An independent watchdog of the Global Fund, and publisher of *Global Fund Observer*

P.O. Box 66869-00800, Nairobi, Kenya web: www.aidspan.org Email: info@aidspan.org
Phone: +254-20-445-4321 Fax: +254-20-444-0880

Do Global Fund Grants Work for Women?

An Assessment of the Gender Responsiveness of Global Fund-Financed Programmes in Sub-Saharan Africa

30 July 2008

by

Angela Kageni
and David Garmaise

Table of Contents

List of Tables

IN THE MAIN TEXT

IN THE APPENDICES

Preface

This report is one of over a dozen free Aidspan publications written for those applying for, implementing, or supporting grants from the *Global Fund to Fight AIDS, Tuberculosis and Malaria* (the Global Fund). The following is a partial list of Aidspan's publications.

- ***Global Fund Observer:*** A free email newsletter providing news, analysis and commentary to over 7,000 subscribers in 170 countries (91 issues over the past five years; currently available in English only)
- ***Aidspan White Paper: Scaling Up To Meet the Need: Overcoming Barriers to the Development of Bold Global Fund-Financed Programs*** (April 2008; available in English only)
- ***Aidspan White Paper: Providing Improved Technical Support To Enhance the Effectiveness of Global Fund Grants*** (March 2008; available in English only)
- ***The Aidspan Guide to Round 8 Applications to the Global Fund – Volume 1: Getting a Head Start*** (January 2008; available in English, French and Spanish)
- ***The Aidspan Guide to Round 8 Applications to the Global Fund – Volume 2: The Applications Process and the Proposal Form*** (March 2008; available in English, French and Spanish)
- ***Aidspan Documents for In-Country Submissions*** (December 2007; available in English, French, Spanish and Russian)
- ***The Aidspan Guide to Building and Running an Effective Country Coordinating Mechanism (CCM)*** (Second edition September 2007; available in English, French and Spanish)
- ***The Aidspan Guide to Understanding Global Fund Processes for Grant Implementation – Volume 1: From Grant Approval to Signing the Grant Agreement*** (First edition December 2005; originally titled "*The Aidspan Guide to Effective Implementation of Global Fund Grants";* available in English only)
- ***The Aidspan Guide to Understanding Global Fund Processes for Grant Implementation – Volume 2: From First Disbursement to Phase 2 Renewal*** (November 2007; available in English, French and Spanish)

Downloads

To download a copy of any of these publications, go to www.aidspan.org/publications. If you don't have access to the web but you do have access to email, send a request to guides@aidspan.org specifying which of the currently-available publications you would like to receive as attachments to an email. Aidspan does not produce or distribute printed copies of these publications.

Aidspan

Aidspan is a non-governmental organization originally based in New York, USA, but since mid-2007 based in Nairobi, Kenya. Its mission is to reinforce the effectiveness of the *Global Fund to Fight AIDS, Tuberculosis and Malaria*. Aidspan performs this mission by serving as an independent watchdog of the Fund, and by providing services that can benefit all countries wishing to obtain and make effective use of Global Fund financing.

Aidspan also publishes the *Global Fund Observer (GFO)* newsletter, an independent email-based source of news, analysis and commentary about the Global Fund. To receive GFO at

no charge, send an email to receive-gfo-newsletter@aidspan.org. The subject line and text area can be left blank.

Aidspan finances its work primarily through grants from foundations. Aidspan does not accept Global Fund money, perform paid consulting work, or charge for any of its products.

Aidspan and the Global Fund maintain a positive working relationship, but have no formal connection. *The Board and staff of the Global Fund have no influence on, and bear no responsibility for, the content of this report or of any other Aidspan publication.*

Acknowledgements, Permissions, Feedback

Aidspan thanks its funders for the support they have provided for 2003-2008 operations – The Monument Trust, Dr. Albert and Mrs. Monique Heijn, the Open Society Institute, Irish Aid, the Foundation for the Treatment of Children with AIDS, Merck & Co., UNAIDS, Anglo American, the Glaser Progress Foundation, the John M. Lloyd Foundation, the MAC AIDS Fund, GTZ and two private donors.

Angela Kageni and David Garmaise, co-authors of this report, can be reached at kageni@aidspan.org and garmaise@aidspan.org respectively. Bernard Rivers, Executive Director of Aidspan, can be reached at rivers@aidspan.org.

Angela Kageni, who is based in Kenya, is Aidspan's Programme Coordinator. Previously, she was Programme Coordinator of the Kenya AIDS Watch Institute. Before joining Aidspan, she also served as a member of the Kenya CCM; as a member of CCM taskforces involved in proposal development, Principal Recipient selection, and development of a CCM governance manual; and as a member of committees of the Kenyan National AIDS Control Council that oversee the implementation of the Kenya AIDS Strategic Plan and the Kenya HIV/AIDS Monitoring and Evaluation Framework.

David Garmaise, who is based in Thailand, works half time as Aidspan's Senior Analyst. Over the last five years he has authored, co-authored or edited almost all of Aidspan's reports and guides.

If you find this report useful, or if you have appreciated *Global Fund Observer* or any other Aidspan publication, *please let us know*. Feedback of all kinds is always helpful.

Executive Summary

Purpose and Contents of This Report

The Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) has declared its commitment to scaling up gender-sensitive responses to meet the needs of women. There are ways in which the Global Fund can influence the content of the proposals it receives. However, because the Fund is committed to promoting and respecting national ownership of the responses to the three diseases, it is primarily up to the Country Coordinating Mechanisms (CCMs) and other applicants to ensure that their proposals are gender-responsive.[1] It is therefore of interest to find out the current status of proposals and grants in regard to meeting women's needs.

This report (a) examines to what extent programmes in sub-Saharan Africa contained in proposals submitted to, and financed by, the Global Fund have been and are gender-responsive; (b) provides information on the results that have been achieved for certain women-related activities in selected countries in the region; (c) examines whether the lack of sex-disaggregated data hampers efforts to measure the impact of programmes on women; and (d) examines the role of the Global Fund in promoting gender-responsiveness.

Methodology

All 211 proposals submitted by countries in sub-Saharan Africa in Rounds 1-7 and approved for funding were examined to determine the extent to which they were gender responsive. A scorecard made up of 23 gender-responsive activity areas was developed to assist in this analysis. In addition, various Global Fund documents related to grants implemented in five focus countries – Kenya, Malawi, Tanzania,[2] Uganda and Zambia – were examined to identify targets established for certain gender-related activities and results achieved against those targets.

Major Findings

Proposals submitted to the Global Fund

There was a wide variation in the number of proposals that addressed specific gender-responsive activity areas. Generally speaking, the activity areas that were included most frequently tended to be those that involved providing disease-specific services exclusively to women. For example:

- 66 proposals (75 percent of HIV and HIV/TB proposals) included activities related to the prevention of mother-to-child transmission of HIV (PMTCT);
- 62 proposals (87 percent of malaria proposals) included activities related to the provision of insecticide-treated nets (ITNs) to pregnant women;
- 57 proposals (41 percent of HIV and TB proposals) included activities seeking to reduce stigma; and

[1] For the purposes of this report, programmes are said to be gender-responsive when they provide services specifically for women, promote equal access for women to services provided to both men and women, or address other factors that contribute to gender inequality. For further discussion of this, see *Chapter 2: Background – Epidemiology, Gender Inequality and Gender Responsiveness.*

[2] The Tanzania grants included grants from Zanzibar (which the Global Fund usually lists separately in its reports).

- 46 proposals (65 percent of malaria proposals) included activities providing malaria prevention during pregnancy.

The activity areas that were included the least frequently tended to involve addressing the underlying vulnerabilities of women. For example:

- only one proposal (less than one percent of all proposals) included activities involving developing and promoting gender sensitive policies;
- only three proposals (one percent) included activities involving promoting legal and human rights for women;
- only four proposals (two percent) included activities designed to keep girls in school;
- only five proposals (two percent) included activities providing income-generating opportunities for women; and
- only eight proposals (four percent) included activities involving women or women's groups in proposal development.

Results achieved in five focus countries

Results ranged from significantly below target to significantly above. In general, for activities involving delivering disease-specific services exclusively to women, results came in under target. On the other hand, for activities addressing the underlying vulnerabilities of women through training and sensitisation, most of the results exceeded targets.

Of the eight activity areas included in this analysis, providing PMTCT and providing malaria prevention during pregnancy were the most "popular." All five countries had targets for both. Distributing female condoms was the least popular; only one country had targets for this activity area.

Sex-disaggregated data

Although more than half of the 211 proposals we examined contained some data that was disaggregated by sex, most of this data was found in the sections of the proposal describing the epidemiology of the disease and the gaps in national programming. Only 10 to 15 percent of proposals included sex-disaggregated targets in their programme strategies.

Global Fund structures, policies and processes related to gender

In recent years, the Global Fund has made some progress in addressing gender issues through its own structures, policies and processes. However, the Fund recognises that it should be doing more; it is currently developing a comprehensive gender equality strategy.

Conclusions

Global Fund grants are not yet working for women. While it could be said that some progress has been made in delivering services to women, especially pregnant women, there is still a long way to go in terms of addressing the underlying vulnerabilities of women and the inequalities they face.

The very low rates of using data that is disaggregated by sex in both the setting of targets and the reporting of results is a serious concern. Without sex-disaggregated data, it is impossible to track to what extent women are accessing service provided to both men and women. This is a problem that countries, CCMs and the Global Fund all need to address.

Frequent gaps in the data available on grants that have been or are being implemented makes it difficult to measure whether programmes are gender-responsive. This is an issue for the Global Fund Secretariat to address.

As it develops its new gender equality strategy, the Global Fund should ensure that there are more women in senior positions in the Global Fund Secretariat; and that the Fund provides guidance to CCMs on how they can achieve gender balance and ensure that they have adequate gender expertise.

Chapter 1: Introduction

Purpose of This Report

Peter Piot, Executive Director of UNAIDS, has said, "All AIDS strategies should pass the test: Does this work for women?" This means that for AIDS strategies to be effective, they must provide services to women and address the factors that increase women's vulnerability. The same applies to tuberculosis and malaria strategies.

The Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) has declared its commitment to scaling up gender-sensitive responses to meet the needs of women through grants that the Fund finances, and through the Fund's own operations and policies. There are ways in which the Global Fund can influence the content of the proposals it receives. However, because of the Fund's core philosophy of promoting and respecting national ownership of the responses to the three diseases, it is primarily up to the Country Coordinating Mechanisms (CCMs) and other applicants to ensure that their proposals are gender-responsive.[3] It is therefore of interest to find out the current status of proposals and grants in regard to meeting the women's needs.

This report examines to what extent programmes in sub-Saharan Africa contained in proposals submitted to, and financed by, the Global Fund have been and are gender-responsive. The report also provides information on the results that have been achieved for certain women-related activities in selected countries in the region.

Target Audiences

The findings of this report should be useful to CCMs, Principal Recipients (PRs), the Global Fund, women's groups, providers of technical support, and others with an interest in promoting the gender-responsiveness of programmes addressing HIV/AIDS, TB and malaria.

Scope of This Report

This report:

- summarizes published documentation regarding how gender inequality is a significant factor in the disproportionate spread of HIV among women, and regarding why countries should therefore give priority to interventions that address gender inequality;
- examines the extent to which Global Fund-financed programmes in sub-Saharan Africa include services and activities that are gender responsive;
- provides information on the targets that have been established for certain women-related activities in five focus countries – Kenya, Malawi, Tanzania, Uganda and Zambia – and on the results that have been achieved;

[3] For the purposes of this report, programmes are said to be gender-responsive when they provide services specifically for women, promote equal access for women to services provided to both men and women, or address other factors that contribute to gender inequality. For further discussion of this, see *Chapter 2: Background – Epidemiology, Gender Inequality and Gender Responsiveness.*

- examines whether and to what extent a lack of sex-disaggregated data hampers efforts to measure the impact of programmes on women; and
- examines the role of the Global Fund in promoting gender-responsiveness.

The report does *not* offer guidance on how to design and implement programmes that address the needs of women.

Structure of this Report

The balance of this chapter describes the research methodology used for this study.

Chapter 2: Background – Epidemiology, Gender Inequality and Gender Responsiveness provides a brief overview of the epidemiology of HIV/AIDS, tuberculosis and malaria, particularly with respect to women, and describes how gender inequality contributes to the spread of HIV. The chapter also explains the concept of "gender responsiveness," discusses why gender-responsive approaches are needed, and provides examples of strategies uses to achieve gender responsiveness.

Chapter 3: Gender Responsiveness in Successful Global Fund Proposals from Sub-Saharan Africa presents the main findings from an analysis conducted by Aidspan of proposals from sub-Saharan Africa that were submitted to the Global Fund and were approved for funding.

Chapter 4: Results Achieved for Specific Gender-Related Activities in Five Focus Countries presents the findings of an analysis conducted by Aidspan on the targets established and the results achieved for certain gender-related activities in five countries in sub-Saharan Africa.

Chapter 5: Sex-Disaggregated Data discusses the role of sex-disaggregated data in developing programmes that are gender responsive and in evaluating such programmes.

Chapter 6: Review of Global Fund Structures, Policies and Processes Related to Gender discusses the extent to which Global Fund structures reflect gender representation and expertise; describes the policies that the Fund has adopted that relate to gender; and discusses how the Fund addresses gender issues in its proposal development, proposal review and grant implementation processes. Finally, the chapter explains why the Global Fund's country-driven philosophy makes the Fund reluctant to be more prescriptive in its efforts to promote a more gender-responsive approach.

In **Chapter 7: Summary and Conclusions**, the authors present some observations concerning the findings in this report.

Appendix I provides a description of the activity areas in the Gender Responsiveness Scorecard.

Appendix II presents additional findings with respect to the information in Chapter 3 on gender responsiveness in successful Global Fund proposals from sub-Saharan Africa.

Appendix III presents additional findings with respect to the information in Chapter 4 on targets and results achieved in five focus countries.

Research Methodology

Data collection

Proposals to the Global Fund in Rounds 1-7 that were submitted by countries in sub-Saharan Africa, and that were approved for funding, were examined to determine the extent to which they were gender responsive.[4] The following is a list of countries with at least one proposal included in this analysis:

> **EAST AFRICA:** Burundi, Comoros, Congo (Democratic Republic of), Eritrea, Ethiopia, Kenya, Madagascar, Rwanda, Tanzania, Uganda.
>
> **SOUTHERN AFRICA:** Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland. Zambia, Zimbabwe.
>
> **WEST AND CENTRAL AFRICA:** Benin, Burkina Faso, Cameroon, Central African Republic, Congo (Republic of), Cote d'Ivoire, Equatorial Guinea, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Nigeria, Sao Tome and Principe, Senegal, Sierra Leone, Togo.

Regional proposals were not included in this analysis.

In addition, various Global Fund documents related to grants implemented in five focus countries – Kenya, Malawi, Tanzania[5], Uganda and Zambia – were examined to identify targets established for certain gender-related activities and the results achieved against those targets.

Information on targets is available in four places: (1) in the original proposal; (2) in the workplan attached to the Grant Agreement; (3) in the Progress Updates and Disbursement Requests (PU/DRs);[6] and (4) in the Grant Performance Reports (GPRs).[7] Information on the results achieved against target is available in the PU/DRs and the GPRs, copies of which are available on the Global Fund website. Our analysis revealed that the most complete and most current information was in the GPRs, so we relied on the GPRs for the analysis in the five focus countries. It should be noted, however, that the information in the GPRs (and in the other documents we examined) was not always up to date; no attempt was made to obtain more current information, largely because we wanted to restrict ourselves to publicly available information.

[4] For the purposes of this analysis, if a CCM submitted a proposal that included more than one disease component, each component was counted as a separate proposal.

[5] The Tanzania grants included grants from Zanzibar (which the Global Fund usually lists separately in its reports).

[6] The PU/DR is a report filed periodically (usually every three or six months) by the PR. The PU/DR provides a progress report on the implementation of the grant for the most recent period and requests funding for the next period.

[7] The GPR is a document maintained and regularly updated by the Global Fund Secretariat; it contains the latest information available for each grant.

Data analysis: the Gender Responsiveness Scorecard

A scorecard was developed to assist in the analysis of whether the proposals submitted to the Global Fund and approved for funding were gender responsive. The scorecard consisted of a list of 23 activity areas, divided into four categories, as follows:

1. Providing services relevant specifically to women.
2. Providing women with equitable access to services relevant to both men and women
3. Addressing the underlying vulnerabilities of women.
4. Involving women in leadership.

Many of the activity areas listed in the scorecard are based on the service delivery areas (SDAs) created by the Global Fund for use by applicants in the development of their proposals. Where the SDAs were ambiguous or too broad, activity areas identified by grant recipients in their periodic progress reports to the Fund were used instead (or in addition).

The Gender Responsiveness Scorecard was also used in the additional analysis performed for the five focus counties, to help to identify women-related activities in the GPRs.

Table 1 (on the next page) provides a list of the 23 activity areas included in the Gender Responsiveness Scorecard.

Table 1: The Gender Responsiveness Scorecard

Category	Activity Area	
A. Providing services relevant specifically to women	1	Providing sexual and reproductive health services
	2	Providing more referral services for women
	3	Providing family planning for women
	4	Providing PMTCT
	5	Distributing female condoms
	6	Providing post exposure prophylaxis (PEP)
	7	Providing insecticide-treated nets (ITNs) to pregnant women
	8	Providing malaria prevention during pregnancy
	9	Providing services for female sex workers
B. Providing women with equitable access to services relevant to both men and women	10	Promoting equitable access to care and treatment
	11	Developing/promoting gender sensitive policies
C. Addressing the underlying vulnerabilities of women	12	Providing capacity-building services for community based women groups
	13	Providing income-generating activities for women
	14	Seeking to keep girls in school
	15	Addressing violence against women
	16	Promoting legal/human rights for women
	17	Providing gender-sensitisation activities
	18	Providing sensitisation/training related to HIV programmes targeting women
	19	Providing sensitisation/training related to TB programmes targeting women
	20	Providing sensitisation/training related to malaria programmes targeting women
	21	Seeking stigma reduction in all settings
D. Involving women in leadership	22	Involving women/women groups in proposal development
	23	Involving women/women groups as implementing agents

Notes concerning the activity areas in the Gender Responsiveness Scorecard:

1. *Post exposure prophylaxis (PEP) is considered an activity that is specific to women because most of the people who receive PEP in sub-Saharan Africa are rape victims, and they are overwhelmingly women.*
2. *Activities that address the underlying vulnerabilities of women do not necessarily have women as the sole targets. An example of this would be sensitisation or training that promotes male involvement in the empowerment of women.*
3. *The Scorecard does not include services provided to both men and women – such as the provision of antiretroviral treatment (ARV) – because we believe that the provision of such services is not per se indicative of gender responsiveness.*[8] *Note, however, that the Scorecard does include activities designed to promote equitable access for women to services provided to both men and women.*
4. *For similar reasons, the use of male condoms is not included in the Grant Responsiveness Scorecard, even though their use can be said to directly benefit women.*

(See Appendix I for a description of what is included in each activity area.)

[8] This is not to say that women do not benefit significantly from services such as the provision of ARV treatment. Indeed, women in Africa often constitute the majority of people receiving treatment at clinical facilities in Africa, especially with respect to HIV and malaria.

Challenges and limitations

Developing the scorecard was challenging for two reasons. The first is that there is no universally agreed list of activities that constitute gender-responsiveness. The second is that there is no universally agreed list of indicators for measuring gender-related initiatives. To the extent that lists of indicators exist, they vary among programmes. Furthermore, the indicators being used are often ambiguous.

In applying the scorecard to the proposals, it was sometimes difficult to determine how a particular gender-responsive activity should be classified. Take, for example, a programme that addresses sexual abuse among girls in school by providing (a) an awareness campaign on this issue, (b) counselling and (c) a channel for reporting abuse. Does this fall under Activity Area #15 (addressing violence against women) or Activity Area #16 (promoting legal/human rights for women)? In instances such as these, a judgment call was made concerning whether to classify the activity in both areas, or in just one area (if that area appeared to be the more dominant area).

Although information was collected on which gender-responsive activity areas were covered in proposals to the Global Fund, there was no attempt to collect data on how much money or what percentage of the budget was allocated to these activity areas. (This information would have been very difficult to obtain.) As a result, we were not able to measure how much weight was accorded to gender-responsive activities in terms of funds allocated.

For the analysis performed in the five focus countries, gaps in the available data sometimes made it difficult to measure the outcomes of gender responsive activities. This was a particular problem in certain GPRs and PU/DRs. Sometimes, the information in the GPRs and PU/DRs for the same grant was contradictory.

Chapter 2: Background – Epidemiology, Gender Inequality and Gender Responsiveness

This chapter provides an overview of the epidemiology of HIV/AIDS, tuberculosis and malaria, particularly with respect to women. The chapter also describes how gender inequality contributes to the spread of HIV. Finally, the chapter explains the concept of "gender responsiveness," discusses why gender-responsive approaches are needed, and provides examples of strategies used to achieve gender responsiveness.

The Three Diseases and Women

HIV

General epidemiology[9]

Sub-Saharan Africa, a region that has only 10-11 percent of the world's population, accounts for more than two-thirds of HIV cases world-wide and for more than two-thirds of new infections each year. In 2007, 1.7 million people in sub-Saharan Africa were newly infected, bringing the total of infected people in the region to 22.5 million. The main mode of transmission is heterosexual intercourse.

In 2007, 1.6 million adults and children in sub-Saharan Africa died as a result of AIDS, representing more than three-quarters of all AIDS deaths in the world.

Almost all countries in sub-Saharan Africa have generalized epidemics, with countries in Southern Africa being worse off. Eight countries in Southern Africa have adult HIV prevalence rates exceeding 15 percent.

HIV and women

Globally, at the end of 2007, women made up about half of the total number of adults living with HIV/AIDS. However, in sub-Saharan Africa, the figure is 61 percent.[10] For every 10 adult men infected, there are 15 adult women infected. When children are factored in, an even greater proportion of people infected are female.[11]

Among young people between 15 and 24 years of age living with HIV/AIDS in sub-Saharan Africa, more than three-quarters are female. In other words, young women from this age group are three times more likely to be infected than young men.[12]

There is widespread cultural acceptance across many of the highly affected parts of sub-Saharan Africa of the practice of engaging in multiple sexual partnerships. This includes early marriage of girls, and intergenerational sex where older, more economically powerful men engage in sexual intercourse with younger girls in exchange for money or gifts. At the

[9] The information in this section is taken from Kaiser Family Foundation, *The HIV/AIDS Epidemic in Sub-Saharan Africa*, HIV/AIDS Policy Fact Sheet, November 2007; Kaiser Family Foundation, *The HIV/AIDS Epidemic in Sub-Saharan Africa*, HIV/AIDS Policy Fact Sheet, February 2006.

[10] UNAIDS and World Health Organization, AIDS Epidemic Update, Worldwide HIV and AIDS Statistics. 2007.

[11] Save The Children, "Global Epidemic," online at www.savethechildren.org/programs/health/hiv-aids/global-epidemic.html.

[12] International Labour Organization, AIDS Brief: Women, Girls, HIV/AIDS and the World of Work, 2004.

same time, significant numbers of women engage in commercial sex work or occasional transactional sex to meet their economic needs. A high degree of acceptance of this pattern of sexual behaviour, coupled with inconsistent or low condom use, puts women at a particularly high risk of HIV infection.[13]

TB

General epidemiology

Latent TB has infected one-third of the world's population – i.e., two billion people. Approximately eight million people become sick from TB annually – i.e., develop TB disease. About one million of them are people living with HIV/AIDS. Of these eight million cases, 300,000 are resistant to major TB drugs. It is estimated that by 2020, nearly one billion more people will be infected with TB, with 200 million of them becoming sick; and that at least 35 million people will die from TB.[14] In Africa, the disease is the second leading cause of death (after malaria).[15] Three-quarters of TB-related illness and death occurs in people between the ages of 15 and 54. TB is also now the most common opportunistic infection among people living with HIV/AIDS in Africa.[16]

TB and women

In most countries, many more men than women have TB disease. This is more likely to be due to biological differences between the sexes than differential access to health care.[17] However, more and more women are being affected by TB. Over 900 million women in the world are infected with the TB virus, most of whom live in developing countries. Annually, more than three million women contract the disease and about 750,000 women die from it.

One of the causes of TB disease among women is their reluctance to seek treatment. This is due to various socio-economic factors such as high medical costs, transportation costs to and from the health facilities, and stigma attached to the disease. Stigmatisation and discrimination is very strong, even among health care professionals, due to the perception that people with TB often have HIV. This reinforces women's reluctance to seek treatment and care, especially in high prevalence areas.[18]

Globally, TB disease accounts for nine percent of deaths among women between 15 and 44 years of age.[19]

Malaria

General epidemiology

Worldwide, malaria is estimated to cause approximately 350–500 million clinical cases[20] and over one million deaths annually. This translates to about 3,000 deaths per day.[21] The

[13] C.T. Temah, *Gender Discriminations and HIV/AIDS Epidemic in Sub-Saharan Africa*, Second draft, CERDI, Université d'Auvergne, September 2007. p. 4.

[14] Global Fund, The Status and Impact of the Three Diseases: Disease Report – Tuberculosis.

[15] AMREF, Info Care Centre. *Facts About TB*, 2005.

[16] Global Fund, HIV/AIDS, Tuberculosis and Malaria: The Status and Impact of the Three Diseases, 2005.

[17] L. García-García et al, "Gender differentials of pulmonary tuberculosis transmission and reactivation in an endemic area," *Thorax* 61 (2006): 348-353.

[18] Open Society Institute, TB Policy in Tanzania: A Civil Society Perspective, 2006.

[19] World Health Organization, TB: A Crossroads – WHO Report on the Global Tuberculosis Epidemic, 1998.

[20] Global Fund, Malaria Information Sheet, 2006

disease remains a leading cause of serious illness and death in Africa, where about 90 percent of the all malaria-related deaths occur.[22]

Malaria and women

Each year, more than 30 million African women living in malaria-endemic areas become pregnant and at risk of becoming infected with malaria.[23] Pregnant women and HIV-positive women are particularly vulnerable to malaria and malaria-induced anaemia, both of which have negative effects on maternal health and cause a high incidence of miscarriages and low-birth-weight babies. Malaria during pregnancy is estimated to cause as many as 10,000 maternal deaths each year.[24]

How Gender Inequality Contributes to the Spread of HIV

In sub-Saharan Africa, HIV affects more women than men. One reason for this is that HIV affects the poorest, most vulnerable and most uneducated people – and women constitute the majority of this population, due to the high illiteracy rates among women and the low status of women in African society. The cultural basis fuelling gender inequity is strong and plays a significant role in the pattern of infection in Africa, leading to what is referred to as the "feminisation" of HIV.[25] A combination of biological factors and gender inequalities has led to this trend.[26]

The following are examples of practices that have contributed to the feminisation of HIV:

- **Cultural practices.** Examples include child marriages, female genital mutilation and female circumcision, widow cleansing, widow inheritance and polygamy. These practices allow men more sexual partners than women. Older men are encouraged to have sexual relations with much younger women. Such practices frequently rob women of their free will and of control over their destinies and bodies, leaving them unable to guard themselves against HIV.[27]
- **Socially constructed superiority of males over females.** This affects, for example, prevention measures such as condom use and abstinence, which are mostly at the male partner's behest. It also manifests itself in violence by men against women – including physical, sexual and emotional violence – and inhumane commercial practices such as trafficking of women and using women as sex slaves. These practices strip women of the power to negotiate for safer sex. For example, in a marriage, a woman can risk accusations of infidelity or even violence if she insists on using condoms.[28] The accompanying fear of violence can also prevent women from learning their HIV status or sharing the fact that they are HIV-positive. Married

[21] RBM Partnership Secretariat, *Free Africa from Malaria*, 2007.

[22] Roll Back Malaria, We Can't Afford To Wait: The Business Case for Rapid Scale-up of Malaria Control in Africa, 2008

[23] USAID, web page on malaria:,www.usaid.gov/our_work/global_health/id/malaria/news/briefs.html.

[24] Roll Back Malaria (RBM), A Guide To Gender And Malaria Resources, undated; and RBM, Malaria in Africa, undated.

[25] "Feminisation'" means that women are getting infected in greater numbers and a faster rate than previously.

[26] World Health Organization, Department of Gender, Women and Health (GWH), *Women and HIV/AIDS*, 2007, online at www.who.int/entity/gender/hiv_aids/en/.

[27] A. Akunga, *Girls, Women and HIV/AIDS in Eastern Africa*, United Nations Children's Fund, 2006.

[28] A. Wanchu and R. K. Sachdeva, "Women's issues in HIV infection," *JK Science* 8(3), July-September 2006

women have higher rates of HIV than unmarried sexually active women, often because their husbands have several partners and bring the infection home.[29]

- **Lack of equality.** Generally speaking, women in sub-Saharan Africa do not have equal status with men, nor equal opportunities to access education (including general health and reproductive health education), health care services, and advancement in all spheres. Inequalities are also found in the family setting, where women assume the major share of caretaking responsibilities including of those who are chronically ill. Much of this is uncompensated, as the woman is assumed to be the "natural" caretaker, which only adds to her burden.[30]

About Gender Responsiveness

One author has defined "gender responsiveness" as the creation of an environment that reflects an understanding of the realities of women's lives and addresses women's issues.[31] For the purposes of this report, a programme, service or activity can be described as being gender-responsive if it specifically targets women; if it promotes equal access for women to services available to both men and women; if it addresses the underlying vulnerabilities of women; or if it promotes the involvement of women in the response to the three diseases.

In the process of assigning social roles, privileges, rights, responsibilities and duties, most African societies accept a disadvantageous power relationship that restricts opportunities for women and girls. Many African women and girls face constraints in accessing and benefiting from basic resources and services (e.g., health, education). A gender-responsive approach attempts to redress these imbalances. Thus, gender-responsive approaches are important because:

- they **empower** women by, for example, giving women more "voice" at household, community, national and institutional levels;
- they provide women with greater **access and opportunities** by, for example, increasing women's access to labour markets, employment opportunities, productive resources, assets and pay; by removing constraints on women's mobility; and by reducing women's time burdens;
- they increase women's **capacities and skills** by, for example, increasing women's access to public services such as education; and
- they increase women's **security** by, for example, taking measures to address domestic violence.[32]

There is no universally accepted set of guidelines on how to achieve gender responsiveness. However, a number of approaches have been used. The following are some examples (the list is far from exhaustive):

- **Women's empowerment and capacity building.** Enhancing education and vocational training and supporting services – such as day care, transport and better sharing of domestic and family responsibilities – boosts women's abilities to participate by

[29] UNAIDS, AIDS Epidemic Update 2004.

[30] World Health Organization, Department of Gender, Women and Health (GWH), *Women and HIV/AIDS*, 2007, online at www.who.int/entity/gender/hiv_aids/en/.

[31] B. Bloom and S. Covington*, Gender-Specific Programming for Female Offenders: What Is It and Why Is It Important?* Paper presented to the American Society of Criminology, Washington, DC, 1998.

[32] M.N. Jato and United Nations Population Fund (UNFPA), *Gender-Responsive Programming for Poverty Reduction,* Technical Paper, 2004, p. 10.

overcoming common constraints they face. Bridging knowledge and skill gaps, and empowering women and women's groups also nurtures more effective participation.[33]

- **Integrating gender into national strategies**.

- **Using sex-disaggregated data to improve information collection**. The lack of reliable estimates of the different contributions made by women and men, and on how women and men are impacted by events, represents a significant obstacle to promoting gender-responsive approaches.[34]

- **Using gender-specific tools**. Examples of such tools are victimization surveys – employed by crime and security analysis experts to assist with formulating strategies for preventing crime against women; and gender budgets – i.e., gender-based assessments incorporating a gender perspective at all levels of the budgetary process, used to restructure expenditures in order to promote gender equality. Such tools promote more efficient development planning and policy-making processes based on the different distribution of costs and benefits to men and to women. They may be applicable in HIV, TB and malaria programming.[35]

- **Reforming legal structures and making them more accountable.** This can include measures such as promoting joint or individual title to land, and informing rural women of their legal status and rights.[36] This can help to break the prevailing silence about violence against women, and about the abuse and exploitation they face.

- **Gender training.** Training bureaucrats and technicians on gender issues helps to change the way they think (by reducing stereotypical notions they hold about women) and, consequently, helps to influence the way they act.[37]

[33] Food and Agriculture Organization (FAO), *Participation and Information: The Key to Gender-Responsive Agricultural Policy,* 1999, Economic and Social Department, Chapter 2.

[34] UN-HABITAT, Tools To Support Participatory Urban Decision Making Process, Urban governance toolkit series, 2001.

[35] Ibid.

[36] Food and Agriculture Organization (FAO), *Participation and Information: The Key to Gender-Responsive Agricultural Policy,* 1999, Economic and Social Department, Chapter 2.

[37] Ibid.

Chapter 3: Gender Responsiveness in Successful Global Fund Proposals from Sub-Saharan Africa

This chapter presents the main findings from an analysis conducted by Aidspan of proposals from sub-Saharan Africa that were submitted to the Global Fund and were approved for funding.

For this analysis, 211 proposals from 39 sub-Saharan African countries that were submitted to the Global Fund during Rounds 1-7, and that were approved for funding, were reviewed.[38] Of the 211 proposals, 88 were HIV or HIV/TB proposals, 71 were malaria proposals and 50 were TB proposals. (The other two were health system strengthening proposals.) The content of the proposals was measured against the Gender Responsiveness Scorecard developed for this study[39] in order to identify whether and to what extent the proposals were gender-responsive.

(The 39 countries included five focus countries – Kenya, Malawi, Tanzania, Uganda and Zambia – for which an additional, more detailed analysis was conducted. The findings from this additional analysis are presented in *Chapter 4: Results Achieved for Specific Gender-Related Activities in Five Focus Countries*.)

Table 2 (shown on the next page) shows, for each gender-responsive activity area, the number of countries in sub-Saharan Africa with at least one approved Global Fund proposal involving that activity area. The information is presented by region. Almost all of the countries surveyed had at least one approved proposal involving at least one gender-responsive activity.

Table 3 (shown on the page following Table 2) shows, for each gender-responsive activity area, the number of approved proposals for that activity area, presented by region. (See Appendix II for tables showing similar information broken out by country.)

Our analysis focussed primarily on the data in Table 3 (number of proposals). The data in Table 2 (number of countries) follows a similar pattern to the data in Table 3.

(The narrative continues after Tables 2 and 3.)

[38] The analysis covered *all* proposals submitted by countries in sub-Saharan Africa and approved for funding. It was not just a sampling.

[39] For more details on the Grant Responsiveness Scorecard, see *Chapter 1: Introduction*.

Table 2: Number of countries in sub-Saharan Africa with at least one approved Global Fund proposal involving gender-responsive activities, by activity area and region

Activity Area	Region (no. of countries)			
	East Africa (11)	Southern Africa (10)	West & Central Africa (18)	Total (39)
Activity Area Category A: Providing services relevant specifically to woman				
1. Providing sexual and reproductive health services	6	8	7	**21**
2. Providing more referral services for women	2	4	3	**9**
3. Providing family planning for women	3	1	4	**8**
4. Providing PMTCT	10	10	18	**38**
5. Distributing female condoms	3	4	8	**15**
6. Providing post exposure prophylaxis (PEP)	6	4	4	**14**
7. Providing insecticide-treated nets (ITNs) to pregnant women	11	7	17	**35**
8. Providing malaria prevention during pregnancy	8	5	17	**30**
9. Providing services for female sex workers	6	3	12	**21**
Activity Area Category B: Providing women with equitable access to services relevant to both men and women				
10. Promoting equitable access to care and treatment	4	3	9	**16**
11. Developing/promoting gender sensitive policies	1	0	0	**1**
Activity Area Category C: Addressing the underlying vulnerabilities of women				
12. Providing capacity-building services for community based women groups	3	4	3	**10**
13. Providing income-generating activities for women	0	2	3	**5**
14. Seeking to keep girls in school	2	1	0	**3**
15. Addressing violence against women	2	3	4	**9**
16. Promoting legal/human rights for women	1	2	0	**3**
17. Providing gender-sensitisation activities	2	7	6	**15**
18. Providing sensitisation/training related to HIV programmes targeting women	8	9	11	**28**
19. Providing sensitisation/training related to TB programmes targeting women	4	2	4	**10**
20. Providing sensitisation/training related to malaria programmes targeting women	7	3	12	**22**
21. Seeking stigma reduction in all settings	9	9	17	**35**
Activity Area Category D: Involving women in leadership				
22. Involving women/women groups in proposal development	2	2	3	**7**
23. Involving women/women groups as implementing agents	6	6	15	**27**

Note: The left-hand column lists the 23 gender-responsive activity areas selected for the Gender Responsiveness Scorecard, divided into four activity area categories.

Table 3: Number of approved Global Fund proposals from sub-Saharan Africa involving gender-responsive activities, by activity area and region

Activity Area	Region (no. of proposals[40])			
	East Africa (71)	Southern Africa (50)	West & Central Africa (90)	Total (211)
Activity Area Category A: Providing services relevant specifically to woman				
1. Providing sexual and reproductive health services	8	8	9	**25**
2. Providing more referral services for women	2	5	3	**10**
3. Providing family planning for women	4	1	4	**9**
4. Providing PMTCT	22	16	28	**66**
5. Distributing female condoms	4	6	9	**19**
6. Providing post exposure prophylaxis (PEP)	6	6	4	**16**
7. Providing insecticide-treated nets (ITNs) to pregnant women	19	13	30	**62**
8. Providing malaria prevention during pregnancy	10	6	30	**46**
9. Providing services for female sex workers	9	3	15	**27**
Activity Area Category B: Providing women with equitable access to services relevant to both men and women				
10. Promoting equitable access to care and treatment	4	4	20	**28**
11. Developing/promoting gender sensitive policies	1	0	0	**1**
Activity Area Category C: Addressing the underlying vulnerabilities of women				
12. Providing capacity-building services for community based women groups	4	5	3	**12**
13. Providing income-generating activities for women	0	2	3	**5**
14. Seeking to keep girls in school	2	2	0	**4**
15. Addressing violence against women	2	3	5	**10**
16. Promoting legal/human rights for women	1	2	0	**3**
17. Providing gender-sensitisation activities	2	9	6	**17**
18. Providing sensitisation/training related to HIV programmes targeting women	13	10	17	**40**
19. Providing sensitisation/training related to TB programmes targeting women	6	2	5	**13**
20. Providing sensitisation/training related to malaria programmes targeting women	10	5	16	**31**
21. Seeking stigma reduction in all settings	17	16	24	**57**
Activity Area Category D: Involving women in leadership				
22. Involving women/women groups in proposal development	2	2	4	**8**
23. Involving women/women groups as implementing agents	8	13	29	**50**

Note: The left-hand column lists the 23 gender-responsive activity areas selected for the Grant Responsiveness scorecard, divided into four activity area categories.

[40] In all of sub-Saharan Africa, there were 211 approved proposals in Rounds 1-7. This includes 19 proposals in which there were no gender-responsive activities.

Findings

An analysis of Table 3 reveals a wide variation in the number of proposals that addressed the different gender-responsive activity areas.

Eleven of the 23 activity areas in the Gender Responsiveness Scorecard are specific to one disease (or, in one case, two diseases) – i.e., activity areas 3 to 9, and 18 to 21. The other 12 activity areas apply to all three diseases.

Among the **disease-specific activity areas**, the following were *most often* included in the proposals:

- 66 proposals (75 percent of HIV and HIV/TB proposals) included activities related to the prevention of mother-to-child transmission of HIV (PMTCT);
- 62 proposals (87 percent of malaria proposals) included activities related to the provision of insecticide-treated nets (ITNs) to pregnant women;
- 57 proposals (41 percent of HIV, HIV/TB and TB proposals) included activities seeking to reduce stigma; and
- 46 proposals (65 percent of malaria proposals) included activities providing malaria prevention during pregnancy.

Note that three of these four activity areas relate specifically to pregnant women.

Among the disease-specific activity areas, the following were *least often* included in the proposals:

- nine proposals (10 percent of the HIV and HIV/TB proposals) included activities providing family planning for women;
- 16 proposals (18 percent of the HIV and HIV/TB proposals) included activities providing post-exposure prophylaxis (PEP); and
- 19 proposals (21 percent of the HIV and HIV/TB proposals) included activities involving the distribution of female condoms.

Among the **non-disease-specific activity areas**, the area included *most often* was "involving women/women groups as implementing agents." It was included in only 50 proposals (24 percent of the total). The second *most often* included activity area was "promoting equitable access to care and treatment" (only 28 proposals, 13 percent of the total).

Among the non-disease specific activity areas, the following were included *least often* (in fact, they were included in a very small number of proposals):

- only one proposal (less than one percent of all proposals) included activities involving developing and promoting gender sensitive policies;
- only three proposals (one percent) included activities involving promoting legal and human rights for women;
- only four proposals (two percent) included activities designed to keep girls in school;
- only five proposals (two percent) included activities providing income-generating opportunities for women; and
- only eight proposals (four percent) included activities involving women or women's groups in proposal development.

Generally speaking, the activity areas that were included most frequently tended to be in *Activity Area Category A: Providing services relevant specifically to women*. And the activity areas that were included the least frequently tended to be in *Activity Area Category C: Addressing the underlying vulnerabilities of women.*

It is interesting to note that the proportion of proposals that included activities involving women or women's groups in proposal development (four percent) was far lower than the proportion that included activities involving women or women groups as implementing agents (24 percent).

Our analysis of the number of approved Global Fund proposals involving gender-responsive activities **by round of funding** revealed no particular patterns. In other words, there was no obvious improvement over time. (See Table 9 in Appendix II, page 52, for details.)

Our analysis of the number of approved Global Fund proposals involving gender-responsive activities **by disease** also revealed no significant patterns. However, it is worth noting that for some non-disease-specific activity areas, a greater percentage of HIV and HIV/TB proposals than malaria or TB proposals included gender-responsive activities. The following are some examples of activity areas where this occurred:

- providing more referral services for women
- providing capacity-building services for community based women groups
- addressing violence against women
- providing gender-sensitisation activities
- seeking stigma reduction in all settings

(See Table 10 in Appendix II, page 53, for details.)

The following are additional findings that emerged from our analysis:

1. The following countries had the highest number of approved proposals with at least one gender-responsive activity: Tanzania (11),[41] Rwanda (9), Madagascar (8), and Benin, Ethiopia, Kenya, Malawi and Togo (7 each).
2. The following counties had the highest number of gender responsive activities in a single proposal: Rwanda, Swaziland and Tanzania (11 each), and Guinea and Liberia (10 each).
3. There were 19 proposals that had not even one gender-related activity. Thirteen of these were TB proposals.
4. Only one country – Tanzania – had a proposal that included activities to develop and promote gender sensitive policies.

[41] The Tanzania grants included grants from Zanzibar (which the Global Fund usually lists separately in its reports).

Chapter 4: Results Achieved for Specific Gender-Related Activities in Five Focus Countries

This chapter presents the findings of an analysis conducted by Aidspan of the targets established and the results achieved for certain gender-related activities in five countries in sub-Saharan Africa.

For this analysis, documents related to the implementation of 43 grants[42] awarded by the Global Fund in Rounds 1-5 in five focus countries – Kenya, Malawi, Tanzania,[43] Uganda and Zambia – were reviewed. The documents were used to identify targets established for gender-related activities, and results achieved against the targets. Grants awarded in Rounds 6 and 7 were excluded from this analysis because implementation of these grants had either not yet begun, or had only just begun. (See *Chapter 1: Introduction* for further discussion of the methodologies used for this analysis.)

Table 4 (shown on the next page) provides a summary of the targets and results achieved for eight of the 23 activity areas in the gender-responsiveness scorecard developed for this project. There were no targets for any of the other 15 activity areas in the 43 grants that we reviewed.

In Table 4, targets and results are shown for each indicator. For example, for the first activity area shown in the table (providing PMTCT), two indicators are shown: (1) number of women (reached); and (2) number of sites (where PMTCT was provided).

The targets and results shown in Table 4 for each country represent the total of the targets and the results *for all grants combined*. Appendix III contains more detailed information, including a breakdown of the information by grant.

There are four instances in Table 4 where a "zero" result is shown for an indicator for which a target is shown. The zero result can mean one of two things: (1) there has been little or no activity, and therefore no results; or (2) there has been some activity, but the results have not yet been reported to the Global Fund.

(The narrative continues after Table 4 and the notes for Table 4.)

[42] These 43 grants emanate from 30 approved proposals. Some proposals had multiple PRs. A separate Grant Agreement is signed with each PR.

[43] The data on Tanzania include grants for Zanzibar; the latter are usually listed separately by the Global Fund.

Table 4: Targets[1] and Results Achieved for Selected Activities in the Five Focus Countries[2]

Activity area	Indicator	Target/ Result	Country					Total	Results as % of targets
			Kenya	Malawi	Tanzania	Uganda	Zambia		
Activity Area Category A: Providing services relevant specifically to woman									
4. Providing PMTCT	No. of women	Target	6,000	34,500	24,969	0	40,854	**106,323**	63%
		Result	0	9,200	21,862	0	35,808	**66,870**	
	No. of sites	Target	0	180	65	90	223	**558**	117%
		Result	0	271	40	94	246	**651**	
5. Distributing female condoms	No. of condoms	Target	0	0	199,500	0	0	**199,500**	73%
		Result	0	0	145,260	0	0	**145,260**	
6. Providing post exposure prophylaxis (PEP)	No. of people[3] reached	Target	4,000	0	0	0	0	**4,000**	45%
		Result	1,800	0	0	0	0	**1,800**	
	No. of sites	Target	0	0	74	0	0	**74**	54%
		Result	0	0	40	0	0	**40**	
7. Providing insecticide-treated nets (ITNs) to pregnant women	No. of women reached	Target	500,000	330,000	24,000	0	0	**854,000**	3%
		Result	0	0	26,000	0	0	**26,000**	
	No. of nets	Target	175,000	0	270,000	0	366,619	**811,619**	75%
		Result	0	0	333,144	0	278,024	**611,168**	
8. Providing malaria prevention during pregnancy	No. of women reached	Target	35,000	330,000	20,000	600,000	300,000	**1,285,000**	53%
		Result	42,000	0	16,800	350,000	273,189	**681,989**	
Activity Area Category C: Addressing the underlying vulnerabilities of women									
18. Providing sensitisation/ training related to HIV programmes targeting women	No. of people[4] reached	Target	0	1,220	100	1,500	935	**3,755**	100%
		Result	0	1,210	738	1,004	811	**3,763**	
	No. of institutions supported	Target	281	0	0	0	0	**281**	15%
		Result	42	0	0	0	0	**42**	
20. Providing sensitisation/ training related to malaria programmes targeting women	No. of people[4] reached	Target	1,830	196	400	0	0	**2,426**	368%
		Result	539	8,000	400	0	0	**8,939**	
	No. of districts with pro-grammes	Target	20	0	0	0	0	**20**	135%
		Result	27	0	0	0	0	**27**	
21. Seeking stigma reduction in all settings	No. of people[4] reached	Target	0	0	25	0	642	**667**	256%
		Result	0	0	885	0	822	**1,707**	
	No. of support groups formed	Target	0	0	106	0	0	**106**	125%
		Result	0	0	133	0	0	**133**	
	No. of districts supported	Target	0	0	0	0	72	**72**	100%
		Result	0	0	0	0	72	**72**	

(See notes on the following page.)

Notes related to Table 4:

1. All targets and results are cumulative (from the start of the grant).
2. For grants that have been fully implemented, the targets and results for the entire grant have been used. For grants that have been partially implemented, the targets and results for the latest period for which both targets and results are available have been used.
3. Although the indicator for providing PEP shows the number of *people* reached, the vast majority of people receiving PEP in these countries are women.
4. With respect to activities related to sensitisation, training and stigma reduction, the indicators refer to the number of people reached because these activities target both men and women.
5. See the tables in Appendix III for a grant-by-grant breakdown of the data in this table.

Findings

The data in Table 4 reveal that results ranged from significantly below target to significantly above. In general, for activities involving delivering services specifically to women (i.e., activity areas 2 to 8), results came in under target. On the other hand, for activities addressing the underlying vulnerabilities of women through training and sensitisation (i.e., activity areas 18, 20 and 21), most of the results exceeded targets.

Only one of the five countries showed results with respect to the number of pregnant women reached with ITNs. Three of the countries set targets for the number of pregnant women reached, but two of them showed zero results; the third country set targets only for the number of ITNs distributed to pregnant women. (One country had no targets at all.) This is problematic because when the Global Fund measures coverage of services, it usually does so in terms of the numbers of people reached.

Of the 43 grants from the five focus countries, 22 (just over half) had no targets related to gender responsive activities. Yet, as reported in *Chapter 3: Gender Responsiveness of Successful Proposals from Sub-Saharan Africa*, of the 211 proposals we examined, only 19 (nine percent) contained no gender responsive activities at all. This means that in many instances, applicants included gender responsive activities in their proposals, but failed to set targets related to these activities. They failed to do so in the proposals themselves, or in the Grant Agreements, or in both. The lack of targets makes it difficult to assess whether the gender responsive activities were implemented because, for the most part, the reporting done by PRs is based on results against targets.

We examined the number of grants that contained targets related to gender-responsive activities **by round of funding**, but detected no particular pattern. In other words, there was no obvious improvement over time. Our analysis of the number of grants that contained targets related to gender-responsive activities **by disease** also revealed no particular pattern.

The following are additional findings that emerged from the analysis:

1. Of the five focus countries included in this analysis, Tanzania and Zambia implemented the most activities specifically targeting women.

2. Of all of the activity areas listed in Table 4 that specifically target women, providing PMTCT and providing malaria prevention during pregnancy were the most "popular." All five countries had targets for both.[44]
3. Of all of the activity areas listed in Table 4, distributing female condoms was the least "popular." Only one country had targets for this activity area.

[44] "Providing malaria prevention during pregnancy" includes (a) providing intermittent malaria preventative treatment; and (b) providing antenatal care, which can also include malaria screening, education and counselling and treatment for pregnant women who already have malaria. Providing ITNs to pregnant women, which is another component of malaria prevention, is listed as a separate activity area in Table 4.1 (and in our Gender Responsiveness Scorecard). Four of the five countries had targets relating to the provision of ITNs to pregnant women.

Chapter 5: Sex-Disaggregated Data

This chapter discusses the role of sex-disaggregated data in developing programmes that are gender responsive and in evaluating such programmes.

For services that are provided to both men and women, both targets and results should be disaggregated by sex. Ensuring that *targets* are disaggregated is important because this implies that the applicant or the implementer is conscious of the need to take steps ensure that women have equal access to such services. Ensuring that *results* against targets are disaggregated is important because this provides a basis for measuring whether women are receiving the services in adequate numbers.

Unfortunately, very few countries are using sex-disaggregated targets. The research conducted for this project revealed that of the 211 successful proposals from sub-Saharan Africa in Rounds 1-7, just over half (117) contained some sex-disaggregated data. However, our analysis showed that in most instances, it was not the targets that were sex-disaggregated. Rather, the sex-disaggregated data was found in the sections of the proposal that provided epidemiological information or information on national programming gaps.

To verify this, we randomly selected 20 of the 117 proposals that contained some sex-disaggregated data. For these 20 proposals, we examined (a) the targets included in the proposal; and (b) the targets included in the workplan attached to the Grant Agreement. Only three of the 20 proposals had any sex-disaggregated targets; and only two of the 20 workplans had any sex-disaggregated targets.

The following are examples of indicators for which the targets were sex-disaggregated:

- youths 15-24 years old who know methods of preventing HIV
- orphans and vulnerable children attending non-formal schools

In both cases, there were separate targets for boys and girls.

The following are examples of indicators for which targets were *not* sex-disaggregated (but which, in our opinion, ought to have been):

- young people reached by life-skills HIV/AIDS education in schools
- number of individuals counselled and tested

The Global Fund does not *require* that targets be disaggregated by sex. However, in recent rounds of funding, and particularly in Round 8, the Fund has encouraged applicants to ensure that their targets are sex-disaggregated. For more discussion of this, see “Global Fund Processes” in *Chapter 6: Review of Global Fund Structures, Policies and Processes Related to Gender.*

Chapter 6: Review of Global Fund Structures, Policies and Processes Related to Gender

This chapter discusses the extent to which Global Fund structures reflect gender representation and expertise. The chapter describes the policies that the Fund has adopted that relate to gender; and discusses how the Fund addresses gender issues in the processes it has established for proposal development and review, and for grant implementation. Finally, the chapter explains why the Global Fund's country-driven philosophy makes the Fund reluctant to be very prescriptive in its efforts to promote a more gender-responsive approach to the fight against AIDS, tuberculosis and malaria.

Introduction

While the main responsibility for ensuring that programmes financed through Global Fund grants are gender-responsive lies with the individual countries and their CCMs, the Global Fund can nevertheless play an important role in promoting a more gender-responsive approach. As one report put it:

> It is the responsibility of the Global Fund to demonstrate leadership in pushing for gender-responsive programming. A powerful signal from the top will have a profound impact and the Fund should not shy away from wielding that influence.[45]

From the time it was established in 2001, the Global Fund has expressed its desire to support initiatives that address gender inequalities. In its Framework Document, the Fund says that it will support "public health interventions that address social and gender inequalities."[46] The same document states that the Global Fund should contribute to the elimination of stigmatisation and discrimination against those infected and affected by HIV/AIDS, especially women, girls and vulnerable groups.[47]

Historically, the Global Fund has not been very active in promoting gender-responsive programming. However, there are signs that this is changing. The Fund is in the process of preparing a new gender equality strategy, one that involves

> a strategic reorientation to ensure that the funding model works for women, girls and other vulnerable groups, such as sexual minorities, and that services and interventions that appropriately target these groups are encouraged and supported.[48]

***Note**: Although the new gender equality strategy is still being developed, some elements have already been implemented and others have been announced. We make reference to these elements in the balance of this chapter. The Global Fund Secretariat is currently engaged in a process to build consensus on what its full gender equality strategy should look like. A draft of the strategy is scheduled to be reviewed by the Global Fund Board's Policy and Strategy Committee in September 2008; and the final strategy is scheduled to be sent to the Board for approval in November 2008. The process is moving quite quickly.*

---

[45] Ford Foundation and Open Society Institute, *Women, HIV/AIDS and the Global Fund: Meeting Report*, 28-29 January 2008.

[46] Global Fund, The Framework Document of the Global Fund To Fight Aids, Tuberculosis and Malaria, undated. Section IV, H, p. 4.

[47] Ibid., Section III, H10, p. 3.

[48] Global Fund, "Update on Gender Strategy Process," PowerPoint presentation by the Global Fund Secretariat to the Board, 27 April 2008.

Gender Representation and Expertise in Global Fund Structures

The Global Fund can set a powerful example for others by ensuring that gender representation and expertise[49] are embodied in its own structures.

Board and Board committees

The Global Fund Board has not established any policies concerning what proportion of the Board and Board committees should be women. Nor has the Board adopted any policies concerning the need to ensure that that there is gender expertise on the Board or on any of the Board committees.

Currently, about one quarter of the Board members and alternates are women. With respect to the Board committees, women make up about 40 percent of the Portfolio Committee, about 20 percent of the Policy and Strategy Committee, half of the Ethics Committee, and just over half of the Finance and Audit Committee.

Both the Portfolio Committee and the Policy and Strategy Committee play an important role in the development of Global Fund policies and processes. The Portfolio Committee is responsible for providing advice to the Board on policy and strategy issues relating to the portfolio of grants. The Policy and Strategy Committee advises the Board on general policy issues and on the core governance structures of the Fund.

Global Fund Secretariat

From the beginning, women have made up the majority of the staff in the Secretariat. In March 2007, women constituted 61 percent of the Secretariat's staff – yet they occupied only 33 percent of senior management positions.[50]

Gender sensitivity is one of the managerial skills required as part of the selection criteria for top-level management posts such as that of the Executive Director.[51]

At its sixteenth meeting in November 2007, the Global Fund Board authorised the Secretariat "as a matter of priority" to appoint senior level "Champions for Gender Equality."[52] One of the positions, a Senior Gender Champion, has already been advertised; the Secretariat anticipates that the successful candidate will start in July or August 2008. Two other positions are being established: (a) a Senior Policy Officer (Sexual Minorities) and (b) a (Gender) Technical Officer.[53]

---

[49] What is "gender expertise"? For the purposes of this report, we consider that "gender expertise" entails familiarity with the determinants of girls' and women's vulnerability to AIDS, tuberculosis and malaria; expert knowledge of policies and programming to reduce this vulnerability; and expert knowledge of, and experience in, using methodologies to assess sex and risk differentials in (a) disease burdens and their consequences, and (b) accessing services. This definition is adapted from Ford Foundation and Open Society Institute, *Women, HIV/AIDS and the Global Fund: Meeting Report*, 28-29 January 2008.

[50] Global Fund, Special Consolidated Report – Report of the Executive Director and Secretariat Update, tabled at the, Fifteenth Board Meeting, Geneva, 25-27 April 2007.

[51] Global Fund, Report of the Executive Director Recruitment, Revised Annex 3, 2006, Board document GF/B13/14.

[52] Decision Point GF/B16/DP26.

[53] Global Fund, "Update on Gender Strategy Process," PowerPoint presentation by the Global Fund Secretariat to the Board, 27 April 2008.

At a meeting in New York City earlier this year, a representative of the Global Fund said that the Fund is committed to scaling up gender expertise within the Secretariat (and other parts of the Global Fund structure).[54] Further details were provided in a presentation the Global Fund Secretariat made to the Board in April 2008. The Secretariat said that:

- it will ensure that it is adequately staffed to manage gender as a priority issue;
- information on gender issues and gender sensitisation will be incorporated into staff training and sensitisation, with specialized training for certain categories (e.g., fund portfolio managers);
- its performance management accountability systems will include gender integration and action;
- it will ensure gender balance and diversity, including sexual minorities, in staffing and public representation of the Fund;
- it will ensure that a broad range of gender expertise is available throughout the Secretariat, including knowledge on issues of sexual and reproductive health, gender-based violence, and men who have sex with men; and
- it will establish a tolerant working environment that accommodates family-friendly work practices and takes into account gender differences in response to stress, etc.[55]

Technical Review Panel (TRP)

The TRP plays a very important role in the Global Fund's grant-making processes. The TRP – an independent panel of international experts on HIV/AIDS, TB, malaria, health and development – reviews eligible grant proposals for technical merit. Based on this review, the TRP recommends proposals for funding to the Board. To date, the Board has always accepted the recommendations of the TRP.

The TRP consists of a maximum of 35 experts. Each expert is appointed by the Board for a period of up to four rounds of funding. On its website, the Global Fund says that "balances in terms of gender … representation … are taken into consideration in the composition of the panel." The terms of the reference (TOR) of the TRP state that "all other matters being equal," membership shall include "a significant number of women." There is nothing in the TOR about expertise in gender issues.

During the Third Global Fund Board meeting in October 2002, it was noted that the TRP's composition did not fully address a gender-balanced representation and that this was an issue requiring improvement.[56] Since that time, and until recently, the proportion of women on the TRP has hovered around 30 percent. (At the time of Round 7, women made up 29 percent of the members of the TRP.) For Round 8, women will make up 43 percent of the panel. The Vice-Chair of the TRP for Round 8 is a woman (the Chair is a man).

More important than the number of women on the TRP, however, is how many of the TRP members have gender expertise. It is difficult to tell from the information available on the Global Fund website. Short biographies of the 34 TRP members for Round 7 are available on the site; only a few of the biographies mention gender expertise. This may not be indicative of the actual level of expertise of the members.

---

[54] Ford Foundation and Open Society Institute, *Women, HIV/AIDS and the Global Fund: Meeting Report*, 28-29 January 2008.

[55] Global Fund, "Update on Gender Strategy Process," PowerPoint presentation by the Global Fund Secretariat to the Board, 27 April 2008.

[56] Global Fund, *Report of the Third Board Meeting*, Geneva, Switzerland, October 2002.

Presumably, however, the Global Fund would like to improve the level of gender expertise on the TRP, because the Fund has taken and will take measures to increase the level of expertise. First, a gender expert from the World Health Organization (WHO) was added to the sub-working group that advised the Portfolio Committee on the selection of persons to be added to the TRP membership for Round 8. (The Portfolio Committee recommends new members to the Global Fund Board.)

Second, the Global Fund will take steps to ensure that there is a greater level of gender expertise in the TRP Support Group. This Group is fully replenished every three years; the next replenishment is scheduled to occur before the first round of funding in 2009. It is from this replenished pool of experts that most new TRP members will be selected for the next several rounds.

Third, the Global Fund Secretariat is planning to ensure that the TRP is fully briefed on the latest evidence and studies and issues of gender equality in AIDS, tuberculosis and malaria prior to its review of Round 8 proposals.[57]

Finally, this issue will be addressed more thoroughly in the new gender equality strategy.

Technical Evaluation Reference Group (TERG)

The Technical Evaluation Reference Group (TERG) is an advisory body providing independent assessment and advice to the Global Fund Board on issues related to monitoring and evaluation. The Board directs the TERG to examine specific programmatic aspects of the Fund, as appropriate. The TERG also advises the Global Fund Secretariat on evaluation approaches and practices, reporting procedures and other technical and managerial aspects of monitoring and evaluation. Membership of the TERG is drawn from a range of stakeholders, including practitioners, research institutions, academics, donor and recipient countries, and NGOs. Members of the TERG are appointed by the Board.

The TERG's TOR state that membership shall be guided by a number of criteria, one of which is gender balance. Four of the eight members of the TERG for 2007-2008 are women.

There is nothing in the TOR about expertise on gender issues. Nor do we have any information on current levels of gender expertise on the TERG. However, as part of the gender equality strategy currently under development, the Global Fund is planning to address the issue of gender expertise on the TERG.

Local Fund Agents (LFAs)

LFAs are responsible for evaluating the financial and programmatic performance of PRs. We do not have any information on the current levels of gender expertise among LFAs. Presumably, it is not as high as it should be, because the Global Fund Secretariat recently adopted several measures to improve the gender sensitivity of LFAs, as follows:

- LFA agreements and TORs will be reviewed to ensure that a gender perspective is incorporated in their activities.
- The LFA training modules will be modified to ensure that gender sensitisation is included.
- LFA performance on gender-sensitivity will be monitored.

[57] Global Fund, "Update on Gender Strategy Process," PowerPoint presentation by the Global Fund Secretariat to the Board, 27 April 2008.

- Steps will be taken to ensure that LFAs have access to gender expertise to facilitate its programmatic monitoring on gender issues.[58]

References to Gender in Global Fund Policies

TRP review criteria

The Global Fund Board determines the criteria that the TRP uses to evaluate proposals. The criteria require that the TRP evaluate soundness of approach, feasibility and potential for sustainability. Among the criteria listed under "soundness of approach" is the following:

> Address issues of human rights and gender equality, including contributing to the elimination of stigmatization of and discrimination against those infected and affected by tuberculosis and HIV/AIDS, especially women, children, and other vulnerable groups

Recently, the Global Fund Secretariat said that these criteria will be evaluated to ensure that they reflect an appropriate approach to the gender assessment of proposals.[59]

Types of initiatives the Fund will support

The Global Fund prepares and periodically updates a list of the types of initiatives it will support.[60] The list is not exhaustive, but nevertheless provides important guidance for applicants. It also provides an opportunity for the Fund to highlight new areas that it believes should be addressed, or existing areas that it believes should be strengthened. For example, just prior to Round 8, the Fund added the following references to women and girls to the list:

> Activities to reduce girls' and women's vulnerability to the three diseases, such as equitable access to youth and social safety net programs, prevention and mitigation of sexual violence, and advocacy for legal change and enforcement.
>
> Community-based programs aimed at alleviating the impact of the diseases, including programs directed at women, orphans, vulnerable children and adolescents; and alleviating the burden of care and support on, especially, women.
>
> Interventions related to interactions between the three diseases, including providing access to prevention services through integrated health services, especially for women and adolescents through reproductive health services.

Policies concerning Country Coordinating Mechanisms (CCMs)

CCMs are national committees made up of representatives from both the public and private sectors, including governments, multilateral or bilateral development agencies, civil society organisations, academic institutions, private businesses and people living with the diseases. CCMs are responsible for submitting proposals to the Global Fund; nominating PRs for each proposal; and overseeing the implementation of approved proposals. CCMs are an important part of the Global Fund architecture, even if they are not formally part of the Fund itself.

---

[58] Ibid.

[59] Ibid.

[60] This list is usually included in the Guidelines for Proposals that the Global Fund issues for each new round of funding. The Round 8 Guidelines for Proposals are available via www.theglobalfund.org/en/apply/call8/.

Over the years, the Global Fund has established certain requirements that CCMs have to meet in order for their proposals to be eligible for consideration. These requirements do not mention gender representation or expertise.

The Global Fund has also developed recommendations concerning the structure of CCMs. Unlike requirements, recommendations are not binding. The recommendations mention gender representation and expertise (as explained below).

Gender balance

The Global Fund Board has specifically encouraged gender balance in CCMs since at least 2003.[61] The Fund's CCM Guidelines[62] state that

> [t]he Global Fund recognizes the importance of national contexts, customs and traditions, and therefore does not intend to prescribe specific CCM compositions. However, in accordance with its guiding principles, the Global Fund expects CCMs to be broadly representative of all national stakeholders in the fight against the three diseases. In particular, the Global Fund encourages CCMs to aim at a gender balanced composition.

The Global Fund has not provided any guidance for how CCMs can achieve gender balance.

The Global Fund Secretariat tries to keep track of the proportion of CCM members who are women, based on data provided by the CCMs themselves. As of January 2008, the Secretariat had information on gender for about 80 percent of CCM members reported. Of the CCM members whose gender was known, 33 percent were women. Regionally, the proportion of women varied from a low of 16 percent in South-West Asia to a high of 41 percent in Southern Africa. Of the Chairs and Vice-Chairs whose gender was known,[63] the proportion of women was 21 percent and 29 percent, respectively. (The Secretariat cautions that the quality and completeness of the information provided by CCMs varied greatly.)

For Round 8, for the first time, CCMs who are submitting proposals are required to indicate the gender of each CCM member in the attachment listing all CCM members. In addition, gender balance on CCMs is one of the topics included in the consultations that the Global Fund Secretariat is currently undertaking concerning the Fund's gender strategy. The Secretariat has said that the Fund wants to achieve gender balance on CCMs.[64]

Gender expertise

The CCM Guidelines say that "[R]epresentation of a gender perspective in the CCM is desirable."[65] On the Round 8 proposal form, the CCM is asked to include a statement on its capacity and expertise on gender issues.

Currently, the Global Fund provides no guidance for CCMs concerning how to ensure there is gender expertise on the CCM. As part of the development of its gender strategy, the Global

---

[61] Global Fund, Report of the Eighth Board Meeting, Selection Criteria For Executive Director: 'Leadership And Strategic Management', Geneva, 28-30 June 2004

[62] Global Fund, Revised Guidelines on the Purpose, Structure and Composition of Country Coordinating Mechanisms and Requirements for Grant Eligibility, 2005.

[63] With respect to CCM Chairs, information on gender was known for only 70 percent of the chairs.

[64] Global Fund, "Update on Gender Strategy Process," PowerPoint presentation by the Global Fund Secretariat to the Board, 27 April 2008.

[65] Global Fund, Revised Guidelines on the Purpose, Structure and Composition of Country Coordinating Mechanisms and Requirements for Grant Eligibility, 2005.

Fund said that it will "review requirements to ensure CCMs are held accountable for ensuring gender capacity and sexual minorities amongst membership and for proposal preparation." [66]

Gender fact sheet

For the eighth round of funding, the Global Fund issued a fact sheet on "Ensuring a Gender Sensitive Approach." The fact sheet explains what a gender-sensitive approach is and why it is important. It provides guidance on how to incorporate a gender-sensitive approach into proposals. It also stresses the importance of using gender-sensitive indicators for planning, programming, and monitoring and evaluation. Finally, the fact sheet provides a list of gender-related documents and tools.

In the fact sheet, the Global Fund says that it

> recognizes that men and women have unequal access to health services. By bringing attention to gender inequalities, the Global Fund desires to encourage more effective responses to the three diseases, implying that men and women of all ages should be reached, involved in, and benefit from resources contributed by the Global Fund to in-country efforts to prevent and control the three diseases.

Global Fund Processes

Proposal development and review

Historically, the Global Fund has used its proposal forms and guidelines for proposals to encourage countries to be attentive to gender dimensions when developing proposals. The proposal forms contained references to gender in the section on epidemiological data and in the tables on social stratification (though the latter were eventually phased out). As well, for most or all of the rounds of funding, the Fund has included a separate section in the proposal form on gender equality (or, more recently, social and gender equality).

It is not clear how useful the separate section has been to get applicants to focus on the need to address gender issues in their proposals. In its comments on the Round 6 applications process, the TRP noted that most of the time the gender initiatives described in this section were not linked to the programme's proposed activities and targets. The TRP concluded that the information in this section was not "particularly helpful" in the review process.[67]

In our analysis of approved proposals from sub-Saharan Africa, we observed that frequently an applicant replied to the question on gender equality with standard responses that were lifted from the applicant's other proposals (i.e., for different disease components and different rounds of funding).

In the Round 8 proposal form and guidelines, the Global Fund took several steps to encourage applicants to include gender-sensitive approaches in their proposals. The steps were as follows:

- (As mentioned above) the CCM is asked to include a statement on its capacity and expertise on gender issues.

---

[66] Global Fund, "Update on Gender Strategy Process," PowerPoint presentation by the Global Fund Secretariat to the Board, 27 April 2008.

[67] Global Fund, *Report of the Technical Review Panel and the Secretariat on Round 6 Proposals*, 2006. Available via www.theglobalfund.org/en/about/technical/report/.

- Single-country applicants are asked to attach to the proposal copies of national policies (if any) to achieve gender equality.
- The proposal form includes a request for epidemiological information and population statistics disaggregated by sex.
- In the guidelines, applicants are asked to ensure that indicators it lists for monitoring planned outcomes contain targets that are disaggregated by sex (wherever possible).
- The proposal form asks applicants, when identifying the major constraints and gaps in the current response to the disease, to consider whether women, girls and sexual minorities have disproportionately low access to HIV prevention, treatment, and care and support services.
- Several revisions were made to the proposal form and the guidelines designed to encourage applicants to ensure that their implementation strategies will result in increased access to services for women, girls and sexual minorities.

These steps are the result of what the Global Fund called a "broadly held desire" to scale-up gender-sensitive responses to the diseases. In its guidelines, the Fund says this it is encouraging applicants "to consider how the diseases differently affect *key affected populations,* in particular, how women and girls are affected compared to boys and men, and what actions are being taken or proposed through the Round 8 proposal to reduce these differences."

The Global Fund Secretariat drew attention to the new provisions on gender at the regional meetings it organised on the Round 8 applications process. As well, the Secretariat worked with its partners to facilitate the offer of technical support (TS) on the new provisions. The Secretariat plans to evaluate the success of this TS by analysing the extent to which Round 8 proposals reflect the new provisions.[68]

The Secretariat recently said that it will look for ways to ensure that CCMs provide equal access for groups representing women in its proposal development processes, including the nomination of PRs and SRs.[69]

The Global Fund's Guidelines for Proposals for Round 8 refer to the importance of sex-disaggregated data. However, there is nothing in the Performance Framework template, where applicants are required to list indicators and targets, about the need for targets to be disaggregated. (See the next section for further discussion of indicators.)

Review of proposals by the TRP

When it reviews the proposals, the TRP comments on the strengths and weaknesses of each one. Sometimes, the TRP comments on gender issues. For example:

- With respect to a successful Round 6 HIV proposal from Moldova, the TRP said that the gender analysis was excellent and that it addressed the different roles and needs of women and men.
- With respect to a successful Round 5 HIV proposal from Zimbabwe, the TRP said that the proposal contained a good gender analysis acknowledging the reasons why women may not access counselling, testing and treatment.

[68] Global Fund, "Update on Gender Strategy Process," PowerPoint presentation by the Global Fund Secretariat to the Board, 27 April 2008.

[69] Ibid.

- With respect to a proposal that was not recommended for funding, the TRP said the proposal lacked an explanation of how sex workers would be protected from discrimination, legal action and coercive HIV testing.[70]

Grant implementation

In their proposals, CCMs are required to identify the indicators that they will use to monitor the outcomes of their projects. For each indicator, the CCM is required to identify one or more targets. These indicators and targets are further refined when Grant Agreements are signed with each PR responsible for implementing the programmes. The Global Fund requires that the PR report regularly on performance against targets.

There are different types of indicators. For the purposes of this report, coverage indicators are the most relevant. Coverage indicators measure how many people a service is reaching. Some examples of coverage indicators recommended by the Global Fund are:

- young people reached by life-based HIV/AIDS education in schools
- people with advanced HIV infection receiving antiretroviral combination therapy
- community groups taking action on malaria

The indicators themselves are usually gender-neutral.[71] However, as indicated above, applicants are asked to ensure that the targets they set for these indicators are disaggregated by sex and age, wherever possible. Applicants report on progress against these targets, usually on a quarterly or semi-annual basis, using the Progress Update and Disbursement Request (PU/DR) Form. There is nothing on this form to remind PRs about the need to report disaggregated data wherever possible.

The Global Fund has recently recognised the need to develop new indicators designed specifically to measure whether and to what extent initiatives are addressing the underlying causes of gender inequality. (Many of these will be impact or outcome indicators, as opposed to coverage indicators.) As well, the Global Fund Secretariat is currently preparing revisions to the inter-agency Monitoring and Evaluation Toolkit to incorporate new gender indicators for monitoring.

As part of the process of developing a new gender equality strategy, the Global Fund Secretariat is planning to (a) establish "a baseline of current gender-sensitive activities against which to measure progress" and (b) capture and disseminate best practices with respect to activities targeting women and girls."[72]

[70] Aidspan, The Aidspan Guide to Round 8 Applications to the Global Fund – Volume 1: Getting a Head Start, January 2008.

[71] Some of the coverage indicators are gender-specific, usually because they measure activities being provided specifically to women. One such indicator is "HIV-positive pregnant women receiving a complete course of antiretroviral prophylaxis to reduce the risk of mother-to-child transmission."

[72] Global Fund, "Update on Gender Strategy Process," PowerPoint presentation by the Global Fund Secretariat to the Board, 27 April 2008.

Role of the Global Fund's Country-Driven Philosophy

One of the core philosophies of the Global Fund is that it is country-driven. This means that the Fund does not seek to dictate what countries put into their proposals. Rather, the Fund says, in effect:

> What will you do if you receive a grant? What will it cost? What results will you achieve? If – advised by the TRP – we admire those objectives, and we believe that you can indeed achieve those results, and we believe that your proposal represent good value, and we have enough money, we'll give you the grant.[73]

In other words, the Global Fund is reluctant to impose conditions on, or to make suggestions regarding, the specific content of proposals. Thus, the Fund is *not* willing to say to the CCM, before the proposal is written: Let's jointly design a proposal that does various useful things and that includes gender-responsive activities.[74] This differs from the approach of most other donors.

However, the Global Fund does focus on countries knowing their epidemics and, therefore, could decide not to fund proposals that do not properly address the needs indicated by the epidemiology. Under the new gender equality strategy, this may become an important element of both the review of proposals and the monitoring of grants.

With respect to the TRP, the independent panel that reviews all proposals, if a CCM chooses not to include gender-responsive activities in a particular proposal that the TRP otherwise likes, the TRP has the following options:

(a) It can recommend that the Global Fund Board approve the proposal (despite the lack of gender-responsive activities);

(b) It can recommend that the Global Fund Board approve the proposal subject to the applicant satisfactorily responding to clarifications directed specifically at ensuring the gender-responsive activities are included (or more fully described); or

(c) It can recommend that the Global Fund Board reject the proposal; identify the lack of gender-responsive activities as a serious weakness of the proposal; and encourage the applicant to re-submit a proposal that addresses this weakness.

[73] This is Aidspan's way of explaining the Fund's approach. This is not a direct quote from the Global Fund.

[74] Ibid.

Chapter 7: Summary and Conclusions

This chapter provides some concluding observations on the findings in this report.

The title of this report asks "Are Global Fund Grants Working for Women?" Based on the research conducted in this study, it is not possible to answer this question in the affirmative. At best, we would have to say, "only partially," or "not yet."

This conclusion is based on the following findings:

- Of the 12 non-disease-specific activity areas included in our Gender Responsiveness Scorecard, the most popular activity area – i.e., the activity area included *most frequently* in the 211 proposals from sub-Saharan Africa – was included in *less than three out of every 10 proposals*. Five of the 12 activity areas were included in *less than one out of every 20 proposals*.
- Of the 11 disease-specific activity areas included in our Gender Responsiveness Scorecard, although three were included in two-thirds or more of the proposals for the disease(s) in question, another two activity areas were included in only about forty percent of the proposals for the disease(s) in question, and the other six activity areas were included in *less than three out of every 10 proposals* for the disease(s) in question.

While it could be said that some progress has been made in delivering services to women, especially pregnant women, there is still a long way to go in terms of addressing the underlying vulnerabilities of women and the inequality they face. This is evidenced by the following findings:

- The activity areas that were included more frequently tended to involve delivering disease-specific services to women – e.g., providing PMTCT, providing ITNs to pregnant women, and providing malaria prevention during pregnancy.
- The activity areas that were included the least frequently tended to involve addressing the underlying vulnerabilities of women – e.g., providing income-generating activities for women, seeking to keep girls in school, addressing violence against women, and promoting legal and human rights for women.

Although about two-thirds of the HIV and HIV/TB proposals included activities providing PMTCT, we did not see any evidence that PMTCT activities were being scaled up significantly in recent rounds of funding, which is something that we might have expected to find.

The fact that that the findings are fairly consistent across all seven rounds of funding is surprising. We would have expected to see an increase in gender-related activities in the more recent rounds of funding.

The very low rates of using data that is disaggregated by sex in both the setting of targets and the reporting of results is a serious concern. Without sex-disaggregated data, it is impossible to track to what extent women are accessing service provided to both men and women. This is something that CCMs, other applicants and grant implementers need to address.

The Global Fund could be doing more to promote the use of sex-disaggregated data. For example, although the Fund's Round 8 Guidelines for Proposals specially encouraged applicants to include sex-disaggregated targets in their proposals, there was no mention of

sex-disaggregation in the attachment to the proposal where applicants had to list their targets. Nor is there any mention of sex-disaggregation in the forms that the grant implementers use to report on results against target.

With respect to results achieved, for activities involving delivering services specifically to women, results tended to come in under target. On the other hand, for activities addressing the underlying vulnerabilities of women through training and sensitisation, most of the results exceeded targets. This may seem counter-intuitive, given that activities involving delivering services were included in proposals far more frequently than activities addressing underlying vulnerabilities. The explanation may be that applicants are setting bold targets for activities involving delivering services, and modest targets for activities addressing underlying vulnerabilities.

Frequently, there are gaps in the data provided in the PU/DRs, and inconsistencies between the PU/DRs and the GPRs. This makes it difficult to measure whether programmes are gender-responsive. The Global Fund should take steps to address this problem.

The Global Fund is currently working on a new gender equality strategy, which is a welcome development. Our analysis of how the Global Fund addresses gender issues through its structures, policies and processes revealed several deficiencies, some of which the Fund may be planning to address as it develops its new strategy. Two key areas that need to be tackled are:

- There needs to be more women in senior positions in the Global Fund Secretariat.
- Guidance needs to be provided to CCMs on how to go about achieving gender balance on CCMs and how to ensure that there is adequate gender expertise on CCMs.

Appendix I: Description of the Activity Areas in the Gender Responsiveness Scorecard

The activity areas are described in Table 5 below. The activity areas are listed by category. Table 5 covers two pages.

Table 5: The Gender Responsiveness Scorecard: Description of Activity Areas

	Activity Area	Description
Activity Area Category A: Providing services relevant specifically to women		
1	Providing sexual and reproductive health services	This includes activities such as provision of skilled attendants during birth; antenatal care; infertility services; cervical and breast cancer screening; provision of relevant information and services regarding the spread of sexually transmitted infections (STIs), including HIV; and information about sexuality, contraception, preventive measures and healthcare.
2	Providing more referral services for women	This involves, in particular, women-focused services such as PMTCT, provision of malaria-focused antenatal care, provision of Intermittent preventive treatment for infected mothers, and screening services.
3	Providing family planning for women	This includes sensitisation, training and the provision of services. Permanent methods of contraception (male and female sterilization) are also included.
4	Providing PMTCT	This includes pre- and post-natal services; treatment with zidovudine, nevirapine or other antiretroviral drugs; breastfeeding counselling and supplemental feeding.
5	Distributing female condoms	This includes the provision of the female condom for free or at subsidized rates.
6	Providing post exposure prophylaxis (PEP)	Self-explanatory.
7	Providing insecticide-treated nets (ITNs) to pregnant women	Self-explanatory.
8	Providing malaria prevention during pregnancy	This includes the provision of intermittent preventive treatment for pregnant women. It also includes antenatal care, which can include malaria screening, education and counselling and treatment for pregnant women who already have malaria.
9	Providing services for female sex workers	This covers activities specifically targeting commercial sex workers and, by extension, their clients. Most of the activities involve counselling, training sex workers to spread information on prevention measures, and providing general information on HIV.
Activity Area Category B: Providing women with equitable access to services relevant to both men and women		
10	Promoting equitable access to care and treatment	This includes activities designed to improve women's access to services that are available to both men and women, including initiatives involving providing treatments at a reduced cost or for free as a means of promoting equitable access. Also included are activities ensuring that diagnostic services are provided close to where women are living.
11	Developing/promoting gender sensitive policies	This mainly includes national policies that address gender rights and equity.

	Activity Area	Description
Activity Area Category C: Addressing the underlying vulnerabilities of women		
12	Providing capacity-building services for community based women groups	This involves capacity building aimed at preventing and mitigating the effects of HIV and AIDS. It includes basic training and train-the-trainer training, and usually covers (but is not restricted to) training in the following areas: • psychosocial care and support; • income generating activities; • vocational skills training and • protection from abuse, violence and exploitation, including property dispossession and stigma and discrimination.
13	Providing income-generating activities for women	This includes women-specific income-generating activities and other initiatives promoting financial empowerment of women. Examples include: • the creation of kitchen gardens that provide food to PLWHA and also crops and commodities for sale; • the creation of handicrafts such as curios and baskets for sale; and • animal husbandry where goats or cows are reared and, when they reproduce, the offspring are sold to PLWHA either for free with the agreement to pay back with another offspring or at extremely subsidized rates.
14	Seeking to keep girls in school	This involves educational activities targeting girls in school, including peer counselling, and sexual and reproductive health initiatives.
15	Addressing violence against women	This includes activities addressing sexual abuse, domestic violence, violence during war, and sexual harassment in schools.
16	Promoting legal/ human rights for women	This includes addressing issues involving wife inheritance, and loss of inheritance due to tradition customs. It also includes activities involving seeking redress for sexual and physical violence. Finally, it includes training on all of the foregoing.
17	Providing gender-sensitisation activities	This encompasses activities (including training activities) designed to sensitise people on gender issues generally (i.e., not disease-specific). This activity area including issues dealing with gender discrimination in the communities, health facilitates and work places.
18	Providing sensitisation/training related to HIV programmes targeting women	This includes training and sensitisation activities for specific diseases, which are generally focussed on creating demand for the services. The activities include training of individuals in the community, community health workers and health officers primarily on women-focused activities such as PMTCT, malaria prevention during pregnancy; addressing the importance of use of ITNs by pregnant women; and provision of PEP to rape cases.
19	Providing sensitisation/training related to TB programmes targeting women	
20	Providing sensitisation/training related to Malaria programmes targeting women	
21	Seeking stigma reduction in all settings	Self-explanatory.
Activity Area Category D: Involving women in leadership		
22	Involving women/women groups in proposal development	This includes involving women and women's groups in consultations contributing to proposal development, as well as in the actual development of the proposal.
23	Involving women/women groups as Implementing agents	Self-explanatory.

Appendix II: Additional Findings with Respect to Gender Responsiveness in Successful Global Fund Proposals from Sub-Saharan Africa

The tables on the following pages supplement the findings presented in *Chapter 3: Gender Responsiveness in Successful Global Fund Proposals from Sub-Saharan Africa.* The following is a list of the tables:

- Table 6: Number of approved proposals from sub-Saharan Africa involving gender-responsive activities, by activity area and country: EAST AFRICA
- Table 7: Number of approved proposals from sub-Saharan Africa involving gender-responsive activities, by activity area and country: SOUTHERN AFRICA
- Table 8: Number of approved proposals from sub-Saharan Africa involving gender-responsive activities, by activity area and country: WEST & CENTRAL AFRICA
- Table 9: Number of approved proposals from sub-Saharan Africa involving gender-responsive activities, by activity area and round of funding
- Table 10: Number of approved proposals from sub-Saharan Africa involving gender-responsive activities, by activity area and disease

Table 6: Number of approved proposals from sub-Saharan Africa involving gender-responsive activities, by activity area and country: EAST AFRICA

[Note: This table covers two pages.]

Activity Area	Country											
	Burundi	Comoros	Congo (DR)	Eritrea	Ethiopia	Kenya	Madagascar	Rwanda	Tanzania	Uganda	Zanzibar	Total
Number of approved proposals[75]	*5*	*2*	*6*	*5*	*7*	*9*	*8*	*9*	*7*	*8*	*5*	***71***
Activity Area Category A: Providing services relevant specifically to woman												
1. Providing sexual and reproductive health services	0	1	0	2	0	2	0	1	1	0	1	**8**
2. Providing more referral services for women	0	0	0	0	1	0	0	1	0	0	0	**2**
3. Providing family planning for women	0	0	0	2	0	0	0	1	0	0	1	**4**
4. Providing PMTCT	2	0	2	2	3	1	1	4	2	3	2	**22**
5. Distributing female condoms	0	0	1	2	0	0	0	0	1	0	0	**4**
6. Providing Post Exposure Prophylaxis (PEP)	0	0	1	1	0	1	0	1	1	0	1	**6**
7. Providing Insecticide-Treated Nets (ITNs) to pregnant women	1	1	1	2	2	2	4	2	1	2	1	**19**
8. Providing malaria prevention during pregnancy	0	1	1	1	0	1	2	1	0	1	2	**10**
9. Providing services for female sex workers	0	1	2	2	0	1	2	1	0	0	0	**9**
Activity Area Category B: Providing women with equitable access to services relevant to both men and women												
10. Promoting equitable access to care and treatment	0	0	0	1	1	0	0	1	0	0	1	**4**
11. Developing/promoting gender sensitive policies	0	0	0	0	0	0	0	0	0	0	1	**1**
Activity Area Category C: Addressing the underlying vulnerabilities of women												
12. Providing capacity-building services for community based women groups	0	0	0	0	1	0	0	2	0	1	0	**4**
13. Providing income-generating activities for women	0	0	0	0	0	0	0	0	0	0	0	**0**

[75] In all of East Africa, there were 71 approved proposals in Rounds 1-7. This includes seven proposals in which there were no gender-responsive activities.

Activity Area	Country											
	Burundi	Comoros	Congo (DR)	Eritrea	Ethiopia	Kenya	Madagascar	Rwanda	Tanzania	Uganda	Zanzibar	Total
14. Seeking to keep girls in school	0	1	0	0	0	0	1	0	0	0	0	**2**
15. Addressing violence against women	0	0	0	0	0	0	0	1	0	0	1	**2**
16. Promoting legal/human rights for women	0	0	0	0	1	0	0	0	0	0	0	**1**
17. Providing gender-sensitisation activities	0	0	0	0	0	0	0	1	0	1	0	**2**
18. Providing sensitisation/training related to HIV programmes targeting women	0	0	2	2	2	1	0	2	1	2	1	**13**
19. Providing sensitisation/training related to TB programmes targeting women	1	0	0	1	0	0	0	3	1	0	0	**6**
20. Providing sensitisation/training related to malaria programmes targeting women	0	0	0	1	2	1	2	1	2	0	1	**10**
21. Seeking stigma reduction in all settings	2	0	1	1	4	2	0	3	1	2	1	**17**
Activity Area Category D: Involving women in leadership												
22. Involving women/women groups in proposal development	0	0	0	0	0	0	0	0	1	0	1	**2**
23. Involving women/women groups as implementing agents	0	1	1	0	3	1	0	0	1	0	1	**8**

Table 7: Number of approved proposals from sub-Saharan Africa involving gender-responsive activities, by activity area and country: SOUTHERN AFRICA

[Note: This table covers two pages.]

Activity Area	Angola	Botswana	Lesotho	Malawi	Mozambique	Namibia	South Africa	Swaziland	Zambia	Zimbabwe	Total
Number of approved proposals[76]	*4*	*2*	*5*	*7*	*6*	*5*	*5*	*5*	*6*	*5*	***50***
Activity Area Category A: Providing services relevant specifically to woman											
1. Providing sexual and reproductive health services	0	1	0	1	1	1	1	1	1	1	**8**
2. Providing more referral services for women	0	0	0	0	1	0	2	0	1	1	**5**
3. Providing family planning for women	0	0	0	0	0	0	0	1	0	0	**1**
4. Providing PMTCT	1	1	3	2	2	1	2	2	1	1	**16**
5. Distributing female condoms	0	0	0	1	0	1	2	2	0	0	**6**
6. Providing Post Exposure Prophylaxis (PEP)	0	0	1	0	0	0	2	2	0	1	**6**
7. Providing Insecticide-Treated Nets (ITNs) to pregnant women	2	0	0	2	2	2	0	1	3	1	**13**
8. Providing malaria prevention during pregnancy	1	0	0	2	1	0	0	0	1	1	**6**
9. Providing services for female sex workers	1	1	0	0	1	0	0	0	0	0	**3**
Activity Area Category B: Providing women with equitable access to services relevant to both men and women											
10. Promoting equitable access to care and treatment	1	0	1	2	0	0	0	0	0	0	**4**
11. Developing/promoting gender sensitive policies	0	0	0	0	0	0	0	0	0	0	**0**
Activity Area Category C: Addressing the underlying vulnerabilities of women											
12. Providing capacity-building services for community based women groups	0	1	0	0	1	0	1	2	0	0	**5**
13. Providing income-generating activities for women	0	0	0	0	1	0	0	1	0	0	**2**
14. Seeking to keep girls in school	0	0	0	0	0	0	0	2	0	0	**2**

[76] In all of Southern Africa, there were 50 approved proposals in Rounds 1-7. This includes four proposals in which there were no gender-responsive activities.

Activity Area	Angola	Botswana	Lesotho	Malawi	Mozambique	Namibia	South Africa	Swaziland	Zambia	Zimbabwe	Total
15. Addressing violence against women	0	0	0	1	1	0	0	0	1	0	**3**
16. Promoting legal/human rights for women	0	0	1	0	0	0	0	1	0	0	**2**
17. Providing gender-sensitisation activities	0	0	2	1	1	1	2	1	0	1	**9**
18. Providing sensitisation/training related to HIV programmes targeting women	0	1	1	1	1	1	1	1	1	2	**10**
19. Providing sensitisation/training related to TB programmes targeting women	1	0	0	0	1	0	0	0	0	0	**2**
20. Providing sensitisation/training related to malaria programmes targeting women	0	0	0	1	0	0	0	1	3	0	**5**
21. Seeking stigma reduction in all settings	0	2	2	2	1	2	1	2	3	1	**16**
Activity Area Category D: Involving women in leadership											
22. Involving women/women groups in proposal development	0	0	0	0	0	1	0	1	0	0	**2**
23. Involving women/women groups as implementing agents	0	0	0	2	3	4	1	2	0	1	**13**

Table 8: Number of approved proposals from sub-Saharan Africa involving gender-responsive activities, by activity area and country: WEST & CENTRAL AFRICA

[Note: This table covers two pages.]

Activity Area	Country																		
	Benin	Burkina Faso	Cameroon	Central African Rep.	Congo (Republic of)	Cote d'Ivoire	Equatorial Guinea	Gabon	Gambia	Ghana	Guinea	Guinea-Bissau	Liberia	Nigeria	Sao Tome & Principe	Senegal	Sierra Leone	Togo	Total
Number of approved proposals[77]	*7*	*5*	*6*	*5*	*1*	*6*	*2*	*3*	*4*	*6*	*5*	*5*	*6*	*7*	*3*	*6*	*6*	*7*	***90***
Activity Area Category A: Providing services relevant specifically to woman																			
1. Providing sexual and reproductive health services	0	1	0	1	0	0	0	0	2	0	0	0	1	1	0	0	1	2	**9**
2. Providing more referral services for women	0	0	0	0	0	0	0	0	1	0	0	0	1	0	1	0	0	0	**3**
3. Providing family planning for women	0	1	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	1	**4**
4. Providing PMTCT	2	2	1	3	1	1	1	1	1	2	2	2	1	2	1	2	2	1	**28**
5. Distributing female condoms	0	0	0	2	1	1	0	1	0	0	1	0	0	0	0	1	1	1	**9**
6. Providing Post Exposure Prophylaxis (PEP)	0	1	0	0	0	0	0	0	0	1	1	1	0	0	0	0	0	0	**4**
7. Providing Insecticide-Treated Nets (ITNs) to pregnant women	3	2	1	1	0	1	1	2	2	2	2	2	2	1	2	2	2	2	**30**
8. Providing malaria prevention during pregnancy	3	2	1	1	0	1	1	2	2	2	2	2	2	1	2	3	2	1	**30**
9. Providing services for female sex workers	2	1	0	1	1	1	0	1	0	0	1	1	1	0	1	0	2	2	**15**
Activity Area Category B: Providing women with equitable access to services relevant to both men and women																			
10. Promoting equitable access to care and treatment	0	0	1	0	0	0	0	0	2	2	4	1	2	1	0	0	4	3	**20**
11. Developing/promoting gender sensitive policies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**

[77] In all of West & Central Africa, there were 90 approved proposals in Rounds 1-7. This includes eight proposals in which there were no gender-responsive activities.

Activity Area	Country																		
	Benin	Burkina Faso	Cameroon	Central African Rep.	Congo (Republic of)	Cote d'Ivoire	Equatorial Guinea	Gabon	Gambia	Ghana	Guinea	Guinea-Bissau	Liberia	Nigeria	Sao Tome & Principe	Senegal	Sierra Leone	Togo	Total
Activity Area Category C: Addressing the underlying vulnerabilities of women																			
12. Providing capacity-building services for community based women groups	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	0	0	0	**3**
13. Providing income-generating activities for women	0	0	0	0	0	1	0	0	1	0	1	0	0	0	0	0	0	0	**3**
14. Seeking to keep girls in school	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
15. Addressing violence against women	0	0	0	0	0	2	0	0	0	0	0	0	1	0	0	0	1	1	**5**
16. Promoting legal/human rights for women	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
17. Providing gender-sensitisation activities	0	0	1	0	0	0	0	0	0	0	0	0	1	1	0	1	1	1	**6**
18. Providing sensitisation/training related to HIV programmes targeting women	0	2	1	2	1	2	0	0	1	2	1	0	1	2	0	0	2	0	**17**
19. Providing sensitisation/training related to TB programmes targeting women	0	1	0	0	0	2	0	0	0	0	1	0	0	0	0	0	1	0	**5**
20. Providing sensitisation/training related to malaria programmes targeting women	2	2	0	1	0	0	1	2	1	1	0	0	1	1	1	1	2	0	**16**
21. Seeking stigma reduction in all settings	1	1	1	1	1	1	1	0	2	3	2	2	1	2	1	1	2	1	**24**
Activity Area Category D: Involving women in leadership																			
22. Involving women/women groups in proposal development	0	0	0	0	0	0	0	0	2	0	1	0	0	0	0	0	1	0	**4**
23. Involving women/women groups as implementing agents	1	2	1	3	0	2	0	1	1	1	5	2	2	0	1	1	4	2	**29**

Table 9: Number of approved proposals from sub-Saharan Africa involving gender-responsive activities, by activity area and round of funding

Activity Area	Round							
	1	2	3	4	5	6	7	Total
Number of approved proposals	*26*	*41*	*27*	*32*	*29*	*28*	*28*	***211***
Activity Area Category A: Providing services relevant specifically to woman								
1. Providing sexual and reproductive health services	5	5	3	2	2	4	4	**25**
2. Providing more referral services for women	3	1	0	1	1	2	2	**10**
3. Providing family planning for women	1	0	1	1	1	2	3	**9**
4. Providing PMTCT	10	14	9	7	10	8	8	**66**
5. Distributing female condoms	0	4	2	2	3	4	4	**19**
6. Providing Post Exposure Prophylaxis (PEP)	1	2	2	1	3	3	4	**16**
7. Providing Insecticide-Treated Nets (ITNs) to pregnant women	6	14	9	11	4	8	10	**62**
8. Providing malaria prevention during pregnancy	5	9	8	9	2	5	8	**46**
9. Providing services for female sex workers	0	6	5	3	4	4	5	**27**
Activity Area Category B: Providing women with equitable access to services relevant to both men and women								
10. Promoting equitable access to care and treatment	0	2	1	4	8	8	5	**28**
11. Developing/promoting gender sensitive policies	0	0	0	0	0	1	0	**1**
Activity Area Category C: Addressing the underlying vulnerabilities of women								
12. Providing capacity-building services for community based women groups	0	2	0	3	0	5	2	**12**
13. Providing income-generating activities for women	0	1	1	0	1	1	1	**5**
14. Seeking to keep girls in school	0	2	1	1	0	0	0	**4**
15. Addressing violence against women	1	1	1	2	1	2	2	**10**
16. Promoting legal/human rights for women	1	0	0	1	1	0	0	**3**
17. Providing gender-sensitisation activities	0	3	0	3	3	3	5	**17**
18. Providing sensitisation/training related to HIV programmes targeting women	7	8	5	3	4	7	6	**40**
19. Providing sensitisation/training related to TB programmes targeting women	0	1	1	4	2	4	1	**13**
20. Providing sensitisation/training related to malaria programmes targeting women	3	5	3	10	4	2	4	**31**
21. Seeking stigma reduction in all settings	4	4	4	6	16	9	14	**57**
Activity Area Category D: Involving women in leadership								
22. Involving women/women groups in proposal development	0	1	0	0	2	4	1	**8**
23. Involving women/women groups as implementing agents	1	13	6	8	6	11	5	**50**

Table 10: Number of approved proposals from sub-Saharan Africa involving gender-responsive activities, by activity area and disease

Activity Area	Disease				
	HIV	Malaria	TB	Other (HIV/TB, HSS)*	Total
Number of approved proposals	*83*	*71*	*50*	*7*	***211***
Activity Area Category A: Providing services relevant specifically to woman					
1. Providing sexual and reproductive health services	22	1	1	1	**25**
2. Providing more referral services for women	6	1	1	2	**10**
3. Providing family planning for women	9	n/a	n/a	0	**9**
4. Providing PMTCT	62	n/a	n/a	4	**66**
5. Distributing female condoms	18	n/a	0	1	**19**
6. Providing Post Exposure Prophylaxis (PEP)	15	0	0	1	**16**
7. Providing Insecticide-Treated Nets (ITNs) to pregnant women	n/a	62	n/a	n/a	**62**
8. Providing malaria prevention during pregnancy	n/a	46	n/a	n/a	**46**
9. Providing services for female sex workers	27	0	0	0	**27**
Activity Area Category B: Providing women with equitable access to services relevant to both men and women					
10. Promoting equitable access to care and treatment	12	5	11	0	**28**
11. Developing/promoting gender sensitive policies	1	0	0	0	**1**
Activity Area Category C: Addressing the underlying vulnerabilities of women					
12. Providing capacity-building services for community based women groups	10	1	1	0	**12**
13. Providing income-generating activities for women	4	1	0	0	**5**
14. Seeking to keep girls in school	4	0	0	0	**4**
15. Addressing violence against women	10	0	0	0	**10**
16. Promoting legal/human rights for women	2	0	1	0	**3**
17. Providing gender-sensitisation activities	16	0	0	1	**17**
18. Providing sensitisation/training related to HIV programmes targeting women	37	0	2	1	**40**
19. Providing sensitisation/training related to TB programmes targeting women	0	n/a	12	1	**13**
20. Providing sensitisation/training related to malaria programmes targeting women	n/a	30	1	n/a	**31**
21. Seeking stigma reduction in all settings	44	0	13	0	**57**
Activity Area Category D: Involving women in leadership					
22. Involving women/women groups in proposal development	2	2	4	0	**8**
23. Involving women/ women groups as implementing agents	21	17	11	1	**50**

** Of the seven proposals classified as "other," five are HIV/TB and two are health systems strengthening (HSS). HSS-only proposals were allowed in Round 5.*

Appendix III: Additional Findings with Respect to Targets and Results Achieved in Five Focus Countries

The tables on the following pages supplement the findings presented in *Chapter 4: Findings from the Analysis of Selected Global Fund Grants in the Five Focus Countries.*

There is one table for each of the indicators included in Table 4 (page 27) in Chapter 4. In each table, there is a separate row for each grant. This means that if a country had more than one grant, it is listed more than once. Conversely, if a country had no grants that included the indicator covered by the table, it is not listed in the table.

In each row, two targets are shown: (1) the target specified in the workplan attached to the Grant Agreement,[78] and (2) the target specified in the Grant Performance Report (GPR). The GPR is a document maintained and regularly updated by the Global Fund Secretariat; it contains the latest information available for each grant. In a majority of cases, the two targets are identical. Where they are not identical, this is because changes were made to the targets subsequent to the signing of the Grant Agreement.

The last two columns of each table show the results achieved, as recorded in the GPR, up to the end of the last period for which results were reported (i.e., up to the "As of" date shown in the last column).

For grants that have been fully implemented, the targets and results for the entire grant are shown. For grants that have been partially implemented, the targets and results shown are for the latest period for which both targets and results are shown in the GPR.

Note that the "As of" date is sometimes a few years old. This happens either because there has been little or no activity for this area of the grant (or for the entire grant) in the last few years; or because news of such activity has not worked its way up the pipeline to the Global Fund and into the GPR.

In these instances, the situation may be worse than the tables in this appendix might suggest. Take, for example, the Kenya Round 2 Malaria grant for Activity Area #8: Providing malaria prevention during pregnancy – Number of women reached. Table 18 (page 57) shows that the results achieved (42,000 women reached) exceeded the target (35,000 women reached). This would suggest that the grant is performing very well, at least in this activity area. However, both the target and the results are "As of" December 2004. In fact, there have been no disbursements for this grant since December 2004. In the interim, the targets have grown from what is shown in the table, but there have been no further results.[79]

Thus, wherever the "As of" date is quite old, the reader should be careful about drawing too many conclusions about the performance of the grant.

There are five instances in the tables below where a "zero" result is shown for an indicator for which a target is shown. The zero result can mean one of two things: (1) there has been little or no activity, and therefore no results; or (2) there has been some activity, but the results have not yet been reported to the Global Fund. In these instances, the "As of" date is the date nearest today's date for which there exists a target value in the GPR report.

[78] When the Grant Agreement Target shows as "n/a," this could mean that no target was included in the workplan attached to the Agreement; or that the workplan was not available for this analysis.

[79] In cases such as this, information on the most recent targets does not appear in the tables because both the GPR target and the results shown are for the last period for which *results* were reported.

Note that only grants approved in Rounds 1-5 are included in the tables.

Table 11
Activity Area #4: Providing PMTCT – Number of women receiving PMTCT in five focus countries

Country	Round	Disease	Grant No.	Start Date	Grant Agreement Target	GPR Target	GPR Result	As of
Kenya	R2	HIV/AIDS	KEN-202-G03-H	Dec. 2003	6,000	6,000	0	Nov. 2007
Malawi	R1	HIV/AIDS	MLW-102-G01-H	Oct. 2003	34,500	34,500	9,200	Sept. 2007
Tanzania	R3	HIV/TB	TNZ-304-G03-C	Nov. 2004	n/a	500	5,346	Oct. 2005
Tanzania	R4	HIV/AIDS	TNZ-405-G04-H	Sept. 2005	n/a	24,469	16,516	Aug. 2006
Zambia	R1	HIV/AIDS	ZAM-102-G01-H	July 2003	24,500	18,500	21,000	Jan. 2005
Zambia	R1	HIV/AIDS	ZAM-102-G04-H	July 2003	8,464	14,749	3,275	Apr. 2007
Zambia	R1	HIV/AIDS	ZAM-102-G08-H	July 2003	8,407	7,605	11,533	Jan. 2007
Total:					**n/a**	**106,323**	**66,870**	

Table 12
Activity Area #4: Providing PMTCT – Number of sites providing PMTCT in five focus countries

Country	Round	Disease	Grant No.	Start Date	Grant Agreement Target	GPR Target	GPR Result	As of
Malawi	R1	HIV/AIDS	MLW-102-G01-H	Oct. 2003	180	80	271	Sep. 2007
Tanzania	R4	HIV/AIDS	TNZ-405-G07-H	July 2005	80	65	40	Aug. 2006
Uganda	R1	HIV/AIDS	UGD-102-G01-H	June 2003	n/a	90	94	Mar. 2005
Zambia	R1	HIV/AIDS	ZAM-102-G01-H	July 2003	305	200	223	Jan. 2005
Zambia	R1	HIV/AIDS	ZAM-102-GO4-H	July 2003	0	23	23	Apr. 2007
Total:					**n/a**	**558**	**651**	

Table 13
Activity Area #5: Distributing female condoms – Number of condoms distributed in five focus countries

Country	Round	Disease	Grant No.	Start Date	Grant Agreement Target	GPR Target	GPR Result	As of
Tanzania	R4	HIV/AIDS	TNZ-405-G06-H	July 2005	399,000	199,500	145,260	May 2007
Total:					**399,000**	**199,500**	**145,260**	

Table 14
Activity Area #6: Providing Post Exposure Prophylaxis (PEP) – Number of people reached in five focus countries

Country	Round	Disease	Grant No.	Start Date	Grant Agreement Target	GPR Target	GPR Result	As of
Kenya	R2	HIV/AIDS	KEN-202-G03-H	Dec. 2003	4,000	4,000	1,800	Nov. 2006
Total:					**4,000**	**4,000**	**1,800**	

Table 15
Activity Area #6: Providing Post Exposure Prophylaxis (PEP) – Number of sites providing PEP in five focus countries

Country	Round	Disease	Grant No.	Start Date	Grant Agreement Target	GPR Target	GPR Result	As of
Tanzania	R4	HIV/AIDS	TNZ-405-G07-H	July 2005	80	74	40	Aug. 2006
Total:					**80**	**74**	**40**	

Table 16
Activity Area #7: Providing Insecticide-Treated Nets (ITNs) to pregnant women – Number of women reached in five focus countries

Country	Round	Disease	Grant No.	Start Date	Grant Agreement Target	GPR Target	GPR Result	As of
Kenya	R4	Malaria	KEN-405-G06-M	Feb. 2006	500,000	500,000	n/a	Jan. 2008
Malawi	R2	Malaria	MLW-202-G02-M	Feb. 2006	330,000	330,000	n/a	Jan. 2008
Tanzania (Zanzibar)	R4	Malaria	ZAN-404-G04-M	Jan. 2005	24,000	24,000	26,000	Dec. 2006
Total:					**854,000**	**854,000**	**26,000**	

Table 17
Activity Area #7: Providing Insecticide-Treated Nets (ITNs) to pregnant women – Number of nets distributed to pregnant women in five focus countries

Country	Round	Disease	Grant No.	Start Date	Grant Agreement Target	GPR Target	GPR Result	As of
Kenya	R2	Malaria	KEN-202-G05-M	Oct. 2003	400,000	175,000	0	Sept. 2005
Tanzania	R1	Malaria	TNZ-102-G01-M	Nov. 2003	270,000	270,000	333,144	Oct. 2005
Zambia	R1	Malaria	ZAM-102-G02-M	Aug. 2003	n/a	125,000	164,898	Mar. 2005
Zambia	R4	Malaria	ZAM-405-G14-M	Sept. 2005	241,619	241,619	113,126	Sept. 2006
Total:					**n/a**	**811,619**	**611,168**	

Table 18
Activity Area #8: Providing malaria prevention during pregnancy – Number of women reached in five focus countries

Country	Round	Disease	Grant No.	Start Date	Grant Agreement Target	GPR Target	GPR Result	As of
Kenya	R2	Malaria	KEN-202-G05-M	Oct. 2003	70,000	35,000	42,000	Dec. 2004
Malawi	R2	Malaria	MLW-202-G02-M	Feb. 2006	330,000	330,000	0	Jan. 2008
Uganda	R2	Malaria	UGD-202-G02-M	Mar. 2004	500,000	600,000	350,000	Dec. 2005
Zambia	R1	Malaria	ZAM-102-G02-M	Aug. 2003	n/a	300,000	273,189	Mar. 2005
Tanzania (Zanzibar)	R4	Malaria	ZAN-404-G04-M	Jan. 2005	20,000	20,000	16,800	Mar. 2007
Total:					**n/a**	**1,285,000**	**681,989**	

Table 19
Activity Area #18: Providing sensitisation/training related to HIV programmes targeting women – Number of people reached in five focus countries

Country	Round	Disease	Grant No.	Start Date	Grant Agreement Target	GPR Target	GPR Result	As of
Malawi	R1	HIV/AIDS	MLW-102-G01-H	Oct. 2003	1,220	1,220	1,210	Sept. 2007
Tanzania	R4	HIV/AIDS	TNZ-405-G04-H	Sept. 2005	52	100	738	Aug. 2006
Uganda	R1	HIV/AIDS	UGD-102-G01-H	June 2003	n/a	1,500	1,004	Mar. 2005
Zambia	R1	HIV/AIDS	ZAM-102-G01-H	July 2003	1,017	700	717	Jan. 2005
Zambia	R1	HIV/AIDS	ZAM-102-G04-H	July 2003	n/a	235	94	Apr. 2007
Total:					**n/a**	**3,755**	**3,763**	

Table 20
Activity Area #18: Providing sensitisation/training related to HIV programmes targeting women – Number of institutions supported in five focus countries

Country	Round	Disease	Grant No.	Start Date	Grant Agreement Target	GPR Target	GPR Result	As of
Kenya	R2	HIV/AIDS	KEN-202-G03-H	Dec. 2003	281	281	42	Nov. 2005
Total:					**281**	**281**	**42**	

Table 21
Activity Area #20: Providing sensitisation/training related to malaria programmes targeting women – Number of Districts with programmes providing focused training/sensitisation in five focus countries

Country	Round	Disease	Grant No.	Start Date	Grant Agreement Target	GPR Target	GPR Result	As of
Kenya	R2	Malaria	KEN-202-G05-M	Oct. 2003	n/a	20	27	Dec. 2004
Total:					**n/a**	**20**	**27**	

Table 22
Activity Area #20: Providing sensitisation/training related to malaria programmes targeting women – Number of people trained in five focus countries

Country	Round	Disease	Grant No.	Start Date	Grant Agreement Target	GPR Target	GPR Result	As of
Kenya	R2	Malaria	KEN-202-G05-M	Oct. 2003	3,660	1,830	539	Dec. 2004
Malawi	R2	Malaria	MLW-202-G02-M	Feb. 2006	196	196	8,000	Dec. 2006
Tanzania (Zanzibar)	R4	Malaria	ZAN-404-G04-M	Jan. 2005	400	400	400	Dec. 2006
Total:					**4,256**	**2,426**	**8,939**	

Table 23
Activity Area #21: Seeking stigma reduction in all settings – Number of people reached in five focus countries

Country	Round	Disease	Grant No.	Start Date	Grant Agreement Target	GPR Target	GPR Result	As of
Tanzania	R4	HIV/AIDS	TNZ-405-G07-H	July 2005	n/a	25	885	Aug. 2006
Zambia	R4	HIV/AIDS	ZAM-405-G11-H	Oct. 2006	120	522	641	Sept. 2007
Zambia	R4	HIV/AIDS	ZAM-405-G12-H	Oct. 2005	120	120	181	Sept. 2007
Total:					**n/a**	**667**	**1,707**	

Table 24
Activity Area #21: Seeking stigma reduction in all settings – Number of support groups formed in five focus countries

Country	Round	Disease	Grant No.	Start Date	Grant Agreement Target	GPR Target	GPR Result	As of
Tanzania	R4	HIV/AIDS	TNZ-405-G07-H	July 2005	112	106	133	Aug. 2006
Total:					**112**	**106**	**133**	

Table 25
Activity Area #21: Seeking stigma reduction in all settings – Number of districts providing sensitisation/training in five focus countries

Country	Round	Disease	Grant No.	Start Date	Grant Agreement Target	GPR Target	GPR Result	As of
Zambia	R1	TB	ZAM-102-G03-T	July 2003	n/a	72	72	Feb. 2005
Total:					**n/a**	**72**	**72**	