



**The Global Coalition  
on Women and AIDS**



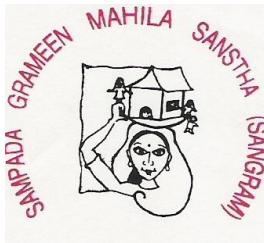
# **RECOMMENDATIONS FOR THE EVALUATION OF THE GENDER EQUALITY STRATEGY OF THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA**

**Based on Findings from a Virtual Consultation and Focus Group Discussions**

**Global Report - September 2011**

**Fundación para el Estudio e Investigación de la Mujer (FEIM) &  
International AIDS Women Caucus (IAWC)  
Buenos Aires, Argentina**

The following organizations contributed to the development of this evaluation as Regional Focal Points and Country Informants:



to love and protect



ICW Asia Pacific



**NACOSA**  
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TIDE ON HIV, AIDS AND TB



**Fundación "VENCER"**  
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## **GLOSSARY OF TERMS**

**CCM** – Country Coordinating Mechanism  
**EAP** – East Asia and the Pacific Region  
**EAIO** – East Africa and Indian Ocean Region  
**EECA** – Eastern Europe and Central Asia Region  
**FEIM** – Foundation for Studies and Research on Women  
**GCWA** – Global Coalition on Women and AIDS  
**Global Fund** – Global Fund to Fight AIDS, Tuberculosis and Malaria  
**IAWC** – International AIDS Women’s Caucus  
**LAC** – Latin America and the Caribbean Region  
**MARP** – Most at risk populations  
**MENA** – Middle East and North Africa Region  
**NSP** – National Strategic Plan  
**PR** – Principal Recipients  
**SA** – Southern Africa Region  
**S&D** – Stigma and discrimination  
**STI** – Sexually Transmitted Infection  
**Strategy, the** – Gender Equality Strategy of the Global Fund  
**SWA** – South and West Asia Region  
**SRHR** – Sexual and Reproductive Health and Rights  
**TRP** – Technical Review Panel  
**VAW** – Violence against Women  
**WCA** – West and Central Africa Region  
**WSW** – Women who have sex with women

## **EXECUTIVE SUMMARY**

Between July and August 2011, FEIM/IAWC with the Global Coalition on Women and AIDS (GCWA), conducted an evaluation of the implementation of the Gender Equality Strategy (the Strategy) of the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund). This evaluation was based on a virtual consultation, focus group discussions and interviews, all of which specifically focused on women. This process generated 709 women's online responses across 97 countries, in addition to 233 women who participated via email and in focus groups. This report sets out the findings of this review.

The Board of the Global Fund approved the Strategy in 2008 and called for an independent evaluation to be carried out after two years. This review process sought to contribute to the broader evaluation being undertaken, with a specific focus on documenting women's perceptions around the implementation of the Strategy, and provide recommendations moving forward.

While several recommendations have emerged from this review, the overall message which all of them point to is that much work remains to be done to achieve the effective implementation of the Strategy and to ensure women's knowledge of and engagement with it across the globe. There is a strong desire from women to more closely engage and partner to achieve better implementation of the Strategy. However, capitalizing on this will require more consistent and strengthened prioritization of the Strategy by all levels of the Global Fund. Incorporating the Strategy as an explicit component of the Global Fund's next 5 year strategy would be one key way to ensure this.

In moving ahead, it will be of importance to address the six key recommendations emerging from these findings:

1. The Global Fund should develop a strong advocacy and communication campaign to disseminate the Strategy at the international, regional, national levels and community level, working with country partners: UN and bilateral agencies, civil society networks, especially women living with HIV and other women's groups, and governments.
2. The Global Fund Secretariat should ensure that gender equality is included as an explicit component of the next Global Fund Five year strategy.
3. The Global Fund Secretariat must engage technical partners, such as UNAIDS and WHO, to develop technical guidance on translating the Strategy into practical programming for women and girls, so that the Strategy will have greater impetus and support for its implementation.
4. The Global Fund should strengthen its work with technical partners to ensure the development of technically sound, gender-sensitive proposals which address the needs of the diversity of women and girls in the context of the three diseases. This should include putting in place mechanisms to ensure that the programs they fund integrate all women and girls as a priority group in themselves -not just MARP-, and that programming is comprehensive, including not just vertical transmission but also sexual and reproductive health, the elimination of all forms of violence, sexual abuse and stigma and discrimination against women and girls and comprehensive sexuality education.
5. The Global Fund should dedicate a specific percentage of funding in the next Round to grants that directly respond to the Gender Equality Strategy, as well as work with technical partners to build the capacity of women's organizations and networks of women living with HIV in preparing Global Fund proposals to ensure they are more involved as Principal Recipients and Sub-recipients.
6. The Global Fund should take action to strengthen and ensure women's equal access and meaningful participation in decision-making processes within all of its governance structures. This includes improving gender balance in CCMs and training all CCM members on gender equality, with the support of technical partners.

## **A. INTRODUCTION**

Recognizing the staggering gender inequalities that fuel the HIV, TB and malaria epidemics, the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria (hereafter called “the Global Fund”) approved in 2008 the Gender Equality Strategy (hereafter referred to as “the Strategy”). The Strategy aims to strengthen the response to the three diseases for women and girls through increased funding of programs and activities that address gender inequalities. It has the following four objectives:

- 1) Ensure that the Global Fund policies, procedures and structures support programs that address gender inequalities;
- 2) Establish and strengthen partnerships to support these programs;
- 3) Develop a robust communications and advocacy strategy that supports the Strategy and encourages programs for women and girls and men and boys; and
- 4) Provide leadership and advocacy by giving voice to the Strategy internally and externally.

In 2011, the Global Fund decided to undertake a review of the implementation of the Strategy starting with Round 9 funding in 2009. In order to ensure that the review of the Strategy would capture the views and experiences of women, the Global Coalition on Women and AIDS (GCWA), as part of its mission to support and empower girls and women living with and affected by HIV and its global advocacy role, decided to undertake a virtual consultation, in partnership with the Foundation for Studies and Research on Women (FEIM) and the International AIDS Women Caucus (IAWC). In order to facilitate the engagement of women from countries which have been recipients of Global Fund grants, FEIM/IAWC and GCWA designed a process to ensure the involvement of a diversity of women in the review.

This global consultation report synthesizes and analyzes the qualitative and quantitative results from the regional and country findings of the virtual consultation and the focus groups and develops recommendations to complement the review of the Strategy.

### **Consultation Approach and Limitations**

The consultation aimed to articulate the experiences of women worldwide about whether the Strategy has strengthened the response, particularly to HIV, for women and girls, especially through scaled-up programming and service delivery for the needs of women and girls in the context of HIV, stronger partnerships and leadership to support these programs, and greater funding and support for women’s networks and organizations including of women living with HIV. The specific objectives of the consultation were to:

- 1) Ensure the involvement of a diversity of women in the review of the Strategy and that this be as inclusive and participatory as possible;
- 2) Document women's experiences from countries which have been recipients of Global Fund grants, in regards to the implementation of the Gender Equality Strategy based on their contributions.

Given that the Strategy is in the early stages of implementation, this evaluation was not meant to assess its impact on grants funded or in health outcomes of women and girls. Rather, the purpose was to assess progress in implementation to identify lessons learned as the Global Fund moves into its 5 year strategic planning process.

Regional focal points<sup>1</sup> - in line with the eight Global Fund regions- and country informants<sup>2</sup> were established to provide support to the design and implementation of the evaluation, and to assist

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<sup>1</sup> The regional focal points belonged to the following organizations: Southern Africa –SA: NACOSA, South Africa; Eastern Africa and Indian Ocean –EAIO: GROOTS Kenya and Huirou Commission, Kenya; West and Central Africa –WCA: AfriCASO, Senegal; Middle East and North Africa –MENA: FEMNET, Mali; Latin America and the Caribbean –LAC: Balance-Promoción para el desarrollo y la juventud, Mexico; South and West Asia –SWA: ICW India, India; East Asia and

with the interpretation of evaluation findings. Regional focal points and country informants were identified by FEIM/IAWC and GCWA based on their role and/or expertise on women's rights, gender equality and HIV issues, in addition to having some degree of experience engaging with the Global Fund. The engagement of the regional focal points and country informants contributed to multiplying the number of organizations and women the consultation was able to reach. In collaboration with the regional focal points, the eight country informants further facilitated the engagement of women, particularly those who do not have access to online communications.

The evaluation focused on assessing implementation progress, following the areas that the Strategy itself sets out. A variety of methods were used to conduct the evaluations, including document review, focus group discussions and a virtual consultation.

To inform the development of the survey and the priority themes addressed in the consultation, a review of Global Fund documents, including the analysis of the Gender Equality Strategy 2010-2012 and the related Supplementation; Round 9 and 10 criteria for proposals, and Technical Review Panel (TRP) members and roles, was undertaken.

Working in partnership with GCWA and the regional focal points, FEIM/IAWC developed an online consultation around the implementation of the Strategy, which was made available in eight languages<sup>3</sup>. In addition to the online survey, FEIM/IAWC worked with the country informants to support them in developing focus group discussions in their countries with diverse women's groups and representatives who did not have access to the online survey.

Of the responses received by the 937 participants from 97 countries from around the world, it is important to note that not all participants responded to all of the questions included in the survey. As such, the below analysis is based on variable numerators, considering those who did respond. The number of respondents to each question may have some bearing to the conclusions that can be drawn from the respective analysis. Nonetheless, it is apparent that women are eager to be involved in this process and share their experiences around the implementation of the Strategy.

The key findings from this process are presented following the areas of the online consultation, which were drawn from the Strategy. Quotes have been included to illustrate key points which have been extracted both from online responses and focus group discussions.

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the Pacific –EAP: IPPI-Indonesia Positive Women's Network; Eastern Europe and Central Asia –EECA: JAZAS-Association Against AIDS, Serbia.

<sup>2</sup> The country informants were from South Africa, NACOSA; Kenya, GROOTS; Mali, FEMNET; Paraguay, Fundación Vencer; Ecuador, Corporación Kimirina; India, SANGRAM/VAMP; China, NorthWest Female Group & AIDS Concern; and Belarus, Belarusian People Living With HIV Community.

<sup>3</sup> The languages in which the consultation was held were: English, Spanish, French, Portuguese, Russian, Mandarin, Hindi and Arabic.

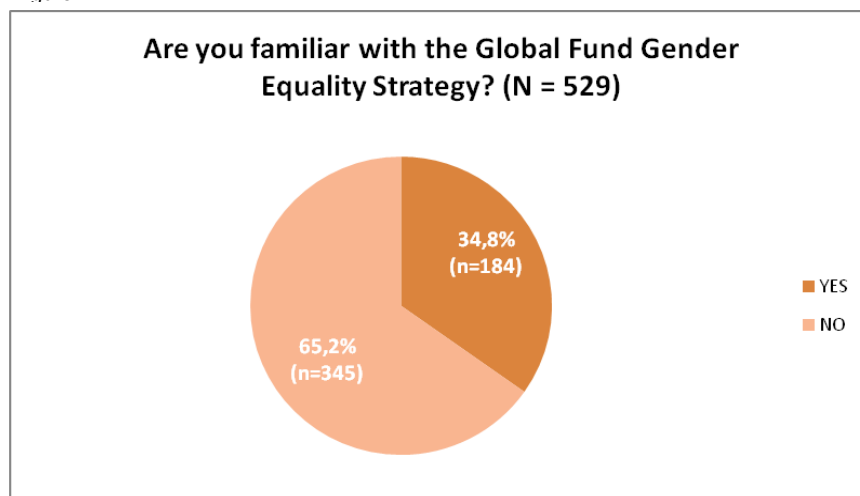
## **B. KEY FINDINGS**

This section is organized in line with the areas of the Gender Equality Strategy. It presents the findings of the online consultation and focus group discussions, complemented with relevant quotes from participants.

The first question aimed to identify respondents' familiarity with the Strategy, as one of the key tasks in the Strategy is its dissemination.

Globally, only 34.8% of respondents stated that **they were familiar in some way with the Strategy**, while 65.2% of respondents did not have any knowledge of it (Figure 1). This figure is based on the online consultation respondents that answered this question (N=529), eliminating those that did not answer.

Figure 1



While knowledge of the Strategy varied among different regions, one third of the participating women globally were familiar with the Strategy, with the highest levels of knowledge reported in EECA (46.8%) and SWA (46.2%) and the lowest in MENA (16%).

Regarding respondents' familiarity with Global Fund grants in their countries, less than half (43.5%) of all respondents knew in which round their country secured a grant from the Global Fund. The majority of women (73.1%) knew whether their country had developed a **National Strategic Plan for HIV/AIDS (NSP)**. **Nonetheless, based on their qualitative responses, most of these women said they did not know if Global Fund funded programs were designed to contribute to the NSP**, with the exception of SWA where most women said they were.

A similar situation occurred for the situational analysis on women and girls by National HIV Programs. Women more often than not (61.8%) knew whether or not an analysis existed and indicated an overall lack of such analyses. In the cases that such situational analyses did exist, respondents' qualitative responses indicated that in most cases **Global Fund funded projects were not based on the analysis**, except in WCA where many responses indicated that projects were based on the analysis. As a Mali woman noted: ***"The Global Fund should implement the Strategy providing situational analysis for easier integration of gender issues in national proposals including indicators of gender based violence in HIV programs"***.

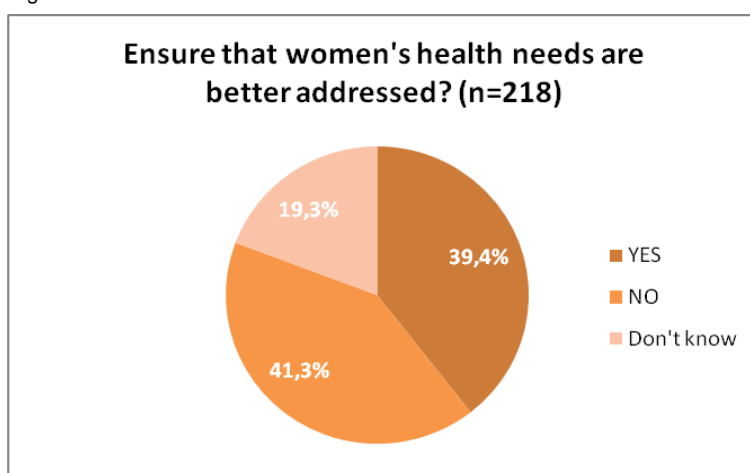
Of those who were aware that their countries had accessed Round 9 funding (N=529), the largest group of respondents (37.1%) asserted that these proposals did not integrate work with women and girls, while only 16.3% affirmed that such work was integrated into the proposals, and 46.7% did not know. As a participant from EAP highlighted, ***"(...) in the implementation of the projects, they have not addressed gender inequality as it has been highlighted in the framework and strategy of Global Fund Gender Equality strategy and projects included services for women but did not highlight special interventions to address the needs of women and girls (...)"***



A **common concern** was that when Global Fund funded programs do integrate women and girls, **this is often limited to vertical transmission initiatives, or only focused on sex workers, but do not integrate women and girls as a priority group in themselves.** Along these lines, a woman from India noted that: **“Global Fund should make an effort to design inclusive programs to benefit not only the women in sex work, but also other women”.** Even in vertical transmission prevention programs, not all women are included, as noted by a woman in Paraguay: **“Prevention of vertical transmission in the Global Fund project is only for adult women. Adolescents and young women should also be incorporated”.**

In terms of whether Global Fund grants have helped improve women’s and girl’s equality with regards to HIV through health and community systems strengthening, the percentage of the respondents indicating that **the Global Fund grant in their country had helped ensure women’s health needs were better addressed** nearly equaled the percentage that affirmed the grant *did not* (39% and 41% respectively), while 19% responded “don’t know” (Figure 2). These figures only consider the responses of those that knew when their country accessed a Global Fund grant and answered this question, which was only 218 of the 709 online consultation participants. The regions showed some variation, for example, in SWA and EAIO a majority of women (63.2% and 60% respectively) affirmed the grant did help better address women’s health needs, while in SA and EAP only 26.1% and 15.4% respectively said the same.

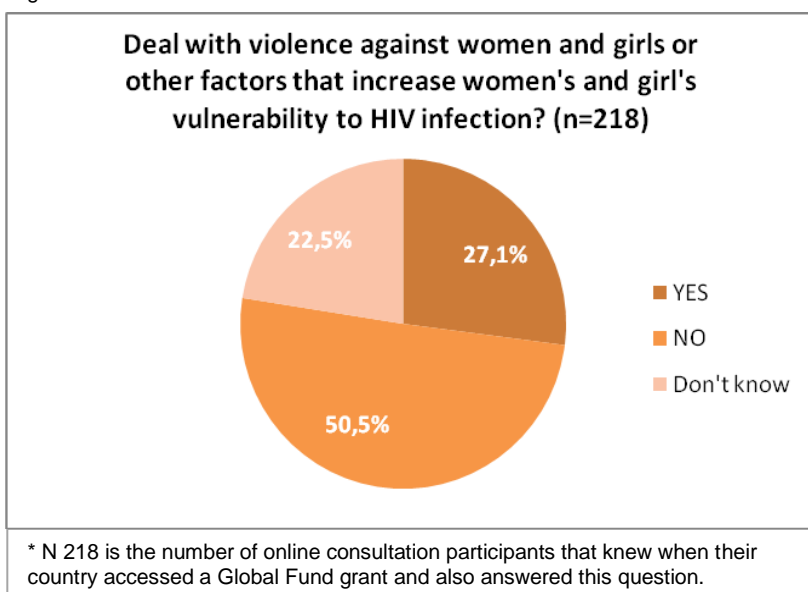
Figure 2



Regarding addressing **girls’ health needs** specifically, respondents considered Global Fund grants even less effective than in regards to women’s health needs, with **only 25% of respondents affirming that they have been better addressed, and 49% indicating that the grant had not addressed their needs.** The remaining, 26% did not know. In SA, a mere 8.7% responded that the grant helped ensure that girls’ needs are better addressed, while the figures were also very low in EAP (15.4%) and MENA (16.7%). In LAC, SWA and WAC, 50% or more of respondents said that they were *not* better addressed, identifying that this is due in part to the fact that young girls are hard to reach, and it was stressed that education is equally important for them.

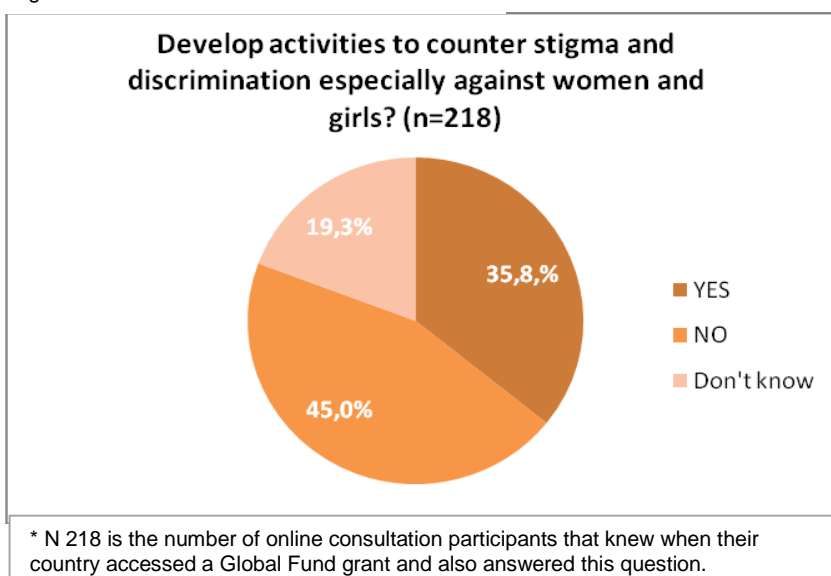
Related to whether the **Global Fund grant helped address violence against women (VAW) and other factors that increase women’s vulnerability to HIV, 50.5% responded that the grants did not include actions to address violence (Figure 3).** Of the remaining respondents, about 27% responded positively, while 22.5% indicated not to know. This percentage was similar across the different regions. A respondent from Indonesia said **“...rape and sexual abuse increase day-by-day and trafficking as well, but the current grant does not address this issue.”** In Mali, a group of women noted: **“in our country, the Global Fund funds were not available to organizations which work on sexual violence.”** Another respondent in that country stated that: **“the Global Fund needs to support the fight against violence, especially sexual abuse of girls and rape of young women, and address harmful practices, as genital mutilation”.**

Figure 3 \*



The majority of the respondents (45%), who were familiar with the fact that their country had accessed the Global Fund grant, reported that the **grant did not include actions to counter stigma and discrimination against women and girls**. A total of 36% of women responded that the Global Fund grants include such actions while 19.3% indicated not to know this (Figure 4). In Mali it was reported that: ***“HIV/AIDS is still taboo, even if efforts have been made, which explains why people were shy about answering online.”***

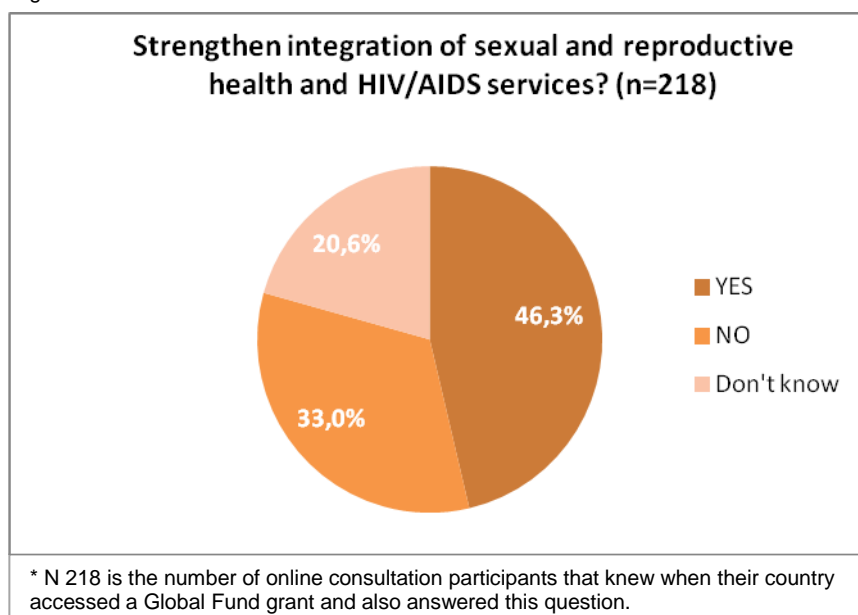
Figure 4 \*



However, there were exceptions, such as in Belarus, where, stigma and discrimination were specifically noted as barriers to women’s access to services and treatment, and respondents noted that the ***“Global Fund grants helped to start the process of creating awareness on stigma.”*** Yet, significant improvement is still needed to protect basic rights especially for women living with HIV, as noted by another respondent from this country: ***“Please help us watchdog the situation regarding people living with HIV’s rights and gender equality as well as not to get imprisoned!!”***

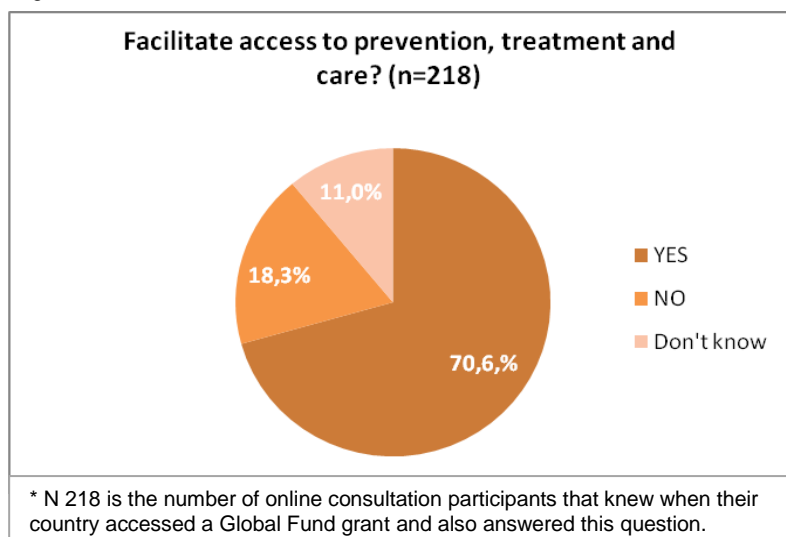
Just under half of respondents (46.3%) said Global Fund grants helped strengthen the integration of sexual and reproductive health and HIV services, while 33% indicated that the grant did not strengthen the integration, and 21% indicated not to know (Figure 5).

Figure 5\*



Based on qualitative responses, many women considered that the persisting lack of integration is especially problematic for women living with HIV. As identified by respondents, key areas to be addressed through Global Fund grants included access to sexual and reproductive health services for women living with HIV, e.g. access to female and male condoms; protection of their rights, including protecting them from forced sterilization; and support to end violence against women and girls. One woman in Paraguay stated: **“...women living with HIV have been sterilized without consent and others were discriminated against because they became pregnant”**. Another woman from that country expressed her concern: **“the Global Fund Strategy needs to highlight the need for implementation of comprehensive services of Sexual and Reproductive health**

Figure 6\*



**to ensure access to family planning and the reproductive rights of women living with HIV”**. A woman from Kenya stated: **“the Global Fund Strategy needs to call on countries to create comprehensive sexual and reproductive health services so women with HIV have a one-stop shop.”**

The issue over which the grants were seen to have most positive impact is facilitating access to prevention, treatment and care with 70.6% of respondents reporting improvements. About 18% reported that the grant did not

help facilitate access, while 11% did not know (Figure 6).

Regarding the topic of **Dual-track funding**, the consultation questions aimed to assess how successful the Global Fund has been in achieving its goal of expanding its investments in programs with women and girls as at-risk populations for the three diseases.

Figure 7

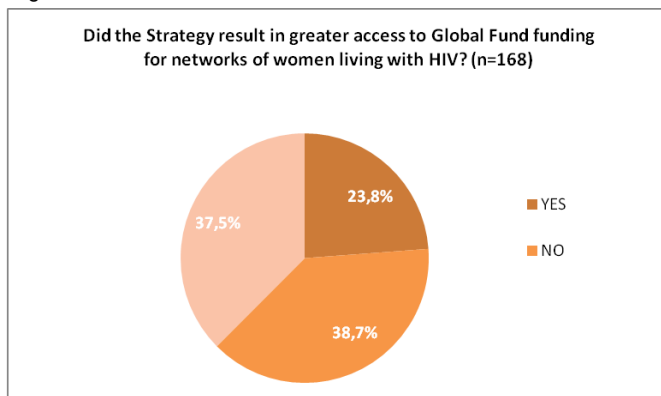
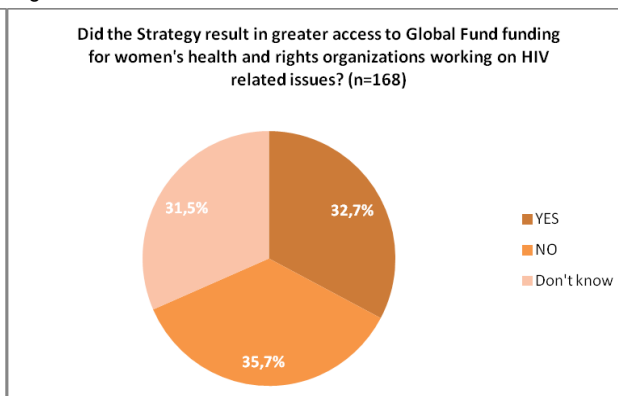


Figure 8



Of the 529 women familiar with the Strategy, only 168 responded to the question whether its implementation resulted in greater funding for networks of women living with HIV and organizations working on women’s health and rights. Excluding those who answered “don’t know” (37.5%), **more respondents (38.7%) reported that the implementation of the Strategy in Round 9 had not resulted in greater access to funding through the Global Fund for networks of women living with HIV**, while only about 24% responding that greater access occurred (Figure 7). The same trend is observed for funding of organizations working on women’s health and rights, with **35.7% of the respondents indicating that it had not resulted in increased access to funds for these groups** and 32.7% reporting that it resulted in greater access to funds for HIV-related women’s health and rights organizations (Figure 8).

As a respondent from Paraguay noted: **“In Paraguay, after seven projects with the Global Fund, there is still no specific proposal to work with women and girls and funds were not distributed to women’s and girls’ organizations or networks”**. A woman living with HIV from Kenya underscored that **“the Global Fund should set aside funds to address women’s issue and make funds available for women’s organizations and grassroots women”**.

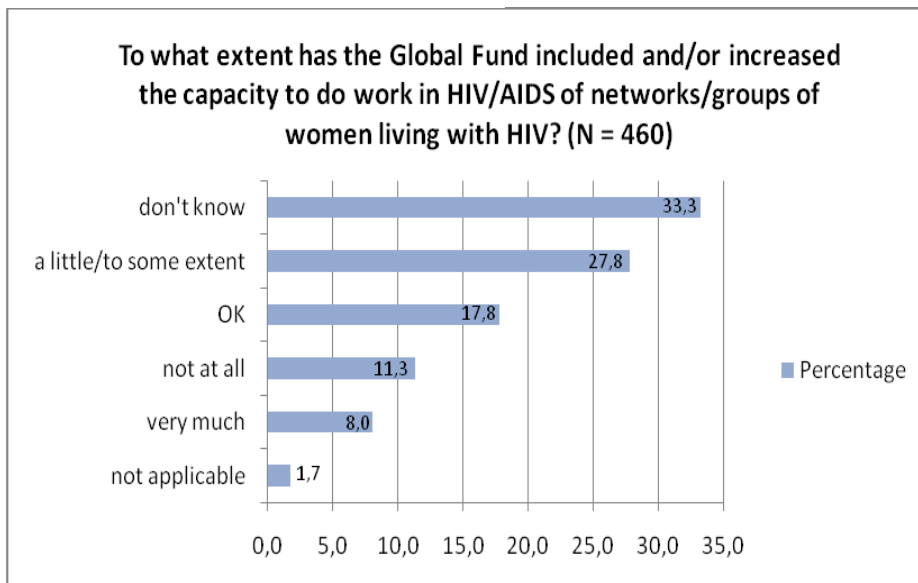
**While many respondents (31.7%) did not know whether Global Fund funds had established and strengthened partnerships supporting the development and implementation of programs that address gender inequalities and reduce women’s and girl’s vulnerabilities to HIV**, of the remaining respondents only 11.3% said they did not at all, and the rest said this was achieved “OK” or “very much” (25.8%) or “to some extent” (27.8%). Nonetheless, respondents consider this an important task, as expressed by a participant in Ecuador: **“the Global Fund should set aside funds for women’s alliance to strengthen women and girls activities that promote gender equality.”**

While one third of the 460 respondents did not know to what extent the Global Fund had contributed to **increasing the capacity of women’s health/rights and sexual and reproductive rights groups women to do work in HIV**, **more than half of the women (53.6%) indicated that the Global fund had contributed to their capacity**. The respondents scored the highest (27.8%) on “a little/to some extent”, and the lowest (8%) “very much”, with 17.8% indicating “OK”. Only 11.3% of the respondents indicated that the GF did not contribute to capacity building of women’s organizations. These proportions globally were similar but slightly more optimistic in regards to increased capacity of groups/networks of women living with HIV (Figure 9).

As noted by a woman living with HIV in Belarus: **“We need a strong women’s network able to be a real voice of women’s vulnerability of HIV! The Global Fund has to help build up this women’s networking (and) facilitate those women to be more related to international feminist women”**.

Responses were mixed in regards to the extent to which the Global Fund successfully implemented a **communications and advocacy strategy** that promotes the Strategy and related programming, as established in the Strategy itself. **Interestingly, the largest group of respondents did not know (44%),** followed by those who said a little or to some extent (20%) and those who said not at all (16%). Finally, only 7% said “OK” and 8% said pretty good or very much. In regards to women’s opinions about whether the Global Fund has provided leadership by supporting, advancing and giving voice to the Strategy, the percentages were the similar.

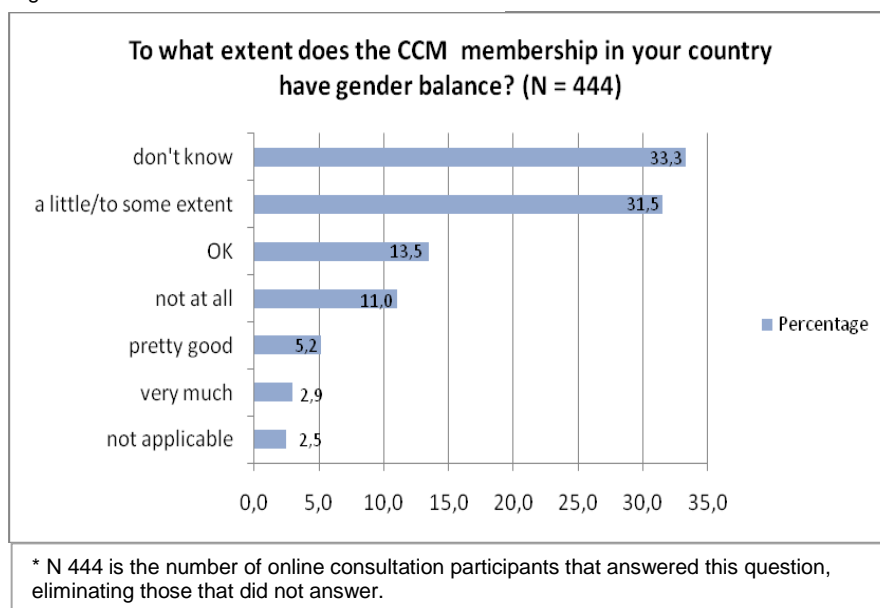
Figure 9



Regarding Country Coordinating Mechanisms (CCMs), **33.9% indicated that women and girls living with HIV affected by HIV had been meaningful involved as members of their countries’ Country Coordinating Mechanism (CCM), while 29% of respondents confirmed their engagement and 37.1% indicated not to know.** The responses varied among the regions. For example, in the EAIO region, respondents pointed out that those involved were handpicked and do not actually represent women’s voices. The same occurred in MENA, where only 9.1% of women considered that the involvement of those women and girls the question mentioned was meaningful or not, and in the EAP and SWA regions only 23%. Meanwhile, the most positive responses were in SA, where 40% gave affirmative answers. Many of the answers referred to members of networks of people living with HIV and in a few cases to representatives of women living with HIV.

The above presented global findings were in line with the answers to the question about whether networks of women living with HIV or representatives of women’s right organizations had been supported **to engage and take leadership roles as members of their countries’ CCM. In this case, 42.7% of respondents stated no, 22% said they had, and 35.3% did not know.**

Figure 10 \*



Regarding gender balance in the CCM membership, **31.5% answered “a little/to some extent”, while 21.6% of women answered “very much”, “OK” and “pretty good” (Figure 10).** Of the remaining respondents 11% answered “not at all”, while 33.3% did not know and 2.5% indicated “not applicable”.

Globally, 30.4% of the women affirmed that the CCM had only to some extent effectively supported programs that addressed gender inequality; while 15.8% of women affirmed the CCM support by answering “very much”, “pretty good” or “OK” (Figure 11). A total of 12.6% of women felt that the GF had not supported programs that address gender inequality, while 34.7% did not know and 1.6% indicated “not applicable”.

Figure 11 \*

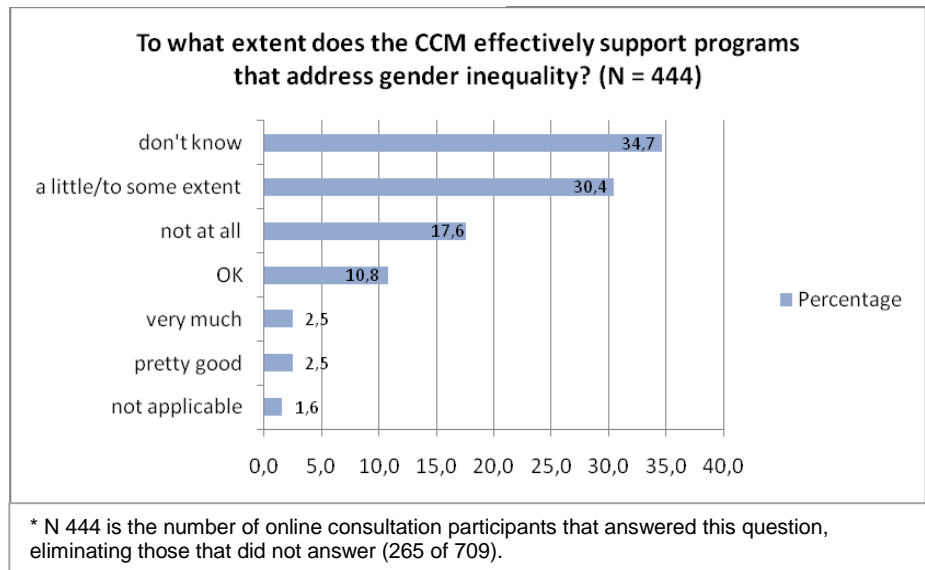
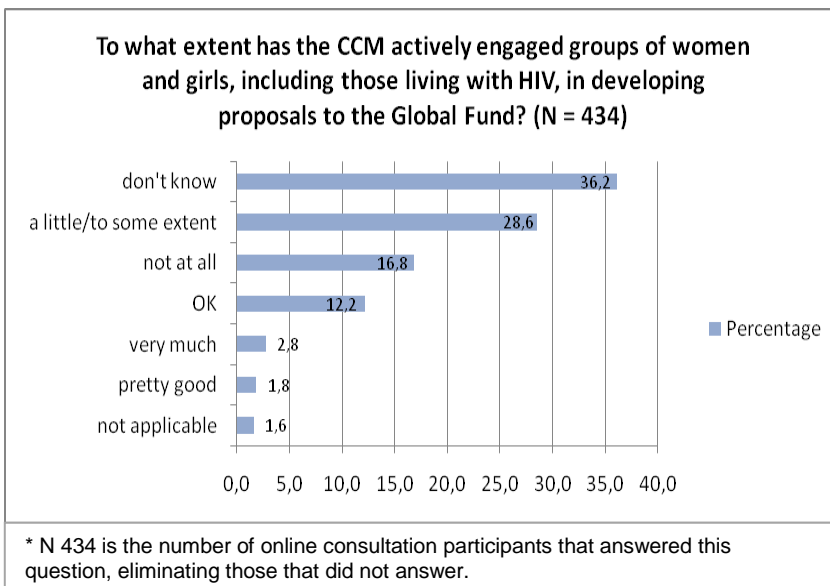


Figure 12\*



Regarding the **proposal development and submission process for Global Fund grants**, the following questions aim to evaluate if women and girls' meaningful engagement, gender balance and gender-based analysis is ensured.

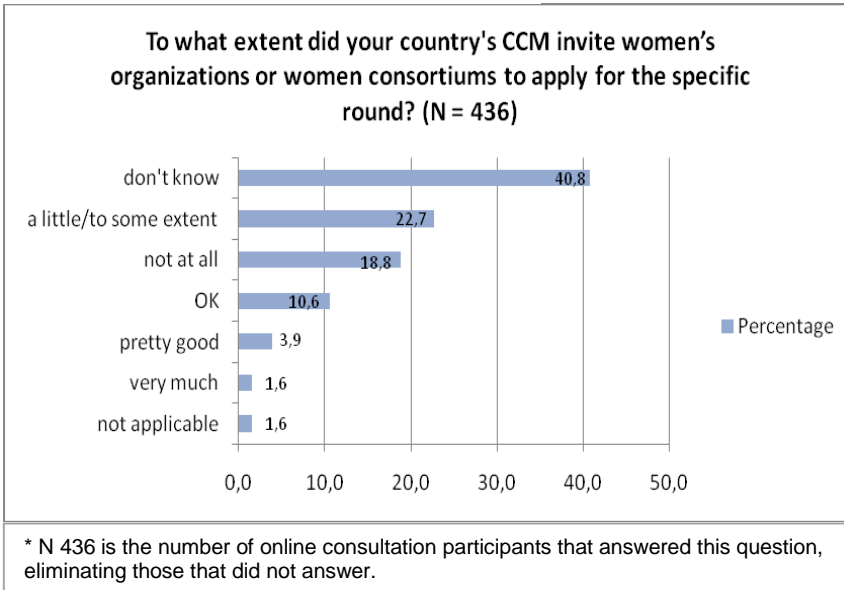
Meaningful engagement of women and girls in proposal development reflects a similar trend as their engagement in CCMs, with 36.2% indicating not to know and 28.6% indicating only **“to some extent”**. Interestingly, the total percentages of respondents

indicating that engagement was OK, very much and pretty good was equal to the scoring for “not at all” (16.8%) (Figure 12). In EAP, MENA and SA, **almost no participants reported that their CCM engaged groups of women in the development of proposals**, and in EAIO and SWA **almost a quarter of respondents reported that CCM did not engage women groups at all**.

According to the reports obtained from women, the reported **inclusion of gender expertise in the proposal writing team appointed by CCM in rounds 9 and 10 was minimal**. Globally, 10.8% stated it was not included at all, 26% said it was to some extent, 12.2% indicated OK and 7.2% affirmed “pretty good” or “very much”, while 43.8% did not know. At the regional level, the trends were mixed with regards to what extent gender expertise has been included in the proposal writing team appointed by the CCM. While most regions reported gender expertise had been included to little or some extent, 28.6%% of respondents in EAIO, 17.6% in SWA and 11.9% in EECA reported that it had not been included at all.



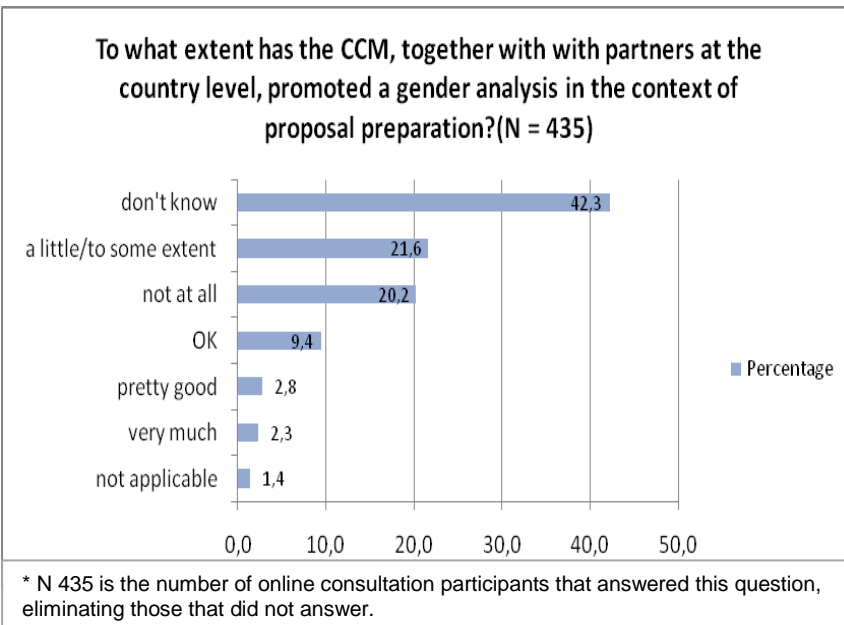
Figure 13\*



Globally, when asked about **CCM's invitations or outreach to women's organizations or consortiums in applying for specific rounds**, nearly one fifth of the respondents said "not at all" (18.8%), while the majority indicated "to some extent" (22.7%), followed by those who said OK (10.6%) and those who said "pretty good" or "very much" (5.5%) (Figure 13).

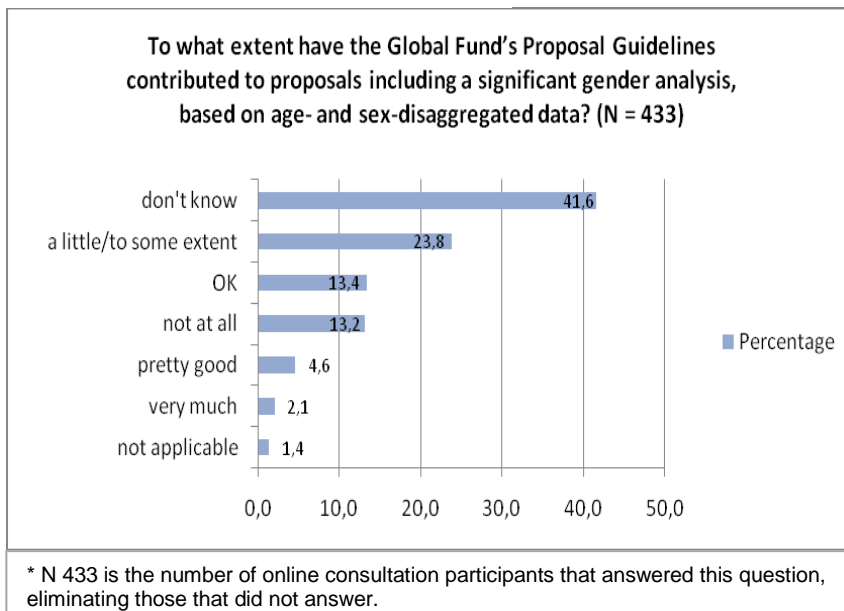
**Regarding the extent to which the CCM, together with partners at the country level, promoted a gender analysis in the context of proposal preparation**, a nearly equal percentage indicated "to some extent" (21.6%) and "not at all" (20.2%). While more than 12% indicated "OK" and "pretty good" (9.4% and 2.8% respectively), only 2.3% globally reported this had been done well, while 42.3% did not know (Figure 14).

Figure 14\*



Respondents also noted that the **Global Fund's proposal guidelines contributed very little to proposals including a significant gender analysis, based on age- and sex-disaggregated data on a global scale** (Figure 15). 13.2% of respondents globally said it did not contribute at all, while 23.8% said it did a little, 13.4% indicated OK, and only 6.7% said it did so pretty well or very much.

Figure 15\*



Respondents were also asked to evaluate whether the **Technical Review Panel (TRP) of the Global Fund** sufficiently considered gender analysis as an important criterion for selection of Global Fund grants. The majority (65.3%) indicated that they did not know, and **29% responded that the TRP did not mention or address gender inequality. Only 4% of participants responded that it mentioned or requested clarifications about how the project addressed gender inequality prior to its approval.**

Regarding the **monitoring and evaluation (M&E) of Global Fund grants**, respondents were asked to evaluate whether or not women and girls are meaningfully involved. **A total of 28.9% of the women reported “a little or to some extent” and 23.8% reported “not at all”, while the rest said OK (9%), pretty good or very much (4.2%) or that they did not know (34%).**

Concerning the **Global Fund governance structure**, 33.3% of respondents stated that their country’s CCM members have **not received specific training or education on gender as part of involvement with CCM**, while another 60.9% do not know.

**Only 7% of women globally reported that women’s organizations, including sexual and reproductive rights organization, had been Principal Recipients (PR) of a Global Fund grant. Almost half of respondents said no (48.7%), while the rest did not know (44.3%).** In EECA, a respondent from Belarus expressed her concern: **“We don’t have any women’s NGO receiving funding from the Global Fund!!”**, reflecting similar concern from respondents in all regions regarding the lack of funding for women’s organizations and networks. **Although a larger number (21.5%) reported that women’s organizations had been Sub-recipients of a Global Fund grant globally**, the percentage was still not high and overall reflects the limited amount of support that the Strategy has generated for women’s organizations and networks.

### **C. DISCUSSION OF KEY FINDINGS**

This section presents a discussion of the key findings from the consultation, organized in line with the areas presented in the previous section. Following those themes, the discussion assesses the impact of the Strategy in terms of meaningful engagement, capacity building and gender-specific interventions, in order to identify general trends regarding areas of progress, as well as significant gaps and priorities that came out of the consultation.

Given the high percentage of “don’t know” scores, it appears that the Global Fund process is not well known by women at different levels of the society. This will not only hamper their engagement, but also affect the creation of Global Fund proposals that address the needs of women and girls. The Global Fund therefore needs to ensure much wider dissemination of the Strategy, as well as of mechanisms for women to meaningfully engage with the Global Fund.

The overwhelming lack of knowledge about the Strategy among women who are engaged in the HIV response and from countries that have been recipients of Global Fund grants, clearly indicates the need, identified by respondents, for **the Global Fund to develop a strong advocacy and communication campaigns at the country level around the Strategy.** In Belarus, a woman living with HIV stated: **“We need the Strategy to be in action, not only on paper or just words”.**

The large number of respondents that asserted that Round 9 proposals did not integrate work with women and girls also points to an area of concern, where it is evident that further work is needed. **This should include greater efforts to ensure that Global Fund funded programs are designed to contribute to the NSP and based on situational analysis on women, girls and HIV.**

Regarding how well the Global Fund grants have helped improve gender equality for women and girls with regards to HIV through health and community systems strengthening, **a series of key priorities was identified, that will be important for technical partners to support taking forward in the development of future Global Fund proposals.** These are: the need to develop activities to counter stigma and discrimination against women and girls and increase ongoing



health services with integrated sexual and reproductive health and HIV services, comprehensive sexuality education, addressing violence against women, as well as empowerment and education for women and girls, and access to female condoms.

While the issue over which the **grants were seen to have most positive impact is facilitating access to prevention, treatment and care** for women and girls, there were also recommendations for improvements in this regard. In EAP it was noted that the **benefits to women and girls are indirect, as they are not targeted directly**. This is noted in testimonies such as from a woman in China: *“It’s harder for women and girls to obtain medical and support resources, so projects should include the support for women to effectively prevent HIV”*. In LAC and EAP those programs that were directed at women’s health were noted to be centered mainly on vertical transmission, leaving a gap in terms of addressing the needs of all women and girls. The **common concern** identified by respondents that the integration of women and girls into Global Fund funded programs is **often limited to vertical transmission initiatives, or, in other cases, only focused on sex workers**, reflects women’s opinion that these programs are **not considering women and girls as a priority group in themselves and in all of their diversity**. The testimonies highlight limitations in Global Fund supported projects, which, according to the respondents, are not promoting the objectives established in the Strategy.

Respondents also noted that **while the Global Fund grants included actions to increase access to a variety of services, there are still significant challenges to be addressed**. Some respondents referred specifically to understaffed health care centers and burdens on workers. Others noted underlying basic needs which persist despite increase in access to treatment: *“(…) a serious problem is poverty. We have no way to pay the transportation to go the hospital and less to be able to eat daily. So we received the treatment but we have no meals and no resources for other basic needs,”* stated a woman in Paraguay. Still more serious problems in access to services, supplies, information and education were noted for women in rural areas. Women from EAP noted: *“prevention only exists in cities, not remote areas and women do not have sexual and reproductive healthcare, STI tests, female condoms.”* According to respondents, this represents a serious setback especially since rural women are those who are often most vulnerable to the impacts of gender inequality and have less access to services, as noted by a respondent in India: *“In rural areas, it’s necessary to address gender inequality for successful interventions to confer economic and political power to women to challenge the existing inequality”*.

**While the implementation of the Strategy is still in its early stages, making it challenging to assess impact at this level, the relative high percentage of respondents that consider that the Global Fund grants did not address the majority of the central issues for women’s and girls’ health needs, clearly indicates that greater progress is needed.**

Regarding how successful the Global Fund has been in achieving its goal of expanding its investments in programs with women and girls as at-risk populations, it is of concern that most participants **did not think the Strategy’s implementation in Round 9 resulted in greater access to Global Fund funding for networks of women living with HIV. Although a larger portion of respondents found that HIV-related women’s health and rights received greater access to funding, this figure was still very low as well**. Some participants linked this lack of access to funding with the lack of real implementation of projects that address women’s and girls’ health needs in a comprehensive manner. In response to this situation, recommendations emerged from many participants that **women’s groups and especially women living with HIV groups still need greater access to funding, but also to information, training and capacity building to participate in Global Fund processes at all levels**.

Although a significant portion of respondents thought the Global Fund has increased *to some extent* the capacity to do work in HIV of groups/networks of women living with HIV, less progress was noted in this regard for women’s health rights and sexual and reproductive health rights groups. Reflecting these findings, **a common demand of women participating in the consultation was for capacity building of their organizations to be able to take a more active role in the Global Fund processes in their countries**.

In addition to the need and desire for capacity building, another priority that came out of the consultation results was the need for a strong **communications and advocacy strategy that promotes the Strategy and related programming as established in the Strategy itself**. Participants called for the Global Fund to provide more leadership to support, advance and give voice to the Strategy.

Responses also highlight the need to strengthen women's meaningful participation in CCMs, as well as achieve greater transparency in the appointment of those women who do participate. Respondents suggested that the **women members of the CCM should actually be from networks of women living with HIV, women's groups and women's rights organizations, not women members of male dominated organizations or from organizations that do not prioritize women's rights**.

In addition to strengthening women's meaningful participation in CCMs, it is evident that women's capacity to engage in proposal development and submission for Global Fund grants must be strengthened. **CCMs should take greater strides to promote a gender analysis and gender expertise in the context of proposal preparation**. It is recommended that the Global Fund provide a template to CCMs to answer questions about gender analysis to present with the proposal, to clearly indicate the scope of gender response for programs supported by the Global Fund, and that it be required for gender specialists to sign off on proposals as well as on all Global Fund policies. Through greater capacity building of women's organizations and networks of women living with HIV, as well as strengthened incorporation of gender expertise in proposal development, **the current limited funding to women's organizations and networks should increase and better address women and girls needs**.

Regarding the **poor extent to which women and girls meaningfully participate in the monitoring and evaluation of Global Fund grant implementation**, this **points to the need for improvement in this area as well, with women and girls being systematically involved in the M&E of Global Fund grants**.

#### **D. KEY RECOMMENDATIONS**

From the 937 women who engaged in this consultation process, it is evident that women from around the globe welcomed the Global Fund's approval of the Gender Equality Strategy and, moreover, are eager to engage in its implementation. While the Strategy is still in early stages, the findings of this consultation point to significant gaps and limitations in how it has been taken forward to date. In moving forward, addressing the following recommendations will be key to successfully rolling out the Strategy and translating the Global Fund's commitments to women, girls and gender equality to action.

In moving ahead, it will be of importance to address the **six key recommendations** emerging from these findings:

1. The Global Fund should develop a strong advocacy and communication campaign to disseminate the Strategy at the international, regional, national levels and community level, working with country partners: UN and bilateral agencies, civil society networks, especially women living with HIV and other women's groups, and governments.
2. The Global Fund Secretariat should ensure that gender equality is included as an explicit component of the next Global Fund Five year strategy.
3. The Global Fund Secretariat must engage technical partners, such as UNAIDS and WHO, to develop technical guidance on translating the Strategy into practical programming for women and girls, so that the Strategy will have greater impetus and support for its implementation.

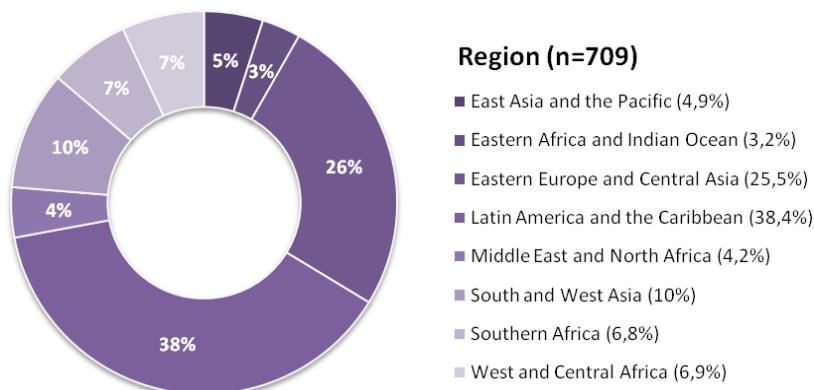
4. The Global Fund should strengthen its work with technical partners to ensure the development of technically sound, gender-sensitive proposals which address the needs of the diversity of women and girls in the context of the three diseases. This should include putting in place mechanisms to ensure that the programs they fund integrate all women and girls as a priority group in themselves -not just MARP-, and that programming is comprehensive, including not just vertical transmission but also sexual and reproductive health, the elimination of all forms of violence, sexual abuse and stigma and discrimination against women and girls and comprehensive sexuality education.
5. The Global Fund should dedicate a specific percentage of funding in the next Round to grants that directly respond to the Gender Equality Strategy, as well as work with technical partners to build the capacity of women's organizations and networks of women living with HIV in preparing Global Fund proposals to ensure they are more involved as Principal Recipients and Sub-recipients.
6. The Global Fund should take action to strengthen and ensure women's equal access and meaningful participation in decision-making processes within all of its governance structures. This includes improving gender balance in CCMs and training all CCM members on gender equality, with the support of technical partners.

We are sincerely thankful for the input and time women and girls gave to engaging in this consultation, both through the online survey, as well as in focus group discussions and interviews. Working in partnership, FEIM/IAWC and the GCWA will strive to ensure that these recommendations are heard and taken forward.

## ANNEX 1: RESPONDENTS' PROFILES

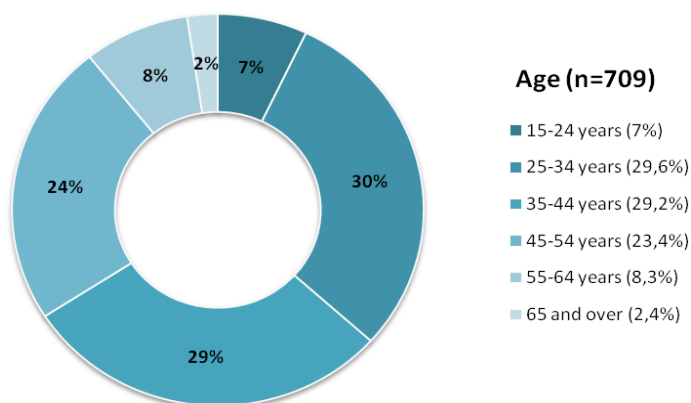
### Global profile

In total, 937 women from 97 countries and eight regions took part in the consultation, through the online survey and the focus groups. 709 of them responded to the online consultation and an additional 232 participated in 12 focus group discussions. Participants encompassed a diversity of women, as clarified below. The focus groups were held at the local level in Paraguay, India, Kenya, Mali, Belarus, China and Ecuador.

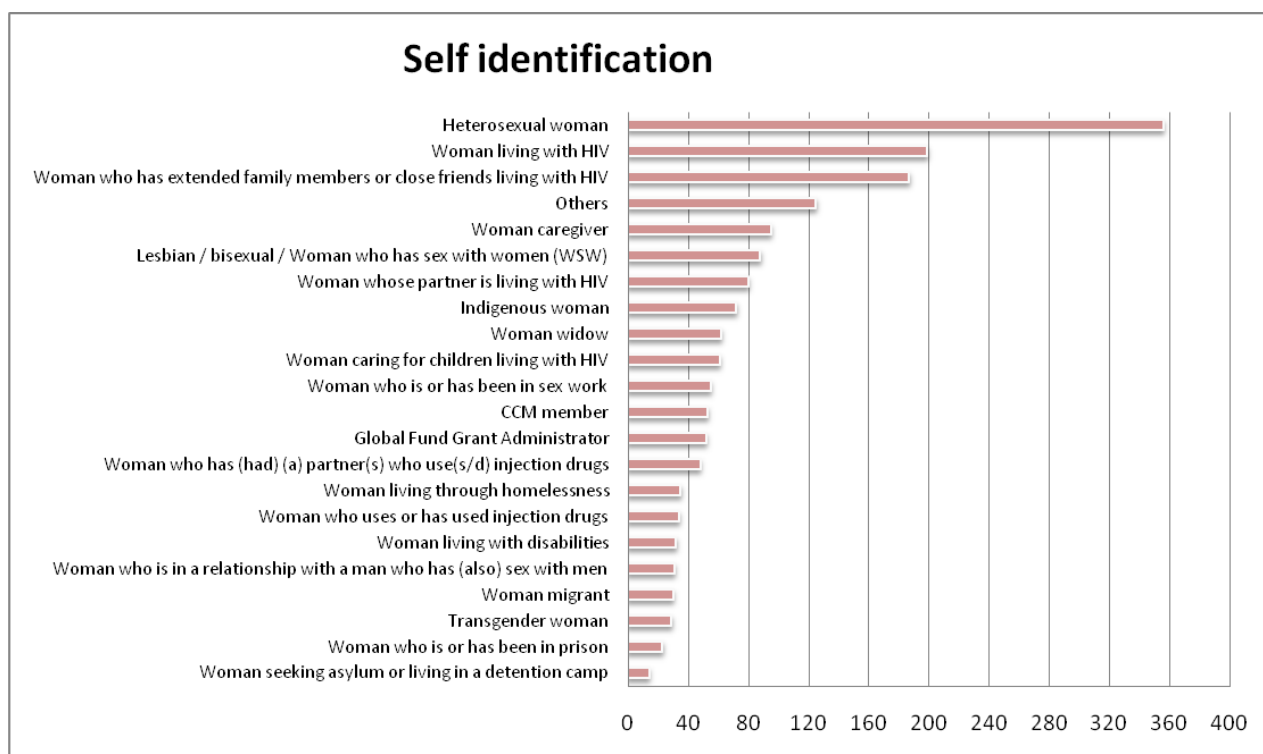


With regard to the virtual consultation respondents, the two regions most strongly represented in the consultation were LAC (38%) and EECA (25.5%), with the least participation from EAIO (3.2%) and MENA (4.2%). Respondents were overwhelmingly urban with 77% identifying themselves at city dwellers, 12% from towns and 10.7% rural.

In terms of **age** breakdown, 82.2% of virtual consultation respondents were young to middle age women. Most respondents were 25-34 years old (29.6%), followed by 35-44 years old (29.2%) and 45-54 years of age (23.4%). Young women 15-24 years of age were less represented (7%). In each of the focus group discussions, between five and twenty-four women participated. Their age was generally between 25 and 45 years old, with some women above the age of 45, but with very few younger women participating. This age distribution is because with the online methodology it is easier to reach women under 45, while women in this age group and older are easier to reach through personal interviews and focus group discussions.



The virtual consultation reached a diversity of women, with 28% identifying themselves as women living with HIV, 26.4% as women with extended family members or close friends living with HIV and 11.3% as women whose partner is living with HIV. The consultation reached lesbian/bisexual women who have sex with women (12.4%), sex workers (7.8%), and women who have used injection drugs (4.8%), among others, including sexual and reproductive health and rights (SRHR) activists, young people, and transgender and transsexual people. Global Fund administrators made up 7.3% of respondents and CCM members constituted 7.5%. Respondents could choose to identify with more than one category in this section.



## Regional profiles

### ***Latin America & the Caribbean***

LAC made up the largest group of respondents, with 279 women participating via virtual consultation from Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, the Dutch Antilles, Ecuador, El Salvador, Guatemala, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Puerto Rico, Dominican Republic, Trinidad & Tobago, Uruguay and Venezuela.

Almost all women (95%) were urban and the majority were between 25 and 54 years of age (22.5% from 25-24, 24% from 35-44, 30% from 45-54). A quarter of the respondents were women living with HIV (26%), 28% were women with extended family members or close friends living with HIV, 7.5% were partners of people with HIV, and 4% were women who care for children with HIV. 18% reported that they were lesbian/bisexual/woman who has sex with women, 7% of the respondents as women who are currently or have been sex workers and 5% as partners of men who also have sex with men.

Focus group discussions in LAC were held in Paraguay and Ecuador. In Paraguay 11 women from different regions of the country participated, 8 of whom were women living with HIV, 3 were health workers, and on average participants were heterosexual women in the 15-54 year old age groups, from urban areas. In Ecuador 14 women were involved, 12 in a focus group with women sex workers from the Network of Sex Workers in Ecuador, which is currently sub-recipient of Round 9 HIV/AIDS grant, and 2 were interviewed individually: one sex worker and one woman living with HIV. All the women were in the age group 24-55 years old and came from different provinces in the country.

### ***Eastern Europe and Central Asia***

There were 181 respondents from this region, making up the second largest block of respondents, from: Albania, Azerbaijan, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, Estonia, Georgia, Kazakhstan, Kirgizstan, Macedonia, Moldova, Romania, Russia, Serbia, Tajikistan, Ukraine, and Uzbekistan. 61% of participants were urban, while 29% reported they were from towns. The majority of respondents were 25-34 years old (45.2%), 45-54 (9.8%) and 15-24 (9.2%). One third of women (32.9%) identified themselves as woman living with HIV; 17.9% of women have a

partner who is living with HIV; 9.8% are women caring for children living with HIV and 20.2% are women with extended family members or close friends living with HIV.

In EECA, 3 focus group discussions were held in Belarus, bringing together a total of 38 participants. All of them were grassroots women living with HIV but representing other diversities as well: a majority was heterosexual but 4 women identified as lesbian or bisexual, 7 are/were women who engage in sex work, 19 identified as women who use/d injecting drugs and more had partners who did, 5 were caregivers, 9 had been in prison, among other diverse backgrounds and identities. The majority of these participants correspond to the 35-44 age group, while the rest were between 25-34. More than half of them were from small towns or rural areas.

### ***South West Asia***

This region composed 10% (71) of total respondents, with participants from India, Pakistan, Australia, Azerbaijan, Bhutan, Indonesia, Nepal, and Sri Lanka. The majority of the women belonged to the 25-34 age bracket, and 79% of the women live in urban areas. 8% identified themselves as lesbian/bisexual/WSW; 3.5% identified themselves as woman who is or has been engaged in sex work; 10.4% as women who use or has used injection drugs.

The focus groups in this region were held in India and involved 21 women, many of them rural, and who identified as sex workers, women living with HIV or transgender women. Most respondents were in the 25-34 age group, working for many years on issues around HIV/AIDS.

### ***West & Central Africa***

52 women responded to the survey from 15 countries in Africa in French, English and Portuguese. Mali was the most represented country with 20% of the respondents, followed by Nigeria at 13.7%, and thirdly Cameroon with 12%. Almost all participants (81%) were urban. 30.4% of women identified as women living with HIV; 50% reported extended family or friends living with HIV; and 25% as caregivers for children with HIV. 18% of respondents have been or currently are engaged in sex work, 10.7% have been or currently use injection drugs; and 23% are widows.

### ***Southern Africa***

This region provided responses from 48 women in 11 countries, with just over half of respondents from South Africa. Nearly 75% of the responses came from people residing in cities and two thirds (66%) of the responses were from people in the 35-54 years age bracket. A quarter of women identified themselves as living with HIV, and 7.3% reported they lived with a partner with HIV.

### ***East Asia & Pacific***

24 women responded to the survey from 13 countries, with the most reporting from Indonesia, Australia and China. 79% of respondents identified as being from urban locations, while 20.8% reported they live in towns. The largest group of participants were 35-44 years old (48.5%), followed by those who were 25-34 years old (29.2%), 45-54 years old (12.5%) and 55-64 years old (12.5%). 17.3% were women living with HIV, 7.7% were women whose partner is living with HIV, 15.4% were women who are or have been engaged in sex work, and 7.7% identified as women migrants.

In EAP, 12 women from China were consulted individually, coming from urban and rural backgrounds and from the field of gender equality and HIV/AIDS.

### ***Middle East & Northern Africa***

Responses to the virtual consultation came from 10 women from Algeria, Egypt, Morocco, Libya and Tunisia. The majority of the respondents were between 15-44 years of age and from cities. Focus group discussions were held with 18 women from Mali and with representatives of two women's organizations in Morocco and another in Tunisia.

### ***Eastern Africa & Indian Ocean***

21 people from this region participated in the virtual consultation, from Burundi, Kenya, Tanzania and Uganda. About half of the participants are urban (52%), with the rest divided between rural (33%) and towns (14%). Age was distributed across a wide range, with the bulk between 35 and 44 years of age (48%), then 25% between 25-34 years of age, 19% between 45-54 years of age and 10% between 55-64 years of age. Almost three quarters of participants identified as women

living with HIV (72%), while 38% identified as heterosexual women; 19% lesbian/bisexual/WSW; and 5% transgender women. 43% are women with extended family members or close friends living with HIV; 38% identified themselves as caregivers, 24% as partners of people living with HIV, and 33% as women who care for children with HIV.

In EAIO, focus groups were convened with grassroots women in Kenya, bringing together a total of 126 women from diverse groups including community health workers, women living with HIV, women who engage in sex work, caregivers and community leaders. The women came from different provinces within the country. The majority of them were in the 34-45 age group.