Project Proposal

"Gender, Conflict and Malaria in selected African countries"
- Liberia, Sierra Leone, Rwanda, Burundi, DRC and Mali -

DRAFT

CONTACT PERSON:

Mrs. Bineta Diop
FAS Founder and Executive Director
CONTACT INFORMATION

Femmes Africa Solidarité
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1211 Geneva 11 - Switzerland
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F: +41 22 328 80 52
info@fasngo.org
www.fasngo.org

EXECUTIVE SUMMARY

Malaria is both a preventable and curable disease. Yet, every year, more than 500 million people become severely ill. Although malaria affects both men and women, vulnerability to malaria and access to treatment is greatly influenced by gender: both biological and social factors can explain why women tend to bear the greatest malaria burden. It has been widely demonstrated that in most endemic areas pregnant women are the main adult risk group. Yet, the socio-cultural factors and power relations that shape women’s and men’s social roles also contribute to the inequitable access to health care as well as to preventative measures. This vulnerability is enhanced in conflict situation where women are systematically refused their rights, as human and as women.

There are gender aspects to most conflict situation. The best documented are the situations where women must cope with reproductive health problems, unwanted pregnancies, sexually transmitted infections (STIs) and the physical and mental trauma of sexual violence. However, during an emergency situation, women also need to face environmental dangers and problems of malnutrition and stress-related conditions, all circumstances enhancing the common health problems, malaria included. Malaria deaths during complex emergencies usually far exceed those caused by the conflict at the root of the emergency itself as malaria control is worsened due to:

- the breakdown of health services and malaria control programmes
- mass movements of population with different immunization status and in areas with different endemicity
- problems of overcrowding and high risk exposure
- problems in the chain of supply (food, medicine, bednets, etc)
- environmental deterioration that can increase vector breeding sites
- weakened nutritional and overall poor health state of the population

There is thus the need to make a case for integrating gender perspectives into every level of malaria control - policy, research, implementation - with special attention to complex emergencies.

With this programme FAS intends to strengthen the "Global Gender and Malaria Network" and namely its competencies on gender mainstreaming in malaria control programmes during conflict situations in the African continent. The activities will in fact focus on selected African countries. Moreover, it will sensitize decision makers at all levels in order to mainstream gender into malaria policies and create an enabling environment so that they can respond appropriately to community concerns. Lastly, it will raise awareness at all levels on Gender, Conflict and Malaria creating a critical mass of supporters. It will strengthen their competency as agents and advocates of change as well as reinforcing the general ownership of gender analysis in malaria control programmes, especially in conflict situation, thus ensuring future sustainability.
BACKGROUND

A gender perspective on malaria research, and all areas of malaria control implementation, has been neglected in the current global response to the disease. Both social and biological factors contribute to the different impact malaria has on women and men, both as sufferers and as principle caregivers, where especially women in Africa tend to be more vulnerable. Despite this, women’s voices are not heard in the fight against malaria. One reason might be that it is the infection of the poor, of the women and the small children, which does not cause a personal risk to those with power, be it male African leaders or Western decision-makers and experts.

This present project aims to strengthen collaboration between the Roll Back Malaria (RBM) Partnership and Femmes Africa Solidarité (FAS) to facilitate gender mainstreaming and to better integrate malaria into the agendas of gender networks in Africa.

Following the largest world conference on malaria in Cameroon in November 2005, attended by African and International Leaders and experts, the Roll Back Malaria partners were challenged to look at malaria from a gender perspective. A one-year partnership project on Gender and Malaria, Raising Women’s Voices on Malaria, was put in place from November 2005-2006. This project, funded by the Swedish International Development Agency, was in collaboration between RBM, FAS, Kvinnoforum and Multilateral Initiative on Malaria (MIM).

The overall goal of the project was to ensure that governments, donors, the health sector, researchers, the private sector, development agencies, and Civil Society Organisations at a global, regional and national level acknowledge malaria as a gender issue per se and include it in their agendas and implement a gender perspective in malaria control at all levels.

The project has been very successful and has resulted in a global and committed network of actors who from the start have an interest on either gender or malaria, or both. The partnership resulted in the following outcomes and achievements:
- a Global Plan of Action to advance advocacy and knowledge about malaria and gender;
- a Global Network on Gender and Malaria;
- a Resource Book which details existing knowledge, experience and organisations working in the field of malaria and gender.

RATIONALE

Malaria is both a preventable and curable disease. Yet, every year, more than 500 million people become severely ill with malaria and more than 1 million deaths occur worldwide each year: 90% of them in sub-Saharan Africa.

Although malaria affects both men and women, vulnerability to malaria and access to treatment is greatly influenced by gender: both biological and social factors can explain why women tend to bear the greatest malaria burden.

It has been widely demonstrated that in most endemic areas pregnant women are the main adult risk group. Pregnancy reduces the woman’s immunity to malaria infection and increasing the risk of illness, severe anemia and death. Each year, approximately 50 million women living in malaria-endemic countries become pregnant, of whom half live in tropical areas of Africa with intense transmission of Plasmodium Falciparum. An estimated 10,000 of these women and 200,000 of their children die as a result of malaria infections during
pregnancy, and severe anemia contributes to more than half of these deaths. However, women’s morbidity and mortality due to malaria cannot only be defined by physiological functions.

Gender norms and values contribute to the malaria burden too. It is known that the impact of the lack of financial resources is heavier on women than men, commonly resulting in the inequitable access to health treatment and care. Moreover, the socio-cultural factors and power relations that shape women’s and men’s social roles may lead to different exposure patterns as well as affecting the access to preventative measures such as mosquito nets.

The vulnerability of women is at even greater risk in conflict or post-conflict emergency situations.

"Populations affected by armed conflict often experience severe public health consequences due to population displacement, food scarcity and the collapse of basic health services resulting in excess mortality and morbidity", and giving rise to the term complex emergencies.

Complex emergencies are situations characterized by instability and lack of governance and where we assist to the complete breakdown of all systems. They tend to evolve from an acute conflict phase to a relatively more secure post-emergency or post-conflict phase. However, most complex emergencies continue to shift between different phases until order is restored.

During complex emergencies mass population movements are usually recorded. At the end of the year 2000, an estimated 135 million people - including refugees, returnees and internally displaced persons - were affected by complex emergencies. More than 40 million people in Africa - over 75% of them women and children - were displaced from their homes, either within their own countries or to neighboring countries. Residents or host population are also significantly affected.

Rehn and Sirleaf (2002) explained extensively in their "Women, War and Peace: The Independent Expert’s Assessment on the Impact of Armed Conflict on Women and Women’s Role in Peace-Building” the effects of Conflict on health, with a special attention to Women’s health.

Conflict has direct effects on health, causing disease, disabilities, injuries, psychological stress, trauma, and death, but also indirect effects. Water and food may become scarce, leading to malnutrition, famine, and the spread of diseases. Health facilities may be destroyed, administrative capacities and systems eroded, and investments and programs in the health sector (e.g., immunization campaigns) halted. Women are not only victims of the general violence and lack of health care that war creates: they also face issues specific to their biology and their social status. There are gender aspects to most conflict situation. The best documented are the situations where women must cope with reproductive health problems, unwanted pregnancies, sexually transmitted infections (STIs) and the physical and mental trauma of sexual violence. However, during an emergency situation, women also need to face environmental dangers and problems of malnutrition and stress-related conditions, all circumstances enhancing the common health problems, malaria included.

More than 80% of the current complex emergencies are in malaria endemic areas and around 30% of Africa’s malaria deaths occur in countries experiencing acute or post-conflict emergency situations.

1 WHO website: http://www.who.int/topics/malaria/en/
4 WHO. Malaria control in complex emergencies. 2005
5 Including Angola, Burundi, DRC, Guinea, Liberia, Rwanda, Sierra Leone, Somalia, Sudan and northern Uganda.
6 WHO. Malaria control in complex emergencies. 2005
Malaria deaths during complex emergencies usually far exceed those caused by the conflict at the root of the emergency itself as malaria control is worsened due to

- the breakdown of health services and malaria control programmes
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- problems of overcrowding and high risk exposure
- problems in the chain of supply (food, medicine, bednets, etc)
- environmental deterioration that can increase vector breeding sites
- weakened nutritional and overall poor health state of the population

It is a fact the women are at greater risk of malaria morbidity and mortality. This vulnerability is enhanced in conflict situation where women are systematically refused their rights, as human and as women. There is thus the need to make a case for integrating gender perspectives into every level of malaria control - policy, research, implementation - with special attention to complex emergencies.

In 2006, Roll Back Malaria (RBM), together with Femmes Africa Solidarite (FAS) amongst other partners, acknowledged the effects of gender and social inequalities on the global malaria burden and decided to take actions. The Global Gender and Malaria Network was established and the “Guide to Gender and Malaria Resources” developed. In the latter it is clearly stated how unequal balance of power between men and women and inequitable access to health care and financial resources paves the way for women vulnerability to malaria and other infectious diseases. Inequality also affects the ability of women to respond appropriately and to access prevention and treatment efforts.

With this programme FAS will capitalize on the achievements accomplished so far strengthening The Global Gender and Malaria Network, especially aiming to reinforce the focus on the African context. It will make it a stronger voice in advocating African women's right for a healthy life as well as women's right to an increased access to information, decision-making power and financial resources for effective disease prevention and treatment.

This programme will also ensure knowledge and competence transfer to strengthen the capacities of women advocates in Africa. It will in fact raise awareness at all levels on Gender, Conflict and Malaria, building a competent critical mass of supporters to ensure general ownership and future sustainability of gender analysis in malaria control programmes in complex emergencies, as well as reinforcing the voice of women at local, regional and international level to challenge the governments and their commitments. Finally, FAS with this programme also intends to sensitize decision makers at all levels in order to mainstream gender into malaria policies and create an enabling environment so that they can respond appropriately to community concerns, especially in conflict and post-conflict situation.

**PROJECT DESCRIPTION**

**LOCATION**
Liberia, Sierra Leone, Burundi, Rwanda, DRC and Mali.

**GOAL**
The promotion of social change in conflict and post-conflict countries for the elimination of gender inequality as a barrier to malaria control and prevention.

**OVERALL PROJECT OBJECTIVE**
To ensure the promotion of gender mainstreaming in the global Malaria response and to facilitate the integration of Malaria into the agendas of gender networks in Africa.
### SPECIFIC OBJECTIVES and PROJECT ACTIVITIES

#### SO1: To raise awareness at all levels on Gender, Conflict and Malaria
- To organize an Expert Group Meeting to investigate and develop the relationship between Gender, Malaria and Conflict
- To develop both a Communication and an Advocacy package to promote Gender, Conflict and Malaria issues

#### ACT1:
1. Organization of a meeting of gender and malaria experts to investigate the relationship between Gender and Malaria in conflict situation
2. Development of a Communication and Advocacy package (taking into account the existing RBM guidelines) targeting key messages for the integration of gender analysis in the areas of policy, research and implementation of malaria projects, with a special attention to Conflict situation

#### SO2: To strengthen the “Global Gender and Malaria Network” in Africa with a special attention to the selected countries
- To map potential organizations and FAS members at field level in the selected countries to reinforce the Gender and Malaria Network
- To develop a strategy to disseminate and promote as helpful working tools the existing Global Fund Guide and Information Sheet on Gender and Malaria
- To organize a regional workshop with RBM experts during the AU Pre-Summit
- To establish a Steering Committee to support and ensure the leadership of the programme

#### ACT2:
1. Mapping of potential organization in the selected countries
2. Development of a strategy to promote and disseminate among Network members and to the stakeholders in the selected African countries, the Communication and Advocacy packages developed as well as the RBM guidelines to be used as helpful working tools
3. Organization of a general regional workshop, with the participation of RBM experts and Network members as well as eminent personalities and/or researchers for a wide-ranging debate (from operational to advocacy and fundraising issues), to strengthen the Network competencies on gender analysis and to emphasize the aspect of gender mainstreaming in malaria control programmes during complex emergencies.
4. Establishment of a Steering Committee during the workshop with a specific mandate to ensure the future sustainability of the Network’s activities.

#### SO3: To sensitize decision makers at all levels in order to mainstream gender into malaria policies and create an enabling environment so that they can respond appropriately to community concerns
- To organize high-profile advocacy missions with prominent Women Leaders in the selected countries

#### ACT3:
1. Organization of advocacy missions of the FAS Executive Director and RBM Executive Director in the selected countries to engage local stakeholders in gender mainstreaming in malaria control programmes
SO4: To create a competent critical mass of supporters ensuring sustainability and strong advocacy power
  o to empower CSOs with information on malaria that includes a gender perspective, thereby strengthening their ownership of malaria control programmes especially in conflict situation and building their competency as agents and advocates of change
  o to reinforce the fundraising capacities of the Steering Committee to ensure future sustainability of the Network activities

ACT4:
  1. organization of a 7 days "TOT - Training of Trainers" at the Pan African Centre of Gender, Peacebuilding and Development (Dakar, Senegal) for Network members. Being a TOT, those that receive the training will go onto train others in their region/country thus enabling the expansion of the Network and contributing to the outreach aims of this programme.
  2. organization of a panel in Geneva focused on gender analysis in malaria programmes and the related advocacy and fundraising issues. Members of the Steering Committee will be provided with the necessary tools to ensure future sustainability of the Network activities as well as strengthening their commitment to achieve the overall objective of the programme.

EXPECTED OUTCOMES

OUT1: An Advocacy and Communication package is developed ensuring the dissemination of the existing guidelines on gender mainstreaming in malaria control programmes but also specifically tackling malaria control and gender analysis during complex emergencies.

OUT2: “The Global Gender and Malaria Network” is reinforced and its competencies on gender analysis in malaria control programmes, especially in conflict and post-conflict situations, are strengthened.

OUT3: High level decision makers are sensitized on the gender problematic in malaria control programmes, especially in complex emergencies.

OUT4: A competent critical mass of supporters is created, ensuring sustainability and advocacy power for gender mainstreaming in malaria control programmes.

PROJECT SCHEDULE AND DURATION

1 year project.

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<tr>
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<th>TIMELINE</th>
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<tbody>
<tr>
<td>Expert meeting</td>
<td>Between July and August 2008</td>
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<tr>
<td>Communication and Advocacy package</td>
<td>June - December 2008 (draft for Regional meeting, final by December)</td>
</tr>
<tr>
<td>Map potential organizations</td>
<td>June - July 2008</td>
</tr>
<tr>
<td>Organize high level missions</td>
<td>November/December 2008</td>
</tr>
<tr>
<td>Organize a regional workshop</td>
<td>Pre-summit January 2009</td>
</tr>
<tr>
<td>Establishment of a Steering Committee</td>
<td>Pre-summit January 2009</td>
</tr>
<tr>
<td>Steering Committee meeting</td>
<td>Between February and March 2008</td>
</tr>
<tr>
<td>TOT</td>
<td>Between March and April 2008</td>
</tr>
</tbody>
</table>
TARGET BENEFICIARIES
The targeted beneficiaries of the project include members of The Global Gender and Malaria Network, and their constituents, government officials, international agencies, malaria organizations at local, regional and international level, and grassroots women and girls.

PROJECT PARTNERS

RBM will be the main partner, both in terms of financial and implementing partnership.

FAS will coordinate with all the other members of The Global Gender and Malaria Network for the effective implementation of the activities (See annex I for details).

BUDGET

Please refer to the additional Excel file submitted with this proposal.

ORGANIZATIONAL INFORMATION

FAS vision, mission and objectives

FAS is an international NGO founded in 1996 in Geneva by African woman leaders representing different nationalities and professions. It was founded against the backdrop of erupting violent conflicts that were tearing apart the fabric of society in Africa and to advance the implementation of the Beijing Platform for Action.

FAS has consultative status with the United Nations Economic and Social Council (ECOSOC) and Observer status with the AU, the AU African Commission on Human and People's Rights (ACHPR), the AU Economic, Social and Cultural Council (ECOSOCC), the Organization Internationale de la Francophonie (OIF) and the UN Department of Public Information (DPI). FAS is also a member of the NGO Working Group in New York and in Geneva.

The Vision of FAS is the equal participation of women in peacebuilding and sustainable human development in Africa.
Its Mission is to promote and reinforce the critical role of women in conflict resolution and peacebuilding in Africa;

The Objectives of FAS are the following:
• Highlight women’s initiatives, capacities, and right to participate equally in efforts to establish and maintain peace in their countries;
• Favour the creation of a new social order that guarantees women’s equal access, responsibility, and opportunity to participate in decision-making;
• Coordinate and reinforce coalitions of women to increase their influence on politics and practices in Africa;
• Document, share and disseminate best practices of women in conflict resolution and peacebuilding.

FAS Structure
The Secretariat, led by the Executive Director and located in Geneva, Switzerland coordinates FAS’s programmes in Africa. It serves as a liaison between international organizations, NGOs and donors.

In 2004, FAS opened a Regional Bureau in Dakar, Senegal following the signing of an agreement with the Government of Senegal, in order to better coordinate its activities in Africa and to work in close collaboration with its network of NGOs and partner organizations.
FAS also has a Liaison Office in New York that works closely with the UN Commission on the Status of Women (CSW) and the NGO Working Group on Women, Peace and Security to promote the implementation of UNSCR 1325.

FAS is composed of Members and Associate Members of NGOs from 35 African countries. It has an Executive Board of seven members and an Advisory Board composed of 10 eminent personalities. Members of FAS contribute voluntarily to the implementation of its programme in the field by conducting training seminars and participating in advocacy activities.

The Executive Board is responsible for the overall overview of the organization, which includes establishing broad policies, appointing and evaluating the Executive Director, who is responsible for the day-to-day running of FAS.

**FAS Staff**

The International Secretariat is composed of the Executive Director, a Coordination Officer, an Administrative and Finance Officer, an Accountant, a Focal point of the Pan African Centre for Gender, Peace and Development in Charge of the African Gender Forum and Award; as well as support staff working on research and documentation, partnership, networking, communication and monitoring and evaluation.

The Dakar Office comprises a Programme Officer, a Finance and Administration Officer, an Information and Communication Officer, a Coordination Officer, a Coordinator for the programmes of the Pan African Centre on Gender Peace and Development, a Programme Officer Assistant and a Finance and Administration Assistant, and other support staff members.

The New York Office consists of a Representative and support staff.

This programme will require a dedicated Project Coordinator based in Geneva, please refer to Annex II for the detailed Terms of Reference.

**Audit Report/Annual Report**

Dakar and Geneva have separate accounting systems and are audited annually by two separate independent auditors; however, the consolidated accounts are done in Geneva, as FAS’ financial statements are prepared in accordance with Geneva accounting standards.

Audited financial statements, including the auditor’s opinion thereon, are submitted and presented to the Board for approval, and thereafter distributed to the network and partners.

According to signed agreements between FAS and its partners, it is the policy of FAS to elaborate and send progress reports to donor’s agencies on the implementation of its projects on a regular basis.

FAS publishes an annual report of its activities that provides information on the organisation, its structure and its sources of funding, ongoing projects and programmes, including activities undertaken, beneficiaries and results, resources utilised, various partner involved and recommendations on the way forward. The annual report is accompanied by the auditor’s financial report. It is submitted to FAS board for consideration and endorsement. Then, the financial report is widely disseminated to FAS members, donor communities, women’s organisations, FAS partners such as the AU, UN agencies and other stakeholders.

**BOARD**

**FAS Executive Board**

- AWORI, Thelma Former Head of the Africa Bureau of the United Nations Development Programme (UNDP)
• BA, Hassan Advisor to the President of the Republic of Senegal, FAS Treasurer
• BARICAKO, Marie-Louise President of the Executive Board of Femmes Africa Solidarité (FAS)
• DIOP, Bineta, FAS Executive Director
• JUSU-SHERIFF, Yasmine, Solicitor and Barrister, High Court for Sierra Leone, Focal Point for West Africa and the Mano River region
• MAIGA, Soyata, Vice-President of the Malian Association of Lawyers
• ONDZIEL, Julienne, Former President of the Executive Board of FAS, Focal Point for the Great Lakes region
• ORLEYN Thandi, Former National Director of the Commission for Conciliation, Mediation and Arbitration (CCMA), Lawyer, Focal Point for South Africa

FAS Advisory Board
• AGREBI, Hon. Saida, President of Tunisian Mothers’ Association, Member of the Pan-African Parliament
• AUMEERUDDY-CZIFFRA, Hon. Shirin, Ombudsperson for Children, Lawyer, Attorney General
• DERRYCK Lowery, Ms. Vivian, Senior Vice-President and Director of Public Private Partnerships, Academy for Educational Development
• KOUBARATH OSSEINI, Ms. Kadiatou, President of the National Federation of Women’s Associations of Benin
• MACHEL, HE Graça Simbine, President of the Foundation for Community Development
• MONGELLA, HE Gertrude, President of the Pan African Parliament and Founder of Advocacy for Women in Africa.
• PERRY, HE Ruth Sando, Former Acting Head of State of the Republic of Liberia
• REHN, Hon. Elisabeth Former Vice-Secretary General of the United Nations, and Minister of Defence of Finland, Independent Expert for the United Nations Development Fund for Women (UNIFEM)
• SAHNOUN, Mohammed Ambassadeur, Special Representative of the United Nations Secretary General for Africa
• SCHORI, Pierre, Special Representative of the United Nations Secretary General and Head of the United Nations Operation in Cote d’Ivoir (UNOCI)
• TALL, Hon. Aminata, Minister of State of the Republic of Senegal
• TOURE, HE Président Amadou Toumani, Head of State of the Republic of Mali, President of the Fondation pour l’Enfance
• ZUMA, Hon. Dr Nkosazana Dlamini, Minister of Foreign Affairs of the Republic of South Africa
## ANNEX I. The Global Gender and Malaria Network Members.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Contact details</th>
<th>Webpage</th>
<th>Overview and scope</th>
<th>Key assets (specific expertise)</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Association Congolese de lutte contre les violences à l’égard des femmes et filles (ACOLVF)</td>
<td>Ms Micheline Ngoulou <a href="mailto:michelinengoulu@hotmail.com">michelinengoulu@hotmail.com</a></td>
<td></td>
<td>ACOLVF advocates against gender-based violence in all forms as well as providing direct support to survivors.</td>
<td>Gender-based violence in conflict. Networking with and bringing together women's groups in Congo.</td>
<td>Civil Society Organization (CSO)</td>
</tr>
<tr>
<td>African Union (AU)</td>
<td>Dr Grace Kalimugogo PO Box 3243 Addis Ababa Ethiopia</td>
<td><a href="http://www.africa-union.org">www.africa-union.org</a></td>
<td>Bring together different levels of African leadership to mobilise Africa to speak with one voice in fight of Malaria</td>
<td>Policy making expertise on treatment in clinical services in Africa, prevention, care and education, promote regional co-operation and partnerships, support recourse mobilisation efforts</td>
<td>Intergovernmental Organization (IGO)</td>
</tr>
<tr>
<td>AMANET- African Malaria Network Trust Tanzania</td>
<td>Mr Badru B Amir AMANET PO Box 33207 Dar es Salaam Tanzania</td>
<td><a href="http://www.amanet-trust.org">www.amanet-trust.org</a></td>
<td>To promote capacity strengthening performance and impact of Africa malaria R&amp;D and training Institutions</td>
<td>Experts in Good Clinical Practices (GCP), health research ethics in Africa, management and leadership of malaria research institutions, molecular biology and immunology, proposing and reporting on intervention Trials, vaccinology in developing countries</td>
<td>Research</td>
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<tr>
<td>Organization</td>
<td>Address</td>
<td>Website</td>
<td>Description</td>
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<tr>
<td>African Women's Development Fund (AWDF)</td>
<td>25 Yiyiwa St. Achimota Forest, Ablenkpe, Accra, Ghana PMB CT89 Cantonments, Accra, Ghana. Tel: +233 21 780477 Fax: +233 21 782 502 <a href="mailto:awdf@awdf.org">awdf@awdf.org</a></td>
<td><a href="http://www.awdf.org">www.awdf.org</a></td>
<td>The African Women's Development Fund (AWDF), is the first Africa-wide fundraising and grant-making fund, which aims to support the work of organisations working to promote women's rights in Africa. The AWDF funds local, national, sub-regional and regional organisations in Africa working towards women’s empowerment.</td>
<td>Foundation</td>
<td></td>
</tr>
<tr>
<td>Advocacy for Women in Africa (AWA)</td>
<td><a href="mailto:awa@du.co.tz">awa@du.co.tz</a></td>
<td></td>
<td>The aim of AWA is to create a strong voice for women on the issues of development, peace and equality.</td>
<td>NGO</td>
<td></td>
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<tr>
<td>Chaka Chaka, Yvonne</td>
<td>UNICEF Regional Spokesperson for Malaria. Musical artist and celebrity malaria champion, South Africa</td>
<td><a href="http://www.princessofafrica.co.za">www.princessofafrica.co.za</a></td>
<td>Yvonne Chaka Chaka is a strong celebrity advocate in the fight against malaria.</td>
<td>Individual</td>
<td></td>
</tr>
<tr>
<td>CORE’s Malaria Working Group</td>
<td>The CORE Group 300 I Street, N E Washington, DC 20002</td>
<td><a href="http://www.coregroup.org">www.coregroup.org</a></td>
<td>Promotes and improves the health and well-being of children and women in developing countries through collaborative NGO action and learning</td>
<td>Membership association of international NGOs</td>
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<td>Foundation Advocacy for Women in Africa (AWA)</td>
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<tr>
<td>Organization</td>
<td>Contact Person</td>
<td>Website</td>
<td>Mission</td>
<td>Sector</td>
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<tr>
<td>Femmes Africa Solidarité (FAS)</td>
<td>Executive Director Ms Bineta Diop</td>
<td><a href="http://www.fasngo.org">www.fasngo.org</a></td>
<td>To empower African women to assume a leadership role in peace building and conflict resolution</td>
<td>NGO</td>
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<td>Operate mainly in war-torn countries such as the Mano River and the Great Lakes regions, works closely with African sub-regional and regional organs such as ECOWAS and the African Union to ensure greater involvement of women in decision making processes for peace and development</td>
<td></td>
<td></td>
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<tr>
<td>Global Health Advocates/Avocats pour la Santé dans le Monde</td>
<td>Louis da Gama</td>
<td><a href="http://www.ghadvocate.org">www.ghadvocate.org</a></td>
<td>Established to catalyse the emergence of a social movement against AIDS, tuberculosis, malaria and other diseases of poverty. The Global Health Advocates - GHA empowers a much larger global movement that will not tolerate the injustice that more than ten million people die every year for lack of effective medicines and supplies costing $10 or less.</td>
<td>NGO</td>
<td></td>
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<tr>
<td></td>
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<td></td>
<td>Advocacy on gender and malaria / women and malaria at numerous international venues and to a wide-range of decision-makers. Media attention and awareness raising.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Rights Action Group</td>
<td>Ms Milly Katana</td>
<td></td>
<td>Promoting access to health care as a human right</td>
<td>CSO</td>
<td></td>
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<tr>
<td>Organization</td>
<td>Name and Title</td>
<td>Activities</td>
<td>Contact Information</td>
<td>Notes</td>
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<tr>
<td>Health Rights Action Group, Uganda</td>
<td>Ms Lydia Yulia Rwechungura, ICW Project Officer Tanzania</td>
<td>PWH works with parliamentarians and communities to improve women's and girls' access to health services</td>
<td><a href="mailto:Tanzania@icw.org">Tanzania@icw.org</a></td>
<td>Advocacy to parliamentarians and other leaders. Women's health issues, especially HIV/AIDS</td>
<td></td>
</tr>
<tr>
<td>Parliametarians for Women's Health</td>
<td>Ms Lydia Yulia Rwechungura, ICW Project Officer Tanzania</td>
<td>PWH works with parliamentarians and communities to improve women's and girls' access to health services</td>
<td><a href="mailto:Tanzania@icw.org">Tanzania@icw.org</a></td>
<td>Advocacy to parliamentarians and other leaders. Women's health issues, especially HIV/AIDS</td>
<td></td>
</tr>
<tr>
<td>Kenan Institute Asia (KIASia)</td>
<td>Mr James Hopkins, Kenan Institute Siripanich Building 4th Amphoe Muang Chang Mai 50200 Thailand</td>
<td>Fight multi-drug resistant malaria in Thailand's border areas: to reform the public health system with decentralisation</td>
<td><a href="mailto:kiasia@kiasia.org">kiasia@kiasia.org</a></td>
<td>Asia's Border Action Against Malaria Project (BAAM) with expertise on empowering communities to be more self-reliant in malaria prevention and control.</td>
<td></td>
</tr>
<tr>
<td>Kenya NGO/Private Sector Alliance Against Malaria (KeNAAM)</td>
<td>MR Gerald Mwangi, Walterfang CEO KeNAAM P.O. BOX 30125-00100 Nairobi-Kenya</td>
<td>Strengthening a co-ordinating mechanism for NGOs and their partners to address RBM activities, mobilising resources for co-ordinated efforts in RBM and collating and disseminating best practices and research findings for scaling up RBM initiatives.</td>
<td><a href="mailto:KeNaaM@amrefke.org">KeNaaM@amrefke.org</a></td>
<td>A forum to bring together 40 NGOs and private sector members to address RBM and Integrated Management of Childhood Illness activities.</td>
<td></td>
</tr>
<tr>
<td>Kvinnoforum-</td>
<td>Ms Carolina</td>
<td>Work with strategies for structural</td>
<td><a href="http://www.kvinnoforu">www.kvinnoforu</a></td>
<td>Specialists in bringing</td>
<td></td>
</tr>
<tr>
<td><strong>Foundation of Women’s Forum Sweden</strong></td>
<td>Wennerholm Karlbergsvägen 77 113 35 Stockholm Sweden <a href="mailto:carjo@kvinnoforum.um.se">carjo@kvinnoforum.um.se</a></td>
<td>m.org</td>
<td>change, to enhance women’s empowerment in their personal life, working life and at a societal level around the globe</td>
<td>difficult issues related to gender aspects of marginalised groups of women and networking</td>
<td></td>
</tr>
<tr>
<td><strong>Malaria Knowledge Programme, Liverpool School of Tropical Medicine</strong></td>
<td>Dr Rachel Tolhurst Liverpool School of Tropical Medicine Pembroke Place Liverpool L3 5QA UK <a href="mailto:r.j.tolhurst@liv.ac.uk">r.j.tolhurst@liv.ac.uk</a></td>
<td><a href="http://www.liv.ac.uk/lstm/majorprogs/malaria/index.htm">http://www.liv.ac.uk/lstm/majorprogs/malaria/index.htm</a></td>
<td>Reduction of suffering by improving the management of malaria through better intervention and control of malaria.</td>
<td>Two cornerstone policy briefs on malaria and gender: &quot;Gender perspectives in malaria management&quot; and &quot;Gender mainstreaming in health: the possibilities and constraints of involving district-level field workers&quot;</td>
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<tr>
<td><strong>MIM- The Multilateral Initiative on Malaria</strong></td>
<td>Prof Joas B Rugemalila MIM Secretariat Coordinator, AMANET Dar es Salaam, TANZANIA <a href="mailto:Joas.rugemalila@amanet-trust.org">Joas.rugemalila@amanet-trust.org</a></td>
<td><a href="http://www.mim.su.se">www.mim.su.se</a></td>
<td>A global alliance of organisations and individuals concerned with malaria. Aims to maximise the impact of scientific research against malaria in Africa, through promoting capacity building and facilitating global collaboration and co-ordination.</td>
<td>Scientific expertise in antimalarial drugs and drug resistance capacity building in Africa, vaccines and immunology pathogenesis, epidemiology and clinical management of malaria</td>
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<tr>
<td><strong>Ministry of Health- National</strong></td>
<td>Dr Renata Aram Mandike</td>
<td>Planning, implementation, monitoring and evaluation on</td>
<td>Mandate in making policy guidelines,</td>
<td>Government</td>
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<tr>
<td>Organization</td>
<td>Address</td>
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<tr>
<td>Malaria Control Program Tanzania</td>
<td>PO Box 9083 Dar es Salaam Tanzania <a href="mailto:renata@nmcp.go.tz">renata@nmcp.go.tz</a></td>
<td></td>
<td>malaria control on governmental level.</td>
<td></td>
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</tr>
<tr>
<td>ONG Repères</td>
<td>Dr Nicole Deigna 06 BP 1728 Abidjan II plateaux, Vallon Ste Cécile les Gobelets Sideci, villa 488 Cote d’Ivoire <a href="mailto:info@ongreperes.org">info@ongreperes.org</a></td>
<td><a href="http://www.ongreperes.org">www.ongreperes.org</a></td>
<td>Promote capacity strengthening and networking of malaria on family and community level.</td>
<td>NGO</td>
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<tr>
<td>Nova Scotia-Gambia Association (NSGA) West Africa</td>
<td>Mr Burris Devanney Mrs Marie Chorr PMP 706/SerreKunda Gambia</td>
<td><a href="http://www.novascotiasgambia.com">www.novascotiasgambia.com</a></td>
<td>Addressing norms and barriers of malaria through national school based education program</td>
<td>NGO</td>
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<tr>
<td>Oumoul Khayry solidarité et entraide</td>
<td>Ms Oumoul Khayry Sow 155 Cité CSE BP 609 Senegal <a href="mailto:bradysow@hotmail.com">bradysow@hotmail.com</a></td>
<td></td>
<td>An initiative called “Solidarity and help” from a young Senegalese woman, Oumoul, focuses on networking to raise peoples awareness to stop malaria</td>
<td>CSO</td>
<td></td>
</tr>
<tr>
<td>Roll Back Malaria Partnership Secretariat</td>
<td>Ms Pru Smith 20 Avenue Appia CH1211 Geneva 27 Switzerland</td>
<td><a href="http://www.rollbackmalaria.org">www.rollbackmalaria.org</a></td>
<td>A Global Partnership to provide a co-ordinated international approach to fighting malaria.</td>
<td>Global partnership</td>
<td></td>
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<tr>
<td>Roll Back Malaria Partnership Secretariat</td>
<td>Ms Pru Smith 20 Avenue Appia CH1211 Geneva 27 Switzerland</td>
<td><a href="http://www.rollbackmalaria.org">www.rollbackmalaria.org</a></td>
<td>Advocacy and awareness-raising, linking with multi-lateral institutions, harmonization and</td>
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<td><strong>Tanzania NGO Alliance Against Malaria (TaNAAM) Tanzania</strong></td>
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<tr>
<td>Ms Beatrice Minja c/o The CORE Group 300 I Street NE Washington, DC 20002 <a href="mailto:bminja@africare.or.tz">bminja@africare.or.tz</a></td>
<td></td>
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<td><a href="http://www.coregroup.org">www.coregroup.org</a></td>
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<td>Strengthening a co-ordinating mechanism for NGOs and their partners to address RBM activities, mobilising resources for co-ordinated efforts in RBM and collating and disseminating best practices and research findings for scaling up RBM initiatives.</td>
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<td>NGO Alliance</td>
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<tr>
<th><strong>TDR (UNICEF/UNDP/World Bank/WHO Special programme for Research and Training in Tropical Diseases)</strong></th>
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<tbody>
<tr>
<td>TDR World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland <a href="mailto:tdr@who.int">tdr@who.int</a></td>
</tr>
<tr>
<td><a href="http://www.who.int/tdr/">www.who.int/tdr/</a></td>
</tr>
<tr>
<td>Independent global programme of scientific collaboration 1. to improve existing and develop new approaches for preventing, diagnosing, treating, and controlling neglected infectious diseases which focus on the health problems of the poor 2. to strengthen the capacity of developing endemic countries to undertake the research required for developing and implementing these new and improved disease control approaches</td>
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<tr>
<td>Research, networks, publications</td>
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<td>Research</td>
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<th><strong>World Health</strong> FCH/GWH</th>
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<td><a href="http://www.who">http://www.who</a></td>
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<tr>
<td>GWH brings attention to the ways</td>
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<td>Developing an</td>
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<td>International</td>
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<td>Organization (WHO), Department of Gender, Women and Health</td>
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</table>
ANNEX II. Project Coordinator’s TOR.

Terms of Reference

Project Coordinator

Gender, Conflict and Malaria advocacy and network building in 4-5 selected African countries (Burundi, DRC or Mali, Liberia, Rwanda, Sierra Leone)

Background
The Global Fund recognizes that men and women have unequal access to health services. By bringing attention to gender inequalities, the Global Fund desires to encourage more effective responses to the three main killer diseases (Aids, Tuberculosis and Malaria), implying that men and women of all ages should be reached, involved in, and benefit from resources.

A gender perspective on Malaria research and all areas of Malaria control has been neglected in the current global response to the disease. Both social and biological factors contribute to the different impact Malaria has on women and men. The recent and welcome emphasis of the Global Fund on the integration of gender in GF proposals is the latest significant evidence of the importance of adequate and effective gender analysis in Malaria prevention and control programmes.

The partnership with FAS will ensure and strengthen RBM’s commitment to promote gender and conflict mainstreaming in Malaria programmes in Africa.

Objective
To ensure the promotion of gender and conflict mainstreaming in the global Malaria response and to facilitate the integration of Malaria into the agendas of gender networks in Africa.

Duration
One year.

Duties and responsibilities
Under the supervision of the Executive Director of Femmes Africa Solidarité (FAS), the Coordination Officer will serve as a principal officer for coordinating the implementation and the broad overall support functions of the project. The incumbent will perform the following functions:

- To develop both a Communication and an Advocacy package to promote Gender, Conflict, and Malaria issues. Key messages should tackle gender analysis in malaria’s projects as well as malaria’s role in post-conflict reconstruction (i.e. implementation of National Malaria Control Programmes in post-conflict situations, malaria incidence and the repercussion on the national economy and the health system);
- To develop a strategy to disseminate and promote the existing Global Fund Guide and Information Sheet on Gender, Conflict and Malaria in the selected countries;
- To ensure the highlighting of Gender, Conflict and Malaria issues at AU Heads of State Pre-Summits;
- To organize high-profile advocacy missions with prominent Women Leaders in the selected countries;
- To map the potential organizations and FAS members at field level in the selected countries to build a Gender, Conflict, and Malaria Network;
• To coordinate with RBM staff a training workshop in the Panafrican Centre in Dakar to strengthen the Network capacities with regard to Gender, Conflict and Malaria issues;
• To facilitate the fundraising process of Network’s members on Gender, Conflict and Malaria issues at national, regional and international level;
• To prepare correspondences, special reports, evaluations and justifications as required on general administrative or specialised tasks;
• To liaise with FAS partners and allies;
• To liaise with RBM Secretariat for the operational aspects and for input into the Global Malaria Business Plan;
• To assist in administration and financing, particularly in logistical affairs whenever necessary;

Competencies and Skills of the Coordinator, Ms. Coumba Fall

Academic

Diplôme d’Etudes Supérieures en Hôtellerie (Master’s equivalent)
1991 – 1994
Ecole Hôtelière de Lausanne (EHL), Lausanne, Switzerland

Highlights

• 10 years of hotel industry and marketing experience and 2 years of NGO environment;
• Proven ability to organize and coordinate an international event;
• Excellent ability to negotiate and sell products gained from my graduate studies in the hotel industry and from my professional involvement with the private sector;
• Excellent coordination and administrative skills and well-honed interpersonal and communication abilities;
• Good knowledge of project management and management/supervision of teams;
• Good understanding of global development trends, challenges and opportunities, especially in the African Union;
• Ability to live and work in multicultural settings as demonstrated by my professional experiences in Switzerland, West Africa and East Africa;
• Good command of written and spoken English; fluency in French; academic knowledge of German;
• Comfortable with office technology and fully computer literate;