

Checklist for inclusion of Gender Transformative Programming in the utilisation of the New Funding Model of the Global Fund to Fight, AIDS, TB and Malaria¹

RATIONALE:

This checklist has been developed to support the integration of gender-transformative components into the implementation of programmes supported by the Global Fund to Fight AIDS, TB and Malaria (“the Global Fund”), primarily in relation to HIV grants.

BACKGROUND:

HIV has been identified as a leading cause of morbidity and mortality among women of reproductive age.² Globally, young women aged 15-24 are contracting HIV at rates twice as high as among young men, accounting for 21% of all new HIV infections and every minute one young woman acquires HIV. Less than 30% of young women have comprehensive and correct knowledge about HIV transmission.

Much more remains to be done to address the complexity of factors that drive women’s and girls’ vulnerability to HIV including women’s and girls’ biological susceptibility and harmful gender norms that result in: early sexual initiation (frequently coerced); power imbalances in sexual relationships (including but not limited to those between younger women and older men) that may impede women’s ability to negotiate safer sex practices; gender based violence including intimate partner violence, coerced sex and rape; early marriage; and constrained educational and employment opportunities that constitute barriers to women’s autonomy, sexual and reproductive health and rights.

Securing gender equality and human rights is essential to equitable, evidence-informed and efficient responses to HIV. The UN Secretary-General’s Report: [United to end AIDS: achieving the targets of the 2011 Political Declaration](#) notes that while many gains have been made in the HIV response, “considerable gaps persist in access to HIV services, particularly for people at higher risk of exposure to HIV. Punitive laws, gender inequality, violence against women and other human rights violations continue to undermine national AIDS responses and declines in funding have the potential to jeopardize the capacity to expand access to HIV services and sustain progress over the coming years.”³

Gender transformative programming is designed to promote human rights and gender equality by changing gender roles, promoting relationships that are fair and just in the distribution of benefits and responsibilities and fostering institutional and governance structures that support gender equality. Gender transformative HIV responses also involve reforming and repealing punitive and discriminatory policies toward a legal and policy environment that promotes and protects public health, human rights and gender equality.⁴ Instituting a gender-sensitive national HIV response requires that interventions to address gender inequality and the needs of women and girls are planned, funded and integrated fully into national HIV strategies and plans.

The Global Fund is an important source of funding programming for a gender transformative response. In 2008,⁵ the Global Fund instituted a Gender Equality Strategy and highlighted that it

¹UNDP welcome your comments – please send comments to Susana Fried at susana.fried@undp.org. We are grateful to Felicity Daly for her work to develop this checklist.

² WHO (2009) Women and Health: today's evidence, tomorrow's agenda. Geneva, Switzerland.

³ For more information see UNAIDS at

<http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2012/april/20120430prsgreport/>.

⁴ UNDP (2012) On Course: Mainstreaming Gender into National HIV Strategies and Plans A Roadmap.

⁵ The Global Fund to fight AIDS, Tuberculosis and Malaria (2008) *The Global Fund's strategy for ensuring gender equality in the response to HIV/AIDS, tuberculosis and malaria*. Available at: <http://www.theglobalfund.org/en/library/publications/other/>

would fund programming to: scale up services and interventions that reduce gender-related risks and vulnerabilities to infection; decrease the burden of disease for those most at risk; mitigate the impact of the three diseases, and address structural inequalities and discrimination.⁶ Some examples of interventions that the Global Fund has stated that it will champion and fund are listed in Annex A. Evidence of these approaches being implemented in the grant portfolio have been limited and the intentions of the Gender Equality Strategy have not been well translated at country level into grant activities as of yet.⁷

Recently, the Global Fund has redefined its organisational strategy after completing a consolidated reform process retaining a focus on achieving the aspirations of the Gender Equality Strategy.

The Global Fund Strategy 2012-2016 Investing for Impact

First Strategic objective: Invest More Strategically: *focus on the highest-impact countries, interventions and populations; devise approaches to achieve systematic inclusion of most-at-risk populations and gender issues in proposals; strengthen and build on existing Global Fund policies and mechanisms (such approaches include the Gender Equality Strategy, the Sexual Orientation and Gender Identity Strategy) that seek to ensure better focus on gender and most-at-risk populations throughout the grant cycle.*"

Fourth Strategic objective: Promote and Protect Human Rights *"human rights principles – including non-discrimination, gender equality, participation, transparency and accountability are integrated in all aspects of the Global Fund's work. Define roles, responsibilities and capacity needs of all Global Fund structures and country-level stakeholders to operationalize these principles."*

NEW FUNDING MODEL – OPPORTUNITIES FOR ENGAGEMENT:

The Global Fund launched a New Funding Model (NFM) in 2013 to enable it to invest more strategically, achieve greater impact, and engage implementers and partners more effectively. Participation in the new funding model will be by invitation of eligible applicants. The Global Fund's Eligibility, Counterpart Financing and Prioritization process establishes a country's eligibility for funding and for which disease component.

The NFM changes the way applicants apply for funding, get approval of their proposals and manage their grants. A useful overview of the process is the Global Fund's *New Funding Model: Transition Manual*.⁸ Several new features include:

Flexible timeline: Eligible countries may apply whenever desired during the three-year allocation period so that funding can be more in line with national budgeting cycles and country-specific demands.

Simplicity: A more streamlined concept note begins the process of applying for a grant.

Predictability: All eligible countries receive an indicative funding amount to provide more predictability. The Global Fund Secretariat adjusts these amounts to account for implementers' circumstances.

⁶ The Global Fund to fight AIDS, Tuberculosis and Malaria (2008) *The Global Fund's strategy for ensuring gender equality in the response to HIV/AIDS, tuberculosis and malaria*. Available at: <http://www.theglobalfund.org/en/library/publications/other/>

⁷ Pangaea Global AIDS Foundation. September 2011. *Formative Evaluations of the Gender Equality and Sexual Orientation and Gender Identities Strategies of The Global Fund*

⁸ http://www.theglobalfund.org/documents/core/newfundingmodel/Core_NewFundingModelTransition_Manual_en/

Focus on High Disease Burden & Low Resources: The Global Fund will focus on countries with the highest disease burden and least ability to pay.

Enhanced Engagement: The Global Fund Secretariat will be able to engage more proactively in on-going country-level dialogue, and provide early feedback prior to the Board's approval of grants. This Iterative Process should lead to high-impact investments and ensure disbursements can take place as soon as grants are signed.

Improved Grant Management: Grant management in the NFM is more responsive and pro-active, and oversight differs based on implementers' risk level.

CHECKLIST:

Each of the components of the NFM requires specific actions to support the integration of gender-transformative components in the development and implementation of Global Fund HIV grants. This document provides checklists for the following steps:

1. Country Dialogue Process
2. Development of Concept Note
3. Iterative Process
4. Grant Agreement
5. Grant Implementation
6. Monitoring and Evaluation

1. Country Dialogue Process

In most countries the Country Coordinating Mechanism will continue to function as the main body overseeing grant development and implementation. CCM members and other partners involved in Global Fund implementation will be encouraged to host a Country Dialogue to discuss future funding. Participation in this process should be wide given that "in order to develop effective gender-responsive HIV strategies and plans, broad-based multi-sectoral participation is required."⁹

The Global Fund strongly encourages countries to base their funding requests on national strategic plans¹⁰ (NSP), which should have already been developed using an inclusive multi-stakeholder process and independently assessed. The NSP can be reviewed from a gender perspective utilising a range of tools.¹¹ Where a country does not have a NSP, or where one is no longer current, an Investment Case may be presented in the Concept Note in support of the funding request.

An important component to be used during the country dialogue is the *Information Note: Strategic Investments for HIV Programs* <http://www.theglobalfund.org/en/accesstofunding/notes/> which provides guidance in applying strategic investment thinking to review the NSP and target the interventions and populations where they will have maximum impact in the Concept Note.¹²

As noted in *Understanding and Acting on Critical Enablers and Development Synergies for Strategic Investments* "human rights and gender equality are essential considerations across Investment Approaches. Each basic programme activity has gender and rights dimensions that must be

⁹ UNDP (2012) On Course: Mainstreaming Gender into National HIV Strategies and Plans A Roadmap.

¹⁰ either disease specific plans such as a National HIV Plan or a wider National Health Plan

¹¹ UNDP (2012) On Course: Mainstreaming Gender into National HIV Strategies and Plans A Roadmap.

Crone, E.T., Gibbs, A. and Willan, S. (2011) From Talk to Action: Review of Women, Girls, and Gender Equality in National Strategic Plans for HIV and AIDS in Southern and Eastern Africa. HEARD and ATHENA Network: Durban, South Africa

¹² Given that the process described in the Information Note may be modified based on early learning from the NFM transition phase the information note might be further revised ahead of the full roll-out of the NFM, towards the end of 2013.

understood and incorporated into design and delivery. At the same time, certain kinds of focused action on gender equality and on human rights are 'critical enablers' for the HIV response that are key to the success of basic programme activity. Other kinds of work on rights and gender contribute to many or larger development outcomes, including some related to HIV: they are 'development synergies'.¹³

The Country Dialogue should follow a four-step process to prioritize the components of a country's HIV response, based on its context, to provide a sound investment case:

1. **Understand:** To maximize impact of HIV investments, an understanding is required of the extent and dynamics of the national AIDS epidemic, based on the latest epidemiological evidence. A clear understanding of where and among whom the last 1,000 new HIV infections have occurred is essential in this regard.
2. **Design:** Based on this evidence, countries have to decide on the combination of interventions to prioritize, considering the interventions' effectiveness in reducing their HIV epidemic and achieving the greatest impact.
3. **Deliver:** To increase impact, the response needs to be delivered at scale, aimed at reaching all those in need. It is recommended that countries identify key drivers and ways to address key barriers to effective scale up. Particular attention will be required to devise effective means by which to reach key populations and vulnerable groups.
4. **Sustain:** Applicants should ensure that their investment case addresses challenges related to a sustainable AIDS response, e.g. by synergizing development and health investments, integrating key services, and avoiding duplication.

Check For:

- Participants representing: key government ministries and sectors (HIV, health, gender, social welfare, justice, finance, planning, etc.); civil society; non-governmental organisations working on women's rights and the response to HIV; organisations and networks of women living with HIV; researchers; human rights organisations; legal, bio-medical and social policy experts and gender experts are involved.
- Participatory dialogue captures the concerns and recommendations from a broad based group involved in the consultation and considers the gendered intersections and the structural drivers that influence the spread of HIV.
- Has analysis of the existing NSP revealed weaknesses and strengths in approach, public structures and systems, policy approaches, legislation and budgeting in HIV prevention, treatment and care interventions?
- Analysis of whether the NSP has recommended gender transformative programming and ways to overcome NSP gaps in gender programming captured.
- If a report of the meeting is prepared ensure that gender transformative interventions have been captured.

2. Concept Note

Following the Country Dialogue a group of drafters will prepare a Concept Note.

<http://www.theglobalfund.org/en/accesstofunding/>

¹³ UNDP (2012) *Understanding and Acting on Critical Enablers and Development Synergies for Strategic Investments*
http://www.undp.org/content/dam/undp/library/hivaids/English/UNAIDS_UNDP_Enablers_and_Synergies_ENG.pdf

The Concept Note must demonstrate a transparent process to engage a broad range of stakeholders, including non-CCM members, key population groups,¹⁴ including most at risk populations, as active participants in the country dialogue and Concept Note development process¹⁵. The main drafters of the Concept Note should include one person representing the multi-sectoral response and/or a gender perspective. The Country Disease Context must explain the epidemiological context and response, including progress on the NSP, describe key affected populations, issues affecting access to services and system constraints. CCM's may access technical assistance to undertake a gender assessment of the NSP to be translated into appropriate planning, budgeting and monitoring in the concept note.

An *Information Note: Addressing Women, Girls and Gender Equality* has been made available for the early stage of the NFM.

http://www.theglobalfund.org/documents/core/infonotes/Core_Gender_InfoNote_en/

A revision incorporating new evidence and normative guidance will be developed with input from technical partners in September/October 2013.

Again the *Information Note: Strategic Investments for HIV programs*

<http://www.theglobalfund.org/en/accesstofunding/notes/> should be reviewed alongside the Concept Note Instructions.

Check for:

- Has a gender analysis of the country's epidemiological, social and economic context been undertaken?
- Has gender analysis of the NSP, undertaken within the Country Dialogue, led to a proposed revised way forward in the Concept Note?
- Has the relationship between core HIV program components, critical social and program enablers and development synergies been examined, particularly in terms of funding gaps, to determine how to better support effective HIV programming?¹⁶
- Are there strong proposals to reduce vulnerability to HIV, address the structural determinants of HIV transmission for women and girls, and prevent HIV transmission through women's, girls', and gender specific interventions¹⁷?

¹⁴ Includes women and girls, men who have sex with men, transgender persons, people who inject drugs, male and female and transgender sex workers and their clients, prisoners, refugees and migrants, people living with HIV, adolescents and young people, vulnerable children and orphans, and populations of humanitarian concern. In addition to these groups: internally displaced persons, indigenous persons, people living with TB and malaria and people working settings that facilitate TB transmissions should also be considered as key affected populations.

¹⁵ Similarly it must describe how representatives of women's organizations, people living with the three diseases and other key affected populations will actively participate in the implementation of the funding request, including in interventions that will address legal or policy barriers to service access.

¹⁶ The Global Fund Information Note: Strategic Investments for HIV Programs specifies two types of critical enablers: **Social enablers** support people living with HIV or vulnerable to infection by creating favourable social and legal environments for access to services and in protecting themselves. These include: community mobilization, stigma reduction, countering harmful gender norms and practices, women's empowerment related to HIV and violence prevention, protective HIV legal frameworks, law reform, legal services, rights/legal literacy, and protection of women's property and inheritance rights; **Program enablers** help increase effectiveness of and demand for basic programs, including countries choosing a strategic mix of acceptable HIV testing and counselling approaches⁹; program management, capacity-building and monitoring of service provision for community-based organizations and other service providers; training of health care workers on non-discrimination, informed consent and confidentiality; treatment literacy; treatment adherence support; linking HIV and sexual and reproductive rights.

¹⁷ Guidance on targeting prevention interventions for women can be found on the What Works for Women web portal <http://www.whatworksforwomen.org/chapters/5-Prevention-for-Women>

- Has an understanding of the different experiences of HIV vulnerability and impact between and among men and women and key populations and the specific factors that play a defining role in these differences been provided?
- Has access to and uptake of HIV counselling and testing¹⁸ and treatment¹⁹ been analysed from a gender perspective and solutions to overcome the gendered burden of care and support²⁰ been proposed?
- Does the concept note recognize gender inequality as a fundamental driver of gender-based violence with attention to addressing gender-based violence as both a cause and consequence of HIV transmission?
- Does the concept note propose to address gender-based violence in all its forms, such as intimate partner violence, sexual violence and psychological violence as well as systemic, structural violence in peace, conflict and post conflict settings?

3. *Iterative Process*

One of the innovative features of the NFM is the opportunity for enhanced dialogue between country planners and the Global Fund Secretariat in coming to a grant agreement. This should help establish a clearer understanding of the programming requested for funding and address methodological problems with the epidemiological analysis, feasibility and budget.

The Global Fund Secretariat is making more training available for Fund Portfolio Managers (FPMs) to help them to understand the context for gender transformative approaches so that they can support countries in articulating the recommended gender activities within the grant.

It is likely that the iterative process will involve on-going communication with one, or a small group of, country representatives. It is important that someone with expertise, authority, accountability and sensitivity to the gender context serves in this capacity and maintains lines of communication with the wider group of stakeholders.

Check for:

- Has the Global Fund Secretariat maintained the gender programming recommended in the Concept Note?
- Does the Fund Portfolio Manager demonstrate an understanding of the gender perspective and programming that has been recommended and considered how to set indicators for implementation?
- Have gender stakeholders been kept informed of outcomes of the negotiation and advised if there have been any changes in proposed activities?

¹⁸ Guidance on targeting HTC for women can be found at <http://www.whatworksforwomen.org/chapters/11-HIV-Testing-and-Counseling-for-Women/sections/27-HIV-Testing-and-Counseling-for-Women>

¹⁹ Guidance on women's treatment issues can be found at <http://www.whatworksforwomen.org/chapters/13-Treatment> and addressing the sexual and reproductive health needs of women living with HIV at <http://www.whatworksforwomen.org/chapters/15-Meeting-the-Sexual-and-Reproductive-Health-Needs-of-Women-Living-With-HIV/sections/35-Meeting-the-Sexual-and-Reproductive-Health-Needs-of-Women-Living-With-HIV>

²⁰ Guidance on care and support can be found at <http://www.whatworksforwomen.org/chapters/23-Care-and-Support>

- Have adequate activity costs been set out to facilitate the implementation of prioritised responses aimed at addressing the gender dimensions of HIV?

4. Grant Agreement

The assessment through the iterative process is intended to lead to a Grant Agreement being developed more rapidly after Global Fund Board approval.

Check for:

- Have gender transformative approaches at activity level been maintained in Grant Agreement?
- Have the responsibilities apportioned to sub-recipients (SR) and sub-sub-recipients (SSR) been outlined?
- Is a gender-responsive budget with resource allocations to gender-specific HIV needs and vulnerabilities evident?

5. Grant Implementation

Grant life cycle management during a shorter grant period should allow for opportunities for the CCM and/or implementers to meet regularly with enhanced support from the Global Fund Secretariat's Country Teams.

Check for:

- Support and on-going technical assistance from Secretariat to solve problems with grant management.
- If Principal Recipient (PR), SR or SSR responsible for implementation of gender transformative programming are facing challenges, do not have sufficient capacity, are not accountable and communicative are significant efforts made to understand the issues and readdress how the programming activities could be undertaken by these or other actors?

6. Monitoring and Evaluation

The NFM has set a series of requirements for M&E throughout the grant life cycle. During Grant Negotiation the CCM and/or PR is responsible for an: M&E Plan²¹ and Performance Framework²².

During Grant Implementation the PR is responsible for: Progress Updates and Disbursement Requests²³ that includes a progress update on programmatic performances, conditions and management actions. Additionally during implementation the Local Fund Agent will conduct on site data verification and rapid service quality assessment. Also every year, the Secretariat will select up to 20 grants to a data quality audit carried out by independent institutions.

²¹ <http://www.theglobalfund.org/en/me/documents/planguidelines/>

²² <http://www.theglobalfund.org/en/me/documents/performanceframeworks/>

²³ <http://www.theglobalfund.org/en/performancebasedfunding/grantlifecycle/3/>

During Grant Renewal the M&E Plan and Performance Framework preparations will be repeated by the CCM and/or Principal Recipient.

Check for:

- A gender-responsive evaluation framework with clearly defined indicators to understand change at various levels of the grant agreement.
- PR is able to marshal evidence of programme reach and collect data from their own implementation as well as that of the SRs and SSRs in order to assess the progress of interventions.
- Gender equality indicators and sex-disaggregated (female/male) baseline data.
- Indicators for progress on gender transformative programming which may be different than other programmatic impact markers is captured in narrative to consider outcomes not just outputs.
- Data that provides both qualitative and quantitative information on gender-related activities, such as surveys, records, focus groups, interviews and observations.

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ANNEX A : Examples of interventions outlined in the Global Fund's Gender Equality Strategy²⁴ wherein it stated that the Global Fund will champion and fund include activities that:

- a. Take into account the different needs and vulnerabilities of women and men, girls and boys, and of men who have sex with men, transgender people, bisexual and lesbian populations;
- b. Provide for the specific health needs of women and girls, men and boys, and reduce barriers that inhibit equitable access to prevention, treatment and care (including lack of specialized, targeted and integrated health services, user fees, discriminatory practices and attitudes by health care workers, etc.)
- c. Address factors that impose disproportionate burdens of care and support on women and the elderly and put in place programs to mitigate these burdens;
- d. Reduce the risks and vulnerabilities that increase women's and girls' susceptibility to infection by the three diseases, and mitigate the impact for those already infected (including gender-based violence, female genital mutilation, early or forced marriage, lack of access to education, wife inheritance, increased risk due to pregnancy, discrimination in employment, etc.)
- e. Focus on women who face challenges in being able to access health services, many of whom are at risk of HIV infection or are particularly marginalized, such as sex workers, injecting drug users, lesbian, bisexual or transgender people, partners of bisexual men.
- f. Include programs that empower women and girls so they can protect themselves by having access to sexual and reproductive health care access to female-controlled prevention measures (female condom, negotiating condom use, etc.), and access to education. In this context the Global Fund will champion activities that strengthen sexual and reproductive health-HIV/AIDS service integration.
- g. Target the structural issues that increase the vulnerability of women, girls, men who have sex with men, transgender people, bisexual and lesbian populations, including sociocultural, legal, political and economic inequalities and discrimination;
- h. Ensure that men and boys are targeted with appropriate interventions in prevention, treatment and care activities.
- i. Use transformative approaches that involve and/or engage men and young boys in the gender inequalities fight.

²⁴ The Global Fund to fight AIDS, Tuberculosis and Malaria (2008) *The Global Fund's strategy for ensuring gender equality in the response to HIV/AIDS, tuberculosis and malaria*. Available at: <http://www.theglobalfund.org/en/library/publications/other/>