

Addressing gender inequalities: Strengthening **Malaria** programming through gender mainstreaming

Mock TRP of the GFTAM Round 10
proposals

Dakar, Senegal, June 2010

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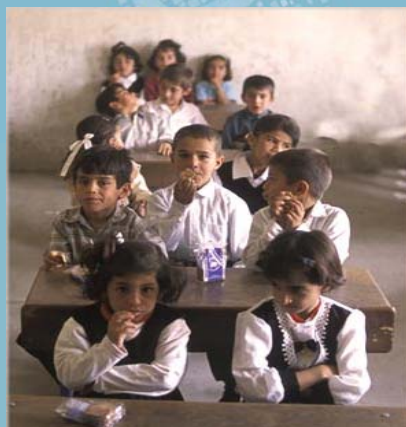
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Basic concepts

Gender equity and other **determinants** of
health

- Education
- Income
- Working conditions
- Physical and social environments
- Participation
- Lifestyle and health habits



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Gender Analysis of Malaria: selected issues – related to men & boys

Men and Boy's risk of Malaria:

- Increased exposure due to daily tasks: e.g. hunting, farming, timbering & road construction
- Seasonal agriculture workers: often sleep away from home and unlikely to use insecticide impregnated bed nets (ITNs)
- Men: often less likely to accord priority to their health and are often reluctant to seek appropriate health care

Women and Girl's risk of malaria:

- ↑ risk: exposure to bites during harvest, weeding or gathering firewood and water at dawn and/or dusk
- ↑ access & priority for LLIN nets when sleeping with children
- Pregnant women: especially of low parity, more vulnerable to severe infections
- Severe infections: associated with abortion, still birth, premature delivery, low birth weight infants and death



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Programming for Malaria: elements to consider in situation analysis (incidence & management):

1. Women often face ↑ barriers in access to health services, including information, due to:
 - Limited mobility, Lack of autonomy in making health decisions, poor access to/control over resources, often prioritize health needs of other family members and children over their own, largely responsible for care giving responsibilities
2. Gender norms explain different behaviours among women and men related to:
 - Health seeking behaviour:
 - Mothers usually the first to diagnosis/ respond to illness in children, but often, decision on seeking treatment not dependent on them; usually men use health care services less than women; in some settings, women reluctant to be attended by male health workers
 - Different patterns of exposure:



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Issues

Division of labour based on gender roles; sleeping patterns; other cultural
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WHO Gender Analysis Matrix (GAM)

Factors that influence health outcomes:	Factors that influence health outcomes:		
	<i>Gender Related Considerations</i>		
<i>Health related considerations</i>	Biological factors	Socio-cultural factors	Access to, and control over resources
Risk factors and vulnerability			
Access and use of health services			
Health seeking behaviour			
Treatment options			
Experiences in health care settings			
Health and social outcomes and consequences			



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Gender and Community Systems Strengthening (CSS) 01

Examples of gender equality components of CSS:

A. Building capacity

- Involve women & other vulnerable groups in all phases of the programme
- Include women in decision-making roles
- Include men & women in different phases of awareness raising activities
- Consider & address gender norms & roles, as well as the needs resulting from those
- Build capacity of women & men: not overburdening and also involving them in roles traditionally assigned to either
- Tailor times for activities to when they are less disruptive of women and men's lives

Reference: Fact Sheet: Community Systems Strengthening. TGF, 26 March 2009



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Gender and CSS 02

B. Building partnership

- Involve women's organizations
- Ensure participation (on equal basis) of women and other vulnerable groups
- Promote accountability by establishing or strengthening mechanisms for effective communication with the community, including women and other vulnerable groups

C. Sustainable financing

- For cost-sharing/ revolving fund schemes involve women and other vulnerable groups in the management of the fund
- Avoid schemes that eventually exploit the community rather than empower them



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Annex III: Gender Responsive Assessment Scale (GRAS): A tool for assessing policies and programmes

Concept	Characteristic
Gender-unequal	-Perpetuates gender inequalities by reinforcing unbalanced norms, roles and relations -Privileges men over women (or vice versa) - Often leads to one sex enjoying more rights/opportunities than the other <i>* Note that these situations are not always intentional</i>
Gender-blind:	- Ignores gender norms, roles and relations - Very often reinforces gender-based discrimination - Ignores differences in opportunities and resource allocation for women and men -Often based on principles of being "fair" by treating everyone the same <i>* Note that these situations are not always intentional</i>
Gender-sensitive	- Considers gender norms, roles and relations - Does not address inequalities generated by unequal norms, roles or relations - Indicates gender awareness, though often, no remedial actions are developed
Gender-specific	This recognises differences in gender roles, responsibilities and access to resources, and takes account of these when designing interventions. Gender specific policies or programmes do not try and change the underlying causes for these gender differences.
Gender-transformative	Recognises differences in gender roles, norms and access to resources and actively tries to change these, so as to promote gender equality.



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Gender-responsive malaria policies & programmes: GRAS examples I

Gender-unequal	Campaign on distribution of bed nets provided only to men, in communities where the culture is that men have the priority to sleep under ITNs
Gender-blind	Communication campaign on awareness raising on the importance of pregnant women sleeping under ITNs, only targeted at women without considering the important role that men play in decision making on who actually utilizes the nets



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GRAS examples II

Gender-sensitive	Communication campaign on awareness raising on the importance of pregnant women sleeping under the bed nets, also considering and targeting men.
Gender-specific	After revising the different patterns and roles in the community, mobiles clinics are established in order to avoid mobility constraints faced by women
Gender-transformative	Community women and men are consulted on an equal basis, and the same value is given to their contributions, at all levels in project planning, advisory committees and in community meetings, to establish a malaria control programme



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A tool kit for mainstreaming gender into Malaria programming

- Annex 1: Gender Analysis Questions
- Annex 2: WHO gender analysis matrix (GAM)
- Annex 3: Example of a completed GAM (evidence based)
- Annex 4: Gender responsive assesment scale (GRAS)
- Annex 5: Gender asesment tool (GAT) does my programme consider gender ?
- Annex 6: Tips for integrating gender into health planning & programming
- Annex 7: Gender components in community systemes strengthening (CSS)
- Annex 8: Malaria examples of GRAS
- Annex 9: Tips for developing & selecting gender sensitive indicators
- Annex 10: Guidance tool for including CSS in global fund proposals



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Get in touch!
Keep in touch



Merci!
Thank you!



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