



# **Addressing human rights and gender related barriers and strengthening community engagement in Global Fund malaria grants**

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# What is “CRG”?

The Global Fund’s Community, Rights and Gender work includes efforts to:

- engage key and vulnerable populations, people living with the diseases, women, youth and adolescents in Global Fund processes;
- increase investments in programming that addresses the needs of the above groups (including removing human rights and gender barriers to accessing services);
- Improve program delivery and reach by strengthening community responses; and
- broadly strengthen partnerships with civil society in proposal development, grant implementation and resource mobilization.

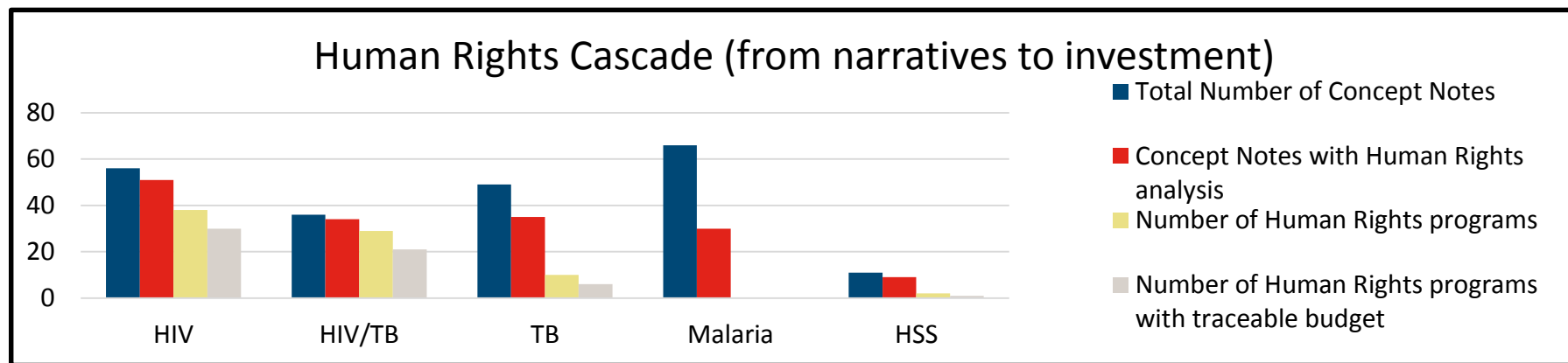
## **Examples of TA provided:**

- Support to design, plan and implement a consultation process to identify key population priorities for HIV concept note development.
- Designing and budgeting for community systems strengthening programs as part of the grant-making process.
- Facilitating a concept note review among youth organizations to identify gaps and propose appropriate interventions for inclusion.



# Addressing human rights and gender related barriers to malaria and strengthening community response

- Interventions to address human rights and gender related barriers to HIV programs, and the role communities can play have been well defined for HIV/AIDS programs – less so for TB and malaria.
- Concept notes described barriers, but did not always convert that analysis into actionable, funded programmatic interventions to address those issues.
- The Global Fund has succeeded in building engagement of HIV and TB affected populations, however there has been less success in strengthening community engagement in Global Fund-supported malaria programs.



# Addressing human rights and gender related barriers to malaria and strengthening community response, cont.

- Unlike HIV and TB, malaria **has not been** associated with systematic discrimination against individuals or groups assumed to be at a high risk of infection.
- **However**, it is still one of the most common causes of death and disability in the world and the malaria burden is borne disproportionately by the most vulnerable populations. This includes, but is not limited to:
  - Residents of Sub-Saharan Africa
  - Pregnant women and children
  - Migrants, refugees/IDPs, prisoners, forest and mine workers, rural and indigenous populations, and victims of war and other humanitarian catastrophes.
- Social inequality and political marginalization may impede access to health services.
- There may be additional barriers created by language, culture, poor sanitation lack of access to health information, lack of informed consent in testing and treatment, and inability to pay user fees for medical services.



# Human rights in the Global Fund Strategy

Two specific operational objectives:

- **Introduce and scale-up programs** that remove **human rights barriers** to accessing HIV, TB and malaria services, and
- Integrate **human rights considerations** throughout the grant cycle and in policies and policy-making processes.
- To implement these objectives, the Global Fund now requires that:
  - (1) **all grants** include programs to reduce human rights and gender-related barriers to services, appropriate to the country context
  - (2) all health service provision meets **5 human rights standards** as outlined in the grant Framework Agreement.

\*Source: TGF CRG Webinar January 2017



# Examples

Addressing gender inequality and including gender responsive programs in the Performance Framework:

	Module	Intervention	Gender Blind	Gender Responsive
Malaria	Vector Control	Removing human rights- and gender related barriers to vector control programs	National mosquito net distribution through health facilities	Targeting males in the Mekong Delta at occupational exposure risk to malaria with mosquito net distribution through work place sites

Examples of how community responses can enhance delivery:

Module	Intervention	Activity	Plan and budget may include:
<b>Malaria Vector Control</b>	IEC/BCC	Community level awareness and sensitization	<ul style="list-style-type: none"> <li>• Training of community workers/volunteers</li> <li>• Production of communication materials</li> </ul>



\*Source: TGF CRG Webinar January 2017

# Strengthening Community Engagement in Global Fund Malaria Grants

- In September 2016, four organizations, KeNAAM, RAME, APCASO, and International Public Health Advisors were selected as a part of the Community, Rights and Gender Special Initiative to reinforce the meaningful engagement of civil society and communities affected by malaria.
- The overarching goals are to:
  - Increase meaningful representation and inclusion of civil society and community voices in Global Fund processes related to malaria within and across the proposed program countries;
  - Enhance the understanding and analysis of human rights and gender-related barriers, key populations and community responses in the context of malaria; and
  - Contribute to the inclusion of community-centered, rights-based, and gender-transformative interventions within country and regional Global Fund-supported malaria programs
- These organizations have been conducting national and regional level consultations with the aim of increasing impact of Global Fund investments in malaria.



# Overview of the Modules

- As part of this work, the partners will develop modules to help countries in identifying “who,” educating individuals “how,” and facilitating “what” can be done specifically for integrating community, rights-based, and gender programming **to address human rights and gender related barriers and strengthen community engagement** in Global Fund malaria programs.
- Overview of the Modules:
  - Module 1: Addressing Biological, Environmental, Social, and Cultural Factors
  - Module 2: Understanding Access to Malaria Services
  - Module 3: Defining and Operationalizing Activities to Reach Target Populations
  - Module 4: Integrating Gender Equity into the Delivery of Malaria Programs
  - Module 5: Mobilizing Communities in the Malaria Response





# Module Development: Phase 1

## *Data Analysis and Key Stakeholder Feedback*

- Review of relevant literature on best practices and implementation strategies relating to addressing human rights and gender inequality, and community led programming.
  - This landscape analysis identified the best practices, knowledge gaps, and contradictory research as well as potential theories that need to be tested during the regional and country consultations.
- Leveraging the information, the second step was to conduct a series of key stakeholder interview to “level-set” expectations and:
  - Inform the aim of the modules;
  - Determine how the modules/tools are to be featured;
  - Agree on the target audience/stakeholders; and
  - Define how we refer/title the different tools.



# Results from the Data Analysis and Key Stakeholder Interviews

- This not a “CRG” issue or agenda. This needs to be about an effective malaria response. We need to approach it as looking at how gender/rights/community analysis can help us understand and address gaps in malaria programs.
- We need to do some review of the indicators/data that is currently being gathered at the regional, national, and local level to determine if programs are getting the information they need to tailor the response or address the gaps. This may be at the sub-national/granular level.



# Outline of the Tool (Title TBD)

## Purpose of the Modules

A tool that analyzes gender and human rights barriers and community engagement to assess programmatic effectiveness at reaching all populations affected by malaria.

## Key Information

- Best practices, data sources, and methodologies for capturing relevant data
- Examples of populations affected by malaria, risk factors, and vulnerabilities encountered in malaria endemic countries
- Policy guidance, reference materials, and documents from the Global Fund and others to support the process
- Offer information on identifying populations affected by malaria and assessing barriers to services

## How the module will be used

This will be a series of tools that enable users to ask the right questions and prioritize interventions. It will include an assessment of populations affected by malaria and their access and barriers to services as well as tools to define activities to reach those populations.

## Who will use the module

- Ministries of Health and National Malaria Control Programs
- Country Coordinating Mechanisms, PRs and SRs
- International partners
- Consultants supporting these organizations
- Members of civil society and advocates



## Module/Tool Development: Phase 2

### *Regional and Country Consultations*

Consultations took place in December 2016 during the RBM CRSPC Gap Analysis Meeting (former RBM HWG), in the Greater Mekong Sub-region, East Africa, and West Africa.

- The purpose of the Regional and Country Consultations was to engage community- and country-level stakeholders in the module/tool development process, and use this feedback to ensure that what is developed is in line with country realities.
- The Consultations promoted dialogue between stakeholder groups from all levels to brainstorm and provide input on the design and use of the Modules to reach the outlined objectives.



# Accelerating to Action: Making the Tools Work



# Call for further input and case studies

As IPHA integrates the input from the country and regional consultations, partners are invited to provide further input in the following ways:

- Contact IPHA to provide any additional input in the development of the modules;
- Provide case studies, relating to LLINs (or other areas), that address human rights and gender related barriers and strengthen community engagement.



**Please feel free to contact us at:**

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