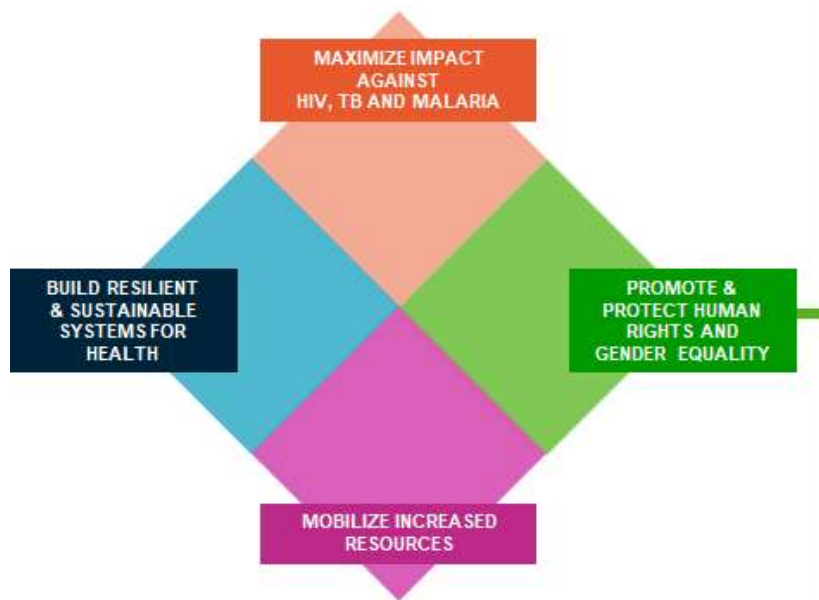


Country Dialogue: Human rights and gender

Introduction

- The **Global Fund** has shown clear commitment to support programming that **advances human rights and gender equality** in all of its investments in health
- National Dialogue on human rights and gender to include specific interventions to **remove gender and human rights related barriers** to the prevention, diagnosis and treatment services
- The **“Concept Notes”** will ensure that promotion and protection of human rights and gender equality.

The Global Fund Strategy 2017-2022



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

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

Why Gender and Human rights for Malaria

- Gender and human rights issue is one of the factors that can affect the responsiveness of health services
- Gender norms, societal expectations of appropriate gender roles, can affect risks of infection, access to services, prevention and control interventions, and the distribution of the burden of malaria morbidity and mortality
- Different biological and sociocultural (gender) factors affect men and women's exposure to malaria, investment in nutrition, care and education, access to and use of health services, and the social impact of ill health
- Malaria programme effectiveness and accessibility are impeded by human rights barriers, for example, discrimination against refugees, and lack of malaria prevention services for certain categories of workers.

Malaria Key indicators

- % of Male vs Female slept under any net: **91.9% / 93.8%** (Community based survey 2018)
- % of Male vs Female slept under LLIN/ITN: **57.0% / 58.4%** (Community based survey 2018)
- % of pregnant women slept under any net: **94.4%** (Community based survey 2018)
- % of pregnant women slept under LLIN/ITN: **54.0%** (Community based survey 2018)
- Number of LLINs distributed to pregnant women: **121,228** (2019)

Gender responsive activities under Malaria Programme

Modules	Interventions	Activities	Remarks
Vector control	Long-lasting insecticidal nets (LLIN) - Continuous distribution	LLIN distribution for pregnant women	
Vector control	Long-lasting insecticidal nets (LLIN) - Continuous distribution	LLINs distribution for MMPs and military/uniformed services	Develop robust malaria surveillance systems to capture their access to and use of malaria services including diagnostics and treatment services
Case management	Integrated community case management (ICCM)	Pregnancy specific information on malaria for pregnant mothers & children	
Case management	Integrated community case management (ICCM)	Strengthen malaria related awareness education	Community involvement focus of the NSP must support gender and human rights issues. Eg. in the development of information products and other BCC materials focusing on malaria prevention, control and elimination activities.

*similar activities are implemented by SC co-PR with more than one partner

Gender responsive activities under Malaria Programme (Cont.)

Modules	Interventions	Activities	Remarks
Case management	Integrated community case management (ICCM)	Recruitment of VMWs for provision of malaria prevention, test and treat services to risk population (MMPs, ethnic groups/minorities , etc)	Involvement, participation and fostering community ownership
Case management	Integrated community case management (ICCM)	Mobile outreach visits to malaria hotspot areas to provide test, treat and IEC/BCC services to at 'risk population'	Targeting vulnerable and at risk population
Case management	Facility-based treatment	Trainings of health staffs on malaria prevention and care services for risk population (MMPs, militaries, pregnant women, ethnic groups, etc)	Promoting socialization of malaria as per the new NSP
Case management	IEC/BCC (Case management)	Provision of IEC/BCC sessions to at risk population for malaria prevention and early diagnosis/ treatment	Promoting socialization of malaria as per the new NSP
RSSH: Health management information systems and M&E	Routine reporting	Trainings of health staffs on how to collect and report the epidemiological data including gender data into DHIS2	Strengthening monitoring and evaluation capacity

*similar activities are implemented by SC co-PR with more than one partner

Gap in Gender and Human Rights

Individual level

- Men are less likely to be educated about malaria prevention and service
- Men less use a mosquito net, especially forest goers.
- Both men and women have a low chance to have education on the control of drug resistant and maintenance of LLIN
- Use of LLIN was particularly lower among men in the middle age group
- Men usually not in the practice of going to clinics and taking self-treatment

Gap in Gender and Human Rights (Cont.)

Household Level

- More of children and women sleep under LLIN as priority household members
- Some households including Female-headed households are not able to pay for services due to financial difficulties
- Women in some households may face with financial difficulties to seek treatment for them due to their lower income or no income

Gap in Gender and Human Rights (Cont.)

Community Level

- Most women preferred female volunteer whereas most men preferred male volunteers
- Community volunteers may have difficulty mobilizing in the community

Health Facility Level

- A greater proportion of women mentioned health facility staff as the source of information than men
- Health facility staff may have lack of awareness of gender responsive actions in malaria

Way forward

- Strengthen malaria related awareness information for men via health workers, occupational work association and networks
- Train health workers on SRHR issues and link with malaria services and treatments, targeting pregnant women and young female
- Develop targeted preventive messages that addresses gender (M/F) and age-differentiated and with living context (urban overcrowding vs rural agriculture) needs, etc.

Way forward (Cont.)

- Continue with malaria intervention that targets vulnerable population (Women & Children), rural female agriculture workers through LLIN distribution, case management etc.
- Gender sensitive training for health staff to avoid stigma and discrimination and information on how to treat vulnerable population

Topics for Group Discussion

Group 1. Vector control

Group 2. Case management: Integrated community case management/ICMV

Group 3. Case management: Facility based treatment

*note: we can arrange more groups for the same topic based on the number of participants. Each group has less than 10 members consist of national programme and CSO, and gender groups.

Human rights and gender

Group Discussion

1. Group discussion (20 minutes)
2. Group presentation (5-10 minutes for each group)
3. Open discussion (15 minutes)
4. Wrap-up (5 minutes)

Instruction for Group Discussion

1. Discuss the **main challenges** for the intervention in terms of gender and human rights
2. Discuss **what and how can be done to overcome** each challenge
3. Please address gender and human right issues in terms of national programme not necessarily limited to Global Fund programme
4. 20 minutes discussion and 5 minutes presentation for each group
5. Please write a summary of your discussion on Flip chart and use it at the group presentation
6. UNOPS, WHO colleagues facilitate this group discussion and one person will present from each group

Thank you

