prevention and treatment services for women and children under five.

- **Training:** Ensure that all service providers, including community health workers are appropriately trained on gender-specific issues, especially related to pregnancy and malaria.
Pregnancy and malaria

- **IPTp uptake in most countries is sub optimal.** Challenges exist to achieve optimal coverage of ANC/IPTp and uptake of IPTp. Explore data and barriers related to both supply and demand. In some contexts, where number of ANC visits is high but coverage of IPTp is low, need to explore issues around health care provider behavior/supply. However in most contexts, pregnant women often present in late second/third trimester which hinders IPTp. Stigma related to pregnancy in adolescent/young women presents additional challenges.

- **Interventions to improve ANC uptake and service quality should be prioritized.** BCC campaigns that emphasize importance of early visits for ANC services (IPTp and LLIN for pregnant mother). Some countries are also exploring/trialing community based delivery of IPTp.
Develop innovative interventions

• Based on the data you collect – develop your own interventions
• Utilize the existing resources! Especially the GF Malaria, gender and human rights technical brief.
• Share you interventions with others – this is a growing field, let’s build it together!
Katya BURNS and Carrie GHEEN

Former TRP members

Title: Gender and Malaria: Programming
Olive MUMBA

EANNASO & CRG Platform – Anglophone Africa

Title: Engaging malaria communities and CS in GF processes and COVID-19
ABOUT EANNASO

• A regional network of AIDS and health service organizations
• Active membership in seven eastern Africa countries
• Hosts the Global Fund supported CRG Anglophone communication platform covering 23 African English and Portuguese speaking countries
• Headquartered in Arusha Tanzania

Our Vision and Mission

VISION
• Citizens of EAC attain the Highest Quality of Health Care Services

MISSION
• Creating a community of change agents through strengthened coordination, strategic alliances, capacity development and creation of enabling environment for health programing.

Regional platform for communication and coordination on HIV/AIDS, Tuberculosis and Malaria for Anglophone Africa
In November 2016, the Global Fund Board reaffirmed its commitment to strengthening the voices of communities in Global Fund processes by approving a $15 million Community, Rights and Gender Strategic Initiative (2017-2019).

The CRG SI has three mutually reinforcing components:

- **Component 1**: Short-term technical assistance program
- **Component 2**: Longer-term capacity development of key and vulnerable populations
- **Component 3**: Regional Platforms for Communication and Coordination

Anticipated impact of the CRG SI in the three-year timeframe:

- Strengthened meaningful engagement of communities in Global Fund-related processes across all stages in the funding cycle.
- Better reflection of civil society and community priorities in funding request, transition planning and related national strategies.
- Greater emphasis on evidence informed and rights-based programming demonstrated in Global Fund grants.
- TA needs of communities identified and communicated to key stakeholders.
- Strengthened community capacity to design and deliver quality technical support.
Supporting meaningful engagement of civil society in GF processes

Updates of the CGR-SI

1. **Short term TA**
   (Global peer-to-peer civil society TA to support community engagement in Global Fund and related processes across the three diseases (i.e. HIV, TB, Malaria) and RSSH.

2. **Longer-term /meaningful engagement of key and vulnerable populations.**
   - 6 Global HIV KP networks; - 5 TB Advocates;
   - 2 Malaria CSOs; - AGYW groups;

3. **Regional Platforms**
   (Communication and Coordination of Global Fund processes in 6 key regions)

- TA assignments delivered globally. Particular focus on funding request and grant making.
- Networks of KPs also receiving grants and operating in closer collaboration with platforms;
- All regional platforms up and running, with most of them already doing their 1st annual meeting. Important to acknowledge the more focused work of the platforms in this implementation cycle.
Process Chart for CRG TA

Average time from submission of request to deployment of support:  
= 4-6 weeks

Submission
- TA requests completed and submitted to the Global Fund Secretariat

Review
- Requests reviewed within the Secretariat
- If eligible, approach discussed with CT, requestors, and technical partners

Scoping and Planning
- Pre-qualified TA provider and consultant(s) are identified to match TA needs
- Drafting and finalization of TOR is done collaboratively with the Secretariat, TA requestor, TA provider, and TA consultant(s)

Deployment
- Briefing calls held with relevant stakeholders to plan for TA deployment
- Collaborating organizations are identified by TA provider
- In-country work commences

Follow-up
- Upon completion of TA assignment, a debriefing call is held
- TA provider completes TA completion report / case study
- TA requestors complete post-activity evaluation and follow-up survey
## Regional platform hosts

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<tr>
<th>Region</th>
<th>Platform host</th>
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<tbody>
<tr>
<td>Anglophone Africa</td>
<td>Eastern Africa National Networks of AIDS and Health Service Organizations (EANNASO) in Arusha, Tanzania</td>
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<tr>
<td>Asia-Pacific</td>
<td>APCASO in Bangkok, Thailand</td>
</tr>
<tr>
<td>Francophone Africa</td>
<td>Réseau Accès aux Médicaments Essentiels (RAME) in Ouagadougou, Burkina Faso</td>
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<tr>
<td>Eastern Europe and Central Asia</td>
<td>Eurasian Harm Reduction Association (EHRA) in Vilnius, Lithuania</td>
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<tr>
<td>Latin America &amp; the Caribbean</td>
<td>Vía Libre in Lima, Peru</td>
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<tr>
<td>Middle East &amp; North Africa</td>
<td>International Treatment Preparedness Coalition-MENA (ITPC-MENA) in Marrakech, Morocco</td>
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The work of the regional platforms is guided by four objectives, as follows:

• Further the meaningful engagement of civil society and communities in Global Fund processes through bi-direction communication and the provision of accurate and accessible information;

• Improve the overall impact of Global Fund programs and interventions through strengthened engagement of civil society and communities affected by HIV, TB and malaria;

• Further the meaningful engagement of civil society and communities in Global Fund processes through bi-direction communication and the provision of accurate and accessible information;

• Improve the overall impact of Global Fund programs and interventions through strengthened engagement of civil society and communities affected by HIV, TB and malaria;
SURVEY RESULTS

HIV, TB, and Malaria Needs of CS and communities in the face of COVID-19
Objectives of the Survey

1. To assess and provide recommendation towards ensuring continuity of;
   • Access to Prevention, treatment, other health-related services and information on HIV, TB, and malaria.
   • Community engagement in the country dialogue processes in the development of the ongoing Global Fund funding requests and reprogramming of Global Fund grants.

2. To document the engagement and needs of HIV, TB, and malaria communities and civil society in country-level COVID-19 responses; and

3. To assess and document any Human Rights and Gender Based Violations related to COVID19 responses within the community.
Regional platform for communication and coordination on HIV/AIDS, Tuberculosis and Malaria for Angophone Africa
Have you been engaged in the reprogramming of the Global Fund grant as per the instructions provided?

- Majority of the respondents are from communities as well as SSRs hence have not been involved in reprogramming.

Regional platform for communication and coordination on HIV/AIDS, Tuberculosis and Malaria for Anglophone Africa.
Awareness of how country is utilizing COVID-19 reprogramed funds provided by GF

- Majority of the people are not aware of how their countries are utilizing GF funds reprogrammed towards COVID-19
- This calls for more transparency on how reprogrammed funds are utilized

Regional platform for communication and coordination on HIV/AIDS, Tuberculosis and Malaria for Anglophone Africa
Engagement and needs of HIV, TB, and malaria communities and civil society in country-level COVID-19 responses
How has COVID-19 affected your daily programmatic operations?

- Majority of the respondents agree that COVID has greatly affected their programming.

How Organizations are responding to disruptions in overall organizational operations due to COVID-19

- The most common strategy is staff working from home and utilizing virtual platforms (social media platforms, mail communications and webinars) to continue engagement with program beneficiaries. Some calling it “Teleworking”

Other strategies

- Reduction in community outreaches and increased communication through phones
- Postponement of large gathering meetings and adherence to directives by MoH (social distancing, wearing masks and hand hygiene)
- We put more effort in conducting our campaigns especially awareness through our social media platforms
- Activities are on hold, Drug refill of 3-6 months ensured for PLHIV.
- Staff taking turns to go to work to avoid overcrowding and adhering to MoH directives
- Improved on-line system for monitoring and investment in using mobile communication in information dissemination
- Skeletal work at facilities to protect providers and clients, working remotely from home, provision of PPE.
- Providing services in small groups supported by volunteers and peers
- We approached the Ministry for issue of passes to our staff to reach out to clients
- Slow down on activities including community outreaches

Regional platform for communication and coordination on HIV/AIDS, Tuberculosis and Malaria for Anglophone Africa
• Only a small proportion of civil society organizations and community groups are engaged in the country COVID-19 response team.

• Lockdowns, mandatory and voluntary quarantine, social distancing, and closure of institutions are the most common control measures adopted by many of the countries.
What kind of COVID-19 related guidance/information or policies from the GF you think should be developed

- GF to re-adjust reporting and submission times for accountabilities on continuing grants
- Guidance on which rights can not and should not be violated and what governments must do to ensure protection of rights
- How Civil society can be engaged and be part of the COVID-19 response
- Guidance on how PRs should appropriate GF reprogrammed funds to include support for KPs
- Guidance on reprogramming to strengthen health system and community outreach program that reach most vulnerable groups
- Basic CS/CG COVID-19 engagement guide to ensure response as CSOs is coordinated
- SOPs for CS/CG during COVID-19
- Specific guidance for implementation of KP related activities within the Global Fund flexibilities during COVID-19
- GF to develop a contingency plan to reach out to communities
- Allow reprogramming to procure electronic equipment's (phones and computers to enhance virtual communication with communities
- Support translations, production and dissemination of of COVID-19 related documents into local languages
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THANK YOU!

JOIN US ON THE NEXT WEBINAR:
PRESENTATION OF THE MALARIA MATCHBOX
July 1st 2020 2:00PM UTC

WITH INTERNATIONAL PUBLIC HEALTH ADVISORS (IPHA), IMPACT SANTE AFRIQUE AND THE GLOBAL FUND SECRETARIAT

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