Community, Rights, Gender and the New Funding Model

Global Fund Briefing
For
Technical Assistance Providers

March 2014
The New Funding Model
Principles of the new funding model

- **Bigger impact:** focus on countries with the highest disease burden and lowest ability to pay, while keeping the portfolio global
- **Predictable funding:** process and financing levels become more predictable, with higher success rate of applications
- **Ambitious vision:** ability to elicit full expressions of demand and reward ambition
- **Flexible timing:** in line with country schedules, context, and priorities
- **More streamlined:** for both implementers and the Global Fund
New vs. old funding model

**Rounds-based funding**

- Investment selection
- Timelines
- Secretariat engagement
- Predictability
- Process

**New funding model**

- Active portfolio management by Secretariat
- Defined by country
- Involved in country dialogue and concept note development
- Timing, success rates, indicative funding range
- Disbursement-ready grants
New funding model cycle and timing

Ongoing Country Dialogue

- National Strategic Plan/Investment Case
- Concept Note 2-3 months
- Technical Review Panel
- Grant Making 1 ½ - 3 months
- 1st Grant Approvals Committee Meeting
- 2nd Grant Approvals Committee Meeting
- Board Approval
- Grant Implementation 3 years

Countries can apply anytime in 2014-2016 – identify now when funds are needed for each disease

Grant funds will run to the next replenishment at least
National strategic plans: The basis for Global Fund funding

Grant funds may be reprogrammed to support national strategic plan development, especially data strengthening.

* or investment case
Structure of the concept note

Section 1: Country context and response

Section 2: Overall funding landscape, additionality of resources requested & financial sustainability

Section 3: The funding request, including a programmatic gap analysis & the modular template

Section 4: Implementation arrangements and risk assessment

Summary information about the request

CCM Eligibility Requirements 1 & 2
The modular approach is a framework that runs through a grant's life cycle

- The modular approach is a framework used to structure the information that defines a grant.
- It runs throughout a grant's lifecycle, providing consistency at each stage.
  - During the concept note stage, a funding request is defined by selecting a set of interventions per module to align with national strategy.
  - During the grant making stage, each approved intervention is further defined by identifying and describing the required sets of activities.
  - During grant implementation, progress of each intervention is monitored as laid out in the prior stages.
Preparing for the new funding model
Submission dates 2014-2016

Submission deadline on 15th of the month
Technical Review Panel review meeting (approx.)

Submission deadline for EoI (regionals only)

2014
- Jan
- Feb
- Mar
- Apr
- May
- Jun
- Jul
- Aug
- Sep
- Oct
- Nov
- Dec

2015
- Jan
- Feb
- Mar
- Apr
- May
- Jun
- Jul
- Aug
- Sep
- Oct
- Nov
- Dec

2016
- Jan
- Feb
- Mar
- Apr
- May
- Jun
- Jul
- Aug
- Sep
- Oct
- Nov
- Dec
Timings: work backwards

- Concept Note Due: Mid May
- Concept Note TRP Review: Mid June
- Concept Note GAC Review: Early July
- Grants GAC Review: End of August
- Grants Board Approval: Early September
- NFM Launch: March
- ~7.5 weeks
- ~4 weeks
- ~2 weeks
- ~7 weeks
- Grants Signed: Mid September
- First Disbursement: End of September

2014
## Minimum Standards for Principal Recipients

The Global Fund will now expect grant implementers to meet 12 minimum standards.

1. **PR demonstrates effective management structures and planning**
2. **PR has the capacity & systems for effective management & oversight of SRs**
3. **No conflict-of-interest for the selection of the PR(s) & SRs**
4. **Program implementation plan provided in the funding request is sound**
5. **Internal control system of PR is effective to prevent & detect misuse or fraud**
6. **The financial management system of the PR is effective & accurate**
7. **Central & regional warehousing have capacity, & aligned with good storage practices**
8. **Distribution systems & transportation arrangements are efficient to ensure secure and continued supply**
9. **Data-collection capacity and tools are in place to monitor program performance**
10. **Functional routine reporting system with reasonable coverage to report program performance**
11. **CCM actively oversees the implementation of the grant, & intervenes where appropriate**
12. **Implementers have capacity to comply with quality requirements & monitor product quality throughout the in-country supply chain**

*Please refer to Appendix 4 of the Transition Manual for full text and descriptions of the Global Fund’s Minimum Standards for Implementers.*
Community Systems Strengthening
UNAIDS for community systems strengthening

“AIDS forever changed the focus, role and participation of affected communities as essential partners in global health responses...

It means rethinking our approaches to delivery... Community-based and task-shifting approaches... We must no longer think of a community health worker as a nice person who helps out. We need to try to make them an integral part of the structures of health”

Michel Sidibe, December 2012
Support for community systems strengthening in the Global Fund

“Clearly, government-based planning, health information systems and public health clinics are critical components for delivering health services to people. But the health system does not stop there. The health system extends deep into communities… Because vulnerable populations are often the hardest to reach we need to leverage and strengthen the systems that are best positioned to effectively deliver services to them. In many cases that means partnering closely with and strengthening civil society…”

Report of the Executive Director, 29th Board Meeting, 18-19 June 2013
Support for community systems strengthening in the Global Fund Strategy

✓ Emphasizes the need to support national systems, defined as “all country systems, including both government and non-government systems”

✓ Strategic Action 1.1 (Ensure appropriate targeting of most-at-risk populations) includes “make explicit provision in the funding model for greater emphasis on community systems strengthening.”

✓ Strategic Objective 4 (Promote and Protect Human Rights) “The “Gender Equality Strategy” and “Sexual Orientation and Gender Identity Strategy”, along with support for community systems strengthening, are further contributions made by the Global Fund to advancing human rights in the context of the three diseases.”
Types of community/civil society action

- Service provision
- Promoting accountability
Types of community/civil society action

- Community mobilization
- Service provision
- Promoting accountability
Communities and service provision

Service provision

Facility-based services
Auxiliary health services
Health promotion and empowerment
Addressing social and environmental determinants
Principles for supporting service provision

- Responding to gaps in provision of services
- Identifying where community/civil society organizations are best placed to fill gaps
- The role of community/civil society organization provision in reaching excluded groups and increasing impact
- National policies and frameworks which might facilitate or block effective community/civil society action
- Effectiveness of links and referrals to other providers
Communities and accountability

Promoting accountability

Governance and management of health services

Monitoring of health services

Advocacy to demand services and accountability

Involvement in research
Principles for supporting accountability

- Community engagement is most effective on directly relevant issues
- Access to relevant information
- Understanding of mechanisms by which change happens in the context (local and national levels)
- Improving service delivery through accountability efforts is effective so long as resources are also invested in developing the primary care system
Challenges for community-led responses

- Community groups are often informal and unregistered
- Lack of understanding of community role by formal sectors
- Quality standards and norms
- Representation and involvement of the most marginalized and excluded groups
- Agreeing on most appropriate implementation roles for different sectors
- Quantification, allocation, measurement

...Hence community systems strengthening...
Community systems

“Community systems are the structures, mechanisms, processes, and actors through which communities act on the challenges and needs they face. They are made up of different types of entities: community members, formal and informal community organizations and networks, and other civil society organizations.”

Community Systems Strengthening Information Note, February 2014
Modules, interventions and activities will replace current heterogeneous service delivery areas

- Some current service delivery areas refer to interventions, some are at activity level
- Service delivery areas are not harmonized across the various documents, preventing the linking of targets to budget
Community systems strengthening

“Community systems strengthening promotes the development of informed, capable and coordinated communities, community-based organizations, groups, networks and structures. It enables them to contribute to the effectiveness and long-term sustainability of health and other interventions at the community level, including the development of an enabling and responsive environment.”

Community Systems Strengthening Information Note, February 2014
## Interventions in the disease components

<table>
<thead>
<tr>
<th>Intervention 1:</th>
<th>Community-based monitoring for accountability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intervention 2:</td>
<td>Advocacy for social accountability</td>
</tr>
<tr>
<td>Intervention 3:</td>
<td>Social mobilization, building community linkages, collaboration and coordination</td>
</tr>
<tr>
<td>Intervention 4:</td>
<td>Institutional capacity building, planning and leadership development in the community sector</td>
</tr>
</tbody>
</table>
Community systems strengthening under health systems strengthening

- Community systems strengthening does not appear as a separate module under health systems strengthening.

- However, many health systems strengthening modules and interventions can be used to strengthen community systems, for instance:
  
  - Activities that are aimed at improving equitable distribution and retention of skilled health workforce especially in hard-to-reach areas and to serve marginalized populations.
  
  - Capacity building and training of… non-government and other relevant personnel to improve policy-making, policy-execution and monitoring functions.
  
  - Activities which contribute to improving provision of financial resources to public, private and non-government/community institutions for effective delivery of services.
Community-based monitoring for accountability

Community-based organizations establish and implement mechanisms for ongoing monitoring of health policies and performance and quality of all services, activities, interventions and other factors that are relevant to the disease, including prevention, care and support services, financing of programs, and of issues and challenges in the environment, (such as discrimination and gender-based inequalities), that constitute barriers to an effective response to the disease and to an enabling environment.
Advocacy for social accountability

Communities and affected populations conduct consensus, dialogue and advocacy at local and national levels aimed at holding to account responses to the disease, including health services, disease-specific programs as well as broader issues such as discrimination, gender inequality and sustainable financing, and aimed at social transformation.
Social mobilization, building community linkages, collaboration and coordination

Community action, establishment of community organizations and creation of networking and effective linkages with other actors and broader movements such as human rights and women’s movements. Strong informal and formal relationships between communities, community actors and other stakeholders enable them to work in complementary and mutually reinforcing ways, maximizing the use of resources and avoiding unnecessary duplication and competition.
Institutional capacity building, planning and leadership development in the community sector

Capacity building of community sector groups, organizations and networks in a range of areas necessary for them to fulfil their roles in service provision, social mobilization, monitoring and advocacy. Includes support in planning, institutional and organizational development, systems development, human resources, leadership, and community sector organizing.

Provision of stable, predictable financial resources for communities and appropriate management of financial resources by community groups, organizations and networks.

Provision of technical, material and financial support to the community sector as required to enable them to fulfil roles in service provision, social mobilization, monitoring and advocacy.
Modules under tuberculosis

- TB Care and Prevention
  - MDR-TB
  - TB/HIV
- Health Information System and M&E
- Community Systems Strengthening
- Removing Legal Barriers to Access
- Program Management
Modules under HIV

- Prevention programs for general population
- Prevention programs for Key Populations - MSM, TG, Sex Workers, PWID
- Prevention programs for Adolescents and youth - in and out of school
- Prevention programs for other vulnerable populations
- Treatment, Care and Support
- PMTCT
- TB/HIV
- Health Information System and M&E
- Community Systems Strengthening
- Removing Legal Barriers to Access
- Program Management
Human Rights
Human rights are personal

Talk to the person sitting next to you

Share one example of a rights abuse that happened to a friend or family member

Did anyone try to help? Were they able to help?

What were some obstacles or challenges?
Human rights in the Global Fund strategy

Gender Equality Strategy, 2008

Sexual Orientation and Gender Identities (SOGI) Strategy, 2009

Global Fund Strategy 2012-2016

**Strategic Objective 4:** Protect and promote human rights

4.1 Integrate human rights throughout the grant cycle

4.2 Increase investment in programs that address human rights-related barriers to access

4.3 Ensure the Global Fund does not fund programs that violate human rights
When does one person’s bad luck rise to the level of a human rights violation?

1. When all domestic remedies are exhausted

The responsibility for respecting, protecting and fulfilling human rights ultimately lies with the state.

States need to protect and promote human rights -- systematically.

2. When abuses become widespread and systematic
## Human rights are enshrined in international law

<table>
<thead>
<tr>
<th>Human rights treaty</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Universal Declaration of Human Rights</strong>, December 10, 1948</td>
</tr>
<tr>
<td>1. <strong>International Covenant on Civil and Political Rights</strong></td>
</tr>
<tr>
<td>- Right to freedom of expression and opinion</td>
</tr>
<tr>
<td>- Right to freedom of religion</td>
</tr>
<tr>
<td>- Right to freedom of association</td>
</tr>
<tr>
<td>- Rights as a person before the law</td>
</tr>
<tr>
<td>- … and more</td>
</tr>
<tr>
<td>2. <strong>International Covenant on Economic, Social and Cultural Rights</strong></td>
</tr>
<tr>
<td>- Right to highest attainable standard of health</td>
</tr>
<tr>
<td>- Right to just and favorable conditions of work</td>
</tr>
<tr>
<td>- Right to food</td>
</tr>
<tr>
<td>- … and more</td>
</tr>
<tr>
<td>3. International Covenant on the Elimination of All Forms of Racial Discrimination</td>
</tr>
<tr>
<td>5. Convention Against Torture</td>
</tr>
<tr>
<td>7. International Convention on the Protection of Rights of Migrant Workers</td>
</tr>
</tbody>
</table>

You can read all these at [www.ohchr.org](http://www.ohchr.org)
Civil and political rights

- Life;
- Liberty and freedom of movement;
- Equality before the law;
- Presumption of innocence until proven guilty;
- Be recognized as a person before the law;
- Privacy and protection of that privacy by law;
- Legal recourse when rights are violated;
- Freedom of thought, conscience and religion;
- Freedom of opinion and expression;
- Freedom of assembly and association.

What if any implications are there for Global Fund country dialogue, grant-making, implementation, evaluation?
Economic, social and cultural rights

- Work;
- Equal Pay for equal work;
- Form and join trade unions;
- Social security;
- Special protection to the family, mothers and children;
- An adequate standard of living, including food, clothing and housing;
- Education;
- Highest attainable standard of health.

What if any implications are there for Global Fund country dialogue, grant-making, implementation, evaluation?
Right to highest attainable standard of health

• What is the “highest attainable standard of health”?
  General Comment No. 14

• **Availability** – quantity
• **Accessibility** – non-discrimination, physical accessibility, economic accessibility, information accessibility
• **Acceptability** – respectful of ethics and culturally appropriate
• **Quality** – scientifically and medically appropriate
• **Progressive realization** – states take continual and deliberate steps to make progress
• **Underlying determinants** of health - housing, water, sanitation…
States have to do three things to uphold your rights

- **Laws and policies**
  - Sign and ratify international human rights treaties
  - Reform the country’s laws and policies to comply
  - Inform citizens about their legal rights

- **Due process**
  - Ensure the laws are implemented fairly
  - Independence of the courts
  - Good governance

- **Remedy**
  - If there is a rights violation, individuals should be able to file complaints or lawsuits and obtain justice

**Cross-cutting principles:**
- Transparency
- Accountability
- Equality
- Non-discrimination
All human rights are created equal

Universal – for all political systems and cultures

Interdependent – Your level of enjoyment of one right depends on the level of enjoyment of other rights

Inalienable – Cannot be separated from a person or group without due process

Indivisible – One right cannot be prioritized at the expense of another right

Interrelated – Improvements in one right depend on other rights
The UN Office of the High Commissioner for Human Rights (OHCHR) monitors the treaties

**1. Human Rights Council**

Every four years, each state submits a report on compliance with UDHR and other instruments the state is party to.

- **Universal Periodic Review**
  - Civil society submits their reports
  - Human Rights Council reviews everything, asks state questions
  - State answers Council’s questions
  - Based on review, Council makes recommendations to state
  - ...the process is repeated four years later

**2. 9 Treaty Bodies**

- **9 Core Human Rights Treaties**
  - Like the Council, treaty bodies review state compliance with treaties. They also issue guidance to interpret the human rights treaties.
  - Similar review process to Human Rights Council

**3. Special procedures (of the Human Rights Council)**

- Committees and individual experts who monitor specific countries, or specific human rights.
- Anand Grover, Special Rapporteur on Right to Health

**4. Individuals can also file complaints with the OHCHR**
Global Fund applicants must identify structural barriers to accessing health services

Many or all barriers may exist in one country

Financial barriers
Availability of facilities
Stigma and Discrimination
Fear of arrest
Forced sterilization
Prison overcrowding
Denial that key pops exist
Gender inequality
Migrants lack ID cards
Lack of legal aid
Police abuse
Harmful gender norms
No right to register an NGO
Gender-based violence

Barriers to health services

Need to ask: Who are key populations to reach with services?
Consult with key pops and human rights experts
Identify 1-3 priorities to address with costed community systems strengthening or human rights interventions
What the Global Fund will support to address human rights:  
*Human Rights for HIV, TB, Malaria and HSS Grants Information Note*

<table>
<thead>
<tr>
<th>Interventions</th>
<th>Examples</th>
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</table>
| **1.** Use a **rights-based approach** to health services  
- Consult with key populations for HIV, TB and malaria  
- Put the person at the center, tailor services to their needs, integrate services with local community platforms | • In South Africa, prisoner support groups monitor and advocate on treatment access |
| **2.** Package to **remove legal barriers to access**  
- Legal environment assessment  
- Law and policy reform  
- Legal literacy  
- Legal aid services  
- Rights training for officials, health workers, and police  
- Community-level monitoring  
- Policy advocacy and social accountability | • Myanmar networks of PLHIV and key populations monitor local cases of medical discrimination against PLHIV and TB patients, and work with a national law reform working group to change the laws  
• In Kenya, KELIN provides legal aid to women living with HIV who lose their inheritance rights  
• In Indonesia, LBH Masyarakat trains people who inject drugs as community paralegals for peers  
• In Peru, an Ombudsman monitors the government response to TB Care and exposes problems |
Sample programs: Using a rights-based approach for health service design & delivery

• TB and migrants program in Yunnan, China
  - 20 percent of the population is “floating” in Yunnan – difficult to reach and retain into care;
  - 8 out of 10 MDR-TB patients are migrants;
  - Living in crowded and basic shelter
  - Low-paid jobs in construction sites, restaurants
  - Variety of different dialects, low literacy

• Difficulty in accessing care and treatment
  - Working long hours on construction sites;
  - Cost of treatment;
  - Lack of information;
  - No health insurance;
  - No health center nearby;
  - Fear of losing job.

• Improving access and adherence:
  - Patients home visit for community-based DOT;
  - Reducing costs to patients by training TB physicians to cost effective treatment (no use of 2nd line drugs for drug sensitive TB, no liver and kidney drugs, no use of computerized tomography (CT) scan if not necessary…);
  - Collaboration with private pharmacies and clinics for referral of patients suspected of having TB;

• Protecting:
  - Engaging with construction trade unions to allow more flexible working hours;
  - Engaging with landlords unions to protect migrants from losing their home if diagnosed with TB;

• Increasing awareness:
  - Working with construction companies to allow outreach workers on site;
  - Reaching out to children in the four schools of the community;
  - Education activities at markets within the community and free symptoms screening on site;
Example: Removing Legal Barriers package of interventions
Addressing hospital discrimination on the basis of HIV or TB status

The problem:
In some countries, NGOs report that health workers routinely refuse to treat people with HIV or TB. Global Fund health services are not reaching people most at need.

One solution: Combine community systems strengthening and removing legal barriers interventions to bring together health service providers, legal experts and communities to address this barrier.

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<th>Global Fund module</th>
<th>Global Fund intervention</th>
<th>Sample activity</th>
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<td>Removing legal barriers</td>
<td>Community-based monitoring</td>
<td>PLHIV and TB community-based organizations are trained to document cases of discrimination by health providers</td>
</tr>
<tr>
<td></td>
<td>Policy advocacy and social accountability</td>
<td>Each month, the community-based organizations meet with local health officials to share cases and discuss follow-up.</td>
</tr>
<tr>
<td></td>
<td>Legal literacy and legal aid</td>
<td>Lawyers work with key pops networks to train community members in their right to non-discrimination</td>
</tr>
<tr>
<td></td>
<td>Rights training for health workers</td>
<td>Hospital works with key pops networks and lawyers to train health workers on using universal precautions, non-discrimination</td>
</tr>
<tr>
<td></td>
<td>Law and policy reform</td>
<td>A working group of health officials, legal experts, members of Parliament, and PLHIV/TB patients draft new laws and policies to address discrimination. This includes tough new non-discrimination policies for the Ministry of Health.</td>
</tr>
<tr>
<td>Community systems strengthening</td>
<td>Institutional capacity-building</td>
<td>Core funding to the national networks to support an office, financial systems, management training</td>
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<td>Social mobilization</td>
<td>National networks work together on advocacy to support the law reform process</td>
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Example: Removing legal barriers package
Addressing barriers to prevention services for sex workers

The problem:
In many countries, police use condoms as evidence of sex work, and use the threat of arrest to extort bribes and sexual services from sex workers. Sex workers who know about the risk of HIV do not carry or use condoms as a result.

One solution: Combine community systems strengthening and removing legal barriers interventions to change the criminal code, educate police, and empower sex workers.

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<tr>
<td>Removing legal barriers</td>
<td>Community-based monitoring</td>
<td>The national sex worker network are trained to monitor and document cases where police use condoms as evidence.</td>
</tr>
<tr>
<td></td>
<td>Legal literacy and legal aid</td>
<td>Sex worker HIV prevention outreach workers are trained to be “community paralegals” and advise peer sex workers about their rights. When sex workers are detained, they can call on peers to come to the police station and provide support.</td>
</tr>
<tr>
<td>Rights training for police</td>
<td></td>
<td>Technical partners hold trainings for judges and police and bring in representatives of the sex workers' network to share their experiences and co-facilitate the training.</td>
</tr>
<tr>
<td>Law and policy reform</td>
<td></td>
<td>Civil society groups work with the national bar association to draft proposed changes to the criminal code that will remove condoms from the list of acceptable evidence of sex work.</td>
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<td>Community systems strengthening</td>
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Resources


Reports on human rights at the Global Fund:

Human rights laws and standards:
- Core international human rights treaties - [http://www.ohchr.org/EN/ProfessionalInterest/Pages/CoreInstruments.aspx](http://www.ohchr.org/EN/ProfessionalInterest/Pages/CoreInstruments.aspx)

Information on human rights in countries
- OHCHR Human Rights in the World website lists treaty body recommendations, special rapporteur reports and more by country. - [http://www.ohchr.org/EN/Countries/Pages/HumanRightsintheWorld.aspx](http://www.ohchr.org/EN/Countries/Pages/HumanRightsintheWorld.aspx)
- Human Rights Watch annual report has chapters with annual updates on each country. - [http://www.hrw.org/](http://www.hrw.org/)
- The U.S. State Department publishes quite comprehensive annual reports on human rights in each country (and China responds each year with their own human rights report on the U.S.). - [http://www.state.gov/j/drl/rls/hrrpt/humanrightsreport/index.htm](http://www.state.gov/j/drl/rls/hrrpt/humanrightsreport/index.htm)

For more training...

Contact: Meg Davis, Senior Adviser, Human Rights at the Global Fund  Email: sara.davis@theglobalfund.org
Gender
What are we talking about?

Source: Sam Killermann, http://itspronouncedmetrosexual.com/2012/01/the-genderbread-person/
What’s gender got to do with it?

Why gender?
- Gender norms – feminine, masculine, no in-between.
- Gender inequalities – hierarchy between masculine and feminine.
- Gender discrimination – people being denied services/employment/ opportunities because of being of a particular gender.

So what?
- Human rights: women & girls have rights that are more frequently denied
- Health impacts of inequalities and discriminations

The lower an individual’s socioeconomic position, the higher their risk of poor health (WHO).
So... gender analysis is useful to make programs more effective

- Why is gender equality critical to malaria control?
- Which gender norms make girls vulnerable to HIV?
- Why men are not accessing TB treatment, or accessing it too late?
- Is gender-based violence (excluding rape cases) actually making women more vulnerable?

→ Lots of hints/answers are available when we take a good look at disease responses from a gender lens.
Why gender? “Structural interventions” to act outside the health sector to influence health outcomes

Graphic adapted from: Rao Gupta, 2009
A gender-responsive approach

How?
- One size does not fit all
- The questions should always be asked!

Gender-responsive

Gender-sensitive: Adapting to gender norms to achieve a goal

Gender-transformative: Attempting to change gender norms that are inherently harmful
### Illustrative Examples: Gender-responsive, -sensitive, -transformative approaches

<table>
<thead>
<tr>
<th>Gender blind</th>
<th>Gender-sensitive</th>
<th>Gender-responsive</th>
<th>Gender-transformative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distributing condoms at health centers</td>
<td>Distributing male and female condoms at health centers</td>
<td>Community-based distribution of male and female condoms with training on negotiation skills for women</td>
<td>Peer-led behavior change communication and social mobilization of women’s decision-making on condom uses</td>
</tr>
<tr>
<td>ART for eligible adults</td>
<td>ART for eligible men and women, available at other health services frequented by each group (e.g., ANC for women)</td>
<td>ART for eligible men and women, available at hours and locations that are accessible for all (e.g. mobile ART services, workplace program, night clinics)</td>
<td>ART for eligible men and women, complemented by home-based care training for men, socio-economic support for keeping girls at school, etc.</td>
</tr>
</tbody>
</table>
What works for women?

www.whatworksforwomen.org
Overall aim of the GES

- Fund proposals that scale-up **services that reduce gender-related risks** and vulnerabilities
- Decrease the **burden of diseases** for those most-at-risk
- **Mitigate the impact** of the diseases
- Address **structural inequalities** and discrimination

4 strategic objectives of the GES:

1. Ensure that the Global Fund’s **policies, procedures and structures** effectively support programs that address gender inequalities
2. Establish and strengthen **partnerships** for effectively support development and implementation of programs addressing gender inequalities and reduce women’s and girls’ vulnerabilities
3. **Robust communications** and advocacy strategy to promote the GES
4. Provide **leadership** to support and advance the GES
Illustrative “limited GES influence”

Women’s limited participation in the Global Fund decision-making at country level: Country Coordinating Mechanism participation (data as of end 2012)

- All male CCM members: 65%
- female: ML/BL: 8%
- female: GOV: 6%
- female: NGO: 12%
- female: PLWD: 3%
- other female members: 6%
- transgender: 0%
FYI: Secretariat “renewed commitment” in 2011

Responding to the Pangaea evaluation, the Secretariat made a renewed commitment (2011) to:

• Recognizes implementation of the Gender Equality Strategy needs to be prioritized at all levels of the Secretariat and through the Global Fund Strategy 2012-2016 and in the new funding model

• Promises for stronger engagement with internal and external stakeholders for women and girls and key affected populations

• **Identified Secretariat’s strategic focus on women and girls in the areas of:**
  1. PMTCT and MNCH
  2. Prevention of gender-based violence and harmful gender norms
  3. Female population of most-at-risk populations – especially female sex workers and drug users.

• Commits supporting capacity building (including Board and Technical Review Panel members), guidance and technical support, engaging Country Coordinating Mechanisms in order to ensure integration of gender concerns into grants at the country level

• Supports evidence-based programming, including the promotion of the collection and reporting by age and sex-disaggregated data.
PMTCT for children and women

PMTCT is about more than preventing vertical transmission in pregnant women.

- **Prong 1:** Primary prevention of HIV infection among women of childbearing age
- **Prong 2:** Preventing unintended pregnancies among women living with HIV
- **Prong 3:** Preventing vertical HIV transmission
- **Prong 4:** Treatment, care and support to mothers living with HIV and their children and families
Interaction between the Gender Equality Strategy and the new funding model

Prioritizing gender and women’s issues in the NSP – by partnership effort

Women’s CCM engagement, consolidated voices be heard

1. TRP capacities on gender, guided by gender-related guidance etc.

2. Women’s advocacy and community monitoring for retention of gender programs

4. Board, TRP & MEC leadership to keep gender high in agenda

1. Secretariat guidance to strengthen gender integration

Give feedback on tools (i.e., unpacking SIF “critical enablers” modules)

Concept Note (prioritized full demand)

1. Sex-disaggregation of data for M&E and proposals

Potential TRP review

Recommendation to GAC

TRP review

GAC approval

Board approval

Guidance package

Indicative funding range

Secretariat Info / Analysis

Minimum Standards

SIFs and tools

National Strategic Plan

Country Dialogue

Grant-making

Country Dialogue

Concept Note (prioritized full demand)

1. CCM engagement, consolidated voices be heard

2. Women’s advocacy and community monitoring for retention of gender programs

1. TRP capacities on gender, guided by gender-related guidance etc.

Women and girls’ active and meaningful participation through CCM and other engagement opportunities – to be supported by partners and the Secretariat
New Gender Equality Strategy Action Plan

Initial consultation with the partners (technical partners, global civil society organization networks, key gender/RMNCH advocates) recommends:

- **New Action Plan should be developed to achieve “increased funding” outcomes, with more grants addressing gender inequalities**
  - In line with the Global Fund *Strategy 2012-2016 SO 4.3 Increase investment in programs that address rights-related barriers to access (including those relating to gender inequality)*
  - Not being prescriptive – in order to avoid tokenistic tick-box approach, to be fully bought-in by all country stakeholders
  - Working with partners to further mainstream gender in the national strategic plans
  - Final draft under internal validation – to be completed by end January 2014
Next Steps and Opportunities

Strong partners’ interests on accelerating gender integration into new funding model process and grants

– DFID/Global Fund pilot initiatives on women and girls
– French 5% technical assistance funding for integrating gender into Global Fund grants/processes
– Gender workshop at the 32nd Board Meeting in Jakarta: to increase governance-level interests
Quick exercise: What can we advise the Country Team? (Grant Approvals Committee presentation by country x)

- Feminization of the epidemic: 59% of estimated 61,000 adults aged 15+ living with HIV are women
- HIV prevalence is considerably higher among key populations:
  - 26.1% among MSM; 7.5% among CSW; 8.3% among prisoners (2012 IBBS)
- Very low PMTCT coverage
  - Pregnant women receiving ARV: 19% (2013)
  - VCT among pregnant women: 21% (2010)
- While DHS 2011-2012 found:
  - % of pregnant women receiving antenatal care: 93%
  - % of pregnant women giving births at health facilities: 92%