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## THREE EXCERPTS FROM AIDSPAN'S "DO GLOBAL FUND GRANTS WORK FOR WOMEN?"

The following are three excerpts from “Do Global Fund Grants Work for Women? An Assessment of the Gender Responsiveness of Global Fund-Financed Programmes in Sub-Saharan Africa,” whose publication is announced in this issue of GFO (see previous article).

### Excerpt #1: Findings from the analysis of proposals

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
- 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.

### Excerpt #2: Results achieved in five focus countries

Results [achieved in the grants as implemented] ranged from significantly below [the specified] 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.

### Excerpt #3: Summary and conclusions

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.

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