



FOCUS 'N GE

Plan International Canada | 23 July 2018



A MESSAGE FROM THE GENDER EQUALITY (GE) TEAM

Hello colleagues!

To celebrate the sunshine and warmth of summer, we bring you our 6th edition of Focus N' GE featuring the programmatic and organizational change story of **CNO's Global Fund (GF) Unit**. As you know, CNO commits to increasing the proportion of gender transformative and aware projects of all programs by 2022 under its 20 Million Reasons strategy. Therefore, in its Fiscal Year (FY) 18 Operating Plan, the Global Fund program portfolio was prioritized as a Strategic Initiative (SI) with the objective to **design new, and revisit current projects to ensure gender inequality and exclusion are ad-**



dressed across all projects.

One year later, the results are encouraging. What are the achievements, lessons learnt and challenges faced along the way? Read on to learn how CNO Global Fund programming has become increasingly gender transformative and how they are demonstrating how to translate GE policy to action within The Global Fund to Fight AIDS, Tuberculosis and Malaria itself. A testament that where there is shared commitment and collective effort, we can achieve better gender equality outcomes not only within Plan but within major multi-lateral organisations. We hope that these great stories of change will inspire projects and future strategic initiatives as we move into implementing the FY19 Operating Plan.

Happy reading!

The Gender Equality Team

"There was the commitment of the whole GF team to address inequalities for each disease"

Director, CNO GF Unit

DID YOU KNOW?

The Global Fund to Fight AIDS, Tuberculosis and Malaria ("Global Fund") is a partnership among national governments, private sector, civil society and those most affected. Created in 2002 by the G8, it is a strategic financing mechanism to scale up innovative national programs to end these epidemics.

Country Coordinating Mechanisms (CCMs) are multi-stakeholder committees that design and monitor Global Fund national health programs. They must have 30% female membership; gender expertise; and 40% civil society representation of the key and most vulnerable populations to each disease.

CNO currently supports 13 GF projects partnering with 10 Plan International Country Offices worth a total budget (including match & sponsorship) of CAD \$130,492,236.

GLOBAL FUND'S GE AND HUMAN RIGHTS HISTORY

- Launched [Gender Equality](#) (2008) and [Sexual Orientation and Gender Identity](#) (SOGI) (2009) Strategies. National programs should have gender equitable actions, financing and aim to be gender-transformative.
- [Community, Rights and Gender Strategic Initiative \(2014-2016\)](#) created to support increased key population participation of LGBTQI and women and girls in national programs.
- [Gender Equality Action Plan](#) (2014-2016) developed, implemented and [evaluated for effectiveness in 2016](#).
- [Community, Rights and Gender Technical Assistance Program](#) establishes [HER Voice](#) Fund (2018) for adolescent girls and young women (AGYW), a 13 country HIV reduction initiative.
- 2017-2022 Global Strategy “Investing to End Epidemics,” [Objective 3, is to promote and protect gender equality and human rights](#).
- [Malaria Matchbox: A Toolkit to Shed Light on Human Rights and Gender-related Barriers, Match Responses to Needs, and Ignite Action in the Malaria Response](#). With CNO support, Plan International Niger is on the national committee to support consultants piloting the tool.
- Global Fund is rated one of top gender responsive global health organizations in the [Global Health 50/50 Report \(2018\)](#).

WHY TAKE A GENDER EQUALITY APPROACH TO FIGHT MALARIA, TUBERCULOSIS AND HIV?

Evidence demonstrates that [sex-based biological factors intersect with gender-related differences and inequalities](#) to contribute to the epidemiology of each disease.

Globally, [key](#) and [vulnerable populations](#) have been identified by disease. There is clear commitment by the [Global Fund](#) to promote gender equality and human rights for equitable health aligned to [Sustainable Development Goals 3, 5, 10 and 17](#).

Likewise, governments in partnership with research institutions and civil society are making similar commitments.

[HIV programs](#) have been integrating gender equality elements into design and roll out for some time. Based on evidence of the link between gender inequality and HIV,

they have well-defined community-based interventions to tackle gender-based discrimination and violence driving the epidemic. A more concerted effort, however, is needed for substantive gender equality integration in malaria and TB programs.

While evidence exists, [national malaria and TB programs often lack targeted gender responsive and rights-based approaches](#) and suffer from [limited sex and age disaggregated data and gender analyses](#) to better address the gender-related barriers.

Thus the gap between commitment on the one hand, and action and tools to address gender inequality as a key determinant of health on the other, remains vast. Despite the growing body of knowledge that unless gender-related barriers and

FACTS AT A GLANCE

HIV:

- Globally, HIV is the leading cause of death for [women and adolescent girls](#) aged 15-49. [Transgender women are 50 times, men having sex with men \(MSM\) 24 times and sex workers 10 times](#) more likely to acquire HIV than other adults.
- In Sub-Saharan Africa, [three out of four new HIV infections](#) among 15-19 year olds are girls.
- [Harmful gender norms and practices](#) lead to the lower socio-economic status of these vulnerable groups compared to the general population, and high stigmatization and discrimination fuel GBV and HIV among them.

MALARIA:

- The [severity of malaria is higher in adolescent girls and women](#) aged 15-49, particularly pregnant women and adolescent girls, than men. The consequences are more extreme for women, girls and boys due to lower socio-economic status and decision-making power.
- Malaria in pregnancy is linked to anaemia and to risk of complications in pregnancy and death.

TB:

- Uneven gender norms and roles contribute to differing disease vulnerability and service-access for women and men.
- TB cases and TB death rates are higher among men than women but [TB remains one of the leading causes of death among women and adolescent girls](#) aged 15-49 in low-income countries.
- Men may delay TB testing and treatment due to [harmful masculinities](#). Gender stereotypes that TB is a “male disease” may explain why less women are screened for TB than men.
- Restrictive [gender norms and biomedical factors make it harder to test women for TB](#) than men. Some studies suggest women tend to have more cases of non-pulmonary TB and face greater stigma than men.



issues are addressed head on, the fight against AIDS, tuberculosis and malaria will not be optimal.

CNO's Global Fund programs have undertaken strategic accelerated initiatives in FY18 with concrete milestones to define a gender transformative programmatic approach and response that tackles the root causes of gender and exclusion-related inequalities and challenges the status quo.

HIGHLIGHTS OF ACHIEVEMENTS IN THE CNO GF STRATEGIC INITIATIVE

The Strategic Initiative set several milestones and actions in three main domains with time-bound accountability:

- Putting in place internal practical processes and structures to implement our gender equality and inclusion commitments;
- Putting in place robust disease specific gender transformative strategies and results measurement frameworks; and
- Influencing global stakeholders for increased gender responsive action.

SYSTEMS AND STRUCTURES

Champions – a critical institutional mechanism

The GF team set up a cross-representational group of **project-based gender focal points (GFPs)** supported by senior management and technical advisers. GFPs were trained by the CNO Gender Equality and Inclusion Adviser assigned to GF and capacitated with operational tools

such as check-lists to be used at the project design and approval stages, start-up and throughout implementation. GFPs systematically raised gender equality and inclusion (GE&I) issues and carried out follow-up with each project team.

GFPs came with different GE capacities but each one rose to the challenge and carried out consistent communication of GF's commitment to gender equality and inclusion; sought and created funding opportunities; facilitated GE&I sessions in start-up workshops; undertook a critical gender lens to design transformative proposals and found practical and innovative solutions to gender and health-related barriers to service access. There was constant team work.

“The most important thing to get done is the gender analysis ... The second step is to get buy-in from country offices...at startups [workshops], have a gender component ...Reflecting on ...what makes a project gender trans-

formative. If they understand fully, then GE&I activities and policies are easy to move forward”

Compliance Manager, GF Team

VOICES FROM GFPs

“The determination of each one of us counted for a lot.”

Director, GF Team

“If technical advice can truly render projects transformative in the GF, designating GFPs to share the responsibility rather than having it just the responsibility of one person has been one of those things...to share experiences, share the role, learn to develop a deeper interest. We were not just thrown into the role; we were trained and had tools”

Health Advisor, GF Team

“We all have same mentality and approach to have projects gender aware and gender transformative so from a budgeting perspective, I am always keeping this in mind”

Compliance Manager, GF Team

GE: A PRIORITY FOR RESEARCH, FUNDING AND GLOBAL HEALTH INSTITUTIONS

To meet the SDGs 3, 5 and 10, global health institutions are prioritizing gender equality as a core program intervention against malaria, tuberculosis and HIV.

- **WHO's Roadmap for action, 2014-2019, Integrating equity, gender, human rights and social determinants** into WHO commits to gender responsive programs.

- **Stop Tuberculosis Partnership Global Plan to End TB** (2016-2020) commits to protect and promote human rights, ethics and equity. The Stop TB partnership has invested in 11 gender assessments of national TB/HIV programs; two in Plan International GF TB project countries - Senegal and Niger.

- UNAIDS' **On the Fast-Track to end AIDS** (2016-2021), result area #2, Reduced Inequalities, is for young people, especially young women and adolescent girls, to access combination prevention services and are empowered to protect themselves from HIV. It spearheaded a national **gender assessment tool for gender transformative responses** (2014).



HIGHLIGHTS OF ACHIEVEMENTS IN THE CNO GF STRATEGIC INITIATIVE

GENDER EQUALITY PROGRAMMING AND RESULTS

1. Program Diagnostic

Using Plan International’s (PII) GE Program Criteria, **a mapping** of all 13 Global Fund projects was carried out to assess level and quality of GE and inclusion integration. This assessment helped identify existing strengths and cross-program good practices to build upon and gaps that needed to be filled.

With half of projects in the portfolio rated gender unaware and neutral, another priority was to review and revise six existing projects under implementation to make them at least gender aware. Through CNO-CO teamwork and adjusting of budgets, current activities were adapted and new activities identified to make the projects more gender responsive and inclusive. These adjustments and piloting of new activities have informed new projects which now all have GE&I strategies and action plans supported by the GFPs. One of the six pilot projects trained Community Health Workers (CHWs) in gender responsive and inclusive interpersonal communication for disease prevention. Now this pilot activity is being scaled up across projects and diseases.

2. Three Disease GE Integration Frameworks

A **three-disease GE integration framework** and related disease specific programming frameworks were

elaborated to guide design and implementation of new GF projects to be gender aware or transformative and aligned to CNO’s Architecture for Gender Transformative Programming and Measurement and Global Fund’s GE program requirements. The frameworks work across three levels of change simultaneously (see graphic below) and are integrated in all new GF projects.

3. M&E

A draft **GE M&E Framework** was developed to enable CNO’s GF pro-

grams to generate and fill evidence gaps on gender equality and health impacts on malaria, TB and HIV programming; test elements of the theory of change outlined in the framework below; and inform best practices for GF projects. The framework consists of a **performance measurement tool** and a **GE M&E framework** of gender sensitive impact indicators that are now being piloted in selected projects to measure whether gender aware and transformative projects improve gender equality and health outcomes.

4. Capacity Building

GF unit and key CO staff and partners trained on GE

To strengthen the GE&I capacity and commitment of CNO and Country Office (CO) staff working on GF projects, regular sessions were held on new policies and tools for CNO’s GF team and GFPs. Standardized GE&I and child and youth safeguarding (CYS), including gender responsive safeguarding, tools were established.

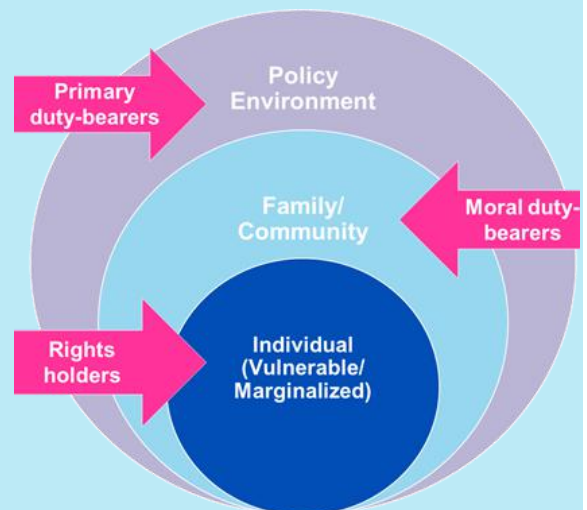
A GE&I and child and youth safeguarding in interpersonal communication (IPC) guide for malaria and a **Monitoring Tool** for community health workers (CHWs) was piloted

GLOBAL FUND GE THEORY OF CHANGE

RIGHTS HOLDERS AT INDIVIDUAL AND COLLECTIVE LEVELS: Increasing women, girls, key and vulnerable populations’ knowledge and capacity to make informed health decisions and to act on them.

MORAL DUTY-BEARERS AT FAMILY AND COMMUNITY LEVEL: Fostering a socio-economic environment conducive to women, girls and key vulnerable populations to exercise their health decisions.

DUTY BEARERS AT INSTITUTIONAL LEVEL: Improving gender responsive, adolescent/child friendly, non-discriminatory health prevention systems, services and policies.





“Know the context and do not be afraid to work in partnership to build on successes already from the country...in Senegal where I am a GFP, SHOW demonstrated in recent past achievements in sexual reproductive health areas and so why not just build up on some key results already recorded by SHOW? ...know the culture context...what are the real strengths and weaknesses of the health system and not just your agenda”

SPM, GF GFP, Country Office, Senegal

in Guinea, Cameroon, Niger and Senegal. This training package and piloting served to strengthen the capacity of staff from Plan and partners, including CHWs and their supervisors’ to identify gender and exclusion related barriers to health and service access and to find innovative solutions to address them. Some of these included using a gender responsive approach to IPC, including text messaging, home visits and group education. This training package is now being scaled up across all projects in the portfolio, adapted for TB, malaria and HIV.

Another innovation was to develop an orientation program for Guinea’s National TB Program Master Trainers on gender responsive TB services, who in turn cascaded this to facility staff of TB testing centres and community health workers. This training enabled health professionals to share, understand and identify strategies to address human rights violations and gender –related barriers to male and female TB patients service access and treatment adherence.

A **resource bank for GE integration** in the three diseases was created to support more rigorous and on-going GE&I integration across the project management cycle. Resources include guides for gender analysis and various activities such as behavior change communications etc. These guides are applied extensively across the GF projects and beyond.

“Gender equality needs to be contextualized...do not come with Western norms that do not speak to the context “

GF Project Chief of Party, Country Office, Guinea

INFLUENCING GLOBAL STAKEHOLDERS FOR INCREASED GENDER RESPONSIVE ACTION

A key entry point to making GF national programs gender aware or gender transformative is to build the commitment and capacity of national CCMs that design and monitor the programs. El Salvador, Cameroon, Senegal and Guinea CCMs were trained on GE&I for all three diseases. Guinea’s CCM now has gender

equality and human rights action plans to strengthen their strategic monitoring of all three disease programs on GE and human rights related issues and results. CNO has begun to share its good practice and influence the Global Fund HQ by engaging directly with the Global Fund’s Community, Rights and Gender Department and supporting the implementation of its tools such as

the **Malaria Matchbox**. This engagement has resulted in the Matchbox tool being piloted in Niger with Plan Niger and CNO support.

These combined efforts have helped turn projects to address gender inequality and exclusion more systematically from gender analysis to gender sensitive monitoring and evaluation and GE outcome measurement! See stories from projects below!

KEY TO SUCCESS

- Strong leadership support with clear accountabilities and milestones
- Budget allocations to support gender-related initiatives
- Internal gender analysis of current

- GE&I status and practice of all projects
- Establishment of gender focal points (GFPs)
- CNO, CO and partner staff GE&I capacity building and simple tool development and application

- across project management including culture of data disaggregation
- Training of national CCMs, and other partners, particularly community health workers, women’s organizations and key population peer educators.

A GLIMPSE AT GLOBAL FUND GENDER AWARE AND GENDER TRANSFORMATIVE PROGRAMS

Guinea Malaria Project

In 2015 the CNO GF team undertook an internal gender analysis in collaboration with the CO to understand key gender related factors influencing differences in women, men, girls and boys' vulnerability to malaria and barriers to service access.

The key recommendation of the analysis was to promote gender transformative messaging on the value of women's decision-making and on greater male and female mutual support and engagement in malaria prevention. With this knowledge, the project designed GE&I messaging in Interpersonal Communication (IPC) for CHWs tools and training, and trained some 200 CHWs and other male and female community actors in Guinea, Niger, Senegal and Cameroon for malaria and TB. Based on the success of this training, the package will be scaled up fully across all projects.

A key factor for the success of the training is contextualizing it and fully understanding local needs and issues. As articulated by the Guinea Malaria project CO gender focal point, who facilitated the training in Guinea: *"Adapt on context and line up to country legislation...to maintain people's interest on gender aspects and impact of the training... Having enough time to assess training participants' needs for us to be able to measure their understanding and see where we need to reinforce and adapt some activities to match their level [is important]."*

Recent feedback from partner staff in Guinea, shows positive changes in trainees' personal views and in their work in malaria prevention: *"After the training I applied this concept in my personal life with my wife in our family decision-making [...] I fought for an equal division of household activities between girls and boys in my family. [...] and I have applied this concept to my activities such as vaccination campaigns to transmit messages to challenge these barriers and issues that*

contribute to differences in vulnerabilities, exposure to disease and ability to choose to go to health facilities or not [...]. But these are themes and concepts not known by the community so it will be important to see how to popularize these new concepts in our communities." (Male staff, Prefectural Supervisor, local NGO partner, July 17th, 2018, Sigui, Guinea).

Malawi HIV Project

In Malawi, **young women and adolescent girls (AGYW) have HIV prevalence rates five to ten times higher than their male counterparts**. Child, early and forced marriage (CEFM); low decision-making power; financial dependency on men (sugar daddy effect); low sexual and reproductive health and rights (SRHR) knowledge and self-confidence; high school drop-out rates; gender-based norms and values; and lack of gender responsive, adolescent and youth friendly health services drive this vulnerability.

Plan International implemented **Bringing Innovations to Scale: Adolescent Girls & Young Women (AGYW)** (November 2016-December 2017), a sub-component of the Global Fund's national HIV program to reduce HIV incidence and impact among AGYW in school and out of school, aged 15-24. Using an adapted **DREAMS package**, that supports girls develop into Determined, Resilient, Empowered, AIDS-Free, Mentored, and Safe women, the project aimed to reduce GBV, CEFM and pregnancies, in-

crease economic independence and access to youth-friendly health services while challenging harmful socio-cultural norms and practices with the target communities.

Eighty four in-school peer based "Go-girls' clubs and **600** out of school clubs were established as safe spaces to raise awareness on sexual and reproductive health and rights (SRHR), HIV and GBV among AGYW. In-school girls' clubs were very popular for girls but many boys expressed interest in joining the all-girls clubs. The newest iteration of the grant (2018-2020) plans to double the number of girls' clubs and add adolescent boys' clubs to leverage a budding group of young male champions.

To tackle the sugar daddy dependency, young women were organized into VSL groups and trained on sanitary napkin production for their use and profit and in other vocational skills. Peer educators of the out of school girls clubs reported that ***"just having a few extra Kwacha [Malawian currency] in their pockets has empowered the girls so much that they are turning away all potential boyfriends!"***

In April, 2018, one of CNO's GF GFPs visited in-school clubs. Girls showcased what they had learned using songs, poems and speeches about delaying sexual debut, abstaining from risky relationships with boys or men, dangers of early marriage and pregnancy and benefits of staying in school.

Go-girls club members reported being more empowered to say no to sexual relationships and focus on education; were more aware of SRH and GBV services and had confidence to access services; and noticed less cases of GBV. They noticed that the service providers treat them with respect without judgement. They had plans to apply their learned business skills and to expand to other regions to sell the sanitary pads they produce.

VOICES FROM GFPs

"Most urgent. Be patient. It is not something that will happen fast...A type personalities, expect success right away.... want to succeed at what we do...it is not immediate, takes time...two steps forward and two steps back."

SPM, GF GFP

El Salvador HIV Project

Stigmatization, discrimination and violence contribute to high vulnerability of people who identify with non-conforming gender identities and or sexual orientations to the three diseases. **Eighty-Five United Nations member countries still criminalize “nontraditional” sexual orientation.** This leads to marginalization and criminalization of these groups and their inability to negotiate their health. CNO GF projects in El Salvador and West Africa works towards the elimination of these human rights violations for those infected and affected by HIV and TB.

In El Salvador, transgender women (TGW) have a 16.2% HIV prevalence; men who have sex with men (MSM) 11% HIV prevalence and female sex workers (FSW) a 5% HIV prevalence and they live these realities every day.

From 2014 to 2017, the GF HIV project in El Salvador undertook a mapping of TGW, MSM and FSWs populations and reached 80% of them with comprehensive preventive and treatment packages (i.e. female and male con-

doms and lubricants and medical, psychosocial and legal services). The project also built the capacity of civil society organizations that represent the interests of these groups, to challenge and address homophobia and gender-based violence; to carry out advocacy for their rights; and to support entrepreneurship and business development for CSO members. Furthermore CCM members, including key populations, were sensitized on gender equality, inclusion and human rights. In addition to contributing to the reduction of HIV prevalence and new infections in these key population groups, as cited in national epidemiological data, the project was also pivotal in supporting the multi-

pronged advocacy efforts of CSOs and government which led to the passing of a national law that recognizes transgender identity in 2018 by the government.

“...ongoing coordination of the State, CSOs, and key populations, -in which Plan has an active participation in these strategic spaces- enables advocacy and support for the LGBTI population to be addressed for sex workers, people living with HIV... including various issues of sexual diversity and public policies for the benefit of these populations”

Technical Advisor, Country Office, El Salvador



GE UPDATES

- CNO has welcomed Noelle Rancourt our new Gender Equality Advisor to support the new Strategic Initiative for FY19 focusing on humanitarian programs.
- The global IH team on gender equality and inclusion is in the process of finalizing guidance on gender transformative programming and influencing for all staff. Stay tuned for this very important document!
- Plan International, including CNO, participated in the **Stockholm Forum on Gender Equality (April 15-17 2018)** and co-organized three side events at the Forum; ‘Cities for Girls: Guidelines for Feminist Urban Development’; ‘Double Discrimination, Double Possibility – The Reality for Adolescent Girls’ and ‘Working with Men and Boys for Gender Justice: How Do We Generate Change?’. These three events provided Plan International the platform to share our gender transformative work through our *Safer Cities for Girls* and *Champions of Change* initiatives. Following the Forum CNO Senior GE Advisor, Nafi Faye participated in an event hosted by the Swedish Ambassador on 10 May 2018 covering topics such as the importance of intersectionality, shrinking space for civil society, integration vs siloed approach, importance of leadership, power of working together, supporting youth leaders and systematic application of a gender lens in trade and peace and security.

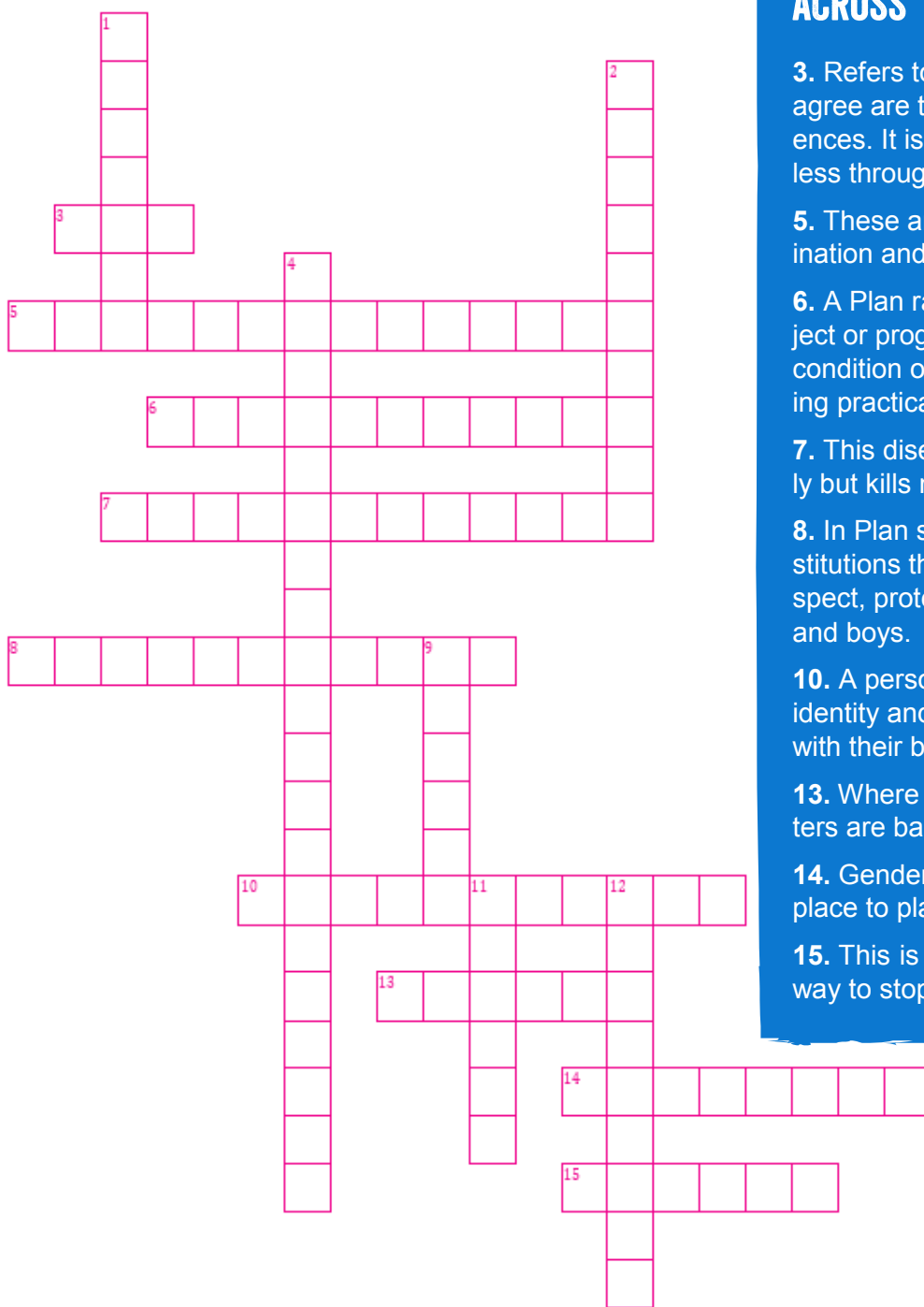
Challenge yourself and fill out the crossword puzzle on the next page to test your Global Fund knowledge!

FEEDBACK AND NEXT BULLETIN

We hope this was useful! But we would love to hear from you on what needs to be improved and what topics you would like to see in the next Focus ‘n GE!

Send a line to our amazing Technical Quality Officer, Daniela: DDonia@plancanada.ca

GLOBAL FUND CROSSWORD



ACROSS

3. Refers to the things that most people agree are the result of biological differences. It is usually difficult to change – unless through surgical intervention.
5. These are key to understanding discrimination and exclusion.
6. A Plan rating that is made when a project or program seeks to improve the daily condition of women and girls by addressing practical gender issues.
7. This disease affects men more frequently but kills more women.
8. In Plan speak these are the primary institutions that have an obligation to respect, protect and fulfill the rights of all girls and boys.
10. A person whose sense of personal identity and gender does not correspond with their birth sex.
13. Where The Global Fund's headquarters are based.
14. Gender _____ varies from place to place.
15. This is one of the easiest and cheapest way to stop Malaria from being transmitted.

DOWN

1. In El Salvador, 44% of participants agree that being _____ is part of men's nature.
2. When these are not paid then girls often drop out, potentially subjecting them to further forms of exclusion, violence and is also when girls are most vulnerable to acquiring HIV.
4. A Plan rating that is made when a project or program seeks to favourably alter unequal gender power relations.
9. Gender equality means that we all have the same entitlements to human _____.
11. Social norms, expectations and beliefs about the roles, relations and values attributed to girls/women and boys/men.
12. Rupaul is a _____.