



# Identifying and addressing gender and human rights factors that curtail progress towards malaria elimination

**CS4ME**  
CIVIL SOCIETY FOR MALARIA ELIMINATION

Training for civil society organisations of the CS4ME platform – adaptation guide

Produced by  **ISA**  
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## Context

Impact Santé Afrique (ISA) has been implementing the Community, Rights and Gender malaria project since March 2021. This project seeks to strengthen the influence of civil society organisations within malaria control and elimination decision-making and implementation mechanisms. Strengthening the capacity of civil society organisations to better ensure that the needs of populations most affected by malaria are met, with a particular focus on how gender, social and human rights barriers influence the response to malaria, is a priority objective under this initiative.

Following a selection process, malaria civil society leaders were selected to participate in CS4ME's virtual training on *Identifying and addressing gender and human rights factors that curtail progress towards malaria elimination* in June 2022. The virtual training was delivered over the course of three 2-hour sessions. A number of these participants intend to provide step down training to their colleagues or other CSOs, including via in-person training. This document describes the process used for the virtual training, and supplements it with tips and ideas on how to deliver and enhance the training if more time or a face-to-face format are available. *Additional annotations provide background with respect to the training methodology. Annotations and tips for adaptation are all provided in italic text.*

## Training objectives

By the end of the training, participants will be able to:

1. Describe how gender inequalities and social norms influence vulnerability to malaria and undermine attempts to control and eliminate malaria
2. Identify barriers linked to gender inequalities and social norms within malaria programmes, and the people who are most affected by malaria
3. Use the right to health framework to analyse the impact of these barriers and to articulate the strategies and actions needed to address them

*Always develop clear objectives before starting to design training and use these objectives to guide which activities/sessions you include. For any given activity you should be able to identify how it will contribute to achieving the objectives.*

## Methodology

This training uses a participatory and interactive approach, designed to foster adult learning. The methodology is based on the analysis of real-life scenarios which will allow participants to use their own knowledge and experience to understand gender, social and human rights-related barriers. It also introduces participants to analytical frameworks that they can use to systematically identify and address barriers and inequalities.

*Participatory approaches can be particularly useful for adult learning. Often, adults will have an intuitive understanding of concepts even if they are not able to describe the theoretical underpinnings. The participatory approach used in this training invites participants use their experience and intuitive understanding to strengthen their own work and approaches, by placing this experience and understanding into an overall framework. In addition, the participatory approach encourages participants to articulate in their own words what they have understood, and how it relates to their work; this contributes to more effective learning.*

Training will take place using an online platform. Interaction and participation will be fostered through facilitation and through the use of supplementary online tools, where necessary. The training guide can be easily adapted to an “in person” training, and it is the intention that participants in the online training who have appropriate training skills will be able to use the guide to go on to deliver the training to other CSOs.

*Although the COVID-19 crisis has allowed people to learn how to be more effective on online / virtual platforms, face to face trainings are still seen as more effective. Online approaches are always at the mercy of connectivity problems, and it is harder online to build strong engagement and empathy between participants. For participants in online training, it is tempting to “multitask” rather than focusing on the session. On the other hand, advantages of an online approach include the ability to space out a training programme and reduce the volume of hours used in a day for training. This can be beneficial for busy participants.*

## Preparing the training

*Facilitators should familiarise themselves with all the materials in the Further Reading section, including completing the RBM Partnership to End Malaria online courses on community, rights, gender and malaria. If possible they should ask participants to complete the online course for programme managers (not the training of trainer course) in advance of the training.*

## Summary agenda

*Participants rightly like to know what will be covered in a training. It is suggested to give participant a high-level agenda rather than a detailed agenda which includes facilitation instructions and timings; this means that facilitators can more easily adapt sessions and durations if needed.*

*The summary agenda below is for the virtual training which ran over three 2-hour sessions. This duration should be considered the minimum, and is the equivalent of one day of in-person training. Additional suggestions below may require an increase in the time provided for the training.*

*Regardless of the duration of the training, another useful reason to develop a “summary” agenda is to provide an overall narrative for the training that is closely linked to the training objectives. IN the virtual training the narrative was based around the idea of understanding issues, using formal frameworks to assess those issues, and then using the analysis to inform thinking on how to resolve issues.*

*There should be a logical flow in a training programme, whereby learning or content covered early on continues to be referred to and built on in subsequent sessions. In the online training this continuity was provided by using the same scenarios for participant breakout groups in the 1st and 2nd sessions, albeit with different analytical “lenses” (gender norms for session 1 and Right to Health for session 2). The themes of the first two sessions were then brought back for the final session which was focused on identifying solutions. In addition, to ensure a strong focus on objectives, a different theme was identified for each session.*

*This summary narrative should be used to develop the detailed facilitation guide. Sometimes, when the detailed plan is being developed, it becomes clear that the overall structure or narrative is not quite right. It is fine to go back and adjust it if this is the case, so that the summary and the detailed plan are well-aligned.*

Session 1: Identifying gender and other barriers	Session 2: The right to health	Session 3: Identifying solutions
<ul style="list-style-type: none"> <li>• Introductions: understanding the realities of men, women, and vulnerable and excluded people; understanding power dynamics in relation to gender and social inequalities. <i>The reason for this approach at the start is that it can be very useful when talking about gender and inequalities to “personalise” the issue – in other words to relate it to one’s own life or reality.</i></li> </ul>	<ul style="list-style-type: none"> <li>• Understanding human rights and the dimensions of the right to health: inclusivity; non-discrimination; accessibility; acceptability; affordability; quality. <i>With infections like HIV there is a high cross over between people whose rights are violated and HIV vulnerability. The link with malaria is less clear; however the Right to health lens is really useful for understanding what is going on. It provides a good analytical framework for identifying why some people are left worse off than others. It can also provide a strong advocacy platform.</i></li> </ul>	<ul style="list-style-type: none"> <li>• What does it mean to apply a gender and human rights lens to malaria programmes? <i>For this training it was decided to use the final session to bring together all the thinking from the first two in order to identify what programmes should do differently in order to mitigate these barriers.</i></li> </ul>
<ul style="list-style-type: none"> <li>• Analysis of 3 scenarios – what are the barriers? What factors influence these barriers and how do they affect the response to malaria? <i>This approach makes it possible to put the participants in the analytical position, rather than presenting gender from a theoretical perspective. It is about understanding gender and social barriers based on realistic cases.</i></li> </ul>	<ul style="list-style-type: none"> <li>• Second discussion on the scenarios discussed during Session 1, using the right to health framework.</li> </ul>	<ul style="list-style-type: none"> <li>• Group work: addressing barriers at different levels (community, health facilities, policy, other sectors...).</li> <li>• Closing: summary and key points.</li> </ul>



# Facilitation guide

Session 1: Identifying barriers				
Timing	Activity	Description	Resources required	
(5')	Welcome	Introduction of trainer; Presentation of the training objectives. Participant guidelines: <ul style="list-style-type: none"> <li>- Display name/country</li> <li>- Mute and video off when not speaking</li> <li>- Participate at least 2x in each session – this training is all about sharing what you know</li> <li>- Use “Raise Hand” function if you would like to talk</li> <li>- Add comments in the chat if you have more to say</li> </ul> <i>The guidelines above are specific to an online format and should be adapted for a face-to-face format. If more time is available, participants can also be invited to develop ground rules and share their expectations for the training.</i>  <i>It is worth being generous with timing allocations as there are often over-runs. For instance, if you think a given section will take 20 minutes, assume it will take 30 minutes. This way you are more likely to keep within the overall timing for the day.</i> <i>In this guide the times in brackets refer to the duration of each section, and the times in <b>bold</b> refer to the cumulative time (i.e. all the sessions added together).</i>	Slide with objectives  Slide with participant guidelines	
<b>5'</b>				
(5')	Introductions	Participants placed into a virtual room in pairs <ul style="list-style-type: none"> <li>- Introduce themselves</li> <li>- Discuss who – which categories of people – are worse off when it comes to malaria</li> <li>- Return to the main session. Participants introduce each other in pairs and give ONE of the examples they came up with, which facilitator notes on the whiteboard. Each subsequent pair is asked to propose another category that has not yet been mentioned.</li> <li>- Once everyone has fed back, participants are asked to discuss why these different categories are worse off.</li> </ul> <i>In an in-person format participants can simply talk to their neighbour, or be invited to stand up and introduce themselves to another participant that they do not know. During this discussion the facilitator can ask “is this fair?” in respect of the different populations that are identified. The facilitator can ask about each population category whether they are <b>always</b> worse off or if it depends – it is important to emphasise that there are exceptions. Some individuals in vulnerable categories may not themselves be vulnerable.</i> <i>In terms of timing, it usually takes around 2-3 minutes for each pair to introduce themselves and share their thoughts.</i>	Rooms (automatic in pairs)	
(15')				Zoom Whiteboard
(20')				
<b>45'</b>				

<p>(15')</p> <p><b>60'</b></p>	<p>Where does power lie?</p>	<p>Quick poll: participants are asked to answer “agree” or “disagree” to the following statements, with respect to their own country:</p> <ul style="list-style-type: none"> <li>- Women are well represented in political life</li> <li>- Within a married couple, women and men have equal decision-making power</li> <li>- Women and men have similar attitudes to health</li> </ul> <p>After each question a participant from each camp (agree/disagree) is asked to explain their position. Quick discussion – how might these things influence efforts to control or eliminate malaria?</p> <p><i>For an in-person meeting participants can be asked to stand up and walk to one or other side of the room according to whether they agree or disagree. Facilitator should try to spark a debate between participants. This “Agree”/”Disagree” exercise can be used throughout the training, and can serve the purpose as an energiser. It can also be a good way to challenge participants’ own values and attitudes with regard to gender, so as to make the issue “personal”. The questions do not need to relate directly to health or malaria to achieve this. If the facilitator feels comfortable doing so it is also possible to ask participants if any of them have a statement they would like to put to the participants.</i></p>	<p>Zoom poll</p>
<p>(15')</p> <p>(20')</p> <p>(20')</p> <p><b>1h55'</b></p>	<p>Scenario analysis</p>	<p>Participants are split into 5 groups, each analysing a different scenario related to malaria.</p> <ul style="list-style-type: none"> <li>- Discuss the scenario – does this describe a situation that might arise in their country? Is it common or not? If not, is it more likely in some regions or communities?</li> <li>- What are the underlying reasons for this happening?</li> <li>- Groups come back to plenary and share the gist of their discussions.</li> <li>- Facilitator proposes variations. Would their conclusions be the same if the person in the scenario had different circumstances (e.g. the mother was unmarried, or a single parent; the healthcare worker was female).</li> <li>- Discussion: what does this say about how social norms, in particular gender norms, influence malaria?</li> </ul> <p><i>The scenarios were developed to represent different typical situations. If more time is available, with skilled facilitation the facilitator can invite participants to develop their own scenarios, for instance based on the stories they shared in the introductory session. During the feedback discussion, if more time is available it can be interesting to add new variables/information to the scenarios. For instance, participants discussing Scenario 1 could be asked if their analysis would be different if Ana had a visual or mobility impairment, or was a migrant who did not speak the local language well. The facilitator should try to tease out how different circumstances and contexts create different vulnerabilities.</i></p>	<p>Scenarios in Powerpoint – sent to participants to display in Breakout rooms</p> <p>Whiteboard for plenary</p>









## Scenarios

### Scenarios: CS4ME training on identifying and addressing gender and human rights factors that curtail progress towards malaria elimination

#### Scenario 1:

Ana is a married woman living in a village in rural Africa.

All of her household's financial income is earned by her husband. He frequently works away from home and controls the household budget.

When their baby falls ill with a fever, Ana wants to take him to the nearest clinic – around 15km away. However she has no money to travel there.

Unable to get care, the baby's condition worsens and he dies of malaria within 2 days of falling ill.

#### Scenario 2:

Fatima is a female refugee living in a border camp with her husband and 2 young children. The refugee camp is located in a highly malaria-endemic area. She is pregnant and in her 2nd trimester.

She knows all about malaria as she lost one of her daughters to the disease last year. Because of the on-going conflict in her home country, her daughter was not able to get malaria treatment there.

Although Fatima has heard about the importance of malaria prevention in pregnancy (IPTp), she is not able to access antenatal care services for IPTp to protect herself, and sleep under an LLIN with her children.

Health services are only sporadically provided in the refugee camp due to security concerns (particularly the high levels of sexual violence) and reluctance of the authorities to legitimize the existence of refugees.

#### Scenario 3:

Jonah works long hours clearing trees in a forest, and sleeps in a shared dorm. He sends the money he earns home to his extended family who rely on this income. Like many of those he works with, he has had repeated bouts of malaria but just sees them as part of the job.

In his most recent episode of malaria, he assumed he would get over it without proper medical help as he had in the past, but he became severely ill and lost several weeks of earnings.

#### Scenario 4:

James is part of a team that is hired every season to spray homes in rural villages with insecticide. In some of the villages and neighborhoods where he works the house holder does not allow him to enter, and so a proportion of the houses remain unprotected.

**Scenario 5:**

Hala lives in a large town. She left school when she was 12 years old, and at 15 she fell pregnant. Still unmarried, when she was seriously ill with malaria during her pregnancy she went to a busy health facility, which she had been told provided consultations free of charge to women.

After a 3 hour wait, she saw a health care worker who instructed her to buy medicines at the pharmacy. He provided little explanation and did not answer her questions, including in relation to her pregnancy – instead just making judgmental comments about unmarried pregnant girls.

## Human rights analysis matrix

Analyse for each scenario, the extent to which different elements of the Right to Health are being fulfilled.

Element	Is this fulfilled?
Inclusive (broader determinants of health are addressed)	
Non-discriminatory	
Available	
Accessible	
Acceptable	
Good Quality	

## Identifying solutions exercise

Analyse for each scenario, the extent to which different elements of the Right to Health are being fulfilled:

- Group 1: Within households and communities
- Group 2: In health facilities and through health outreach
- Group 3: In national programmes and health policies
- Group 4: Working with other sectors

Two questions:

- How can gender and social norms be addressed at this level?
- How can affordability, accessibility, acceptability and quality of services to all be ensured at this level?

## Resources and further reading

- Roll Back Malaria e-learning:
  - Community, Human Rights and Gender in malaria programming for Malaria Program Managers. <https://endmalaria.org/resources-trainings/community-human-rights-and-gender-malaria-programming-malaria-program-managers>
  - Community, Human Rights and Gender in malaria programming – Training of Trainers. <https://endmalaria.org/resources-trainings/community-human-rights-and-gender-malaria-programming>
- Roll Back Malaria: Achieving a Double Dividend: The Case for Investing in a Gendered Approach to the Fight Against Malaria. <https://endmalaria.org/news/new-report-spells-out-double-dividend-accelerating-ending-malaria-and-advancing-gender-equality>
- Roll Back Malaria: Malaria Matchbox Tool. An equity assessment tool to improve the effectiveness of programmes. [https://endmalaria.org/sites/default/files/Malaria%20Matchbox%20Tool\\_en\\_web.pdf](https://endmalaria.org/sites/default/files/Malaria%20Matchbox%20Tool_en_web.pdf)
- The Global Fund to Fight AIDS, Tuberculosis and Malaria. Technical Brief Malaria, Gender and Human Rights. [https://www.theglobalfund.org/media/5536/core\\_malariagenderhumanrights\\_technicalbrief\\_en.pdf](https://www.theglobalfund.org/media/5536/core_malariagenderhumanrights_technicalbrief_en.pdf)
- Office of the United Nations High Commissioner for Human Rights; World Health Organization. The Right to Health – Fact Sheet No. 31. <https://www.ohchr.org/sites/default/files/Documents/Publications/Factsheet31.pdf>
- Malaria Social and Behaviour Change Toolkit for Community and Faith Leaders <https://communityleadermaliatoolkit.org/?lang=en>
- Measure Evaluation: Surveillance, Monitoring and Evaluation of Malaria Programs. Module 12, Gender in Malaria Surveillance, Monitoring and Evaluation [https://www.measureevaluation.org/resources/training/surveillance-monitoring-and-evaluation-of-malaria-programs/module-12-gender-in-malaria-surveillance-monitoring-and-evaluation/at\\_download/file](https://www.measureevaluation.org/resources/training/surveillance-monitoring-and-evaluation-of-malaria-programs/module-12-gender-in-malaria-surveillance-monitoring-and-evaluation/at_download/file)





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